

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

**Substantive Order Review Hearing
Monday, 1 December 2025**

Virtual Hearing

Name of Registrant:	Aji Asok
NMC PIN:	21K1363O
Part(s) of the register:	Nursing – Sub part 1 RNA: Registered Nurse (Adult) – 18 November 2021
Relevant Location:	Somerset
Type of case:	Lack of competence
Panel members:	Linda Owen (Chair, Lay member) Helen Reddy (Registrant member) Asmita Naik (Lay member)
Legal Assessor:	Alain Gogarty
Hearings Coordinator:	Bethany Seed
Nursing and Midwifery Council:	Represented by Ruhena Parker, Case Presenter
Mr Asok:	Present and unrepresented at this hearing
Order being reviewed:	Suspension order (12 months)
Fitness to practise:	Impaired
Outcome:	Suspension order (12 months) to come into effect on 8 January 2026 in accordance with Article 30 (1)

Decision and reasons on review of the substantive order

The panel decided to confirm the current suspension order.

This order will come into effect at the end of 8 January 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the second review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 7 December 2023. This was reviewed on 17 December 2024, and a further 12-month suspension order was imposed.

The current order is due to expire at the end of 8 January 2026.

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

The charge found proved which resulted in the imposition of the substantive order was as follows:

'That you, a registered nurse, between July 2021 and January 2022:

- 1. Failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision, as set out in, but not limited to, the incidents in Schedule 1:*

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

Schedule 1

- 1. On 8 September 2021, in respect of an unknown patient:*

- a. Filled the patient's water jug with hot water*
- b. Failed to answer the patient when questioned on your conduct at 1.a*

2. *On 8 September 2021, during the lunchtime drug round:*
 - a. *Took 1 hour 20 minutes to complete the round when it should have taken 45 minutes*
 - b. *Failed to listen to patients*
 - c. *Failed to identify an unknown patient's abdominal pains and/or need for laxatives*
 - d. *Failed to turn on the nebuliser for an unknown patient*
 - e. *Required prompting to sign for PRN paracetamol administered to an unknown patient*
3. *On 4 October 2021, failed every section of your simulated OSCE exam,*
4. *On 7 October 2021, in respect of Patient D:*
 - a. *Failed to complete their IV fluid chart between 06:00 and 12:00*
 - b. *Failed to question their O2 levels*
5. *On 26 October 2021, during the morning drug round, failed to:*
 - a. *Communicate with patients*
 - b. *Obtain consent from patients prior to prompting*
 - c. *Wash your hands prior to administering medication*
 - d. *Wear gloves when administering medication*
 - e. *Refer to an unknown patient's diabetes drug chart*
 - f. *Administer an unknown patient's insulin prior to prompting*
 - g. *Complete observations when they were due*
6. *On 5 November 2021, during the morning drug round:*
 - a. *Failed to introduce yourself to patients prior to prompting*
 - b. *Failed to sign an unknown patient's drug chart prior to prompting*
 - c. *Attempted to halve medication with scissors and/or your bare hands*
 - d. *Handled medication with your bare hands*
7. *On 8 November 2021, failed to wear your surgical mask correctly*

8. *On 9 November 2021, in respect of 1 or more unknown patients, helped said patient(s) off the toilet without first communicating with them*

9. *On 15 November 2021:*

- a. Failed to seek a doctor's advice in respect of an unknown diabetic patient's high temperature and/or low blood pressure*
- b. In respect of an unknown patient with high blood pressure, failed to implement their doctor's plan for blood culture and ECG*
- c. Failed to complete an unknown patient's admission paperwork after their arrival from the emergency department*

10. *On 18 November 2021, failed to identify an unknown patient's deteriorating condition*

11. *On 18/19 November 2021:*

- a. When asked to provide a list of morning tasks, only listed the required paperwork*
- b. Began to give a "nil by mouth" patient oral medication*
- c. Failed to identify the deterioration of an unknown patient with high blood monitoring*
- d. When asked, failed to complete a list of required tasks*
- e. Did not know why an unknown patient under your care was on IV antibiotics for a fracture*
- f. Handed over that all pressure area care was intact when an unknown patient had a Grade 2 pressure sore*
- g. Failed to notice an unknown patient's nasal cannula was not in their nose*
- h. Failed to recognise the importance for regular checks in respect of pressure area care and mobility*
- i. Failed to ask an unknown patient about their pain*
- j. Informed a colleague that an unknown patient was under supervision and frame for mobility when they were independent*

12. On 29 November 2021:

- a. *Had to be reminded about hand hygiene when administering medication,*
- b. *Failed to delegate tasks to health care assistants*
- c. *Failed to include all patients under your care in your handover*

13. On 30 November 2021, failed to ask patients about medication allergies,

14. On 13 December 2021:

- a. *Failed to complete any paperwork in the morning*
- b. *Failed to recognise the issue with not completing the morning paperwork*
- c. *Failed to communicate with patients*
- d. *Recorded observations against the incorrect patient*

15. On 13 December 2021, in respect of an unknown patient's fall, failed to:

- a. *Document the fall in their handwritten bedside notes*
- b. *Take blood sugar and/or blood pressure recordings*
- c. *Record the doctor's plan*
- d. *Inform next of kin*

16. On the night shift of 20 to 21 December 2021:

- a. *Failed to answer call bells prior to prompting*
- b. *Recorded all documentation entries at 20:00*
- c. *Were unable to explain the plan for the day at handover*
- d. *In respect of Patient A, failed to:*
 - i. *Offer subcutaneous morphine*
 - ii. *Ask a doctor to prescribe IV paracetamol*
 - iii. *Remove the spigot from their nasogastric tube*
- e. *In respect of Patient B, failed to advise them to increase fluid intake following a low blood pressure reading*

- f. In respect of Patient B and/or Patient C, failed to wean them off the catheter as per the handover notes from the previous day'.*

The first reviewing panel determined the following with regard to impairment:

'The panel noted that the original panel found that you lacked insight into your lack of competence. At this hearing, today's panel had regard to your reflective piece and oral submissions. It determined that your insight into your actions is limited as you have not yet demonstrated a full understanding of how your actions put patients at risk of harm nor have you demonstrated an understanding of why what you did was wrong and how this impacted negatively on colleagues and the reputation of the nursing profession.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account the various training certificates that you provided. It also took account of your reflective piece.

The original panel determined that you were liable to repeat matters of the kind found proved. Today's panel determined that you have not sought an opportunity to demonstrate any skills as you have not been working in a health-related role (which can be paid or unpaid via voluntary work). Further, the panel noted that your testimonial is not dated or signed and is not from an employer that can comment on your skills, improvement, or competency. In relation to the training that you have undertaken, the panel noted that it does not appear to be directly linked to all of the allegations, albeit it acknowledged that there is an element of overlap.

The panel was mindful of your future plans to return to nursing. However, your lack of full insight and remediation raised concerns in relation to you working without restrictions in place.

In light of the above information, today's panel determined that you are still liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

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

The first reviewing panel determined the following with regard to sanction:

'The panel next considered whether a 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 bore in mind the seriousness of the facts found proved at the original hearing and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel was not able to formulate conditions of practice that would adequately address the concerns relating to your lack of competence given your lack of full insight and remediation and evidence of strengthened practice.'

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow you further time to fully reflect on your previous failings. It considered that you still need to gain a full understanding of how your actions presented, and could continue to present, a risk to patient safety and impacted upon colleagues and the reputation of the nursing profession as a whole. The panel concluded that a further 12-month suspension order would be the appropriate and proportionate order and would afford you adequate time to further develop your insight and take steps to strengthen your practice via paid or unpaid voluntary work e.g. as a healthcare assistant. It would also give you an opportunity to approach past and current health professionals (via paid or unpaid roles) to attest to your skills and development in your workplace assignments since the substantive hearing.'

The panel therefore determined that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. Accordingly, the panel determined to impose a suspension order for the period of

12 months which would also provide you with an opportunity to continue engaging with the NMC, provide evidence of strengthened practice, and develop your insight and remediation. It considered this to be the most appropriate and proportionate sanction available.'

Your evidence

The panel heard evidence from you under affirmation.

You told the panel that you were working as a Healthcare Assistant ('HCA') in 2024 prior to the last review. You explained that you had lied to the previous panel as you were already in Ireland and working for TTM Healthcare ('the Agency'). You told the panel that you told the Agency that you were a qualified nurse, and you provided them with your Bachelor's degree from India and a reference from India and from the UK. You explained you told them that you had a nursing qualification so you would not need to undertake a further qualification for a HCA role. You further explained that your reference from the UK was given by your friend from Yeovil District Hospital NHS Foundation Trust ('the Trust'). You explained that in your work with the Agency, you worked in the Emergency Department, Adult Wards and Surgical Departments.

You told the panel that you now have a permanent contract, with University Hospital Limerick ('the Hospital'), which has given you an opportunity to improve your English, communication skills and patient handling skills. You asked the panel to revoke the current order so that you can begin to work as a nurse again. You told the panel that you are currently working on a geriatric ward, and your work involves providing personal care to patients. You confirmed that your current role does not require a Nursing and Midwifery Council (NMC) PIN, but that you want to have a Nursing and Midwifery Board of Ireland (NMBI) PIN so you can work as a Registered Nurse in Ireland. You explained that you want to work as a nurse in Ireland because your wife works in Ireland, and that you did not deliberately go to work in Ireland to avoid regulation by the NMC. In relation to your employment at the Agency and at the Hospital, you said that you were afraid that you would lose your job if they found out your NMC PIN had been suspended.

You told the panel that the patients you currently work with in the Hospital are between the ages of 70 and 90. You told the panel that these patients have conditions such as Chronic Renal Disease (CRD) and Ischemic Heart Disease (IHD). You told the panel that you currently work on a 24-room ward, and you check the care plans, medication charts and conduct assessments for each patient. You told the panel that you see a lot of sick patients, and so you check their breathing and take appropriate measures and escalate where needed.

You explained that you did not tell the previous panel that you had this experience as you had only been working for a few months. You explained that you have not told your employer about the substantive suspension order against your NMC PIN as it is not necessary for your role. You said that you had not provided a testimonial from your current employer because you were afraid that you may lose your job if they found out that your NMC PIN is suspended. You told the panel that you had not provided further testimonials because you had not realised that you could get character references from your colleagues. You explained that you thought the references had to be from your employers.

You accepted that you lied to the previous panel about your circumstances, and that you had tried to mislead the NMBI by applying for a PIN number whilst you were subject to a suspension order imposed by the NMC. You explained that you took the exam to apply to the NMBI register, which is similar to the OSCE, and passed them successfully. You were granted a provisional NMBI PIN. In response to questions on the NMBI application form which asked where you had worked worldwide, you said you had only worked in India. You did not disclose to the NMBI that you had worked as a nurse in the UK. You told the panel that you took the exam and made the declaration that you had only worked in India in December 2023. When it later came to light that you had been suspended by the NMC, your NMBI PIN was withdrawn.

You told the panel that you did not tell the NMBI about the NMC substantive order as you thought the order would have been revoked after 18 months. You told the panel that this was an order imposed in January 2021 and you believed that you were no longer subject to the suspension order from July 2022.

You explained that you have two jobs currently, one with the Hospital and one with the Agency. You explained that you do night shifts at the Hospital, and you rotate these between the HCAs every six weeks. You told the panel that you only do one or two shifts in a month with the Agency and that you do these during your days off. You explained that you take a day between any shifts with the Hospital and the Agency.

Submissions on current impairment and sanction

Ms Parker, on behalf of the NMC, outlined the background of the case and submitted that your fitness to practise remains impaired. She submitted that the panel has heard evidence today that you are not a reliable or credible witness and you have misled a previous NMC Fitness to Practise panel and the NMBI. She submitted that there is also limited evidence before this panel that verified the position you currently work in or whether there are any concerns with your practise in Ireland.

Ms Parker submitted that you have been working in a HCA role, but that this panel has not seen evidence of improvement in your clinical practice from your employer at the Hospital. She submitted that you have also not provided a reflective piece that addresses the impact of your actions on patients, colleagues and the wider nursing profession. She submitted that you have demonstrated a limited understanding and reflection of the risk of possible harm to patients.

Ms Parker submitted that you have provided several training certificates dated from April 2024 to April 2025. She submitted that some of this training is relevant, but that there is no evidence before this panel of how the training addresses the concerns or the lessons you have learned from that training. She submitted that you have not demonstrated that you have sufficiently strengthened your practice since the suspension order was imposed.

Ms Parker submitted that in light of your limited insight and strengthened practice in the areas of medication administration, identifying deteriorating patients, understanding patient notes and completing handovers, your fitness to practise remains impaired. Ms Parker submitted that you continue to present a risk of harm and that you remain liable to repeat

matters of the kind found proved. Therefore, she submitted a finding of current impairment is required to protect the public and meet the public interest until you are safe to practise.

Ms Parker submitted that in relation to sanction, there are several aggravating features for the panel to consider, namely your limited insight into your failings, a pattern of misconduct over time and a significant number of wide-ranging concerns that continued despite significant support and supervision from your previous employer. She submitted that this is a lack of competence case, and you have been subject to a suspension order for two years, and therefore the option of imposing a striking off order is available to this panel.

Ms Parker submitted that the panel may consider imposing a conditions of practice order which would allow you to work as a Registered Nurse with restrictions and supervision in place. She submitted that you have demonstrated that you are trying to work as a locum HCA to maintain your knowledge and skills, although the NMC has not been provided with the specific responsibilities you have in your current role. She submitted that it is a matter for the panel to determine which is the most appropriate sanction at this stage.

You told the panel that you have worked as a HCA for 18 months in a big hospital and in an English-speaking country. You told the panel that this shows that you are familiar with the situations that were previously considered concerns. You said that you worked in the UK for three to four months and you made lots of mistakes in that time. You told the panel that you have done relevant training, such as basic life support training, and that you have a Bachelor's degree in nursing from India. You told the panel that you want to get your NMC PIN back so that you can apply for an NMBI PIN.

You told the panel that you will remain working until January 2026 when your visa and contract will need to be renewed. You told the panel that you can provide a future review panel with a reference.

The panel accepted the advice of the legal assessor.

Decision and reasons on current impairment

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

The panel has had regard to all of the documentation before it, including the NMC bundle, and the documents that you have provided. It has taken account of the submissions made by Ms Parker on behalf of the NMC and your oral evidence.

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

The panel considered whether your fitness to practise remains impaired.

The panel noted that the last reviewing panel found that you had insufficient insight. At this hearing, the panel considered that it has received limited evidence that you have addressed the concerns found proved. It acknowledged that you have provided a short reflection, and some evidence of relevant training. It bore in mind that you have demonstrated a commitment to nursing, and a plan for the future. However, the panel was not satisfied that you had sufficient insight into the impact of your actions on others, the risk of harm to the public or an understanding of the fitness to practise proceedings you have been subject to. The panel considered that your evidence today focused on your own situation, in that you were concerned about finding employment and your visa situation. Whilst the panel understood your situation, and the impact that the suspension order has had on your personal circumstances, it was not satisfied that this outweighed the public protection concerns identified by the previous panel.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account the training certificates you have provided. The panel was of the view that these training certificates were relevant to some of the charges that were found proved. However, the panel considered that it has seen limited evidence of how this

training has been implemented in practice, despite this being suggested as information that could be useful by the previous panel.

The last reviewing panel determined that you were liable to repeat matters of the kind found proved. Today's panel acknowledged that you have demonstrated some reflection and insight, and further training to strengthen your practice. However, the panel was not satisfied that this mitigates the risk of harm or the risk of repetition at this time. The panel considered that your reflective piece largely refers to the communication issues found proven in the charges. It considered that there are gaps in your reflection in relation to the other concerns found proved including, but not limited to: risk assessments relating to pressure area care, record keeping, adherence to infection control policy (including wearing correct PPE), medication administration and not undertaking prescribed nursing care. The panel considered that any reflections you make must identify the issues raised, the training undertaken to address the issues and the application of this training. Any reflections should therefore address both your theoretical understanding and practical application of your learning.

The panel also had regard to your disclosure today that you misled the previous panel. The panel considered that this did impact your credibility and reliability in respect of the evidence you have given today. The panel considered that there remained a risk of harm to the public. Despite some evidence of increased insight and strengthened practice, your disclosure today raised additional concerns about your fitness to practise including your understanding of the regulatory requirements, the importance of public protection and the duty of candour. The panel was therefore of the view that your fitness to practise is currently impaired on the ground of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel considered that in the absence of sufficient evidence demonstrating your insight and remediation into your failings, the panel cannot be satisfied that the risk of harm to the public has been mitigated. The panel concluded that a member of public, in light of the ongoing public protection issues identified, would expect a panel to make a finding of impairment in this case. The panel considered that as this is a lack of competence case, a finding of

impairment is necessary to maintain public confidence in the profession, to uphold proper professional standards and to maintain trust in the NMC as a regulator. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that your fitness to practise remains impaired.

Decision and reasons on sanction

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

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict 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 lack of competence was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether a conditions of practice on your registration would be a sufficient and proportionate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel bore in mind the seriousness of the facts found proved at the original hearing and concluded that a conditions of practice

order would not adequately protect the public or satisfy the public interest. The panel was of the view that given your limited insight and remediation, it could not formulate conditions that would address the concerns raised without being too onerous on you and a prospective employer.

The panel acknowledged that imposing a conditions of practice order at this time would move this case forward and would allow you to demonstrate any improvement in your practice. However, in light of your limited insight and remediation, and in the absence of any testimonials from your current employer, the panel was not satisfied that you are able to work safely and professionally at this time. The panel was not able to formulate conditions of practice that would adequately address the concerns relating to your lack of competence.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow you further time to fully reflect on your previous failings. The panel concluded that a further 12 months suspension order would be the necessary and proportionate response and would afford you adequate time to further develop your insight and take steps to strengthen your practice. It would also give you an opportunity to approach past and current health professionals to attest to your clinical practice since the imposition of the substantive order. The panel acknowledged that you may also request an early review of the order if you are able to demonstrate further insight and strengthened practice before then.

The panel determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. Accordingly, the panel determined to extend the suspension order for a further period of 12 months. This would provide you with an opportunity to engage with the NMC, and to provide evidence of further reflection and testimonials. It considered this to be the most appropriate and proportionate sanction available.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 8 January 2026 in accordance with Article 30(1).

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

Any future panel reviewing this case would be assisted by:

- A detailed and evidence-based reflective piece which demonstrates an understanding of the impact of your failings on patients, colleagues, the reputation of the wider nursing profession and the importance of the duty of candour.
- Reference(s) from a current or past employer and/or line manager, within the last three years, commenting on your clinical practice and work in healthcare.
- Character testimonials from current or past employers, or social and voluntary activities. These may be health related or otherwise.
- Evidence of any further relevant training to address the concerns raised and how this learning would be applied in the everyday work as a nurse.
- A clear explanation as to your future intent in relation to nursing.

This will be confirmed to you in writing.

That concludes this determination.