

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

**Substantive Hearing
Monday, 6 October 2025 – Wednesday, 15 October 2025
Thursday, 11 December 2025
Tuesday, 16 December 2025**

Virtual Hearing

Name of Registrant:	Jacob Jerry Kwametse
NMC PIN:	13B1167E
Part(s) of the register:	Registered Nurse – Sub Part 1 Mental Health Nursing – 15 September 2016
Relevant Location:	Oxfordshire
Type of case:	Misconduct
Panel members:	Farrah Jaura (Chair, Lay Member) Deborah Aunger (Registrant Member) Keith Murray (Lay Member)
Legal Assessor:	Neil Fielding
Hearings Coordinator:	Maya Khan (6 – 10 October 2025) Daisy Sims (13 - 15 October 2025) Aisha Charway (11 December 2025) Angela Nkansa-Dwamena (16 December 2025)
Nursing and Midwifery Council:	Represented by Jane Carver, Case Presenter
Mr Kwametse:	Present and represented by Roy Donnelly, Counsel instructed by the Royal College of Nursing (RCN)
Facts proved:	Charges 1, 2, 3, 4, 6 and 7
Facts not proved:	Charge 5
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim order:	Interim suspension order (18 months)

Details of charge (original)

That you, a registered nurse on 24 December 2021:

- 1) Dispensed 70 ml of methadone without another registered nurse being present to witness it.
- 2) Asked Colleague A to sign the Controlled Drug book despite them not having been present, to witness the methadone being dispensed.
- 3) Told Colleague A that Colleague B had witnessed you dispensing the methadone when they had not.
- 4) Said to Colleague B words to the effect of “you witnessed me draw it up”.
- 5) Your actions in charge 2 were dishonest in that you asked Colleague A to sign the Controlled Drug book knowing that they had not been present to witness you administer the methadone.
- 6) Your actions in charge 3 and/or 4 were dishonest in that you knew Colleague B had not been present to witness you dispense the methadone.
- 7) Your actions in charges 2 and/or 3 and/or 4 were carried out with the intention of creating a misleading impression that you had dispensed a controlled drug in the presence of a witness when you knew you had not.

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

Decision and reasons on application to amend the charges

The panel heard an application made by Ms Carver, on behalf of the Nursing and Midwifery Council (NMC), to amend Charges 1 and 5 to read as follows:

Charge 1

Dispensed ~~70 ml~~ of methadone without another registered nurse being present to witness it.

Charge 5

Your actions in charge 2 were dishonest in that you asked Colleague A to sign the Controlled Drug book knowing that they had not been present to witness you ~~administer~~ **dispense** the methadone.

Ms Carver submitted that there would be no unfairness caused to you by making the proposed amendments. She submitted that Charge 1 is about dispensing the medication when a second nurse was not present, rather than the amount of medication. With respect to Charge 5, Ms Carver submitted that the word 'dispense' replaces the word 'administer'. She submitted that the amendments would properly reflect the evidence and the conduct it amounts to.

With respect of the proposed amendment for Charge 1, Mr Donnelly, on your behalf, submitted that removing the dosage introduces additional vagueness and uncertainty to the facts. With regards to the proposed amendment for Charge 5, Mr Donnelly submitted that changing the wording is removing an essential element of the base of the misconduct.

Mr Donnelly submitted that allowing the proposed amendments cannot be done without injustice, primarily because of the lateness and the impact on you to properly amend your defence strategy to the amended charges.

The panel accepted the advice of the legal assessor and had regard to Rule 28 of 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel noted that you had received Notice regarding the amendments to the charges on 2 October 2025 and did not raise any objections prior to today.

The panel considered the proposed amendments. In relation to Charge 1, the panel determined that the volume of medication is not directly relevant to the mischief of the alleged charge. The issue the charge seeks to address is whether or not a controlled drug was dispensed in accordance with the relevant policy. No allegation arises from the quantity of the drug and nothing of significance to these proceedings has been drawn to the panel's attention that appears to turn upon its inclusion or exclusion.

In relation to Charge 5, the panel noted that it refers to Charge 2 which uses the word 'dispense'. It determined that the proposed amendment was appropriate as the conduct in Charge 5 refers to dispensing and not administering medication which suggests that the reference to administering medication was a drafting error. It is clear from the other charges and the evidence, that this was what was intended.

The panel was of the view that such amendments, as applied for, were in the interest of justice, bearing in mind the overarching objective of these proceedings and having regards to the early stage. The fact that the conduct alleged is clarified by the amendments sought and neither of the amendments sought fundamentally change the nature of what the NMC alleges. The panel was satisfied that there would be no prejudice to you and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment, as applied for, to ensure clarity and accuracy.

Details of charge (as amended on 6 October 2025)

That you, a registered nurse on 24 December 2021:

- 1) Dispensed methadone without another registered nurse being present to witness it.
- 2) Asked Colleague A to sign the Controlled Drug book despite them not having been present, to witness the methadone being dispensed.

- 3) Told Colleague A that Colleague B had witnessed you dispensing the methadone when they had not.
- 4) Said to Colleague B words to the effect of “you witnessed me draw it up”.
- 5) Your actions in charge 2 were dishonest in that you asked Colleague A to sign the Controlled Drug book knowing that they had not been present to witness you dispense the methadone.
- 6) Your actions in charge 3 and/or 4 were dishonest in that you knew Colleague B had not been present to witness you dispense the methadone.
- 7) Your actions in charges 2 and/or 3 and/or 4 were carried out with the intention of creating a misleading impression that you had dispensed a controlled drug in the presence of a witness when you knew you had not.

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

Background

You first entered the NMC register on 15 September 2016 as a registered mental health nurse. The NMC received a referral on 15 February 2022 regarding your fitness to practise.

On 1 October 2021, you began working as a Band 5 nurse through an agency on a Psychiatric Intensive Care Unit ('PICU') at [PRIVATE], part of [PRIVATE] (the Trust). It is alleged that on 24 December 2021, you dispensed a controlled drug, methadone, from the controlled drugs cupboard without another nurse being present to witness this.

You then called Colleague A, the Deputy Ward Manager, into the clinical room asking her to sign the controlled drugs book for the methadone you had already drawn up. Colleague A told you that she could not do this as she had not witnessed you draw it up. You told Colleague A that Colleague B, a Band 5 nurse at the time, had witnessed you draw up the methadone. Following enquiry from Colleague A, Colleague B said that she had not witnessed you draw up the medication. As a result, Colleague A and Colleague B confronted you and you were defensive, argumentative, raised your voice and talked

over Colleague A.

Colleague A reported this incident to Colleague D, the Acting Ward Manager and Colleague C, Modern Matron, who spoke to you immediately. Colleague D said that you informed him that there was an agitated and unsettled patient on the ward and that Colleague B was present in the clinical room when you drew up the methadone although Colleague B was not paying attention. You then admitted that you had drawn up the medication alone without a second registered nurse being present. You were asked if you were aware of the Trust policies on medicines administration and management, to which you responded that you were aware of the policy.

You initially said it was acceptable to draw up a controlled drug without another nurse present and you only needed two nurses present to administer the drug. You then said that you had drawn up the drug without a witness because the patient was becoming agitated.

Colleague C and Colleague D escalated this matter to the Senior Modern Matron who advised them to immediately undertake a stock check of all controlled drugs. There were no discrepancies. Colleague C and Colleague D spoke with Colleague B, who confirmed the incident as described by Colleague A.

You were suspended from dispensing or administering medicine medication until you had successfully completed the medication competency assessments. That was successfully completed on 10 and 11 January 2022 and you were reinstated with medication administration.

You completed supervision and a reflective account dated 5 January 2022 and during the reflection admitted that it was a mistake to draw up the methadone without a witness present. You acknowledged and apologised for dispensing medication without a witness. You explained that the patient was becoming agitated and unsettled, and you thought drawing up the methadone in advance would help to reassure the patient that they would get their medication soon and that this would maintain the therapeutic environment.

The Trust did not conduct a full investigation.

Decision and reasons on facts

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 Ms Carver and Mr Donnelly.

Mr Donnelly submitted that you deny all charges.

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

- Colleague A: Former Deputy Ward Manager at the Trust
- Colleague B: Former Band 5 Registered Mental Health Nurse ('RMN') at the Trust
- Colleague C: Former Modern Matron at the Trust

The panel also saw documentary evidence referring to Colleague D, a Former Acting Ward Manager at the Trust.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor, who referred it to the cases of *Ivey v Genting Casinos* [2017] UKSC 67. It considered the witness and documentary evidence provided by the NMC.

Mr Donnelly indicated that you did not propose to give evidence in relation to the facts stage of these proceedings.

The panel received advice from the legal assessor in respect of the circumstances in which a panel may draw adverse inferences from the failure of a registrant to provide evidence. The legal assessor referred to the case of *R(Kuzmin) v GMC* [2019] EWHC

2129 (Admin) which provides that panels should not draw an adverse inference based on the failure to give evidence unless:

- (i) The NMC has provided sufficient evidence to support the charges alleged
- (ii) The Registrant has been given an appropriate warning that an adverse inference may be drawn if they do not give evidence.
- (iii) The Registrant has been given an opportunity to explain why it would not be reasonable for them to give evidence and, if it is found that there is no reasonable explanation, be given an opportunity to give evidence.
- (iv) There is no reasonable explanation for the Registrant not giving evidence
- (v) There are no other circumstances that would make it unfair to draw an adverse inference.

The panel accepted the advice and went on to warn you that an adverse inference may be drawn, inviting Mr Donnelly to explain why it would not be reasonable for you to give evidence. Mr Donnelly indicated that you wished to put the NMC to proof.

The panel gave a preliminary indication that this did not appear to be a reasonable explanation for not giving evidence and therefore provided you with a further opportunity to give evidence which you declined.

The panel carefully considered the evidence provided by each of the witnesses and was of the view that their evidence was credible and reliable. Whilst there were minor inconsistencies between accounts given at the time and to an extent between witnesses, these are to be expected. On the central facts in issue in relation to each of these charges, the accounts provided were broadly consistent with documentation made at or nearer the time. Moreover, the circumstances and sequence of events support those accounts. Your actions prompted a response from Colleague A that led her to speak with Colleague B and in turn to report the matter upwards. A meeting was held on the day during which you made some admissions and sought to explain your actions. Your admissions support Colleague A's account in part. Your admissions were later repeated in a reflective account. Finally, you have not provided any alternative

explanation in evidence to undermine the accounts provided. The panel therefore was satisfied it could safely rely on those accounts.

The panel also considered that it was fair to draw appropriate adverse inferences regarding your failure to give evidence. You provided no reasonable explanation for this decision, and the available evidence does call for an explanation from you. The panel noted that you provided partial accounts at the time and subsequently in reflective statements, but you made a conscious decision not to give evidence about these allegations or any of the surrounding circumstances.

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

Charge 1

That you, a registered nurse on 24 December 2021:

- 1) Dispensed methadone without another registered nurse being present to witness it.

This charge is found proved.

Whilst the terminology dispensing, preparation (drawing up) and administration were at times used interchangeably by you and the witnesses, the panel determined that there was sufficient evidence on balance to find that the term 'dispense' was used by the witnesses and by you in this particular context to refer to preparing the medication prior to it being given to the patient.

The panel then considered the meeting notes dated 24 December 2021 titled 'Controlled Drug Incident Reported'. At 16:15, it states:

'Staff nurse JK was asked if he was witnessed drawing up the CD [controlled drug] drug by staff nurse [Colleague B]. Staff nurse JK replied that he drew up alone waiting for another nurse to come then he would administer.'

The panel also considered the witness statement of Colleague A which states:

'I walked past the Clinical Room where Mr Kwametse was drawing up methadone. I did not witness Mr Kwametse drawing up the methadone'.

The panel also considered Colleague C's witness statement:

'Mr Kwametse then admitted that they did not get this checked by another nurse. Mr Kwametse also admitted that they were aware of the Trusts police on medicines administration and management'.

The panel also considered your undated Fitness to Practise (FtP) Reflective Account Form, where you describe your understanding of the specific concerns raised, and what you thought and felt at the time. You stated:

'My understanding of the specific concerns that have been raised: Poor medication practice, in that you dispensed a controlled drug without a witness present and that, I intended to create a misleading impression that I had dispensed a controlled drug in the presence of a witness when I did not...felt the only means to manage the agitated patient who was disrupting the ward was to dispense his prescribed methadone in his presence after trying all others means to no avail until a colleague arrives to carry out the necessary checks and administer.'

The panel noted all of the evidence on this matter including your admissions at the time and subsequently. The panel was satisfied on the basis of this evidence and the fact that you have not provided any alternative account in evidence, that this was more likely to than not to have happened as alleged.

The panel therefore considered that, on the balance of probabilities, it is more likely than not that on 24 December 2021 you dispensed methadone without another registered nurse being present to witness it.

Charge 2

- 2) Asked Colleague A to sign the Controlled Drug book despite them not having been present, to witness the methadone being dispensed.

This charge is found proved.

In reaching its decision, the panel considered the evidence of Colleague A and the meeting notes dated 24 December 2021 titled 'Controlled Drug Incident Reported', which states under 16:00hrs:

'...[Colleague A] reported that she was asked to witness the administration of a CD [controlled drug] drug that staff nurse JK had already dispensed.'

Colleague A in her witness statement wrote:

'I said words to the effect of 'I cannot sign for this because I did not witness you draw it up'.

In Colleague A's oral evidence Colleague A accepted that she did not witness you dispensing the medication but that she signed the book.

The panel noted your undated FtP Reflective Account Form where you described why the incident occurred:

'This incident occurred due to combination of factors, including patient agitation, a delay in a colleague's arrival, and an oversight regarding the keys to the controlled drug locker, leading to a deviation from established protocols and the decision to dispense the control drug without a colleague present.'

The panel rejected the argument advanced by Mr Donnelly that since the record was ultimately signed by Colleague A this suggests the process was witnessed. That is a position which cannot be reconciled with your own admissions or the other evidence of Colleague A or Colleague C (recounting your admissions). The fact that Colleague A may have adopted the wrong process subsequently and that the documentation may have been incorrect does not alter your actions. Nor does the variation in Colleague A's account in oral evidence undermine the central truth (based on all of the available evidence) that the medication was drawn up unwitnessed. The panel was of the view therefore that it is likely that you did request Colleague A to sign the book.

The panel therefore determined that, on the balance of probabilities, it is more likely than not that you asked Colleague A to sign the Controlled Drug book despite them not having been present, to witness the methadone being dispensed.

Charge 3

- 3) Told Colleague A that Colleague B had witnessed you dispensing the methadone when they had not.

This charge is found proved.

The panel considered the witness statement of Colleague B, whereby she recalled stating to Colleague A:

'Mr Kwametse said '[Colleague B] witnessed me draw it up'.'

The panel also considered Colleague B's undated witness statement, in which she recounted Colleague A's version of events:

'[Colleague A] questioned who had observed him open the cupboard and dispense the controlled drug and Jacob stated that it was myself ([Colleague B]) who had witnessed,'

The panel noted that Colleague A, under cross examination, had been asked whether she may have misheard what had been said. However, the panel considered the surrounding circumstances. Your words prompted Colleague A to leave the clinical room and ask Colleague B whether she had witnessed you drawing up the methadone. This led directly to Colleague A and B returning to confront you, during which Colleague B said you repeated the suggestion that she (Colleague B) had witnessed you drawing up the methadone. Whilst it was suggested to Colleague A in cross examination that she may have misheard what you said, this is not an account supported by your explanation at the time, nor have you provided this account in evidence to the panel. The panel therefore finds the most likely explanation for these circumstances is that you did tell Colleague A that Colleague B witnessed you drawing up the medication. This is corroborated in part by the evidence of Colleague B that you later sought to maintain that position when initially confronted.

The panel drew an inference from the fact that you have not provided evidence to suggest any alternative explanation which tends to support the available evidence.

The panel therefore determined that, on the balance of probabilities, it is more likely than not that you told Colleague A that Colleague B had witnessed you dispensing the methadone when they had not.

Charge 4

- 4) Said to Colleague B words to the effect of “you witnessed me draw it up”.

This charge is found proved.

The panel considered the surrounding circumstances to these events and the sequence of events as set out earlier in these reasons in assessing the evidence of Colleague B and the witness statement of Colleague B who stated:

'Mr Kwametse responded with words to the effect of 'you witnessed me draw it up'.

The panel determined that although there were minor inconsistencies in the evidence of Colleague B, particularly under cross examination, they were not sufficient to call into question the credibility and reliability of her account. The panel also noted it heard no evidence from you to contradict the account of Colleague B.

The panel therefore determined that, on the balance of probabilities, it is more likely than not that you said to Colleague B words to the effect of *'you witnessed me draw it up'*.

Charge 5

- 5) Your actions in charge 2 were dishonest in that you asked Colleague A to sign the Controlled Drug book knowing that they had not been present to witness you dispense the methadone.

This charge is found NOT proved.

The panel bore in mind its determination at Charge 1 in relation to the terminology used by you and all witnesses which led to the panel considering the Safe & Secure Use of Controlled Drugs Policy, Version 2 dated December 2019, specifically 2.8.2, which states:

'[...] all controlled drug administration must be witnessed. Any registrant can witness the preparation and administration of controlled drugs.'

Mr Donnelly invited the panel to take the view that drug administration related specifically to giving medication to the patient. However, in the view of the panel it was implicit from the second sentence that administration refers to the whole process and in fact the evidence provided by both Colleague A, Colleague B and Colleague C supports this understanding. Considering the purpose of the policy, this would render it ineffective if it only related to part of the process of providing controlled drugs to a patient. The fact

that there is no separate column in the controlled drugs book for the hospital ward for preparation or 'dispensing' the drug also supports the view that the policy and the documentation require the entire process of administering the drug to be witnessed not just the act of medication being given to the patient.

Nevertheless, the panel concluded that there is some ambiguity in the wording of the policy concerning administration of controlled drugs and is satisfied that you may genuinely but mistakenly have believed or interpreted that the policy did not require a witness at that stage of preparation. In these circumstances the panel finds that your actions were mistaken rather than dishonest.

Charge 6

- 6) Your actions in charge 3 and/or 4 were dishonest in that you knew Colleague B had not been present to witness you dispense the methadone.

This charge is found proved.

The panel first considered whether your actions at charge 3 and 4 were dishonest.

The panel was satisfied that you knew Colleague B did not witness you dispense the medication. Consequently, the suggestion you made to both Colleague A and B that Colleague B had witnessed these events was untruthful. The panel was satisfied an ordinary decent member of the public would clearly find such behaviour dishonest and you have not provided any evidence to suggest an alternative explanation falling short of dishonesty.

Charge 7

- 7) Your actions in charges 2 and/or 3 and/or 4 were carried out with the intention of creating a misleading impression that you had dispensed a controlled drug in the presence of a witness when you knew you had not.

The panel found this charge proved (only in relation to Charges 3 and 4)

The panel considered Charges 2, 3 and 4 separately in relation to this charge.

The panel bore in mind its findings at Charge 2 in relation to the difference between administration and dispensing medication and specifically the potential that you genuinely misunderstood the policy and were not at that stage acting dishonestly. The panel determined that your actions at Charge 2 do not suggest that you had the intention of creating a misleading impression that you had dispensed a controlled drug in the presence of a witness when you knew you had not.

The panel then considered Charges 3 and 4. It noted its previous findings in relation to these charges, specifically that they amounted to dishonesty. The panel determined that, in the absence of any evidence to the contrary, the dishonesty created an impression from which it can be inferred (alongside the absence of any alternative explanation given in evidence) that you did intend to create a misleading impression that you had dispensed a controlled drug in the presence of a witness when you knew you had not.

The panel therefore determined that, on the balance of probabilities, it is more likely than not that your actions in Charges 3 and 4 were carried out with the intention of creating a misleading impression that you had dispensed a controlled drug in the presence of a witness when you knew you had not.

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

During submissions on misconduct and impairment, Ms Carver submitted that there will be references made to [PRIVATE]. The application was made pursuant to Rule 19 of the Rules.

Mr Donnelly made no objection to that application.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may

hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

Having heard that there will be some reference to [PRIVATE], the panel determined to hold the parts of this hearing that relate to [PRIVATE] in private in order to maintain your privacy.

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 is required to adopt 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 and impairment

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.*'

Ms Carver invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of *'The Code: Professional standards of practice and behaviour for nurses and midwives 2015'* (the Code) in making its decision.

Ms Carver referred the panel to a previous NMC hearing against you which was held in December 2018 and concluded in May 2019. Whilst not all of the charges were proved, those that were, included charges relating to dishonesty. She informed the panel that a caution order for a period of 5 years was imposed. Additionally, that determination stated *'if the NMC receives a further allegation that your fitness to practice is impaired, the record of this panel's finding and decision will be made available to any practice committee that considers the further allegation'*.

Ms Carver submitted that the facts found proved amount to misconduct as your actions fell far short of what would be proper in the circumstances. She submitted that this misconduct escalated, as you lied to your colleagues on more than one occasion. She submitted that you were dishonest with the intent of creating a misleading impression that you had not done so in the presence of a witness, which you knew you had not. She submitted that this amounts to persistent and continued misconduct. Ms Carver referred the panel to the NMC Guidance on dishonesty allegations at SAN-2.

Ms Carver submitted that the following elements of the Code have been breached: 8.1, 8.2, 8.4, 18.2, 19.1, 20.1, 20.2, 20.8.

Ms Carver submitted that you have not shown sufficient insight into your dishonesty and reminded the panel that this is not an isolated incident of dishonesty. She submitted that the charges are serious and breach the fundamental tenets of the nursing profession.

Ms Carver then made submissions on impairment. She referred the panel to the questions set out by Dame Janet Smith in the Fifth Shipman Report, as adopted by the High Court in *CHRE v NMC and Grant* [2011] EWHC 297 (Admin):

- 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 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.'*

Ms Carver submitted that all of the above questions can be answered in the affirmative. She submitted that Colleague A confirmed to the panel the risks of dispensing medication without another registered nurse. She submitted that your actions did bring the nursing profession into disrepute because your actions were deplorable. She submitted that you have breached a fundamental tenet of the nursing profession through your dishonesty.

Ms Carver referred the panel to the course that you had completed in relation to dishonesty. Ms Carver submitted that you have completed a course in '*Powerful Honesty*' however, you have not provided any detail about this course and so submitted that this is not sufficient to address the dishonesty you have shown. She also submitted that given the lack of insight, training or remediation, there is a real risk of repetition in that you are liable to repeat these actions in the future.

Ms Carver submitted that a finding of misconduct and impairment is necessary on the grounds of public protection and is in the public interest.

Mr Donnelly submitted that in relation to Charge 1, this does not meet the threshold to amount to misconduct. He submitted that there is no evidence that you unreasonably put patients at a risk of harm.

In relation to the remaining charges found proved, Mr Donnelly submitted that you accept the panel's findings and that this would amount to misconduct. Mr Donnelly stated that he did not seek to make submissions that you are not impaired in relation to the remaining charges found proved.

The panel accepted the advice of the legal assessor, which included reference to a number of relevant judgments.

Decision and reasons on misconduct

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 co-operatively

To achieve this, you must:

8.1 respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate

8.2 maintain effective communication with colleagues

8.4 work with colleagues to evaluate the quality of your work and that of the team

18 Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations

To achieve this, you must

18.2 keep to appropriate guidelines when giving advice on using controlled drugs and recording the prescribing, supply, dispensing or administration of controlled drugs

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

To achieve this, you must:

19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place

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, treating people fairly and without discrimination, bullying or harassment'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that dishonesty is always serious. The panel noted that you had not shown sufficient insight and provided limited reflection about your dishonesty.

The panel was of the view that it would be artificial to exclude the first charge from its findings on misconduct. The charge may have arisen originally as a mistake, but it was the genesis of the actions encompassed by the other charges found proved. The panel therefore viewed it as part of a course of conduct which the panel considered sufficiently serious to amount to misconduct.

The panel considered that your dishonesty was intentional and persistent over a short period of time. On 24 December 2021, there were several occasions in the chain of events where you could have changed your course of conduct to avoid compounding your initial misunderstanding of the policy, which aggravates the seriousness of it. The panel was of the view that you deliberately breached the professional duty of candour by covering up when things went wrong.

The panel noted that there was an escalation of your conduct over this short period of time which led to a real risk of harm to patients as a direct result of your actions. Each of the NMC's witnesses highlighted the risk to nurses and patients that can arise in relation to the administration of controlled drugs without a witness. This includes the risk of a medication error, the potential for drugs to go missing or being wrongly recorded raising

suspicion of theft of misuse. The panel noted the evidence about the patients being vulnerable and considered that the risk to a vulnerable patient also aggravates this dishonesty.

The panel found that your actions did fall seriously short of the conduct and standards expected of a nurse and amounted to serious 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 NMC Guidance on ‘*Impairment*’ (Reference DMA-1), last updated on 3 March 2025, which states the following:

‘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 to 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.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

‘In determining whether a practitioner’s fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.’

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's “test” which reads as follows:

‘Do our findings of fact in respect of the doctor’s misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ fitness to practise is impaired in the sense that S/He:

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) has in the past acted dishonestly and/or is liable to act dishonestly in the future.’*

The panel determined that all four limbs of the *Grant* test are engaged both in respect of the past and in the future.

The panel finds that patients were put at risk and could have been caused physical and emotional harm as a result of your misconduct for the same reasons the panel set out above in relation to misconduct. Your misconduct had breached the fundamental tenets of the nursing profession as there were multiple and serious breaches of the Code including lying to your colleagues which is likely to bring the reputation of the profession into disrepute. It was satisfied that confidence in the nursing profession would be undermined if the NMC as its regulator did not find charges relating to dishonesty extremely serious.

In respect of future risk, the panel considered that you have not shown sufficient insight into your conduct. The panel considered the evidence before it of your previous caution order, which you were still subject to when these concerns arose. The panel also noted that your caution order was imposed based on some dishonesty concerns. The panel determined that this is evidence of a deep-seated attitudinal concern. The panel then considered your undated reflective account. The panel was concerned that this reflective account does not fully acknowledge, engage with or address any of the concerns found proved. Additionally, the panel noted that the undated course in 'Powerful Honesty' that you have undertaken is not alone sufficient to show strengthened practice.

The panel considered that there is evidence of deep-seated attitudinal concerns arising from the repetition of dishonesty within a relatively short period of previous regulatory action, namely a 5-year caution order which was imposed in May 2019. The panel determined that you have not shown any steps to sufficiently address the dishonesty concerns in this case.

The panel was therefore of the view that it is not possible, in the circumstances presented by this case, to remedy such deep-seated and longstanding attitudinal concerns which have spanned the course of two sets of regulatory proceedings.

The panel therefore determined that there is a high risk of repetition. It determined that a finding of impairment is 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. It determined that an informed member of the public, with knowledge of your previous caution order for dishonesty together with the facts found proved in this case, would seriously undermine confidence in the regulatory process if a finding of current impairment were not made. In addition, the panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds your fitness to practise impaired on the grounds of public interest.

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

Interim order

Following the determination of misconduct and impairment, after careful and considered reflection, the panel adjourned this hearing due to a lack of time to conclude the sanction stage of these proceedings.

Ms Carver made an application for an interim order. She submitted that an interim order is required on the grounds of public protection and in the public interest in light of the findings of this panel. She submitted that the appropriate order would be an interim suspension order. This application was made under Rules 32(5) of the Rules.

Mr Donnelly resisted the imposition of an interim order at this time. He reminded the panel that it has not yet made a decision on what sanction, if any, ought to be imposed. He submitted that any imposition of an interim order of suspension or conditions would effectively add to the length of the final sanction ordered indirectly, but it would do so, and there may be a substantive delay between now and the final hearing to hear or the appropriate.

Mr Donnelly invited the panel to consider the impact on you and submitted that this impact would be disproportionate because you would be unable to work and unable to show any remediation or improved practice. He submitted that an interim conditions of practice order would be sufficient to manage any risks associated with the panel's findings. He also submitted that the public interest will be addressed by the panel's determination on substantive sanction, therefore an interim order would not be necessary in public interest.

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 considered that it has found serious repeated dishonesty arising directly out of your clinical practice and found a high risk of repetition. The panel were unable to formulate any workable conditions to address the cornerstone issue of dishonesty. Given this finding therefore, the panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case. The panel considered the impact the imposition of an interim suspension order would have on you, however the panel determined that the necessity of an interim order on public protection and public interest grounds outweighs any impact to you.

At the time of making this decision, it has been indicated to the panel that dates to resume these proceedings will not be before May 2026. The panel acknowledged that no dates for the resuming of this substantive hearing have been confirmed at the imposition of this interim suspension order. The panel therefore imposed an interim suspension order for a period of 12 months in order to adequately protect the public and maintain public interest until the resuming dates of this substantive hearing.

Sanction

The panel considered this case very carefully and decided to make a striking-off order. It directs the registrar to strike you off the register. The effect of this order is that the NMC register will show that you have been struck-off the register.

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

Ms Carver submitted that the panel should consider a striking off order, she stated that this is the most appropriate and proportionate sanction. She referred the panel to the NMC's SG. She submitted that aggravating factors in this case include previous regulatory findings, including a caution order imposed in relation to earlier charges of dishonesty. This was imposed on 24 May 2019 for 5 years. She further stated that you were subject to this caution order at the time of the incident giving rise to these proceeding which occurred on the 24 December 2021.

Ms Carver submitted that there was a lack of insight into your failings, she referred to the panel's findings and noted that it had found that you had shown insufficient insight or reflection into your conduct. It also found that you had put people receiving care at risk of suffering harm. She further noted that the panel's findings were that your dishonesty was intentional and persistent over a short period of time whereby the

escalation in your conduct led to a real risk of harm to patients as a direct result of your actions.

Ms Carver noted that you did not give oral evidence during this hearing, but had provided written documentary evidence, including your reflections, in which you express some understanding of your misconduct and apologised for this. She further submitted that you have undertaken some training and development and acknowledged within the recent submitted bundle, that several testimonials were included.

Ms Carver referred the panel to SAN-3 and advised the panel that this guidance gives panels the approach to consider the full range of sanctions.

Ms Carver submitted that taking no action or imposing a caution order would be inappropriate in this case given the panel's findings on the risk of harm to the public, particularly as the panel's findings included dishonesty which aggravated the risks to vulnerable patients.

Ms Carver reiterated to the panel that you were subject to a caution order for dishonesty. She stated that there are particular risks to patient safety associated with the administration of controlled drugs. She submitted that taking no action or imposing a caution order would not appropriately protect the public.

Ms Carver then submitted that a conditions of practice order would not be appropriate as you had not fully accepted the seriousness of the panel's findings in relation to your dishonesty. Ms Carver noted that since this incident you have completed an assessment of competencies for medicines management.

Ms Carver made reference to your bundle that you provided ahead of this hearing and stated that whilst you made reference to courses that you have undertaken, this was insufficient to address the attitudinal concerns as it did not fully address your conduct, she further submitted that you are still lacking full insight.

Ms Carver submitted that a conditions of practice order is therefore not appropriate as dishonesty is difficult to address and particularly if there was a lack of insight and reflection. Ms Carver further submitted that your dishonesty was repeated over the short period of time, supporting a serious risk of repetition.

Ms Carver informed the panel that the sanction guidance at SAN 3d states a suspension order may be appropriate where some of the following factors are present:

- A single instance of misconduct, but where a lesser sanction is not sufficient.
- No evidence of harmful, deep-seated personality or attitudinal problems.

Ms Carver submitted that there is no evidence of repetition of behaviour since the incident. However, she noted that although your misconduct related to one date and one patient, you continued to be dishonest on more than one occasion. She stated that this demonstrated evidence of harmful, deep-seated personality and attitudinal problems. She further submitted that you were still subject to a caution order for dishonesty at this time.

Ms Carver made reference to SAN-2 she informed the panel that this provides guidance for sanctions relating to serious cases, including cases involving dishonesty. Ms Carver further noted that allegations of dishonesty will always be serious and a nurse, midwife or nurse and associate who has acted dishonestly will always be at risk at some risk of being removed from the register.

Ms Carver submitted that you had deliberately breached the professional duty of candour by covering up when things had gone wrong. She referred to the panel's findings that on 24 December 2021, there were several occasions in the chain of events where you could have changed course, and your dishonesty increased the risk to vulnerable patients which the panel considered an aggravating feature.

Ms Carver referred the panel to the guidance at SAN 3e, she stated that should a striking off order should be considered the panel would be assisted by the following:

- *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?*

Ms Carver submitted that your conduct breached the fundamental tenets of the nursing profession as there were multiple and serious breaches of the Code which included lying to colleagues and which she stated was likely to bring the profession into disrepute. Ms Carver stated that the panel may be of the view that a striking off order is appropriate based on these factors.

Ms Carver stated to the panel that it may be of the view that in order to maintain public confidence and protect the public, the only appropriate and proportionate sanction in this case is that of a striking off order.

Mr Donnelly informed the panel on your behalf that you had understood and accepted the seriousness of the charges found proved.

Mr Donnelly referred to the NMC submission of a striking off order, he asked the panel to consider the evidence that you had provided and informed the panel that you had provided some further insight and remediation which supports a reduced risk of repetition since the hearing in October 2025. He submitted the panel should consider an order of suspension and that a strike off was not the only sanction available.

Mr Donnelly made reference to the fitness to practise matter, which was in relation to a lack of integrity and failure to disclose a criminal investigation. Mr Donnelly had stated that this matter related to your private life and not your professional role and could therefore be distinguished from the present matters.

Mr Donnelly stated that you admitted your failure to disclose the investigation at your previous fitness to practise hearing. Ultimately no criminal charges were proved against you. The previous fitness to practise panel noted that the dishonesty in that case was at the lower end of seriousness, and you were found impaired on public interest grounds only.

Mr Donnelly asked the panel to consider that the character of your previous regulatory findings was very different to what is being proved at this hearing. Mr Donnelly made

reference to the matters that occurred in December 2021 and informed the panel of the mitigating circumstances: in that you were working on a very busy mental health unit, you were dealing with a difficult patient who was waiting for methadone medication, who was stressed and agitated as a result and the unit was short staffed. Mr Donnelly informed the panel that you acknowledged your mistake in drawing up this medication alone without supervision. Mr Donnelly submitted that your dishonesty at the time was reactive to the circumstances that you found yourself in.

Mr Donnelly informed the panel that the patient was not caused actual harm and that you did a second check for administration of the drug ensuring patient safety was not compromised at the time.

Mr Donnelly referred to your denial of the charges; he submitted that the panel should not consider this as an aggravating feature and that you have the right to deny charges and it is for the NMC to prove their case. He made reference to the case of *Sawati v General Medical Council [2022] EWHC 283 (Admin)* he stated that only if the registrant's case is dishonest will it be considered in sanction.

Mr Donnelly referred to your defence and stated that with respect to Charge 3 your case was that Colleague A may have misheard you and he stated that this was not your way of blaming Colleague A and that you had questioned her interpretation at the time. He stated that in relation to Colleague B, her evidence was appropriately tested and her recollection had inconsistencies. Mr Donnelly stated that this did not amount to putting forward a dishonest defence.

Mr Donnelly stated that in relation to Charge 1, you had shown remediation and insight and referred the panel to the exhibit bundle from the NMC. He stated that you have undertaken training in medication administration and compliance and stated that the risk of repetition in relation to this conduct is low. He invited the panel to consider the relevant training that you have undertaken throughout this process and noted that you have taken additional training and provided additional reflections dated October 2025 and November 2025.

Mr Donnelly submitted that you have developed insight and that you are capable of remediation he also informed the panel that [PRIVATE] and that a more serious sanction would [PRIVATE].

Mr Donnelly further submitted that a striking off order is not the only available order to protect the public and invited the panel to consider a sanction of a 12-month suspension order with the requirement of a course for review at the end of that to assess your fitness to practise.

Mr Donnelly stated that a suspension order would leave open the option of returning to practice and would therefore be an appropriate sanction in this particular case. He noted that this is still a very serious sanction and stated that would be sufficient to reassure the public appropriate action has been taken in response to the isolated incident of misconduct on 24 December 2021.

Mr Donnelly concluded and stated that a suspension order would allow your continued development of insight, resuming practice in safe kind and professional manner, and he submitted to the panel that encouraging nurses to remediate and return to safe practice is also in the public interest.

Decisions 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. The panel considered that your breach of an existing caution order imposed by a previous Fitness to Practise panel of the NMC on 24 May 2019 for a period of 5 years (relating to previous dishonesty charges) by further misconducting yourself during its currency to be a significant aggravating feature of this case. The panel rejected the submission made on your behalf that it should be discounted because it was of a different, less serious

nature and related to actions outside of your clinical practice. The panel was of the view that two similar findings over a relatively short time suggest a pattern of dishonest behaviour, raising fundamental questions about your honesty and integrity. The panel's own findings in relation to the proved charges point to the fact that you had opportunities to disengage from your dishonest course but chose rather to continue to act dishonestly in an attempt to cover up your mistake.

The panel considered each of your reflective accounts but was of the view that your insight and acceptance in relation to these matters of dishonesty were superficial, your reflective accounts appeared to the panel to be formulaic and failed to fully address and engage with the basic issue of repeated dishonesty. In your most recent reflection, you comment on the one hand that you accept the panel's findings but then go on to say that it *'does not align with my recollection of events at the time'*. The difficulty with this position is that whilst various alternative possibilities about what may have happened were put to the NMC's witnesses, you chose not to give evidence at any stage of these proceedings (as is your right). This has left the panel with only your written and oral submissions to consider. This has impacted the weight these can be afforded and has inevitably hampered the panel's ability to discern the level of accountability and responsibility you accept. It has also limited the panel's ability to ascertain what, if anything, you might do differently in the same or similar circumstances.

Moreover, whilst a failure in the clinical processes may have been remediated through additional training in relation to the administration of medication, it is clearly more difficult to address attitudinal issues by undertaking formal or informal training and there is simply insufficient evidence before the panel to show that those matters have been adequately addressed.

The panel therefore considers overall, you continue to lack real insight into any of the dishonesty charges found proved, which itself is an aggravating feature of the case and gives rise, in the view of the panel to a significant risk of repetition.

The panel was also of the view that your dishonesty created a real risk of harm to the vulnerable patients in your care. Trust is an essential component for a kind, safe and

effective working environment. Dishonesty erodes trust and with it the ability to work effectively and safely as a part of team. Not only did you lie about your initial actions, but you also sought to dishonestly draw other members of staff into the situation you had created. The panel referred to its findings above to the particular risks concerning controlled drugs and the safeguards in place to address those risks. A lack of candour self-evidently undermines such safeguards creating risks to patients and colleagues alike.

The panel acknowledged your expressions of regret, remorse and apology for your actions. However, the panel had difficulty reconciling this with your own written words about your attitude towards the panel's findings. You further chose not to give evidence at any stage of the hearing to assist the panel and as such, was unable to attach substantial weight to these expressions. It recognised there may have been contextual pressures such as the agitation of the particular patient, time of year (24 December) and staffing issues but none of these explain or excuse your dishonesty.

The panel took into account that you have provided a number of testimonials from several of your peers, though none have been provided from a person in a supervisory or managerial capacity. Nevertheless, each of them speak highly of your clinical skills. However, the key issue in this case is not your clinical proficiency, but your honesty and integrity. In relation to the testimonials, which mention dishonesty, the panel could not give significant weight to their subjective generalised opinions which contrast with the panel's findings and are not supported by any specific examples.

The panel recognised potential personal mitigating factors, which were advanced by Mr Donnelly on your behalf in relation to the potential impact of the sanctions it is considering. However, given the panel's findings and the purpose of these proceedings (to protect the public) these can only be afforded limited weight.

Therefore, the panel was unable to identify any significant mitigating features in relation to your misconduct.

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.

The panel then considered the imposition of a caution order but again determined that, due to the seriousness of the case, public protection and public interest 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 seriousness of the case and light of previous regulatory concerns and patient safety. 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 was of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The misconduct identified in this case was not something that can be readily addressed through further training. Furthermore, the panel concluded that the placing of conditions on your registration would not adequately address the seriousness of this case and would not provide sufficient protection to the public.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated 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;*

As explained above, although the charges concerned a single event, the panel could not view this as an isolated incident of dishonesty because there were several stages to your dishonest actions, and you were already subject to a caution order for previous dishonesty at the time of these events. The panel was of the view that this pattern of behaviour provides evidence of deep-seated attitudinal problems.

The panel was not satisfied that you have demonstrated sufficient insight to reduce the significant risk of repeating such behaviour in the future.

In this particular case, the panel therefore determined that a suspension order would not be a sufficient, appropriate or proportionate sanction for the reasons set out above.

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 conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel was of the view that your misconduct amounted to a serious breach of the fundamental tenets of the nursing profession demonstrating a serious lack of honesty and integrity. This is aggravated by the fact you were already subject to a caution order in relation to dishonesty which was current when these events occurred.

Where there are identified risks to public safety, serious and ongoing questions about your honesty and integrity, and your failure to comply with a regulatory order (by misconducting yourself in a similar manner during its currency), public confidence in the

profession and the NMC as a regulator would be seriously undermined in the view of the panel if you were allowed to remain on the register.

Having considered each of the other available sanctions, balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of your actions in bringing the profession into disrepute by adversely affecting the public's view of how you, a registered nurse should conduct yourself, the panel has concluded that nothing short of this would be sufficient in this case.

In light of its findings the panel gave consideration to your personal circumstances and the panel determined that public safety and public interest outweighed your own particular circumstances in this decision.

The panel considered 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.

This will be confirmed to you in writing.

Interim order

As the striking off order cannot take effect until the end of the 28-day appeal period, the panel 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 striking off 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 Ms Carver. She invited the panel to impose an interim suspension order for a period of 18 months on the grounds of public protection and otherwise in the public interest. She submitted that as the striking off order will not take effect until after the 28-day period, an interim order is necessary to cover this intervening period to protect the public and meet the public interest in light of the panel's findings.

Mr Donnelly made no submissions with respect to this application.

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 sanction it has imposed; namely a striking off order and the reasons for that, and its findings and reasons on the facts, misconduct and impairment.

The panel determined that in view of its findings and reasons overall, only an interim suspension order would be consistent with its determination, and it would also be proportionate. The panel determined that, in imposing an interim suspension order, the public would have the continuity of protection from harm, and the public interest would continue to be upheld. In the panel's judgement, these outweigh your own interests during the potential appeal period or the 28-day notice period.

The panel has therefore determined to impose an interim suspension order for a period of 18 months to allow for the possibility of an appeal to be made and determined.

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

That concludes this determination.