

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

**Substantive Hearing  
Monday 1 December 2025 – Friday 5 December 2025**

Virtual Hearing

<b>Name of Registrant:</b>	<b>Johanna Phillips</b>
<b>NMC PIN:</b>	98H0197E
<b>Part(s) of the register:</b>	Registered Nurse - Adult (RNA) 25 February 2002
<b>Relevant Location:</b>	Surrey
<b>Type of case:</b>	Misconduct
<b>Panel members:</b>	Angela Kell (Chair, Lay member) Richard Curtin (Registrant member) Kaleel Mohammad Anwar (Lay member)
<b>Legal Assessor:</b>	Simon Walsh
<b>Hearings Coordinator:</b>	Emily Mae Christie
<b>Nursing and Midwifery Council:</b>	Represented by Naa-Adjeley Barnor, Case Presenter
<b>Ms Phillips:</b>	Not present and unrepresented
<b>Facts proved:</b>	Charges 1, 2, 3, 4, 5, and 6
<b>Fitness to practise:</b>	Impaired
<b>Sanction:</b>	<b>Striking-off order</b>
<b>Interim order:</b>	<b>No order</b>

## **Decision and reasons on legal assessor's potential conflict of interest**

During the course of the hearing, when the name of the School (which had been anonymised in the papers) was identified by Witness 1 during his oral evidence, the legal assessor informed the chair and Ms Barnor, who appeared on behalf of the Nursing and Midwifery Council (NMC), that he had a potential conflict of interest. He had previously been an ex officio aldermanic governor of the School between 2000 and 2013. The legal assessor explained that the role was ceremonial rather than substantive. Having heard this, the panel was satisfied that the legal assessor's role significantly predated the incident in question, and as none of the witnesses in this case were employed at the School at that time, there was no conflict of interest.

## **Decision and reasons on service of Notice of Hearing**

The panel was informed at the start of this hearing that Ms Phillips was not in attendance and that the Notice of Hearing letter had been sent to Ms Phillips's registered email address by secure email on 30 October 2025.

Ms Barnor submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegation, the time, dates and the venue of the hearing (Ms Phillips was subsequently notified that the hearing was to be held virtually), including instructions on how to join and, amongst other things, information about Ms Phillips's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In the light of all of the information available, the panel was satisfied that Ms Phillips has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

### **Decision and reasons on proceeding in the absence of Ms Phillips**

The panel next considered whether it should proceed in the absence of Ms Phillips. It had regard to Rule 21 and heard the submissions of Ms Barnor, who invited the panel to continue in the absence of Ms Phillips. She submitted that Ms Phillips had voluntarily absented herself.

Ms Barnor referred the panel to an email from Ms Phillips, dated 26 November 2025, where Ms Phillips states:

*'I will not be attending any hearing online, or in physicality as I consider the case closed now from my end as I have presented my case and no long wish to practice as a RN.'*

Ms Barnor submitted that there was no reason to believe that an adjournment would secure her attendance on some future occasion.

The panel accepted the advice of the legal assessor.

The panel decided to proceed in the absence of Ms Phillips. In reaching this decision, the panel considered the submissions of Ms Barnor, and the advice of the legal assessor. It had particular regard to the factors set out in the decision of *R v Jones (Anthony William)* (No.2) [2002] UKHL 5 and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Ms Phillips;

- Ms Phillips has informed the NMC that she does not intend to attend this hearing;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- One witness is due to attend today, and two are due to attend tomorrow;
- Not proceeding may inconvenience the witnesses, their employer(s) and, for those involved in clinical practice, the clients who need their professional services;
- The charges relate to events that occurred in 2022, and further delay may have an adverse effect on the ability of witnesses accurately to recall events; and
- There is a public interest in the expeditious disposal of the case.

There is some disadvantage to Ms Phillips in proceeding in her absence. Although the evidence upon which the NMC relies will have been sent to her at her registered address. She will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on her own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Ms Phillips's decisions to absent herself from the hearing, waive her rights to attend, and/or be represented, and to not provide evidence or make submissions on her own behalf.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Ms Phillips. The panel will draw no adverse inference from Ms Phillips's absence in its findings of fact.

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

Ms Barnor referred the panel to an email from Ms Phillips, dated 26 November 2025, in which she requests:

*'I also hope that you are honouring the request of my former solicitor ... in that this hearing should take place in private and not disclosed to, or, for the public to attend [PRIVATE]'*

Ms Barnor submitted that, as per Ms Phillip's request, it may be appropriate for the panel to go into private session as and when [PRIVATE] were to be discussed.

The application was made pursuant to Rule 19.

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 third party or by the public interest.

The panel determined that it would go into private session as and when any discussion relating to [PRIVATE] were to arise in order to [PRIVATE].

## **Details of charge**

That you, a registered nurse:

- 1) Altered a clinical letter dated 02 March 2020, which was in Dr A's name
- 2) Altered a clinical letter dated 05 April 2022, which was in Dr A's name

- 3) Submitted the letters set out at charges (1) and/or (2) to Child 1's school
- 4) Your actions at charge (3) were dishonest, in that you knew the letter(s) submitted were not genuine
- 5) Your actions at charge 3 above were motivated by an intention to create the misleading impression that Dr A had written the letters.
- 6) On 27 June 2022 sought to intimidate Person A, in that you threatened to make a complaint about her

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

## **Background**

On 26 May 2022, the NMC received a referral from the School's medical centre manager regarding Ms Phillips. Both are registered nurses. It was alleged that Ms Phillips, [PRIVATE], had provided the School with a letter about Child 1, dated 5 April 2022, in the name of Dr A. The School's medical centre manager saw the letter and recognised the name as that of a doctor who had died sometime prior. Upon investigation, it was confirmed that Dr A had died before 5 April 2022. A death certificate confirmed Dr A died on 14 March 2021.

This was reported to the Police, who investigated the matter and took no further action.

## Decision and reasons on application to amend the charge

The panel heard an application made by Ms Barnor to amend the wording of charges 1 and 2.

The proposed amendment was to better particularise the alleged misconduct, which included amendments to charges 1 and 2. Ms Barnor submitted that the proposed amendment is necessary to ensure clarity, accuracy and consistency with the evidence before the panel. She submitted that, although Ms Phillips is not in attendance, these amendments would not prejudice her, as she had understood the NMC's concerns throughout the NMC's process, which are clarified by these amendments.

*'That you, a registered nurse:*

- 1) *Altered a clinical letter ~~dated 02 March 2020~~ **dated 3 March 2017**, which was in Dr A's name, **to create a false clinical letter dated 2 March 2020***
- 2) ***Created** ~~Altered~~ a **false** clinical letter dated 05 April 2022, which was in Dr A's name*
- 3) *...*

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

The panel accepted the advice of the legal assessor and took into account Rule 28.

The panel was of the view that such an amendment, as applied for, was in the interest of justice. The panel was satisfied that there would be no prejudice to Ms Phillips, as the amendments would better particularise the charge without changing its substance, and this has been put to her throughout the NMC's process. Therefore, the panel was satisfied that no injustice would be caused to either party by the proposed amendment being

allowed. Therefore, the panel determined that it was appropriate to allow the amendment as applied in order to make it clear what allegations are being made by the NMC.

### **Details of charge (as amended)**

*‘That you, a registered nurse:*

- 1) Altered a clinical letter dated 3 March 2017, which was in Dr A’s name, to create a false clinical letter dated 2 March 2020*
- 2) Created a false clinical letter dated 05 April 2022, which was in Dr A’s name*
- 3) Submitted the letters set out at charges (1) and/or (2) to Child 1’s school*
- 4) Your actions at charge (3) were dishonest, in that you knew the letter(s) submitted were not genuine*
- 5) Your actions at charge 3 above were motivated by an intention to create the misleading impression that Dr A had written the letters.*
- 6) On 27 June 2022 sought to intimidate Person A, in that you threatened to make a complaint about her*

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

### **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 by Ms Barnor.

The documentary evidence from Ms Phillips included:

- Ms Phillips’ response to the Case Examiners, including her reflective piece, dated 28 September 2023, submitted via the RCN;



- Letter from Ms Phillips to the NMC, dated 28 September 2025
- Formal statement from Ms Phillips in response to the charges witnessed by a notary public, dated 29 September 2026 (sic);
- Email from Ms Phillips to the NMC, dated 19 November 2025; and
- Email from Ms Phillips to the NMC, dated 26 November 2025.

The panel has drawn no adverse inference from the non-attendance of Ms Phillips.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

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

- Witness 1: Deputy Headmaster of the School at the material time;
- Witness 2: A Police Officer who investigated the incident at the material time;
- Witness 3: Person A in the charges, a registered nurse and the School's medical centre manager at the material time.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the witness and documentary evidence provided by the NMC.

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

## Charge 1

*'That you, a registered nurse, altered a clinical letter dated 3 March 2017, which was in Dr A's name, to create a false clinical letter dated 2 March 2020.'*

### **This charge is found proved.**

In reaching this decision, the panel first took into account the evidence of Witness 2. It noted that Witness 2 had exhibited an MG11, which is a formal record of a summary of Ms Phillips' police interview. This took place on 27 June 2022. Witness 2 confirmed that the interview took place under police caution, and Ms Phillips was represented by the duty solicitor. Within the record of the police interview, it is stated:

*'[Ms Phillips] was challenged about the letter. She was asked directly did you or did you not change the dates, as you said you MAY have. She responded Yes and that she has been stressed lately and was running out of options. She then said she also changed information in the letters. In the letter dated 02 March 2020 [Ms Phillips] admits to changing the date, she was very vague on when she obtained the letter... [PRIVATE].'*

The panel was of the view that Ms Phillips' admissions in the police interview were more likely than not to have been true, as she would have made them with the benefit of legal advice, and the interview was conducted under caution. Furthermore, the panel noted that the police interview happened much closer to the time of the incident.

The panel also took into account Ms Phillips' reflective piece, which is dated September 2023. In this piece, Ms Phillips provided a detailed account regarding the allegations. At paragraph 13, she stated:

*‘... [PRIVATE]. It was at this point, in my desperation, fear, panic and feeling under pressure to get [Child 1] a secured school space that I made the first edit of [Dr A]’s letter passing it off as an original, prior to [Child 1] starting.’*

The panel also noted the final paragraph of Ms Phillips’ reflective piece, in which she stated:

*‘This exercise of a written reflection has not been an easy task. I do struggle with [PRIVATE] adequately expressing myself in the written word. I’m not a natural essay writer. This has taken many days. I hope that I’ve been able to demonstrate adequate remorse and insight.’*

However, the panel also considered Ms Phillips’ letter to the NMC, dated 28 September 2025. In this letter, she also asserted:

*‘I hereby retract all statements previously made by myself that were submitted to the RCN dated 28<sup>th</sup> (sic) September 2023 as this was made under duress and intense pressure by a RCN solicitor. I retract al (sic) statements titled for evidence such as ... ‘Registrants reflective piece.’ (sic) made by myself due being (sic) under intense personal stress at that time and made under duress.’*

In contrast to the above letter, the panel noted that in an email from Ms Phillips to the NMC, dated 26 November 2025, she appeared to undermine her allegation of ‘duress and intense pressure’ against her previous solicitor when she stated:

*‘I had a great working relationship with my RCN solicitor... We spent many hours talking on the phone. She was professional, kind and is hard working. I don’t mind at all if you want to approach her for comments or input.’*

In response to the charge in a letter dated 28 September 2025, Ms Phillips stated:

*‘This letter was a part of original (sic) letter of exhibit ST/01 which had the medical information redacted [PRIVATE]’*

Ms Phillips further responded to the charge in her notarised statement, dated 29 September 2026 (sic). In relation to this charge, she stated:

*‘whilst it is true that the letter was altered by me, my sole alterations consisted of changing the date, and to redact sensitive information [PRIVATE]. Any further alleged alterations are denied.’*

The panel noted that the letter in question, dated 2 March 2020, appears to have been altered more than just by redactions and a date change. It noted that the font for the date differs from the rest of the letter, and there is a noticeable difference in the overall professionalism compared to the 2017 letter.

Taking all of the above into consideration, the panel noted that Ms Phillips’ account since the incident has been inconsistent; however, it was of the view that the account in her reflective piece was more likely than not to be true, as she said it took her a number of days to write and contained a significant amount of detail about the allegations. Further, the panel noted that although Ms Phillips’ accounts were inconsistent, she has admitted on multiple occasions to altering the letter from Dr A.

Therefore, the panel was satisfied that, on the balance of probabilities, Ms Phillips did alter a clinical letter dated 3 March 2017 in Dr A’s name, to create a false clinical letter dated 2 March 2020. Therefore, it found charge 1 proved.

## Charge 2

*'That you, a registered nurse, created a false clinical letter dated 05 April 2022, which was in Dr A's name.'*

**This charge is found proved.**

In reaching this decision, the panel first took into account Dr A's death certificate, dated 14 March 2021. The panel was of the view that, as Dr A had died in 2021, he would not have been able to write the letter dated 5 April 2022.

The panel went on to consider the record of the police interview recorded in the MG11, where it is stated:

*'[Ms Phillips] was challenged about the letter. She was asked directly did you or did you not change the dates, as you said you MAY have. She responded Yes and that she has been stressed lately and was running out of options. She then said she also changed information in the letters... ON the letter dated 05/05/2022 (sic) she again admitted to changing the date and then that she had taken [PRIVATE] out of the diagnoses. [PRIVATE].'*

The panel took into account Ms Phillips' reflective piece, which is dated September 2023. In this piece, Ms Phillips provided a detailed account regarding the allegations. At paragraph 20, she stated:

*'Discussing this entire situation with [Person B] I came up with the idea about another edit of [Dr A]'s letter. I had not given any thought about what the implications or consequences would be. I was blindsided by panic. [Person B] did not know what other alternatives there would be either and encouraged me. [Person B] agreed that this could solve our problems, so he edited the letter with my assistance on his laptop. I realised at the time*

*that I should not be doing this at all, especially as I was a registered nurse and I was going against The Code of practice. I felt so trapped by the situation and truly did not know what to do [PRIVATE].'*

However, the panel also took into account Ms Phillips' letter to the NMC, dated 28 September 2025. In this letter, she also asserted:

*'I hereby retract all statements previously made by myself that were submitted to the RCN dated 28<sup>th</sup> (sic) September 2023 as this was made under duress and intense pressure by a RCN solicitor. I retract al (sic) statements titled for evidence such as ... 'Registrants reflective piece.' (sic) made by myself due being (sic) under intense personal stress at that time and made under duress.'*

In contrast to the above letter, the panel noted that in an email from Ms Phillips to the NMC, dated 26 November 2025, she appeared to undermine her allegation of '*duress and intense pressure*' against her previous solicitor when she stated:

*'I had a great working relationship with my RCN solicitor... We spent many hours talking on the phone. She was professional, kind and is hard working. I don't mind at all if you want to approach her for comments or input.'*

In response to the charge in her letter dated 28 September 2025, Ms Phillips stated that '*This letter was written, drafted and printed by [Person B].*' Ms Phillips further responded to the charge in her notarised statement, dated 29 September 2026 (sic) in which she stated that '*this is denied*'.

The panel noted that the letter in question, dated 5 April 2022, was substantially different to the original letter from 2017. The panel were of the view that the original letter was used as a template to create a new letter. [PRIVATE]

Taking all of the above into account, the panel noted that Ms Phillips' account since the incident has been inconsistent; however, it was of the view that her account contained in the record of the police interview (MG11), and in her reflective piece, was more likely than not true as it was made closer to the incident and provided significant details. Therefore, the panel preferred the evidence of the police interview and Ms Phillips' reflective piece over any subsequent evidence from Ms Phillips.

The panel was satisfied that, on the balance of probabilities, Ms Phillips did create a false clinical letter dated 05 April 2022, in Dr A's name. Therefore, it found charge 2 proved.

### **Charge 3**

*'That you, a registered nurse, submitted the letters set out at charges (1) and/or (2) to Child 1's school.'*

### **This charge is found proved.**

In reaching this decision, the panel first took into account the evidence of Witnesses 1 and 3. In her oral evidence, Witness 3 explained that medical letters such as these would usually come from parents rather than coming directly from the hospital or doctor. The panel noted that this was corroborated by Witness 1's oral evidence. It further took into account that Witness 3 had explained that Ms Phillips had provided the letters to the School, which were then passed on to the medical centre.

The panel went on to consider the record of the police interview (MG11), where it is stated:

*'[Ms Phillips] then went on to say that she MAY have changed the date on the letters that she provided to the school.'*

The panel was of the view that this amounted to an admission to this charge.

In response to the charge in her letter dated 28 September 2025, Ms Phillips stated:

*‘Submission of letter dated 2<sup>nd</sup> (sic) March 2020 was data redacted as per my right as a data controller... Letter dated 05/2022 (sic) was drafted, written and printed by [Person B]’*

However, the panel considered Ms Phillips’ further response to the charge in her notarised statement, dated 29 September 2026 (sic), in which she stated:

*‘this is true, but with the added context that I was acting in what I believe to be my lawful authority as [PRIVATE] data controller.’*

The panel noted that this was contradictory to Ms Phillips’ response, provided to NMC the previous day in her letter dated 28 September 2025. Taking all of the above into account, the panel noted that Ms Phillips’ account since the incident has been inconsistent; however, there is contemporaneous evidence that Ms Phillips was the person who submitted the letters to the School.

Therefore, the panel was satisfied that, on the balance of probabilities, Ms Phillips did submit the letters set out at charges 1 and 2 to Child 1’s school. Therefore, it found charge 3 proved.

#### **Charge 4**

*‘That you, a registered nurse, your actions at charge (3) were dishonest, in that you knew the letter(s) submitted were not genuine.’*

**This charge is found proved.**



In considering this charge, the panel noted that two elements were required in order to find it proved. Firstly, whether it was Ms Phillips' genuinely held belief that the letters submitted were not genuine, and secondly, whether her actions would be considered dishonest by an ordinary decent person.

In relation to the first element, the panel first took into account Witness 3's evidence. In a telephone note made by Witness 3, dated 2 March 2022, it stated that *'[Ms Phillips] said the Dr they saw has passed away so they would need to find a new one...'* In light of this, the panel was of the view that Ms Phillips was clearly aware that Dr A had died and could not have written the letters.

In light of the above, and having found charges 1 and 2 proved, the panel was satisfied Ms Phillips knew that she had created or altered letters in the name of Dr A, and there was no evidence before it to suggest that Ms Phillips had any other belief than that these letters were not genuine.

The panel then went on to consider whether an ordinary decent person would consider Ms Phillips' actions as dishonest.

In reaching its decision, the panel took into account the oral evidence of both Witnesses 1 and 3. Both witnesses explained that any letters being given to the School and/or medical centre from parents were taken at face value, as there was no process in place to verify the authenticity of a medical letter on a doctor's letterhead and signed by that doctor. The panel was of the view that this was important context in considering this element of the charge.

Further, the panel also took into account Ms Phillips' reflective piece, dated September 2023. At paragraph 17, she stated:

*'The Oxford Dictionary (Oxford University Press, second edition 2007) defines dishonesty as an adjective, 'deceitfulness shown in someone's*

*character or behaviour, a fraudulent or deceitful act.’... I can understand that my actions then would fit into most of these categories and that knowing what I did, many people, (without knowing myself personally or the situation) would automatically think of me as being a dishonest, untrustworthy character.’*

In light of the above, the panel was of the view that an ordinary person would consider Ms Phillips’ actions as dishonest. It noted that Ms Phillips knew Dr A had passed away, and she knowingly altered important medical information from a specialised consultant to mislead the School and/or another healthcare provider. Although Ms Phillips did this as [PRIVATE], the panel determined that she is a registered nurse and must be held to the standard expected of those in the nursing profession.

Therefore, the panel was satisfied that, on the balance of probabilities, Ms Phillips’ actions at charge 3 were dishonest, in that she knew the letters submitted to Child 1’s school were not genuine. Therefore, it found charge 4 proved.

## **Charge 5**

*‘That you, a registered nurse, your actions at charge 3 above were motivated by an intention to create the misleading impression that Dr A had written the letters.’*

**This charge is found proved.**

In reaching this decision, the panel first took into account the oral evidence of Witnesses 1 and 3. Both witnesses explained that any letters being given to the School and/or medical centre from parents were taken at face value, as there was no process in place to verify the authenticity of a medical letter on a doctor’s letterhead and signed by that doctor.

The panel also took into account Ms Phillips' reflective piece, dated September 2023. At paragraph 13, she explained her motivation as:

*'... [PRIVATE]. It was at this point, in my desperation, fear, panic and feeling under pressure [PRIVATE] that I made the first edit of [Dr A]'s letter passing it off as an original, [PRIVATE].'*

In paragraph 14, she further explained her motivations as:

*'At no given point in this chain of events did the school ever have sight of the original medical letter but they did see the edited version I gave them. [PRIVATE]...'*

Taking the above into account, the panel was of the view that Ms Phillips' motivations were made clear throughout her reflective piece, in that her actions were done with the intention of misleading the School regarding Child 1. Further, having found charge 4 proved, the panel was of the view that there was no other explanation for Ms Phillips' actions other than being motivated by creating a misleading impression.

Therefore, the panel was satisfied that, on the balance of probabilities, Ms Phillips' actions at charge 3 were motivated by an intention to create the misleading impression that Dr A had written the letters. Therefore, it found charge 5 proved.

## **Charge 6**

*'That you, a registered nurse, on 27 June 2022 sought to intimidate Person A, in that you threatened to make a complaint about her.'*

**This charge is found proved.**

In reaching this decision, the panel first took into account the evidence of Witness 3. In her written statement, she explained that on 27 June 2022 *'Ms Phillips confronted me at the school. She was clearly very angry with me and threatened to make a complaint about me.'* In Witness 3's oral evidence, she went into more detail about how Ms Phillips said that she would *"ruin"* her, make her *"pay"*, and that she would *"regret it"*. Witness 3 told the panel that the threat from Ms Phillips made her feel *"scared"* and later described feeling *"intimidated"*. The panel found Witness 3's evidence to be compelling. It determined that she was a credible witness as her account has been consistent throughout.

The panel then took into account the evidence of Witness 1. In his oral evidence, Witness 1 explained that giving Witness 3 a walkie-talkie after the incident with Ms Phillips was not standard practice and that he had *"never had to do that before or since"*. The panel also noted that Witness 1 corroborated Witness 3's account.

The panel noted that Ms Phillips simply denied this charge in her notarised statement, dated 29 September 2026 (sic).

However, having taken all of the above into account, the panel was of the view that a complaint would have had the effect of the words used by Ms Phillips to Witness 3, where she said she would *"ruin"* her and make her *"pay"*. The panel determined that in saying what she did to Witness 3, Ms Phillips' threat of making a complaint was seeking to intimidate Witness 3; and subsequently had that effect, which was why Witness 1 felt the need to provide Witness 3 with a walkie-talkie.

Therefore, the panel was satisfied that, on the balance of probabilities, on 27 June 2022, Ms Phillips sought to intimidate Person A, in that she threatened to make a complaint about her. Therefore, it found charge 6 proved.

## **Fitness to practise**

Having reached its determination on the facts of this case, the panel then moved on to consider whether the facts found proved amount to misconduct and, if so, whether Ms Phillips's 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.

## **Submissions on misconduct**

Ms Barnor submitted that Ms Phillips is an experienced nurse with over 20 years of experience and ought to have been aware that creating letters with false information about Child 1's diagnosis in the name of Dr A and submitting them to the School was grossly inappropriate. She submitted that another registrant or a member of the public would be appalled to learn of Ms Phillips' actions.

Ms Barnor highlighted the seriousness of this case as Ms Phillips exposed Child 1 and Witness 3 to serious consequences. In relation to the false clinical letters, she submitted that they meant that the School did not have accurate information about Child 1's health, meaning their approach to their education and behavioural management could have been inappropriate. In relation to Witness 3, Ms Phillips' actions left Witness 3 feeling scared as a result of their interaction, and it was the only time the School had provided a member of staff with a walkie-talkie in order to allow Witness 3 to seek help quickly if Ms Phillips returned.

As the case involves dishonesty, Ms Barnor referred the panel to NMC's guidance titled '*Sanctions for serious cases*' (SAN-2). She submitted that this provides examples of acts that would be deemed particularly serious and the types of dishonesty most likely to call into question a registrant's fitness to practise. Ms Barnor submitted that this case falls within those guidelines as they relate to [PRIVATE]. She submitted that when Witness 3 reported the falsification of the letters, Ms Phillips threatened her.

Ms Barnor identified the specific, relevant standards where Ms Phillips's actions amounted to misconduct, including sections 20.1, 20.2, 20.8, and 24.1 of '*The Code: Professional standards of practice and behaviour for nurses and midwives 2015*' (the Code).

In light of this, Ms Barnor invited the panel to find that the charges are serious misconduct.

### **Submissions on impairment**

Ms Barnor moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin) and *Cohen v General Medical Council* [2008] EWHC 581 (Admin).

Ms Barnor submitted that although the misconduct took place in Ms Phillips' private life, nurses occupy a responsible position in society and are held to a high standard because of the trust and confidence colleagues, patients and members of the public place in them. She submitted that there is a duty on nurses to display a personal commitment to the standards of practice and behaviour in the code, even in their private lives.

Ms Barnor submitted that [PRIVATE], Ms Phillips put them at a risk of harm as a result of her actions, as the School was managing their care and education based on false information. Further, she submitted that Witness 3 was placed at risk of harm and suffered actual harm as a result of Ms Phillips' intimidation and threats. She submitted that by dishonestly creating false letters in Dr A's name and presenting them to the School as genuine, as well as threatening Witness 3, Ms Phillips has brought the profession into disrepute and breached the fundamental tenets of the profession.

Ms Barnor submitted that Ms Phillips' misconduct calls into question her professionalism in the workplace. She invited the panel to find that members of the public would be extremely concerned to learn that a nurse who had created false clinical letters and passed them off as genuine to a child's school, then threatened the School staff when her dishonesty was uncovered, was allowed to practise without restriction. She submitted that members of the public may consequently be deterred from seeking medical assistance when required, placing them at risk of harm. She submitted that if the panel were to answer the 'grant test' in the affirmative, then it would be sufficient for a finding of current impairment. In relation to whether Ms Phillips is liable to act in the future, Ms Barnor submitted that the panel ought to come to the same conclusion.

Ms Barnor then addressed the panel on the case of *Cohen v General Medical Council* [2008]. She submitted that the misconduct in this case cannot be easily remediated. In relation to whether the concern has been addressed, Ms Barnor submitted that it has not. The training certificates, which were submitted to the NMC in September 2023, are not relevant to this case, apart from a certificate for Data Security Awareness completed in April 2022 and Safeguarding Children Level 2. However, she submitted that these would have been part of Ms Phillips' mandatory training and were completed before the letters were created and therefore may not be applicable.

In relation to insight, Ms Barnor submitted that Ms Phillips has not demonstrated sufficient insight into her actions. Although she submitted a reflective piece from September 2023, which demonstrated some insight, given her recent correspondence and retraction of this, there is insufficient insight at present. She submitted that in Ms Phillips' recent correspondence, she has sought to blame Person B to justify what she did, made baseless allegations against Witness 3, and made a serious allegation against her previous solicitor. Ms Barnor submitted that Ms Phillips has wrongly sought to implicate and blame others in an attempt to minimise the seriousness of what she did and justify it.

Ms Barnor referred the panel to an application from Ms Phillips dated 26 November 2025 for removal from the register because she no longer wishes to practise, having built a public speaking brand with international engagements.

In relation to the risk of repetition, Ms Barnor submitted that although this case has unique circumstances, given the gravity of her misconduct and that her actions call into question her professionalism and trustworthiness, there is a real risk of repetition.

In light of this, Ms Barnor invited the panel to make a finding of current impairment on the grounds of public interest.

The panel accepted the advice of the legal assessor, which included reference to a number of relevant judgements, including: *Nandi v GMC* [2004] EWHC 2317 (Admin); *Mallon v GMC* [2007] CSIH 17; *Meadow v GMC* [2007] QB 462; *Cohen v GMC* [2008]; *CHRE v (1) NMC (2) Grant* [2011]; *SRA v Sharma* [2010] EWHC 2022 (Admin); and *Parkinson v NMC* [2010] EWHC 1898 (Admin).

### **Decision and reasons on misconduct**

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, Ms Phillips's fitness to practise is currently impaired as a result of that misconduct.



In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (No. 2)* [2000] which defines misconduct as a ‘*word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.*’

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

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

**‘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.*

...

**24 Respond to any complaints made against you professionally’**

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

The panel noted that Ms Phillips’ actions in the charges occurred during her private life and were not related to her clinical practice. However, the panel was of the view that Ms Phillips’ actions in creating and amending letters purported to be from Dr A, submitting them to Child 1’s school, were premeditated and dishonest with the intention to mislead the School. When her actions were discovered and reported by Witness 3, she sought to intimidate her by threatening to make a complaint about Witness 3. The panel determined that Ms Phillips’ actions fell seriously short of the conduct expected of a registered nurse, and therefore amounted to misconduct.

## Decision and reasons on impairment

The panel next went on to decide if, as a result of the misconduct, Ms Phillips's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 3 March 2025, which states:

*'The question that will help decide whether a professional's fitness to practise is impaired is:*

*"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"*

*If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'*

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

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

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

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

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

The panel noted that the test requires it to consider how Ms Phillips has acted in the past and also how she is liable to act in the future.

Before answering the questions as set out in Dame Janet Smith's 'test', the panel took into account the case of *R (on application of Cohen) v General Medical Council* [2008].

The panel first considered whether the misconduct in this case is capable of being addressed. It noted that Ms Phillips' misconduct is rooted in dishonesty and attitudinal in nature, which is fundamentally difficult to remediate. Therefore, the panel determined that the misconduct would not be easily remediable.

In relation to Ms Phillips' insight, the panel took into account her reflective piece dated September 2023. It noted that in Ms Phillips' reflection, she showed strong developing insight into the concerns by addressing her actions, making admissions, and showing remorse. The panel also noted that she had demonstrated remorse, *'I look at the investigation report and am filled with grief, remorse and regret.'* Later in her reflection, Ms Phillips stated, *'I am horrified by what I have done and struggle to forgive myself.'*

The panel also noted that she had reflected on the effect her actions had on the profession:

*'It's vital that nurses are regulated in terms of character and that the profession is protected from those who compromise the values and standards that are required to practise to the satisfaction of the public's trust and confidence.'*

However, the panel also took into account that whilst her reflective piece from September 2023 was compelling, Ms Phillips retracted this statement in an email to the NMC, dated 28 September 2025:

*'I hereby retract all statements previously made by myself that were submitted to the RCN dated 28<sup>th</sup> (sic) September 2023 as this was made under duress and intense pressure by a RCN solicitor. I retract al (sic) statements titled for evidence such as ... 'Registrants reflective piece.' (sic) made by myself due being (sic) under intense personal stress at that time and made under duress.'*

In the panel's judgment, it may only determine Ms Phillips' insight as of today, based on the information before it. Therefore, the panel also took into account Ms Phillips' most recent correspondence with the NMC. It noted that following the retraction of her admissions and the reflective piece, she denied the charges, deflected blame onto others,

and minimised her conduct by saying the only thing she changed in the letters was to redact certain information. However, the panel found that this minimisation is in direct conflict with the evidence before it. Furthermore, Ms Phillips has not taken accountability for her actions, nor has she demonstrated remorse or acknowledged the impact of her behaviour on Witness 3 in respect of charge 6. She sought to intimidate Witness 3 and made counter-allegations against her in response to discovering Witness 3's reporting of the letters. In the circumstances, the panel concluded that Ms Phillips does not demonstrate insight or remorse.

The panel went on to consider whether Ms Phillips has taken steps to strengthen her practice. It noted that in September 2023, she had provided some training records dating back to 2022 to the NMC. However, the panel was of the view that none of these records were directly related to the concerns. The panel was of the view that although Ms Phillips had completed some training, it predated the concerns and referral to the NMC, so it could put little weight on it. Therefore, the panel determined that Ms Phillips has not taken steps to strengthen her practice.

In light of Ms Phillips' lack of insight and strengthening of practice, as well as the lack of remorse demonstrated, the panel determined that the concerns have not been remediated.

Having established the above, the panel went on to answer the four questions as set out in Dame Janet Smith's '*test*'.

In relation to the risk of harm, the panel recognised that altering and creating false clinical letters and giving them to a school may lead to an incomplete picture, which could have affected the educational, behavioural, and health management of a child. It took into account the unique circumstances of this case, where Ms Phillips had explained she did this to [PRIVATE]. In these circumstances, the panel did not find that Child 1 was placed at an unwarranted risk of harm. In relation to whether Ms Phillips would be liable for placing patients at an unwarranted risk of harm in the future, the panel again considered

the unique circumstances of this case, and that the circumstances were outside Ms Phillips' clinical practice. It concluded that Ms Phillips is not likely to place her patients at a risk of harm in the future.

The panel found that Ms Phillips' misconduct had breached parts of the Code and therefore had breached fundamental tenets of the nursing profession. Having not been satisfied that Ms Phillips has insight into her conduct nor strengthened her practice, the panel determined that Ms Phillips is liable to breach fundamental tenets of the profession in the future. In light of this, the panel also determined that Ms Phillips' misconduct brought the profession into disrepute. Consequently, the panel determined that due to Ms Phillips's lack of insight and the absence of strengthened practice, she is liable to bring the profession into disrepute in the future.

Addressing the final limb of the test, the panel noted that it had found charge 4 proved, in that Ms Phillips' actions in altering and creating false clinical letters and submitting them to the School were dishonest. The panel was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious. Having considered that Ms Phillips has not demonstrated insight or taken steps to strengthen her practice, the panel determined that she is liable to act dishonestly in the future.

In all the circumstances, the panel was of the view that if faced with similar circumstances, Ms Phillips would be likely to repeat her misconduct, given the evidence before the panel, including her lack of insight, remorse and remediation, as well as her deflection of blame and lack of accountability. The panel considered that the dishonesty element, in particular, warranted a finding of public protection because of the need for nurses to act with integrity and honesty in a clinical setting. In light of this, the panel decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objective of the NMC 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 concluded that nurses hold a position of trust in society and that a member of the public, fully apprised of the facts, would be concerned if a finding of current impairment was not made due to the nature and seriousness of Ms Phillips' dishonesty, and her intimidation of another registered nurse when they made a complaint about her. Therefore, the panel also found Ms Phillips's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Ms Phillips's fitness to practise is currently impaired.

## **Sanction**

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Ms Phillips off the register. The effect of this order is that the NMC register will show that Ms Phillips has 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 Barnor informed the panel that the NMC is seeking the imposition of a Striking-off order.

Ms Barnor identified the following aggravating features:

- The dishonesty was premeditated over a sustained period of time;

- Ms Phillips has a lack of insight; and
- She gained a personal advantage [PRIVATE].

Ms Barnor identified the following mitigating features:

- Ms Phillips has no fitness to practise history;
- There are no concerns with reference to her clinical practice or her clinical skills; and
- Ms Phillips was facing what she describes as a significant difficulty in her personal life.

Ms Barnor submitted that making no order or imposing a caution order would be wholly inappropriate as they would not reflect the seriousness of the misconduct, nor would they protect the public or maintain public confidence in the profession.

In relation to a conditions of practice order, Ms Barnor submitted this would be inappropriate given this case does not relate to Ms Phillips' clinical practice, and the panel have identified deep-seated attitudinal problems. She submitted that there are no workable conditions that could be identified, and even if there were, Ms Phillips made it clear that she no longer wishes to practise. Therefore, it is likely that she would be unwilling to engage with them.

In relation to a suspension order, Ms Barnor submitted that this would also be inappropriate. She referred the panel to the NMC's SG. Ms Barnor submitted that the misconduct in this case is fundamentally incompatible with remaining on the register. As Ms Phillips' dishonesty was premeditated and a deliberate breach of the professional duty of candour, this case falls on the upper scale of seriousness.

Ms Barnor reminded the panel that Ms Phillips' misconduct was repeated in falsifying Child 1's clinical letters and submitting them to the school. She submitted that this is evidence of a harmful and deep-seated attitudinal or behavioural problem, and also raises



fundamental questions about her professionalism, as even though this was outside of her professional practice, it undermines her professionalism and trustworthiness as a nurse.

Ms Barnor submitted that Ms Phillips has had three years since this case was referred to the NMC to show sufficient insight and remorse; however, this has deteriorated over time. She submitted that a suspension order would be insufficient to protect the public and uphold public confidence, not only in the profession, but also in the NMC as a regulator.

In light of this, Ms Barnor submitted that a striking off order is the only proportionate and appropriate sanction. She submitted that where there has been premeditated and long-standing deception and a deliberate breach of the professional duty of candour, it will always be serious. She reminded the panel that the identified misconduct raises fundamental questions about Miss Phillips's professionalism and trustworthiness in relation to the fundamental tenets of nursing. Furthermore, Ms Barnor reminded the panel that Ms Phillips had threatened another nurse, Witness 3, who had appropriately raised concerns about what Ms Phillips had done. During these proceedings, she has made baseless allegations about the honesty of Witness 3 in an attempt to undermine her credibility.

Ms Barnor submitted that although the panel have found that the misconduct occurred when Ms Phillips was facing a unique set of circumstances, she submitted that this does not mitigate her actions to justify a lesser sanction. Although she created a reflective piece stating that she felt under pressure and desperate, Ms Barnor submitted that this is something that comes with being a nurse. There is nothing to suggest that she would behave differently if she were to feel under pressure again in her professional life. Ms Barnor submitted that Ms Phillips has shown herself to be unremorseful and has shown no insight into her misconduct; allowing her to remain on the register would seriously damage public confidence in the profession and in the NMC as a regulator.

Ms Barnor invited the panel to make a striking-off order, as it is the only sanction that will be sufficient to protect patients, the public, and maintain public confidence and trust in the professions, uphold professional standards and address the public interest in this case.

The panel heard and accepted the advice of the legal assessor, which included reference to *Professional Standards Authority for Health and Social Care v (1) NMC and (2) Shah* [2025] EWHC 1215, and *Mojjueh v NMC* [2015] EWHC 1999 (Admin).

### **Decision and reasons on sanction**

Having found Ms Phillips's 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:

- Ms Phillips' dishonesty was premeditated, calculated, and sustained;
- Ms Phillips had initially demonstrated developing insight, but subsequently retracted it, and therefore, the panel found she had a lack of insight into her misconduct and the consequences of it;
- [PRIVATE]; and
- In response to her dishonesty being discovered by Witness 3, Ms Phillips made false allegations against Witness 3 to suggest she had breached data protection regulations and had subsequently been dismissed by the School, which was untrue and confirmed by the oral evidence of Witnesses 1 and 3.

The panel also took into account the following mitigating features:

- At the time of the misconduct, Ms Phillips was facing what she described as a significant difficulty in her personal life, [PRIVATE].

As required by Article 29(3) of the Nursing and Midwifery Order 2001 (the Order), the panel first considered, pursuant to Article 29(4), whether to undertake mediation or to take no further action. The panel determined that neither of these outcomes would be appropriate as neither would restrict Ms Phillips' practice, the public would not be protected, and the public interest would not be satisfied.

The panel then moved on to consider the four available sanctions set out in Article 29(5) of the Order. The panel first considered the imposition of a caution order but determined that, due to the seriousness of the case, an order that does not restrict Ms Phillips's practice would not be appropriate in the circumstances. The panel considered that Ms Phillips's 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. 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 Ms Phillips's registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges found proved in this case. The misconduct identified in this case was not something that can be addressed through retraining. Furthermore, the panel concluded that the placing of conditions on Ms Phillips's registration would not adequately address the seriousness of this case and would not protect 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 personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*

- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour...*

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Ms Phillips's actions is fundamentally incompatible with Ms Phillips remaining on the register.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

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

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

The panel first considered how Ms Phillips sought to intimidate another registered nurse, Witness 3, by threatening to complain about her as a result of Witness 3 following her professional obligations as a registered nurse when she discovered Ms Phillips' dishonesty. Furthermore, the panel also took into account how, following the making of those threats, Ms Phillips went on to make serious, unfounded allegations against Witness 3, alleging that Witness 3 had breached data protection regulations by reporting her and that Witness 3 had been dismissed from the School as a result of this. These allegations were maintained by Ms Phillips, most recently mentioned in her email to the NMC dated 26 November 2025. The panel was of the view that these actions raised fundamental questions about Ms Phillips' professionalism.

The panel then went on to consider the extent and nature of Ms Phillips' dishonesty. The panel took into account that the dishonesty involved forging the signature of a deceased doctor when creating a clinical letter. This was a premeditated, sustained, and deliberate attempt to mislead, motivated by personal gain. Furthermore, the panel was of the view that, as a registered nurse, Ms Phillips should have understood the potential implications and risks associated with providing incomplete, inaccurate, or falsified medical information purporting to be from a doctor to her, and then providing it to a third party, namely Child 1's school. Therefore, in the circumstances of this case, the panel determined that the dishonesty fell at the more serious end of the spectrum.

In all the circumstances, the panel determined that Ms Phillips' misconduct and dishonesty raise fundamental questions of her professionalism and ability to remain on the register. It found that the seriousness, premeditated and sustained nature of the dishonesty, with knowledge of the implications it could have had as a registered nurse, is such that any member of the public fully apprised with the facts of this case would not have confidence in the profession if Ms Phillips were allowed to remain on the register. As such, the panel determined that Ms Phillips's actions are fundamentally incompatible with her remaining on the register.

The panel was of the view that the findings in this particular case demonstrate that Ms Phillips's actions were serious and that allowing her to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

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 Ms Phillips's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case.

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.

The effect of this order is that Ms Phillips will no longer be able to practise as a registered nurse. Ms Phillips will also not be able to hold herself out as, or advertise herself as being, a registered nurse.

This will be confirmed to Ms Phillips in writing.

### **Interim order**

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, or is otherwise in the public interest or in Ms Phillips's own interests until the striking-off sanction takes effect.

### **Submissions on interim order**

The panel took account of the submissions made by Ms Barnor. She invited the panel to make an interim suspension order to protect the public and otherwise in the public interest for the same reasons as the panel's substantive decision. She submitted that an interim suspension order for a period of 18 months is requested to cover any appeal period, and to allow any appeal to conclude, were an appeal to be made.

The panel heard and accepted the advice of the legal assessor, which included reference to the case of *Hindle v NMC* [2025] EWHC 373 (Admin).

## Decision and reasons on interim order

In making its decision, the panel took into account the NMC guidance titled '*Interim orders after a sanction is imposed*' (SAN-5, last updated on 2 December 2024), particularly:

*'The decision to make an order after a sanction has been passed involves discretion and careful consideration. It is not an automatic decision in every case.'*

The panel also took into account the NMC guidance titled '*Interim orders - multiple referrals; duration of orders and extensions; and orders at final hearings*' (INT-4, last updated 9 June 2025), in particular the section headed '*Interim orders at final hearings*' where it states:

*'The panel may consider it necessary to impose an interim order to cover the intervening period until the order takes effect for the protection of the public or otherwise in the public interest, or in the interests of the nurse, midwife or nursing associate. The panel should first hear representations from both parties (where present) on whether or not an interim order should be made'*

The panel also had regard to the case of *Hindle v NMC* [2025] and *NMC v Persand* [2023] EWHC 3356 (Admin).

The panel noted the following comments of the High Court in the case of *Hindle v NMC* [2025] at paragraph 122:

*'...The Panel should also be clear as to the nature of the harm it fears could occur, absent the contemplated interim suspension order. Absent such careful weighing of the competing interests at play, it is hard to see how a*

*Panel could properly decide that the imposition of an interim order was necessary and proportionate.'*

The panel concluded that, based on the information before it, there is no evidence that would suggest that there is a real risk of significant harm to the public should an interim order not be made. The panel noted that its decision to find Ms Phillips impaired on the grounds of public protection was based on a hypothetical risk to the public were her conduct to be repeated in her clinical practice should she resume it. This does not meet the threshold required of a 'real' risk, as required when considering an interim order. In light of this, the panel was satisfied that there is nothing to suggest that Ms Phillips currently poses a real risk to the public.

The panel is aware that the threshold for an interim order to be imposed solely on the grounds that it is in the public interest is high. In the circumstances of this case, the panel concluded that the high threshold has not been met. The panel has therefore decided that it is not necessary in all the circumstances to impose an interim order.

It is not for the panel to find reasons why it should not make an interim order; rather, it is for the NMC to address the risks as to why an interim order would be necessary.

If no appeal is made, then the striking off order will come into place 28 days after Ms Phillips is sent the decision of this hearing in writing.

That concludes this determination.



