

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

**Substantive Meeting
Wednesday, 22 January 2025 – Thursday, 23 January 2025**

Virtual Meeting

Name of Registrant:	Luckveer Dhesi
NMC PIN	9710375W
Part(s) of the register:	Registered Nurse – Sub Part 1 Adult Nursing – (June 2002)
Relevant Location:	Telford & Wrekin
Type of case:	Misconduct
Panel members:	Dave Lancaster (Chair, lay member) Dorothy Keates (Registrant member) Laura Wallbank (Registrant member)
Legal Assessor:	John Moir
Hearings Coordinator:	Emma Norbury-Perrott
Facts proved:	All charges found proved
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim order:	Interim suspension order (18 months)

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Ms Dhesi's registered email address by secure email on 17 December 2024.

Further, the panel noted that the Notice of Meeting was also sent to Ms Dhesi's representative at the Royal College of Nursing (RCN) on 17 December 2024.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, dates and that this meeting would be heard virtually.

In the light of all of the information available, the panel was satisfied that Ms Dhesi has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Details of charge

1. On 10 January 2023:

- a. administered one tablet of Atorvastatin to Resident A when two were prescribed.
- b. administered one tablet of Lamotrigine to Resident A when two were prescribed.
- c. failed to administer one prescribed dose of paracetamol to Resident B.
- d. administered one tablet of Pramipexole to Resident C when three were prescribed.
- e. failed to administer one prescribed sachet of Laxido to Resident C.
- f. signed Resident C's MAR chart to indicate you had administered one sachet of Laxido when you had not done so.

2. On 11 January 2023:

- a. administered two tablets of Peppermint Oil to Resident D when one was prescribed.
- b. failed to administer one prescribed dose of Bimatoprost to Resident E.
- c. failed to administer one prescribed dose of Citalopram to Resident F.
- d. administered two doses of Omeprazole to Resident G when one was prescribed.
- e. signed Resident G's MAR chart to indicate you had given a dose of Omeprazole on 12 January 2023 when you had not done so.
- f. administered one dose of Omeprazole to Resident H when two were prescribed.

3. On 18 January, administered one sachet of Movicol to Resident I when two were prescribed.

4. On 23 January 2023:

- a. administered 150mg of Pregabalin to Resident A when 100mg was prescribed.
- b. administered one tablet of Sertraline to Resident A when two were prescribed.

5. On 31 January 2023, administered Cholecalciferol to Resident F when it was not due to be administered.

6. On 04 February 2023:

- a. administered one tablet of Dexamethasone to Resident J when two were prescribed.
- b. administered Cholecalciferol to Resident F when it was not due to be administered.
- c. having been told by Resident A that she did not want to eat breakfast:
 - i. forced Resident A's mouth open.

ii. pushed food into Resident A's mouth.

iii. pushed Resident A's tablets into her mouth.

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

Background

Ms Dhesi was referred to the NMC on 9 February 2023 by The Rylands Nursing Home (the Home). The Home raised concerns about Ms Dhesi's practise as a registered nurse. Ms Dhesi began working at the Home on 3 January 2023.

It is alleged that Ms Dhesi made 16 medication errors, which included omitting residents' prescribed medication, or not administering prescribed doses, between 10 January 2023 and 4 February 2023. It is further alleged that Ms Dhesi was involved in an incident on 4 February 2023 where Ms Dhesi allegedly attempted to force-feed a resident.

Ms Dhesi was dismissed from her employment at the Home on 7 February 2023 due to failing her probationary period.

Decision and reasons on facts

The panel had sight of Ms Dhesi's completed Case Management Form (CMF) and a cover email from Ms Dhesi dated 4 November 2024. Ms Dhesi made full admissions to all charges in the CMF and also reiterated her admission to all charges in the accompanying email dated 4 November 2024.

The panel therefore finds all charges proved in their entirety, by way of Ms Dhesi's admissions.

The panel also had regard to the written statements, and exhibits, of the following witnesses on behalf of the NMC:

- Witness 1: Deputy Manager of the Home
- Witness 2: Senior Nursing Assistant at the Home
- Witness 3: Lead clinical nurse at the Home
- Witness 4: Healthcare Assistant at the Home
- Witness 5: Resident at the Home

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 Dhesi'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.

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 Dhesi's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

In coming to its decision, the panel had regard to the case of *Roylance v GMC (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.’

The NMC 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.

The panel had regard to the NMC statement of case. The NMC identified the specific, relevant standards where Ms Dhesi’s actions amounted to misconduct:

‘The comments of Lord Clyde in Roylance v General Medical Council [1999] UKPC 16 may provide some assistance when seeking to define misconduct:

‘[331B-E] Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rule and standards ordinarily required to be followed by a [nurse] practitioner in the particular circumstances’.

As may the comments of Jackson J in Calheam v GMC [2007] EWHC 2606 (Admin) and Collins J in Nandi v General Medical Council [2004] EWHC 2317 (Admin), respectively

‘[Misconduct] connotes a serious breach which indicates that the doctor’s (nurse’s) fitness to practise is impaired’.

And

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

Where the acts or omissions of a registered nurse are in question, what would be proper in the circumstances (per Roylance) can be determined by having reference to the Nursing and Midwifery Council's Code of Conduct. We consider the following provision(s) of the Code have been breached in this case;

Prioritise people

1 Treat people as individuals and uphold their dignity

To achieve this, you must:

- 1.1 treat people with kindness, respect and compassion*
- 1.2 make sure you deliver the fundamentals of care effectively*
- 1.4 make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay*

4 Act in the best interests of people at all times

Preserve safety

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

Promote professionalism and trust

20 Uphold the reputation of your profession at all times

We consider the misconduct serious because the Registrant's failings involved a serious departure from the standards expected from a Registered professional. In particular, the Registrant force fed a Resident who had specifically indicated they did not want to eat at that moment. Resident A has full mental capacity and the ability to consent. The Registrant ignored this and forced fed Resident A which could have led to

physical harm from choking as well psychological harm. This conduct, which could amount to an assault, placed Resident A at risk of harm and Resident A states she was 'extremely upset' as a result of the conduct.

The Registrant's repeated medication errors are also serious. These errors are a combination of overdosing and underdosing Residents. There is a risk of harm as the Residents who did not receive their medications as prescribed could experience a deterioration in their symptoms to being underdosed or become unwell from being overdosed. The Registrant has also failed to administer medication when prescribed as well as administering medication when it was not due to be administered. Both scenarios place patients at risk of harm.

The Registrant's conduct in all the charges presents a lack of care, concern and sensitivity with her patients which fellow practitioners would find deplorable'

The NMC requires the panel to bear in mind its overarching objective to protect 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. The panel has referred to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

In the NMC statement of case, the NMC invited the panel to find Ms Dhesi's fitness to practise impaired:

'Impairment

The NMC's guidance explains that impairment is not defined in legislation but is a matter for the Fitness to Practise Committee to decide. The question that will help decide whether a professional's fitness to practise is impaired is:

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

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

Answering this question involves a consideration of both the nature of the concern and the public interest. In addition to the following submissions the panel is invited to consider carefully the NMC's guidance on impairment.

When determining whether the Registrant's fitness to practise is impaired, the questions outlined by Dame Janet Smith in the 5th Shipman Report (as endorsed in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin)) are instructive. Those questions were:

- 1. has [the Registrant] in the past acted and/or is liable in the future to act as so to put a patient or patients at unwarranted risk of harm; and/or*
- 2. has [the Registrant] in the past brought and/or is liable in the future to bring the [nursing] profession into disrepute; and/or*
- 3. has [the Registrant] in the past committed a breach of one of the fundamental tenets of the [nursing] profession and/or is liable to do so in the future and/or*
- 4. has [the Registrant] in the past acted dishonestly and/or is liable to act dishonestly in the future.*

It is the submission of the NMC that the first three questions can be answered in the affirmative in this case.

Impairment is a forward-thinking exercise which looks at the risk the registrant's practice poses in the future. NMC guidance adopts the approach of Silber J in the case of R (on application of Cohen) v General

Medical Council [2008] EWHC 581 (Admin) by asking the questions whether the concern is easily remediable, whether it has in fact been remedied and whether it is highly unlikely to be repeated.

We consider the registrant has displayed not displayed sufficient insight.

We take this view because although the charges have been accepted by the Registrant, there is insufficient reflection and a lack understanding into her failings showing how her conduct affected or would have affected the residents.

Although the Registrant has undertaken relevant training in respect of the medication errors, there is no evidence of a period of safe practice or putting this training into practice. We note the registrant has not worked as a Registered nurse since her dismissal from the Home since 7 February 2023.

We consider there is a continuing risk to the public due to the registrant's lack of sufficient insight and remediation.

Public interest

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

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

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

In upholding proper professional standards and conduct and maintaining public confidence in the profession, the Fitness to Practise Committee will need to consider whether the concern is easy to put right. For example, it might be possible to address clinical errors with suitable training. A concern which hasn't been put right is likely to require a finding of impairment to uphold professional standards and maintain public confidence. However, there are types of concerns that are so serious that, even if the professional addresses the behaviour, a finding of impairment is required either to uphold proper professional standards and conduct or to maintain public confidence in the profession.

We consider there is a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behaviour. The registrant's conduct engages the public interest because her conduct and failings could lead to a lack of trust in the profession and bring the profession into disrepute. Members of the public and other professionals would be alarmed by the Registrant's conduct.'

In the Case Management Form, returned to the NMC by Ms Dhesi on 4 November 2024, Ms Dhesi admits that her fitness to practise is impaired by her misconduct. Ms Dhesi stated:

"I accept everything, however this has effected [sic] me mentally and physically and made me hate the job I loved doing and have been doing to [sic] 23 years."

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000]

1 A.C. 311, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), and *General Medical Council v Meadow* [2007] QB 462 (Admin).

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 charges 1, 2, 3, 4, 5, 6a, and 6b related to, and were treated by the home as, competency issues, and that there was insufficient evidence before the panel to constitute a finding of misconduct in relation to medication mismanagement charges.

However, the panel determined that Ms Dhesi's actions at charge 6c did fall significantly short of the standards expected of a registered nurse, and that Ms Dhesi's actions amounted to a breach of the Code. Specifically:

'1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 treat people with kindness, respect and compassion

1.2 make sure you deliver the fundamentals of care effectively

1.5 respect and uphold people's human rights

2 Listen to people and respond to their preferences and concerns

To achieve this, you must:

2.1 work in partnership with people to make sure you deliver care effectively

2.2 recognise and respect the contribution that people can make to their own health and wellbeing

4 Act in the best interests of people at all times

To achieve this, you must:

4.1 balance the need to act in the best interests of people at all times with the requirement to respect a person's right to accept or refuse treatment

4.2 make sure that you get properly informed consent and document it before carrying out any action

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

20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people

20.4 keep to the laws of the country in which you are practising

20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel determined that Ms Dhesi's actions at charge 6c were very serious, falling considerably short of the conduct and standards expected of a nurse. Accordingly, the panel determined that Ms Dhesi's actions amounted to misconduct.

Decision and reasons on impairment

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

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

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

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

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional 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/their fitness to practise is impaired in the sense that S/He/They:

- 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)'*

The panel determined that limbs a), b), and c) of this test are engaged in this case.

The panel finds that resident A was put at risk and was caused emotional harm as a result of Ms Dhesi's misconduct. Ms Dhesi's misconduct breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to force feeding and administering medication to residents without consent extremely serious, particularly as the resident, who had mental capacity to make decisions, declined the food and the medication.

Ms Dhesi did not provide any evidence for the panel to consider at the meeting, aside from the completed CMF and email dated 4 November 2024. The panel also noted Ms Dhesi's admission to impairment in the completed CMF form.

The panel noted that Ms Dhesi has not demonstrated an understanding of how her actions put resident A at a risk of harm, or how this impacted negatively on other residents, her colleagues, and the reputation of the nursing profession. The panel had sight of evidence from the investigation carried out by the Home at the time of the incident, where Ms Dhesi initially denied the allegations. The panel determined that Ms Dhesi has not demonstrated any insight into her misconduct, and as a result, there is a serious risk of repetition.

The panel determined that Ms Dhesi's misconduct breached the ethical boundaries of consent, and a residents' right to decline, which is a fundamental element of providing safe, kind and professional nursing care. The panel therefore 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 public confidence in the profession would be undermined if a finding of impairment were not made, particularly as the misconduct involved force feeding a resident and abusing of a position of trust. The panel was of the view that a fully informed member of the public, aware of the circumstances of this case, would be appalled if Ms Dhesi were able to practise as a registered nurse without restriction. The panel determined that a finding of current impairment on public interest grounds is also necessary to mark the seriousness of the misconduct, the importance of maintaining public confidence in the nursing profession, and to uphold professional standards.

Having regard to all of the above, the panel was satisfied that Ms Dhesi'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 Dhesi off the register. The effect of this order is that the NMC register will show that Ms Dhesi 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.

Representations on sanction

The panel noted that in the Notice of Meeting, dated 17 December 2024, the NMC had advised Ms Dhesi that it would seek the imposition of a striking-off order if it found Ms Dhesi's fitness to practise currently impaired. The NMC statement of case states:

'Sanction

We consider the following sanction is proportionate:

Strike off order.

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

Force feeding and forced administration of medication to a patient with capacity is very serious and should not have occurred. This appears to be an attitudinal issue on the Registrant's part given her response was to ignore Resident A when consent was not given. This has to also be considered alongside the repeated medication errors showing a lack of care from the Registrant. The view we take is that this conduct is incompatible with remaining on the Register.

The guidance on Striking-Off Orders (Reference: SAN-3e Last Updated 30/08/2024) requires the Panel to consider the following key considerations:

- 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?*

We consider that the Registrant's conduct raises fundamental questions about her professionalism and affects public confidence in the profession. Nurses hold a position of trust and she has failed to uphold the reputation of the profession. A striking-off order is the only sanction to protect patients from harm and to main professional standards.'

Decision and reasons on sanction

Having found Ms Dhesi'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:

- No evidence of insight or reflection
- Risk of harm to residents
- Abuse of a position of trust
- Emotional harm caused to resident A

The panel also took into account the following mitigating features:

- Admission of facts
- Personal mitigating factors

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Ms Dhesi's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Ms Dhesi'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 Dhesi'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 misconduct in this case. The misconduct identified was not competency based, and it would be difficult to address through retraining. Furthermore, the panel concluded that the placing of conditions on Ms Dhesi'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;*
- *In cases where the only issue relates to the nurse or midwife's health, there is a risk to patient safety if they were allowed to continue to practise even with conditions; and*
- *In cases where the only issue relates to the nurse or midwife's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.*

The panel was mindful of the fact that having not found misconduct at charges 1, 2, 3, 4, 5, 6a, and 6b, the sanction was related solely to charge 6c. The panel determined that the conduct, as highlighted by the facts found proved in this charge, was a significant departure from the standards expected of a registered nurse, particularly as it related to abuse of a position of trust and feeding and administering medication without consent, against a residents wishes.

The panel noted Ms Dhesi admitted all charges, however, she has offered no explanation, or demonstrated any insight, as to why she behaved in the way she did, or the impact of her actions on resident A, her colleagues, and the wider nursing profession. Further, the panel noted that Ms Dhesi demonstrated no remorse and offered no reassurance that she was strengthening her practice in relation to this. The panel noted that Ms Dhesi stated that she wished for voluntary removal from the register on her CMF, and it was informed that she had indeed made such an application.

The panel determined that although this was one incident of misconduct in a long career, Ms Dhesi's actions were a serious breach of the fundamental tenets of the nursing profession. Therefore, the panel determined that Ms Dhesi's actions are fundamentally incompatible with her remaining on the register. The panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

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

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

Ms Dhesi's actions were very serious departures from the standards expected of a registered nurse. Ms Dhesi abused her position of trust as a nurse, and disregarded her duty of advocating for a resident in her care, instead force feeding them and forced administration of medication without their consent. Accordingly, the panel finds this to be fundamentally incompatible with Ms Dhesi remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Ms Dhesi's actions were serious and to allow her to continue to practice 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 matters it identified, in particular the effect of Ms Dhesi's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct themselves, 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.

This will be confirmed to Ms Dhesi 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, is otherwise in the public interest or in Ms Dhesi's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Representations on interim order

The panel took account of the statement of case from the NMC:

'Interim Order

Consideration If a finding is made that the registrant's fitness to practise is impaired on a public protection basis is made and a restrictive sanction imposed we consider an interim order in the same terms as the substantive order should be imposed on the basis that it is necessary for the protection of the public and otherwise in the public interest.

If a finding is made that the registrant's fitness to practise is impaired on a public interest only basis and that their conduct was fundamentally incompatible with 8 continued registrant we consider an interim order of suspension should be imposed on the basis that it is otherwise in the 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 concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months to allow for any appeal to be resolved. Not to impose an interim suspension order would be inconsistent with the panel's earlier decision.

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

That concludes this determination.