

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

**Substantive Hearing
Monday, 6 January 2025 – Tuesday, 7 January 2025**

Nursing and Midwifery Council
2 Stratford Place, Montfichet Road, London, E20 1EJ

Name of Registrant:	Heather Jane Hazzard
NMC PIN	83H0720E
Part(s) of the register:	Registered Nurse – Adult Nursing RN1 – (19 October 1986) Nurse independent / supplementary prescriber – (19 September 2008)
Relevant Location:	Liverpool
Type of case:	Misconduct
Panel members:	Lucy Watson (Chair, Registrant member) Jude Bayly (Registrant member) Christine Moody (Lay member)
Legal Assessor:	Ashraf Khan
Hearings Coordinator:	Nicola Nicolaou
Nursing and Midwifery Council:	Represented by Simran Ghotra, Case Presenter
Mrs Hazzard:	Not present and not represented at the hearing
Consensual Panel Determination:	Accepted
Facts proved by way of admission:	Charges 1a, 1b, 1c(i), 1c(ii), 1c(iii), 2, 3, 4a, and 4b
Fitness to practise:	Impaired

Sanction:

Striking-off order

Interim order:

Interim suspension order (18 months)

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mrs Hazzard was not in attendance and that the Notice of Hearing letter had been sent to Mrs Hazzard's registered email address by secure email on 4 December 2024.

Ms Ghotra, on behalf of the Nursing and Midwifery Council (NMC), 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 venue of the hearing and, amongst other things, information about Mrs Hazzard'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 Mrs Hazzard 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 Mrs Hazzard

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

Ms Ghotra informed the panel that a provisional Consensual Panel Determination (CPD) agreement had been reached and signed by Mrs Hazzard on 17 December 2024. The panel could not see an electronic signature by Mrs Hazzard on the provisional CPD agreement. It therefore asked for confirmation that this provisional agreement had been

seen by Mrs Hazzard and agreed and signed by her. This was provided by the NMC as an on-table document containing the email from Mrs Hazzard dated 17 December 2024.

Ms Ghotra also referred the panel to an email from Mrs Hazzard dated 2 January 2025 which stated:

‘Yes, I agree to the hearing going ahead in my absence and will try to be available if there are any points that they need to confirm/clarify. [...]’

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised “with the utmost care and caution” as referred to in the case of *R. v Jones (Anthony William)* (No.2) [2002] UKHL 5.

The panel has decided to proceed in the absence of Mrs Hazzard. In reaching this decision, the panel has considered the submissions of Ms Ghotra, the email from Mrs Hazzard dated 2 January 2025, and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* 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:

- The original proof of posting bundle suggests that this hearing was listed for 12 days from 6 – 21 January 2025, however, in the meantime, a CPD was agreed and the NMC received an email from Mrs Hazzard on 17 December 2024 indicating that she was aware that the listing had changed from a 12-day substantive hearing to a two-day substantive CPD hearing;
- Mrs Hazzard has engaged with the NMC and has signed a provisional CPD agreement which is before the panel today;

- Mrs Hazzard has not made an application to adjourn this hearing and indicated in the CPD document at paragraph 1, and in her email dated 2 January 2025 that she would be available if any clarification is needed;
- There is no reason to suppose that adjourning would secure her attendance at some future date; and
- There is a strong public interest in the expeditious disposal of the case.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mrs Hazzard.

Details of charge

That you, a registered nurse:

1. On or around 30 October 2021:
 - a. Failed to adhere to NMC guidance on prescribing.
 - b. Failed to check the qualifications and/or competence of a person posing as a beauty therapist who was making enquiries about prescriptions for Botulinum Toxin.
 - c. Recommended to a person posing as a beauty therapist that they should:
 - (i). Retain unused Botulinum Toxin prescribed to patients, for future patients.
 - (ii). Use single-use prescriptions for more than one patient.
 - (iii). Store partly used vials of single use Botulinum Toxin contrary to the manufacturer's guidance.
2. On or around November 2021 incorrectly stated that the NMC had sent you an email confirming that you could conduct consultations by video where appropriate.

3. Your actions specified in charge 1c amount to a lack of integrity.
4. Your action as specified in charge 2 was dishonest in that:
 - a. You knew that the NMC had not sent you an email confirming that you could conduct consultations by video where appropriate
 - b. You intended to deceive the pharmacist into believing that what you said was true.

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

Consensual Panel Determination

At the outset of this hearing, Ms Ghotra informed the panel that a provisional agreement of a Consensual Panel Determination (CPD) had been reached with regard to this case between the NMC and Mrs Hazzard.

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

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

That provisional CPD agreement reads as follows:

'The Nursing & Midwifery Council ("the NMC") and Mrs Heather Jane Hazzard, PIN 83H0720E ("the Parties") agree as follows:

1. *Mrs Hazzard is aware of the CPD hearing. Mrs Hazzard does not intend to attend the hearing and is content for it to proceed in their absence. Mrs Hazzard will endeavour to be available by telephone should clarification on any point be required, or should the panel wish to make other amendments to the provisional agreement that are not agreed by Mrs Hazzard.*

The charges

2. *Mrs Hazzard admits the following charges:*

That you, a registered nurse:

1. *On or around 30 October 2021:*

- a. *Failed to adhere to NMC guidance on prescribing.*

- b. *Failed to check the qualifications and/or competence of a person posing as a beauty therapist who was making enquiries about prescriptions for Botulinum Toxin.*

- c. *Recommended to a person posing as a beauty therapist that they should:*

- i. *Retain unused Botulinum Toxin prescribed to patients, for future patients.*

- ii. *Use single-use prescriptions for more than one patient.*

- iii. *Store partly used vials of single use Botulinum Toxin contrary to the manufacturer's guidance.*

2. *On or around November 2021 incorrectly stated that the NMC had sent you an email confirming that you could conduct consultations by video where appropriate.*

3. *Your actions specified in charge 1c amount to a lack of integrity.*

4. *Your action as specified in charge 2 was dishonest in that:*

a. *You knew that the NMC had not sent you an email confirming that you could conduct consultations by video where appropriate*

b. *You intended to deceive the pharmacist into believing that what you said was true.*

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

The facts

3. *Mrs Hazzard qualified and entered the register of nurses, midwives and nursing associates maintained by the NMC as a Registered Nurse – Adult on 19 October 1986. They additionally entered the register on 19 September 2008 as a Nurse Independent/Supplementary Prescriber.*

4. *At the relevant time Mrs Hazzard was working as a self-employed aesthetics practitioner and director of Eden Aesthetics Health and Wellness Limited ('Eden'), which was incorporated on 24 September 2021.*

5. *For Eden Mrs Hazzard used the Faces Consent application ('the App'). The App is a digital consent and booking system designed to allow prescribers and practitioners to go paperless and create treatment consent forms easily and effectively. The App also hosts a variety of features e.g., prescribing, insurance, a facility for users to book in clients or diary management. Those who use the App for prescribing must hold the relevant qualification with a regulatory body and register with one of the pharmacies on the App. The pharmacy will then carry out their own verification process e.g., checking the prescriber's PIN, insurance, and training certificates. Once a prescriber's profile*

has been verified, practitioners on the App e.g., beauty therapists, can see the prescriber's profile and request to connect to obtain a prescription.

6. Prior to October 2021, practitioners could reach out to chat with prescribers on the App without verification of the practitioner. However, they were not able to purchase any prescription-only medicines ('POMs') or products without registering with a pharmacy and passing the App's and pharmacy's verification checks.

7. On 01 November 2021 the NMC opened a case against Mrs Hazzard, following notification about a Sunday Times' newspaper article about Mrs Hazzard's prescribing practice.

Charge 1(a)

8. An undercover reporter posing as a beautician, using the alias 'Lauren' contacted Mrs Hazzard using the App. On or around 30 October 2021 'Lauren' called Mrs Hazzard to discuss Mrs Hazzard's prescription of Botulinum Toxin ('Botox') for 'Lauren'.

9. Botox is a POM that relaxes the muscles. It is typically used for anti-wrinkle treatment or hyperhidrosis (excessive sweating). It can only be prescribed after a consultation with the patient has taken place. During this consultation, the prescriber must gather various pieces of information, including a full medical history, allergies, a list of current medication etc. The risks, advantages, and disadvantages must also be discussed in the consultation. The consultation should take place face-to-face to allow the prescriber to examine the patient's skin and muscles to determine suitability. The NMC's publication entitled 'Useful information for prescribers' states that remote prescribing is unlikely to be suitable for injectable cosmetic treatments. The NMC's publication is also supported by the Joint Council for Cosmetic Practitioners – Responsible Prescribing for Cosmetic Procedures -2019 ('JCCP') which advises that

remote consultations are not acceptable, and highlights that it is good practice for face-to-face consultations to take place before prescriptions are issued.

10. Guidance set down by the Royal Pharmaceutical Society, framework adopted by the NMC, the JCCP and the Cosmetic Practice Standards Authority ('CPSA') sets out their decision not to endorse or permit the remote prescribing of any prescription medication when used for specifically non-surgical cosmetic treatments.

11. The JCCP states that when the prescriber delegates treatment to other practitioners, the patient remains under the oversight of the prescriber, requiring the prescriber to be familiar with the patient through an initial face to face consultation and diagnostic assessment of the patient's suitability for treatment.

12. Mrs Hazzard agreed to prescribe Botox on behalf of 'Lauren' without completing the requisite face-to-face consultation. Additionally, Mrs Hazzard told 'Lauren' that it would be acceptable for 'Lauren' to complete the consultations.

Charge 1(b)

13. Prescribers are responsible for the decision to supply medication and remain responsible and accountable for any prescription signed, or any subsequent adverse event or complication. Before prescribing for a non-prescriber, the prescriber has a responsibility to ensure that the non-prescriber is trained to the appropriate standard i.e., competent and proficient to administer the medication prescribed. They should do this by e.g., requesting a copy of the non-prescriber's insurance policy and training certificate(s) for the treatment, and physically overseeing the first few treatments completed by the non-prescriber.

14. During 'Lauren's' enquiries about Botox prescriptions with Mrs Hazzard, Mrs Hazzard did not check Lauren's qualifications and/or competence but nonetheless agreed to prescribe Botox for 'Lauren' to administer to patients/clients.

Charges 1(c) i) and (ii)

15. During a call with 'Lauren', Mrs Hazzard stated that it was 'not the right way to do it' but told Lauren it was alright to order Botox in bulk i.e., build up stock by retaining unused Botox prescribed for some patients for use on future patients '...as long as ['Lauren' was] not going mad...', and recommended she use single-use prescriptions for more than one patient.

16. The JCCP guidance states: '...medical...practitioners are not permitted to provide advance stock of prescription medicines to others...' Prescribing nurses can only do this if they are employed by or employ a registered doctor, which Mrs Hazzard was not and did not.

17. Patient Specific Directions ('PSDs') are a legal method of prescribing and detail what a prescriber is required to do when they delegate the administration of POMs to non-prescribers. It is an instruction to administer a medicine to a list of individually named patients where each patient on the list has been individually assessed by the prescriber. PSDs are individually tailored to the needs of a single patient and must be produced each time a prescriber prescribes for a non-prescriber. They should include information to enable safe supply and/or information of medicines and manage identified risks.

18. Prescribing nurses should only be prescribing enough medication for each individual patient. If there is leftover Botox after treatment it is permissible to retain it for use on the same patient, before expiry. Retaining Botox that has been prescribed for one patient and using it on another, and/or using single-use prescriptions for more than one patient negates the need for an additional PSD. Without a separate PSD, it indicates that the patient for whom the Botox had not been prescribed has not had the mandatory consultation with and/or assessment by the prescriber to confirm that the

patient is suitable for treatment and/or if there are any contraindications that need to be managed.

Charge 1(c)(iii)

19. Mrs Hazzard also told 'Lauren' it was acceptable to freeze the Botox stock and recommended they use the Botox brand 'Azzalure' and reconstitute it using a specialised saline solution called Tor-Bac instead of normal saline, so it could be kept in the fridge for two weeks.

20. The information for the medication Azzalure explicitly states that it must not be frozen. It also states that unless the method of reconstitution precludes the risks of microbial contamination, the product must be used immediately.

Charge 2

21. On 31 October 2021, The Sunday Times published a new article based on 'Lauren's' correspondence with Mrs Hazzard, stating that Mrs Hazzard had been 6 prescribing Botox remotely, contrary to guidelines requiring face-to-face consultation. Following publication of the article Mrs Hazzard contacted the NMC on 01 November 2021, requesting written confirmation that her prescribing practice, specifically as it pertained to remote prescribing, was within the NMC guidelines. On 10 November 2021, a member of the NMC's Education and Standards Team emailed Mrs Hazzard to advise that such confirmation could not be provided and directed her to published guidance.

22. In or around early November 2021 Mrs Hazzard contacted Acre Pharmacy, her registered pharmacy for prescribing on the App. Mrs Hazzard informed the pharmacy staff that she was at high risk of catching Covid-19 and had received email confirmation from the NMC that she could conduct video consultations where appropriate.

Charge 3

23. In *Wingate & Anor v The Solicitors Regulation Authority* [2018] EWCA Civ 366 LJ Jackson provided at paragraphs [95]-[103] that ‘...integrity is a broader concept than honesty... Integrity connotes adherence to the ethical standards of one’s own profession...’ It is agreed that Mrs Hazzard’s actions as charged at 1(c) lacked integrity.

Charge 4

24. The 2-limb test set out by the Supreme Court in the case of *Ivey v Genting Casinos* [2017] UKSC 67, should be applied when considering dishonesty:

- (i) What is the Registrant’s genuine state of knowledge or belief regarding her act?

- (ii) Was the Registrant’s act in light of that state of mind dishonest according to the standards of ordinary decent people?

25. It is agreed that Mrs Hazzard’s actions as charged at (2) were dishonest according to the standards of the ordinary, decent person in that she intended to deceive the pharmacist by telling them that the NMC had sent her an email confirming that she could conduct consultations by video where appropriate. However, Mrs Hazzard knew that this was false.

26. On 16 October 2024 Mrs Hazzard returned a completed case management form (‘CMF’), in which she admitted all the charges and conceded impairment.

Misconduct

27. Lord Clyde in *Roylance v General Medical Council* [1999] UKPC 16 provides guidance when considering what could amount to 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 rules and standards ordinarily required to be followed by a [nurse] practitioner in the particular circumstances'.

28. Further assistance may be found in the comments of Jackson J in *R (Calhaem) v General Medical Council* [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'.

29. At the relevant time, Mrs Hazzard was subject to the provisions of *The Code: Professional standards of practice and behaviour for nurses and midwives (2018)* ("the Code"). It is agreed that the following provisions 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:

1.2 make sure you deliver the fundamentals of care effectively

Practise effectively

6 Always practise in line with the best available evidence

To achieve this, you must:

6.1 *make sure that any information or advice given is evidence-based, including information relating to using any health and care products or services*

6.2 *maintain the knowledge and skills you need for safe and effective practice*

11 Be accountable for your decisions to delegate tasks and duties to other people

To achieve this, you must:

11.1 *only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instructions*

11.2 *make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care*

11.3 *confirm that the outcome of any task you have delegated to someone else meets the required standard*

Preserve safety

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

To achieve this, you must:

18.1 *prescribe, advise on, or provide medicines or treatment, including repeat prescriptions (only if you are suitably qualified) if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs*

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

18.3 *make sure that the care or treatment you advise on, prescribe, supply, dispense or administer for each person is compatible with any other care or treatment they are receiving, including (where possible) over-the-counter medicines*

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

To achieve this, you must:

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

19.2 *take account of current evidence, knowledge and developments in reducing mistakes and the effect of them and the impact of human factors and system failures*

Promote professionalism and trust

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*

20.8 *act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to*

30. *In 2018 the NMC adopted the Royal Pharmaceutical Society's ('RPS') Prescribing Competency Framework (2016) as the standards of competence for prescribing practice. The relevant sections of the framework include:*

4 Prescribe

4.1. *Prescribes a medicine only with up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions and adverse effects.*

4.2. *Understands the potential for adverse effects and takes steps to avoid/minimise, recognise and manage them.*

4.3. *Prescribes within relevant frameworks for medicines use as appropriate (e.g. local formularies, care pathways, protocols and guidelines).*

4.5 *Understands and applies relevant national frameworks for medicines use (e.g. NICE, SMC, AWMSG and medicines management/optimisation) to own prescribing practice*

4.7 *Considers the potential for misuse of medicines.*

4.8 *Uses up-to-date information about prescribed medicines (e.g. availability, pack sizes, storage conditions, excipients, costs).*

4.9 *Electronically generates or writes legible unambiguous and complete prescriptions which meet legal requirements.*

7 Prescribe safely

7.1 *Prescribes within own scope of practice and recognises the limits of own knowledge and skill.*

7.3 *Identifies the potential risks associated with prescribing via remote media (telephone, email or through a third party) and takes steps to minimise them.*

7.4 *Minimises risks to patients by using or developing processes that support safe prescribing particularly in areas of high risk (e.g. transfer of information about medicines, prescribing of repeat medicines).*

7.5 *Keeps up to date with emerging safety concerns related to prescribing.*

8 Prescribe professionally

8.1 *Ensures confidence and competence to prescribe are maintained.*

8.2 *Accepts personal responsibility for prescribing and understands the legal and ethical implications.*

8.3 *Knows and works within legal and regulatory frameworks affecting prescribing practice (e.g. controlled drugs, prescribing of unlicensed/off label medicines, regulators guidance, supplementary prescribing).*

8.4 *Makes prescribing decisions based on the needs of patients and not the prescriber's personal considerations.*

8.5 *Recognises and deals with factors that might unduly influence prescribing (e.g. pharmaceutical industry, media, patient, colleagues).*

8.6 *Works within the NHS/organisational/regulatory and other codes of conduct when interacting with the pharmaceutical industry.*

10 Prescribe as part of a team

10.1 *Acts as part of a multidisciplinary team to ensure that continuity of care across care settings is developed and not compromised.*

10.2 *Establishes relationships with other professionals based on understanding, trust and respect for each other's roles in relation to prescribing.*

10.3 *Negotiates the appropriate level of support and supervision for role as a prescriber.*

10.4 *Provides support and advice to other prescribers or those involved in administration of medicines where appropriate*

31. The Parties agree that the actions and omissions of Mrs Hazzard as specified in the charges amount to misconduct. Mrs Hazzard agreed to prescribe prescription only medication to an unqualified person without checking their credentials or conducting a consultation/assessment of the patient/client contrary to professional guidance; and demonstrated a lack of integrity in recommending that higher-than-necessary amounts be ordered, retained, and used contrary to guidelines. Additionally, Mrs Hazzard dishonestly informed a pharmacy that she had received written confirmation from the NMC that her prescribing practices were appropriate when she knew that such confirmation had not been received. Mrs Hazzard's actions were a serious departure from the standards expected of a registered nurse and independent/supplementary prescriber and constitute failings in fundamental nursing practice. These failings are likely to present a risk of harm to patients in the future if they are not addressed.

Impairment

32. *The Parties agree that Mrs Hazzard's fitness to practise is currently impaired by reason of misconduct.*

33. *The NMC's guidance entitled 'Impairment (Ref: DMA-1)' explains that impairment is not defined in legislation but is a matter for the Fitness to Practise Committee to decide. The question that will help decide whether a professional's fitness to practise is impaired is:*

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

34. *Guidance can also be found in case law. The following considerations were suggested by Dame Janet Smith in 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)) by Cox J;*

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 professions 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 professions; and/or

d) Has in the past acted dishonestly and/or is liable to act dishonestly in the future?

35. *The Parties have also considered the comments of Cox J in Grant at paragraph 101:*

“The Committee should therefore have asked themselves not only whether the Registrant continued to present a risk to members of the public, but whether the need to uphold proper professional standards and public confidence in the Registrant and in the profession would be undermined if a finding of impairment of fitness to practise were not made in the circumstances of this case.”

36. *In this case, it is agreed that limbs (a) to (d) are engaged. Taking the limbs in turn:*

Limb (a)

37. *Botox is a prescription only medication. It must only be given once the prescriber has conducted a face-to-face consultation with the patient to assess their suitability. The purpose of the consultation is to ensure that the patient is suitable for treatment. If prescribed and/or subsequently administered incorrectly, Botox can lead to infections, drooping facial features and even muscle paralysis. According to academic research, an estimated one in six users have had a negative reaction to Botox.*

38. *By not ensuring that the person to whom she had delegated administration of the prescription was competent, by failing to conduct face-to-face patient consultations, and by recommending that higher-than-necessary stock be ordered, used, and retained, Mrs Hazzard placed patients at unwarranted risk of harm.*

39. *Limb (b)*

40. *Nurses and independent/supplementary prescribers occupy a position of trust. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. People must be able to trust that they will be cared for by a competent professional. Where there is dishonesty of this nature, that trust is undermined. Mrs Hazzard’s actions demonstrate that she did not have patient safety at the forefront of her mind, which is indicative of an attitudinal / deep-seated behavioural*

problem. Mrs Hazzard's flagrant disregard for prescribing guidelines and her dishonesty have brought the profession into disrepute in the past and are liable to bring the profession into disrepute in the future.

Limb (c)

41. Mrs Hazzard has breached the fundamental tenets of the nursing profession. A nurse is required to prioritise people, practise effectively, preserve safety and promote professionalism and trust. Nurses are expected to be honest and to act with integrity while providing a high standard of care at all times. Mrs Hazzard's dishonest conduct was directly linked to her clinical practice and has substantially undermined those fundamental tenets of nursing.

Limb (d)

42. Mrs Hazzard has in the past acted dishonestly by telling Acre Pharmacy, after the newspaper article publication, that the NMC had confirmed that her prescribing practice was in accordance with guidelines when she knew that no such confirmation had been received. Her sole aim was self-preservation, to avoid scrutiny of her deficient prescribing practice. Mrs Hazzard's actions demonstrate a brazen disregard for the fundamental tenets of honesty and integrity, the prioritisation of people, and effective practice, which indicates potentially deep-seated attitudinal problems.

43. 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:

- (i) whether the concern is easily remediable;*
- (ii) whether it has in fact been remedied; and*
- (iii) whether it is highly unlikely to be repeated.*

44. The NMC's guidance entitled 'Serious concerns which are more difficult to put right' (FTP-3a) provides that some concerns are so serious that it may be less easy for the registered professional to put right the conduct or aspect of their attitude which led to the incident(s) happening. It is agreed that the misconduct in this case is of the type more difficult to put right as Mrs Hazzard breached the professional duty of candour to be open and honest when things went wrong by providing false information to Acre Pharmacy in an attempt to cover up the misconduct, and she abused her position as a registered nurse and independent/supplementary prescriber to obtain a financial benefit.

Public protection

Limb (i)

45. The NMC's guidance entitled: Can the concern be addressed? (Reference: FTP-15a), states that dishonesty, particularly if linked to a nurse's professional practice, is more likely to be of the type that cannot be addressed.

46. It is agreed that there are attitudinal concerns in this case. It is often said that conduct of an attitudinal nature is difficult to remediate. The Registrant not only encouraged 'Lauren' to order, retain, and use a prescription-only medication contrary to industry standards, but she then provided the supplying pharmacy with false information in an attempt to cover up her deficient prescribing practice. The Parties agree that the underlying misconduct with reference to these actions is not easily remediable and is more difficult to put right i.e., dishonesty and lack of integrity directly linked to clinical practice. Insight, along with tangible and targeted remediation such as training and demonstrable nursing competency, cannot remedy this type of concern but in any event, evidence of the same has not been provided.

Limbs (ii) and (iii)

47. *The Parties have considered the NMC's guidance entitled: Has the concern been addressed? (Reference: FTP-15b) and Is it highly unlikely that the conduct will be repeated? (Reference: FTP-15c).*

48. *Mrs Hazzard's engagement with the NMC's fitness to practice process has been limited. She did not respond to the investigation report. In an email to the NMC dated 11 July 2024 Mrs Hazzard wrote: '...I want to retire and leave the register now if I am allowed to as I haven't practiced as a nurse since 2021 and am not well enough to return to general nursing...'*

49. *In her CMF, returned on 16 October 2024, in addition to marking all the charges as admitted and impairment conceded, Mrs Hazzard wrote:*

'I have admitted guilt in all charges, even though I do not recall telling Acre pharmacy that I had received confirmation that virtual consultations were agreed with NMC and would in no circumstances intentionally try to deceive, so that I can be removed from the register and this case can be brought to a close. All of the consultations that I performed before furnishing the practitioners with prescriptions were done via face to face end-to-end encrypted video call between me, the client and the injector at the same time which I felt was a safe way to question the client about their fitness to receive treatments. I admit that I had not updated my knowledge about the specifics of the NMC guiding that aesthetics treatments (as apposed [sic] to medical treatments) required a physical consultation meeting in all cases. I was under the impression that all injectors/practitioners would have had their identity, qualifications and insurance verified by the Faces app before they were able to contact me via the app as a potential prescriber.

I admit that I showed poor judgement in trying to help the "practitioner" who turned out to be a journalist. I had been a nurse and student nurse for almost 40 years and had always worked tirelessly to uphold a high standard of care and professionalism.

I had never, in all of that [sic] time, had my honesty and integrity called into question. I have, over the intervening years that this case has been investigated, had much time to reflect and would have done things differently if I were able to have that time again. I am sad and sorry that my career has ended in this way. I wish to be removed from the register as I am physically unable and wouldn't want to return to nursing, and understand that my judgement, integrity and good name in a nursing capacity are no longer trusted. If there is anything that the panel feels that I could do to regain my reputation, then I would of course wish to rectify the situation.'

50. It is agreed that Mrs Hazzard has demonstrated limited insight and remorse. Furthermore, Mrs Hazzard has not worked as a nurse in the UK since the concerns. She has been subject to an interim order since 01 June 2022. The original order was an interim conditions of practice order which, following non-compliance, was changed to an interim suspension order on 27 September 2023.

51. It is agreed that, [sic] absent evidence of sufficient insight, remorse, and remediation, there is a continuing risk to the public due to the seriousness of the concerns. Consequently, a finding of impairment is necessary on the ground of public safety as there is a real risk that the conduct could be repeated.

Public interest

52. 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.”

53. 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.

54. 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 has not been put right is likely to require a finding of impairment to uphold professional standards and maintain public confidence.

55. However, there are some 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.

56. The NMC submits that there is public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behaviour. It is submitted that a member of the public would be extremely concerned to hear that a nurse and independent prescriber (1) had agreed to prescribe prescription-only medication to a person whose credentials had not been verified; (2) had not completed the required face-to-face consultations beforehand, (3) had recommended that that person order, retain, and use the said medication contrary to guidelines, and (4) had subsequently provided false information in an attempt to cover up her misconduct, was allowed to practise without restriction. As such, the need to protect the wider public interest calls for a finding of impairment to uphold proper professional standards, maintain trust and confidence in nursing and

the NMC as its regulator. Without a finding of impairment, public confidence in the profession, and the regulator, would be seriously undermined, particularly where there is a risk of repetition, as is present in this case.

57. The Parties therefore agree that a finding of impairment is also necessary on the grounds of public interest.

Sanction

58. It is agreed that the appropriate and proportionate sanction in this case is a striking-off order.

59. The Parties agree that the following aggravating features are present in this case:

- Abuse of position of trust as an independent/supplementary prescriber*
- Significant risk of harm posed as a result of Mrs Hazzard's actions*

60. The Parties agree that there are no mitigating features present in this case.

61. The Parties have considered the NMC's guidance to assist with the determination of the appropriate and proportionate sanction. The Parties acknowledge that the panel will want to consider the available sanctions in ascending order of seriousness.

61.1. Taking no further action or imposing a caution order would be wholly inappropriate as they would not sufficiently address the seriousness of the concerns in this case and would not meet the wider public interest. Prescribing where inappropriate and recommending that guidelines should not be followed presents an ongoing risk of harm to the public and patients. Mrs Hazzard's

dishonesty is directly linked to her clinical practice and is sufficiently serious to undermine public confidence in the profession.

61.2. Imposing a conditions of practice order would be inappropriate. The NMC's guidance (SAN-3c) states that a conditions of practice order may be appropriate when there is no evidence of harmful deep-seated personality or attitudinal problems; there are identifiable areas of the registered professionals practice in need of assessment and/or retraining; the conditions will protect patients during the period that they are in force; conditions can be created that can be monitored and assessed. The misconduct in this case is linked to an underlying behavioural/deep-seated attitudinal problem. There are no workable, measurable, or proportionate conditions which can be formulated to address the deliberate misrepresentation to a pharmacy about correspondence with the NMC and the flaunting of prescribing guidelines which present public protection issues. When taken as a whole, there are no practical conditions that can be imposed to reflect the seriousness of the facts of this case, nor address the wider public interest concerns.

61.3. A suspension order would be inappropriate. According to the Guidance (SAN-3d), a suspension order may be appropriate where there is a single isolated incident, and when the registered professional has shown insight and does not pose a significant risk of repeating the behaviour. This case involves Mrs Hazzard's abuse of her trusted position as an independent/supplementary prescriber through calculated dishonesty and the conscious promotion of unethical professional practice, indicating a deep seated attitudinal and/or behavioural issue. Mrs Hazzard's actions call into question her professionalism and trustworthiness in the workplace and indeed are fundamentally incompatible with ongoing registration. Temporary removal is insufficient to reflect the seriousness of the case and will not be sufficient to protect patients or maintain public confidence in the profession or professional standards.

61.4. A striking-off order is the appropriate and proportionate order in this case. Honesty, professionalism, and integrity are of central importance to a nurse's practice. Therefore, allegations of dishonesty will always be serious and a nurse who has acted dishonestly will always be at risk of being removed from the register. The behaviour giving rise to the charges falls far short of what is expected of a Registered Nurse and Independent/Supplementary Prescriber and is fundamentally incompatible with being a registered professional. It is agreed that there is a behavioural / deep-seated attitudinal issue present that cannot be easily remediated. Having reviewed the key considerations set out in the NMC guidance at SAN-3e, the Parties agree that Mrs Hazzard's actions raise fundamental concerns about her professionalism and trustworthiness in the workplace, and the public's confidence in the profession would be undermined if she were not removed from the register. Furthermore, it is agreed that a striking-off order is the only sanction which will be sufficient to protect patients and members of the public from the unwarranted risk of harm and to maintain professional standards and public confidence in the NMC as a regulator.

Interim order

62. An interim order is required in this case. The interim order is necessary for the protection of the public and is otherwise in the public interest for the reasons given above. The interim order should be for a period of 18 months in the event that Mrs Hazzard seeks to appeal the panel's decision, given that it is likely to take this amount of time for the appeal to be resolved. The interim order should take the form of an interim suspension order.

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

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

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

Here ends the provisional CPD agreement between the NMC and Mrs Hazzard. The provisional CPD agreement was signed by Mrs Hazzard and the NMC on 17 December 2024.

Decision and reasons on the CPD

The panel decided to accept the CPD.

Ms Ghotra referred the panel to the 'NMC Sanctions Guidance' (SG) and to the 'NMC's guidance on Consensual Panel Determinations'. She reminded the panel that they could accept, amend or outright reject the provisional CPD agreement reached between the NMC and Mrs Hazzard. Further, the panel should consider whether the provisional CPD agreement would be in the public interest. This means that the outcome must ensure an appropriate level of public protection, maintain public confidence in the professions and the regulatory body, and declare and uphold proper standards of conduct and behaviour.

The panel heard and accepted the legal assessor's advice.

The panel noted that Mrs Hazzard admitted the facts of the charges. Accordingly, the panel was satisfied that the charges are found proved by way of Mrs Hazzard's admissions, as set out in the signed provisional CPD agreement.

Decision and reasons on misconduct and impairment

The panel then went on to consider whether the admitted facts amounted to misconduct, and whether Mrs Hazzard's fitness to practise is currently impaired. Whilst acknowledging the agreement between the NMC and Mrs Hazzard, the panel has exercised its own independent judgement in reaching its decision on impairment.

In respect of misconduct, the panel went through each of the charges in turn to determine whether or not each fact found proved amounted to misconduct. Regarding charge 1, the panel took into account paragraphs 9 and 12 of the provisional CPD agreement and determined that if used inappropriately, Botox can lead to infection, drooping facial features, and even muscle paralysis, therefore having the potential to cause serious harm to patients. The panel noted that Mrs Hazzard, in this consultation, failed to adhere to NMC guidance on prescribing, and recommended that the undercover reporter, posing as a beautician ('beautician') administer medication from a single patient-specific direction to a number of unknown patients.

The panel further noted that Mrs Hazzard was delegating her responsibility of ensuring the safe administration of Botox to a 'beautician' without checking her medical knowledge, evidence of competence or experience. Mrs Hazzard further recommended to the 'beautician' storage and reconstitution of Botox against the manufacturers guidance. The panel determined that this was a failure in the basic fundamentals of nursing practise, and in delegating her responsibility, she failed in her duty to safeguard patients. This amounts to serious misconduct.

Regarding charge 2, the panel considered that, following the undercover investigation via an unknown reporter, which was later published online stating that Mrs Hazzard had been prescribing Botox remotely, and without the required face-to-face consultation, Mrs Hazzard contacted the NMC on 1 November 2021 requesting confirmation that her practise of prescribing remotely was within NMC guidelines. The NMC responded to Mrs Hazzard on 10 November 2021, advised such confirmation could not be provided and referred Mrs Hazzard to the NMC guidelines regarding prescribing which states that injectable cosmetic treatment can only be prescribed following a face-to-face consultation. The panel noted that despite receiving advice from the NMC, and being referred to the guidance, Mrs Hazzard incorrectly stated that she was permitted to prescribe remotely to the nominated pharmacy. The panel determined that following regulatory guidelines is a

basic fundamental of nursing practise, and Mrs Hazzard's breach of this constitutes serious misconduct.

Regarding charge 3, the panel took account of the definition of integrity referenced in the provisional CPD agreement at paragraph 23. The panel noted that Mrs Hazzard disregarded the NMC guidance on prescribing, as well as the manufacturers guidance on safe storage and reconstitution of Botox, thereby putting patients at serious risk of harm. As such, the panel determined that Mrs Hazzard's actions in relation to charge 1c amount to a lack of integrity and constitutes serious misconduct.

Regarding charge 4a, the panel took into account that Mrs Hazzard is a qualified nurse prescriber and that she should have been aware of the prescribing guidelines. The panel noted that Mrs Hazzard was referred to the NMC guidance on prescribing which states that remote prescribing for injectable cosmetic treatment was not within NMC guidelines. The panel determined that Mrs Hazzard was knowingly dishonest in regard to charge 2 and deceived the pharmacist by suggesting that she was permitted by the NMC to prescribe remotely when she was not.

In respect of charge 4b, the panel considered the serious responsibility that registered nurses have as independent prescribers, to ensure they keep their skills and knowledge up to date, to ensure safe prescribing practice for their patients. The panel noted that Mrs Hazzard qualified as an independent prescriber in 2008 and that the NMC adopted the Royal Pharmaceutical Society's Prescribing Competency Framework (2016) in 2018 as the standards of competence for prescribing practice. The panel took into account that these incidents occurred in October 2021, therefore Mrs Hazzard should have been aware of the guidance and should have been applying it to her clinical practice, however, the panel determined that Mrs Hazzard disregarded this guidance and knowingly deceived the pharmacist into believing that what she said was true. The panel determined that this dishonesty in relation to charge 2 is a breach of one of the fundamental tenets of the nursing profession and amounts to serious misconduct.

The panel endorsed the areas of the code which are said to have been breached in the provisional CPD agreement. In addition, the panel also determined that section 20.2 of the Code has been breached. Section 20.2 states:

‘20.2 act with honesty and integrity at all times, [...]’

The panel then went on to consider Mrs Hazzard’s role as an independent prescriber and considered the Royal Pharmaceutical Society’s Prescribing Competency Framework (2016). The panel agreed with the provisional CPD agreement in that Mrs Hazzard breached certain sections of the framework. However, the panel did not agree that Mrs Hazzard breached sections 4.9 and 10.3.

In this respect, the panel endorsed paragraphs 27 to 31 of the provisional CPD agreement in respect of misconduct.

The panel then considered whether Mrs Hazzard’s fitness to practise is currently impaired by reason of misconduct.

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 February 2024, 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.’

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

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

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

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

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

The panel determined that all four limbs of the 'test' are engaged in this case. It determined that whilst there is no evidence that Mrs Hazzard caused any direct harm to patients, her actions in the past had the potential to put patients at unwarranted risk of

harm. The panel determined that through her actions and dishonesty, Mrs Hazzard breached fundamental tenets of the nursing profession and brought the profession into disrepute.

The panel took account of paragraph 49 of the provisional CPD agreement in relation to Mrs Hazzard's comment in her returned Case Management Form (CMF) returned on 16 October 2024. The panel determined that Mrs Hazzard demonstrated very limited insight and continued to disregard the guidance that was available to her. The panel noted that Mrs Hazzard admitted that she showed poor judgement, but that she did not demonstrate insight that she put patients at significant risk of harm through her actions, nor did she demonstrate any signs of remorse. The panel was concerned that there is evidence of deep-seated attitudinal concerns as a result of Mrs Hazzard's lack of remorse or sufficient insight.

The panel determined that honesty and integrity are fundamental tenets of the nursing profession, and that Mrs Hazzard did not consider patient safety or the guidelines she should have been adhering to. The panel considered that there is nothing before it today to suggest that Mrs Hazzard has strengthened her practice, nor has she practised clinically since 2021. As such, the panel determined that there is a risk of repetition, and a subsequent risk of harm should a finding of current impairment not be made.

The panel determined that Mrs Hazzard cannot practice kindly, safely, and professionally, and therefore find her fitness to practise currently impaired on the ground of public protection.

Regarding public interest, the panel accepted paragraph 56 of the provisional CPD agreement and determined that a finding of impairment on the ground of public interest is necessary to maintain proper standards and uphold public confidence in the nursing profession and the NMC as the regulator. The panel determined that any member of the public would be extremely concerned to learn that the fitness to practise of a registered

nurse whose actions amounted to serious misconduct of this nature, was not found currently impaired.

As such, the panel determined that Mrs Hazzard's fitness to practise is currently impaired on the grounds of public protection and public interest.

In this respect the panel endorsed paragraphs 32 to 57 of the provisional CPD agreement.

Decision and reasons on sanction

Having found Mrs Hazzard'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:

- Abuse of a position of trust as an independent/supplementary prescriber
- Significant risk of harm posed as a result of Mrs Hazzard's actions
- Lack of insight into failings

The panel did not identify any mitigating features in this case.

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 as Mrs Hazzard's dishonesty is directly related to her clinical practice. The panel also determined that Mrs Hazzard disregarded guidance for her own personal interest.

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 Mrs Hazzard'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 Mrs Hazzard'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 Mrs Hazzard's registration would be a sufficient and appropriate response. The panel was of the view that there are no practical or workable conditions that could be formulated, given Mrs Hazzard's complete lack of remorse and very limited insight into her failings. The panel determined that there is evidence of deep-seated attitudinal problems and considered that Mrs Hazzard has not demonstrated any willingness to comply with any conditions, were they to be imposed. Furthermore, the panel concluded that the placing of conditions on Mrs Hazzard's registration would not adequately address the seriousness of this case and would not protect the public or meet the public interest.

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 panel determined that whilst this was a single incident of misconduct, there is evidence of a deep-seated attitudinal problem. It determined that Mrs Hazzard has not demonstrated any remorse and has demonstrated very little insight into her failings, therefore the panel determined that there is evidence of a deep-seated attitudinal problem and a high risk of repetition, were Mrs Hazzard be permitted to practise unrestricted.

The panel considered the NMC guidance on 'considering sanctions for serious cases' (ref: SAN-2), in particular, the panel focussed on seriousness when cases involve dishonesty. In this case, the panel determined that the following factors are engaged:

- Deliberately breaching the professional duty of candour by covering up when things have gone wrong, especially if it could cause harm to people receiving care – the panel determined that Mrs Hazzard misinformed the pharmacist regarding the advice she received from the NMC.
- Misuse of power – the panel determined that Mrs Hazzard has an additional role as an independent prescriber which gave her additional responsibilities and abilities to prescribe clinical treatment for which she did not take due diligent care.
- Direct risk to people receiving care.
- Personal financial gain from a breach of trust.

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 Mrs Hazzard's actions is fundamentally incompatible with Mrs Hazzard remaining on the register. It further determined that it cannot be satisfied that the public would be suitably protected, nor would public interest be engaged if a suspension order was imposed.

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?*

Mrs Hazzard's actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mrs Hazzard's actions raised fundamental concerns about her professionalism and trustworthiness, and to allow her to continue practising would not protect the public and 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 agreed with the CPD 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 Mrs Hazzard'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 Mrs Hazzard in writing.

Decision and reasons on 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 Mrs Hazzard's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel agreed with the CPD that an interim conditions of practice order 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 time for any possible appeal period.

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

That concludes this determination.