Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Monday, 23 June and Wednesday, 25 June 2025

Virtual Meeting

Name of Registrant:	**Ronaldo Golimlim**
NMC PIN:	01F1060O
Part(s) of the register:	Nurses part of the register – sub part 1 RN1: Adult nurse, level 1 (29 May 2001)
Relevant Location:	Buckinghamshire
Type of case:	Misconduct
Panel members:	Rachel Childs (Chair, lay member) Jim Blair (Registrant member) Sabrina Sheikh (Lay member)
Legal Assessor:	Justin Gau
Hearings Coordinator:	Hanifah Choudhury
Facts proved:	Charges 1, 2, 3a, 3b and 3c
Facts not proved:	N/A
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 the Notice of Meeting had been sent to Mr Golimlim's registered email address by secure email on 14 May 2025. The panel noted that the Notice of Meeting was sent to both Mr Golimlim's current email address, which he had confirmed in January 2025 to the NMC, as well as his old email address.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting contained details of the charges, particularising the allegations and setting out the alleged facts in which they are based and it was accompanied by relevant documents. It informed Mr Golimlim of the powers available to the panel at the meeting, including the power to make an interim order and invited representations from Mr Golimlim and indicated the timeframe as to when the meeting would take place.

In the light of all of the information available, the panel was satisfied that Mr Golimlim 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

That you, a registered nurse:

1) Between 28 November 2023 and 12 June 2024 worked at Princess Elizabeth Hospital: in breach of a substantive conditions of practice order placed upon you 31 October 2023.

2) Between 22 February 2024 and 12 June 2024 worked at Princess Elizabeth Hospital: in breach of an interim suspension order placed upon you on 22 February 2024.

3) Your actions in charges 1 and 2 were dishonest in that you:
    a) Did not inform your employer at the Princess Elizabeth Hospital of your substantive conditions of practice order when you should have.
    b) Did not inform your employer at the Princess Elizabeth Hospital of your interim suspension order when you should have.
    c) Did not update your contact details with the NMC when you knew you should have.

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

Background as taken from the NMC's statement of case

Mr Golimlim began his employment at the Princess Elizabeth Hospital (the Hospital) in the State of Guernsey on 14 April 2020 and continued to work there as a Staff Nurse on Brock Ward. On 12 June 2024, the Hospital staff found out that Mr Golimlim had been suspended by the NMC. Upon checking the NMC website, the hospital staff saw that conditions were placed on Mr Golimlim's practice in October 2023.

Mr Golimlim had not informed the Hospital of the restrictions imposed upon him by his regulator and had breached both the substantive conditions of practice order and the interim suspension order.

During the internal meetings, Mr Golimlim at first alleged not to have had access to his emails as he had been locked out of his account. On the follow-up meeting on 13 June 2024, Mr Golimlim said that he had received letters from the NMC but he did not open them because he was scared and therefore did not know about the suspension and conditions on his PIN. He added that his registered email with the NMC was locked out. He also said that he had moved and did not have a forwarding postal address.

Mr Golimlim was suspended from work on 20 June 2024. There was no harm to patients during Mr Golimlim's employment at the Hospital.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the documentary evidence in this case together with the representations made by the NMC.

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

The panel had regard to the written statements of the following witnesses on behalf of the NMC:

- Witness 1: HR Manager employed by the States of Guernsey
- Witness 2: Lead Nurse at the Hospital

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

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

Charge 1

Between 28 November 2023 and 12 June 2024 worked at Princess Elizabeth Hospital: in breach of a substantive conditions of practice order placed upon you 28 November 2023

This charge is found proved.

The panel began by establishing whether a substantive conditions of practice order was placed upon Mr Golimlim's registration on 28 November 2023. It reviewed the FtPC hearing decision letter for case reference 078246/2020 which confirmed that a panel of the

Fitness to Practise Committee had imposed a substantive conditions of practice order upon Mr Golimlim's registration on 30 October 2023. The conditions imposed were as follows:

'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.

1. *You must inform the NMC of your current employer and the type of work you are undertaking within one month of this decision being sent to you.*

2. *You must ensure that you are supervised any time you are working as a registered nurse. Your supervision must consist of working at all times on the same shift as, but not always directly observed by, a registered nurse.*

3. *You must meet with your supervisor every month to discuss:*
    - *Your record keeping*
    - *How and when to escalate concerns about a patient's deteriorating condition.*

4. *Prior to any NMC review hearing, you must obtain a report from your supervisor commenting on:*
    - *Your record keeping*
    - *Your decision making in relation to escalating concerns*

5. *You must send your NMC Case Officer evidence that you have successfully completed a course on the importance of clinical record keeping.*

6. *You must work with your supervisor to create a personal development plan (PDP). Your PDP must address the concerns about record keeping and communication with colleagues with regard to escalating concerns. You must:*
    - *Send your case officer a copy of your PDP and your progress towards achieving it prior to any NMC review hearing.*

7.You must keep the NMC informed about anywhere you are working by:

a)Telling your case officer within seven days of accepting or leaving any employment.

b)Giving your case officer Your employer's contact details.

8.You must keep the NMC informed about anywhere you are studying by:

a)Telling your case officer within seven days of accepting any course of study.

b)Giving your case officer the name and contact details of the organisation offering that course of study.

9.You must immediately give a copy of these conditions to:

a) Any organisation or person you work for.

b) Any agency you apply to or are registered with for work.

c) Any employers you apply to for work (at the time of application).

d) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.

e) Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity.

10. You must tell your case officer, within seven days of your becoming aware of:

a) Any clinical incident you are involved in.

b) Any investigation started against you.

c) Any disciplinary proceedings taken against you.

11. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:

a) Any current or future employer.

b) Any educational establishment.

c) Any other person(s) involved in your retraining and/or supervision required by these conditions'

Allowing for a period of 28 days for appeal, this meant that the effective date of the substantive order was 28 November 2023. The order was imposed for a period of 12 months, with an interim order of 18 months in the same terms to cover any period of appeal. The panel was therefore satisfied that a conditions of practice order was in effect on Mr Golimlim's registration between the dates of 28 November 2023 and 12 June 2024.

The panel reviewed the evidence and was satisfied that Mr Golimlim had been working at the Hospital on 12 June 2024, when the existence of the conditions of practice order was discovered by the HR team of the State of Guernsey. Witness 1 confirmed in her written statement that Mr Golimlim had started work as a Staff Nurse at the Hospital on 14 April 2020. She provided an unsigned copy of Mr Golimlim's contract of employment that confirmed this start date. Given that the Hospital was unaware of this order, the panel considered that this was a breach of Conditions 1 and 9. It further considered that Mr Golimlim could not have complied with conditions 2, 3, 4 and 6 as all required him to work with a workplace supervisor.

It found this charge proved on that basis.

Charge 2

Between 22 February 2024 and 12 June 2024 worked at Princess Elizabeth Hospital: in breach of an interim suspension order placed upon you on 22 February 2024.

This charge is found proved.

The panel began by establishing whether an interim suspension order was placed upon Mr Golimlim's registration on 22 February 2024. It reviewed the interim order hearing decision letter dated 23 February 2024 which confirmed that an interim suspension order upon Mr Golimlim's registration on 22 February 2024.

The order was imposed for a period of 15 months. The panel was therefore satisfied that an interim suspension order was in effect on Mr Golimlim's registration between the dates of 22 February 2024 and 12 June 2024.

The panel reviewed the evidence and was satisfied that Mr Golimlim had been working at the Hospital on 12 June 2024, when the existence of the interim suspension order was discovered by the HR team of the State of Guernsey. Witness 1 confirmed in her written statement that Mr Golimlim had started work as a Staff Nurse at the Hospital on 14 April 2020. She provided an unsigned copy of Mr Golimlim's contract of employment that confirmed this start date.

It found the charge proved on this basis.

Charge 3a

Your actions in charges 1 and 2 were dishonest in that you:

a) Did not inform your employer at the Princess Elizabeth Hospital of your substantive conditions of practice order when you should have.

This charge is found proved.

The panel first considered whether Mr Golimlim had informed his employer of the conditions of practice order.

Witness 1 explained that, during a check by the Registrations Team at the Hospital on 12 June 2024, it was discovered that Mr Golimlim was subject to a conditions of practice order. She confirmed that the Hospital was previously unaware of the existence of this order:

> *"Ronaldo did not inform us that he was suspended from practicing as a nurse by the NMC. He also didn't tell us that there were conditions placed on his practice before he was suspended." [sic]*

In a letter to Mr Golimlim, confirming the investigation, dated 20 June 2024, the Associate Director for Acute Care at the Hospital explained:

> *"We are now concerned that you have failed to inform us of the conditions placed on your registration and the subsequent suspension of your registration. Along with*

this, we are concerned that you continued to practice as a registered nurse without following the initial conditions of practice placed on your registration"

The panel considered that this demonstrated that Mr Golimlim had not informed his employer, following the substantive hearing on 30 October 2023, that he had been made subject to a conditions of practice order.

The panel then went on to establish Mr Golimlim's actual state of knowledge and belief regarding the conditions of practice order. It bore in mind Witness 2's account of his initial interview with Mr Golimlim, following the discovery by the HR team of the existence of the conditions of practice order. Witness 2 confirmed in an email dated 12 June 2024 that Mr Golimlim had given the following explanation when asked about the order:

"I explained that I wished to discuss an issue relating to Ronaldo's NMC registration….I had been made aware that there condition on his registration with the NMC. Ronaldo confirmed that he knew about this"

The panel acknowledged that Mr Golimlim had later claimed that he was unaware of the outcome of the NMC hearings because he had been at times too scared to open correspondence and at others had not received relevant documentation, but it considered that his response when first challenged indicated that he was aware of the existence of the conditions of practice order. It considered that the subsequent contradictory explanations that he was unaware of the order were an attempt to sow confusion and conceal his dishonesty in failing to make the disclosure to his employer. It was therefore satisfied, on the balance of probabilities, that Mr Golimlim knew that he had a conditions of practice order in place on his registration.

The panel bore in mind its previous finding that Mr Golimlim had not informed his employer of the existence of the order. It considered that any ordinary, decent person would consider it to be dishonest if a nurse, aware of conditions placed upon his registration to protect the public and uphold confidence in the profession, decided not to inform his employer. It also noted that Mr Golimlim had deliberately failed to abide by the terms of those conditions.

It therefore found the charge proved.

Charge 3b

b. Did not inform your employer at the Princess Elizabeth Hospital of your interim suspension order when you should have.

This charge is found proved.

Witness 1 explained that, during a check by the Registrations Team at the Hospital on 12 June 2024, it was discovered that Mr Golimlim was subject to an interim suspension order. She confirmed that the Hospital was unaware of the existence of this order:

> *"Ronaldo did not inform us that he was suspended from practicing as a nurse by the NMC." [sic]*

In a letter to Mr Golimlim, confirming the investigation, dated 20 June 2024, the Associate Director for Acute Care at the Hospital explained:

> *"We were not made aware of …. the subsequent suspension of your registration until the 12th June 2024 when our registrations team saw the restrictions on your NMC membership. When you spoke to Witness 2 about the suspension from the register, it was unclear whether you were aware, or when you became aware, of the restrictions on your practice, the NMC investigations or hearings. We are now concerned that you have failed to inform us of the …. subsequent suspension of your registration. Along with this, we are concerned that you ….. continued to practice as a registered nurse while there was a suspension order placed on your registration."*

The panel considered that this demonstrated that Mr Golimlim had not informed his employer, following the interim order hearing on 22 February 2024, that he had been made subject to an interim suspension order, and had continued to work as a nurse at the Hospital.

The panel then went on to establish Mr Golimlim's actual state of knowledge and belief at the time of the incident. It bore in mind Witness 2's account of his initial interview with Mr Golimlim, following the discovery by the HR team of the existence of the interim suspension order. Witness 2 confirmed in an email dated 12 June 2024 that Mr Golimlim had given the following explanation when asked about the order:

> *"I asked to clarify that he knew about an interim suspension order on his registration- he confirmed that he did. I asked when he knew about this. Ronaldo was unclear in his answer but explained that he intended to tell Colleague 1 today but had missed his opportunity."*

The panel acknowledged that Mr Golimlim had later claimed that he was unaware of the outcome of the NMC hearings because he had been at times too scared to open correspondence, had ripped up letters and at other points had not received relevant documentation, but it considered that his response when first challenged indicated that he was aware of the existence of the interim suspension order. The panel viewed the subsequent explanations provided for why he was unaware of that suspension order to be similarly disingenuous to those he gave in relation to the conditions of practice order and were an attempt to conceal his dishonesty. It was therefore satisfied, on the balance of probabilities, that Mr Golimlim knew that he had an interim suspension order in place on his registration.

The panel bore in mind its previous finding that Mr Golimlim had not informed his employer of the existence of the order. It considered that any ordinary, decent person would consider it to be dishonest if a nurse, aware that he had been suspended from practice, decided not to inform his employer. The panel noted that Mr Golimlim had also deliberately chosen to carry on working regardless.

It therefore found the charge proved.

Charge 3c

c) Did not update your contact details with the NMC when you knew you should

This charge is found proved.

The panel noted that Mr Golimlim claimed to be unaware of the NMC hearings and outcomes because he had not updated his contact details. He had explained to Witness 2 that he had not updated his postal address and relied on a friend forwarding hard copy correspondence to him. He had further claimed that he had lost his phone 18 months prior to the events of 12 June 2024 and had therefore lost access to his email address and phone number.

The panel considered that it was clear that Mr Golimlim had failed to update his postal address, given that he had admitted this in his conversation with Witness 2, and he had moved to Guernsey in 2020. The panel further noted that the postal address held by the NMC for Mr Golimlim was in Aylesbury, not Guernsey.

The panel considered that the evidence relating to the phone number was unclear. It noted that Mr Golimlim had not responded to any phone calls from the NMC but was unable to establish whether this was indeed because he had lost his phone, or simply because he was avoiding any contact with the NMC due to the ongoing regulatory process.

In terms of Mr Golimlim's access to his email, the panel noted that he claimed to have lost access to this in January 2023 when he lost his phone. However, Mr Golimlim had to log into his NMC Online account to pay his registration fee at the end of June each year, which appeared to contradict this assertion, given that he had successfully done this in June 2023. When challenged on this in a local interview, Mr Golimlim first claimed he had still been able to pay his registration fees as he had logged into NMC Online without an email address. When it was explained to him that this was impossible, he claimed to have changed the email address on his NMC online account but there was no evidence that he had done so.

The panel bore in mind its previous finding that Mr Golimlim had been aware of both the substantive conditions of practice order and the suspension order placed upon his registration and therefore considered that it was likely that Mr Golimlim had in fact received details of both orders, most probably via email, given that he had not updated his postal address. It considered that it was likely that, rather than having lost access to his email

address and failed to update the NMC about a new email address, Mr Golimlim had simply elected not to respond to email correspondence from the NMC.

The panel then went on to establish Mr Golimlim's actual state of knowledge and belief. It considered that he would have known that he had not provided the NMC with his updated postal address. As a registered nurse, Mr Golimlim would have been aware of the need to update his contact details with his regulator, despite his assertion during a local interview that he was only *"a little bit aware"* of the Code. It further noted that Mr Golimlim had admitted that he at one point ripped up correspondence from the NMC, which confirmed to the panel that Mr Golimlim had been trying to avoid engaging with regulatory proceedings against him, of which he was aware.

The panel therefore viewed Mr Golimlim's failure to update his postal address with the NMC as a conscious attempt to frustrate the regulatory process, by not receiving hard copies of documentation relating to hearing arrangements and outcomes. It considered that any ordinary, decent person would consider it to be dishonest if a nurse deliberately failed to update contact details with its regulator for this reason. It therefore found the charge proved on this basis.

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 Mr Golimlim'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, Mr Golimlim'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 NMC suggested specific relevant standards where Mr Golimlim's actions amounted to misconduct.

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 case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

The NMC invited the panel to find Mr Golimlim's fitness to practise impaired on public protection and public interest grounds, stating that:

> *'Mr Golimlim's failure to notify his new employers of his status with the NMC amounts to dishonesty. In his response at the local level, he gave mixed explanations and did not demonstrate comprehension of his failures and he has not demonstrated remediation. As such, he is liable to act dishonestly in the future.*
>
> *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 Mr Golimlim has displayed no insight into his actions. During the local investigation his position was that he had some knowledge of the NMC matters, failed to keep his contact details up to date with the NMC as he had previously lost his phone and locked himself out of his email account.

Mr Golimlim was made subject to a substantive conditions of practice order on 23 November 2023 whilst employed at Princess Elizabeth Hospital. In breach of the order he did not inform his employer of the restrictions and conditions imposed upon him.

Mr Golimlim's disregard concerning restrictions placed on him was repeated again. On 22 February 2024, he was made subject to an interim suspension order. Again, in breach of that order, he continued to work and did not inform his employer.

The repeated and continued disregard of orders restricting Mr Golimlim's practice is points towards deep rooted attitudinal issues and is illustrative of his lack of insight into the risk he poses.

We note the registrant has not worked since the issues of concern were discovered by his employer.

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

… 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. Mr Golimlim's conduct engages the public interest because members of the public would be appalled to hear of a nurse acting dishonestly by failing to notify his employers of restrictions upon his practice in the form of both a suspension order and a conditions of practice order imposed by his regulator to protect patients being permitted to continue to work.

It is further submitted that Mr Golimlim's conscious decision to disregard both orders and continue working requires a finding of impairment to ensure that public interest considerations rooted within the security of the regulatory process and patient safety are satisfied.'

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 Mr Golimlim's actions did fall significantly short of the standards expected of a registered nurse, and that Mr Golimlim's actions amounted to a breach of the Code. Specifically:

'20 Uphold the reputation of your profession at all times
To achieve this, you must:
20.1 keep to and uphold the standards and values set out in the Code
20.2 act with honesty and integrity at all times,…

23 Cooperate with all investigations and audits
To achieve this, you must:
23.3 *tell any employers you work for if you have had your practice restricted or had any other conditions imposed on you by us or any other relevant body.*
23.4 *tell us and your employers at the first reasonable opportunity if you are or have been disciplined by any regulatory or licensing organisation, including those who operate outside of the professional health and care environment'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that Mr Golimlim's actions were repeated acts of premeditated and deliberate dishonesty, demonstrating a deep-seated attitudinal issue. Despite being aware of the restrictions placed on his practice, Mr Golimlim displayed a reckless regard for patient safety and putting colleagues at risk by attending work when he should not have done so.

Through his actions, Mr Golimlim placed his own personal needs above patient safety.

The panel found that Mr Golimlim's actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Mr Golimlim'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. 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) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel noted that Mr Golimlim had restrictions placed on his practice in relation to patient safety. The panel determined that, in completely disregarding the regulatory

process and deliberately choosing not to comply with the sanctions and conditions placed on him, patients were put at an unwarranted risk of harm as a result of Mr Golimlim's actions.

The panel determined that Mr Golimlim's misconduct brought the nursing profession into disrepute. Mr Golimlim's misconduct also constituted serious breaches of the fundamental tenets of the nursing profession as he had been dishonest and failed to comply with directions from the regulator. The panel had also found that Mr Golimlim demonstrated repeated and conscious dishonesty for his own benefit.

The panel therefore determined that limbs a, b, c and d of the Grant test were engaged.

The panel went on to consider whether the misconduct was remediable, whether it had been remedied, and whether it was likely to be repeated. The panel took into account Mr Golimlim's actions in being intentionally dishonest by failing to tell his employer of his conditions of practice order, failing to comply with those conditions and subsequently attending work when he had been suspended from practice. The panel also took into account the fact that the misconduct took place over a period of time and that Mr Golimlim had completely disengaged from the NMC. The panel determined that, in this case, the misconduct was not capable of being remediated.

In considering whether Mr Golimlim had demonstrated any insight into his misconduct or any strengthening of practice, the panel noted that Mr Golimlim has chosen to completely disregard the NMC as a regulator and had disengaged from it. Mr Golimlim had provided one short paragraph of reflection, in which he apologised for not informing his employer and cited [PRIVATE]. The panel considered the reflection to be limited in scope, lacking in meaningful insight or understanding of the potential impact on patients and public confidence. Mr Golimlim had provided no character references or any evidence of any steps he had taken to address the NMC's concerns. The panel therefore had no evidence of further insight or strengthening of practice before it to consider. It was of the view that its multiple findings of dishonesty relating to Mr Golimlim attempting to conceal the restrictions placed on his practice was evidence of a deep-seated attitudinal issue.

The panel also took into account the fact that the misconduct identified was not an

isolated incident, but premeditated dishonesty that was sustained over a period of time. Mr Golimlim first had a conditions of practice order placed on him but he failed to adhere to this. He then had an interim suspension order placed on his practice but he again failed to adhere to these restrictions. In failing to abide by the regulator, Mr Golimlim repeated his actions of dishonesty and maintained a reckless disregard for the restrictions placed upon him to ensure patient safety.

In light of there being no evidence of meaningful insight or strengthening of practice and Mr Golimlim's misconduct been repeated, the panel determined that there was a high risk of the misconduct being repeated. It therefore found that a finding of impairment is necessary on the ground of public protection.

The panel had regard to the serious nature of Mr Golimlim's misconduct and determined that public confidence in the profession would be undermined if a finding of impairment were not made in this case, particularly as this misconduct related to deliberate dishonesty and disengagement from the NMC as a regulator. It was of the view that a fully informed member of the public, aware of the proven charges in this case, would be very concerned if Mr Golimlim were permitted to practise as a registered nurse without restrictions. For this reason, the panel determined that a finding of current impairment on public interest grounds is also required. It determined that this finding is necessary to mark the seriousness of the misconduct, the importance of maintaining public confidence in the nursing profession, and to uphold the proper professional standards for members of the nursing profession.

Having regard to all of the above, the panel was satisfied that Mr Golimlim'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 Mr Golimlim off the register. The effect of this order is that the NMC register will show that Mr Golimlim 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 14 May 2025, the NMC had advised Mr Golimlim that it would seek the imposition of a striking-off order if it found Mr Golimlim's fitness to practise currently impaired.

Decision and reasons on sanction

Having found Mr Golimlim'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:

- Mr Golimlim demonstrated a deliberate disregard of the NMC as a regulator.
- Mr Golimlim placed patients at a direct risk of harm as a result of him failing to comply with the restrictions on his practice.
- Mr Golimlim's actions were a pattern of misconduct that took place over a period of time.
- Mr Golimlim has shown very limited insight into his actions.
- Mr Golimlim's misconduct was persistent and serious dishonesty for his own personal gain.

The panel next considered the mitigating features in this case. The panel noted that there were some suggestions in the evidence that Mr Golimlim was [PRIVATE]. However, the panel had no evidence before it to confirm [PRIVATE] and it could therefore give this little weight. The panel found there were no 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.

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 Mr Golimlim'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 Mr Golimlim'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 Mr Golimlim's registration would be a sufficient and appropriate response. The panel noted that Mr Golimlim had previously been under a conditions of practice order but completely disregarded it and failed to comply with it. The panel had no information before it to suggest that Mr Golimlim would comply with a conditions of practice order, given his failure to previously comply.

In the panel's judgement Mr Golimlim's repeated misconduct, lack of meaningful insight and disengagement with the NMC were too serious for conditions of practice to be an adequate or appropriate order. Also, the panel found that the misconduct identified in this case could not be remediated. In the panel's view Mr Golimlim's misconduct revealed deep-seated attitudinal problems including premeditated dishonesty. It determined that, given the seriousness of the concerns, the deep-seated attitudinal problems and Mr Golimlim's lack of meaningful insight into how his actions could affect patients, colleagues and public confidence in the profession and his disregard for the regulator, there were no proportionate and workable conditions that could be formulated.

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 took into account that Mr Golimlim's practice had also previously been restricted under an interim suspension order but he breached this order by attending work when he should not have done so. The panel had no information that he would comply with this type of order.

The panel found that Mr Golimlim's misconduct was deliberate dishonesty that was repeated over a period of time. There was no information before the panel to indicate whether Mr Golimlim had taken any steps to remediate his misconduct as he had chosen to ignore the NMC as a regulator. The panel determined that the misconduct was a significant departure from the standards expected of a registered nurse. The panel found that the serious breach of the fundamental tenets of the profession evidenced by Mr Golimlim's actions were incompatible with him remaining on the register.

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

Finally, in looking at a striking-off order, the panel considered the NMC's guidance on 'Considering sanctions for serious cases; Cases involving dishonesty':

> *'Honesty is of central importance to a nurse, midwife or nursing associate's practice. Therefore allegations of dishonesty will always be serious and a nurse, midwife or nursing associate who has acted dishonestly will always be at some risk of being removed from the register.*

…panels will need to consider carefully the following factors:

- *there is a distinction to be drawn between an allegation of conduct which is intrinsically dishonest, like fraud or forgery, as opposed to an allegation which relates to conduct (record-keeping, for example) which is capable of being performed either honestly or dishonestly…'*

The panel determined that Mr Golimlim's actions were serious and persistent dishonesty. Mr Golimlim had shown very little insight or remorse for his actions and there remained a high risk of repetition of his misconduct. He placed his own personal interests above the potential risk of harm to patients and colleagues. Mr Golimlim is therefore still a risk to public safety should he practise as a registered nurse.

The panel determined that Mr Golimlim's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with him remaining on the register. The panel's findings in this case demonstrate that Mr Golimlim's actions were serious and to allow him to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all these factors and after taking into account all the evidence before it, the panel determined that the only appropriate and proportionate sanction is that of a striking-off order.

The panel concluded that this order was necessary to protect the public, 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 Mr Golimlim 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 Mr Golimlim'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 written representations made by the NMC that an interim suspension order is necessary for the protection of the public and is otherwise in the public interest. The NMC stated that the interim order should be imposed for a period of 18 months to cover the initial period of 28 days before the sanction comes into effect, and the time taken for the Court to consider any appeal in the event that one is lodged.

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 cover any appeal period.

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

That concludes this determination.