

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

**Substantive Hearing
Wednesday, 4 June 2025 – Thursday, 12 June 2025**

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

Name of Registrant:	Olori Deborah Funmilayo Lascar-Awolesi
NMC PIN:	01D0479E
Part(s) of the register:	Registered Nurse – Sub Part 1 Adult Nursing - 19 April 2004 Midwives part of the register Registered Midwife - 26 May 2011 Recordable qualifications V300, Nurse independent / supplementary prescriber - 20 July 2022
Relevant Location:	Manchester
Type of case:	Misconduct
Panel members:	James Carr (Chair, lay member) Elizabeth Coles (Registrant member) Robert Marshall (Lay member)
Legal Assessor:	Jayne Salt
Hearings Coordinator:	Stanley Udealor
Nursing and Midwifery Council:	Represented by Jayesh Jotangia, Case Presenter
Mrs Lascar-Awolesi:	Present and represented by Adewuyi Oyegoke

Facts proved by admission:	Charges 1a, 1b (i), 1b (ii), 1b (iii), 1c (i), 1c (ii), 1c (iii), 2, 3a (i), 3a (ii), 3b, 3c, 4a (i), 4a (ii), 4a (iii), 4b, 4c, 5, 6, 7a, 7b, 7c, 8, 9, and 10
No evidence offered:	Charges 11, 12, 13, and 14
Facts not proved:	N/A
Fitness to practise:	Impaired
Sanction:	Suspension order (12 months)
Interim order:	Interim suspension order (18 months)

Decision and reasons on application to amend the charge

The panel heard an application made by Mr Jotangia, on behalf of the Nursing and Midwifery Council (NMC), to amend the wording of charges 11 and 12:

- 11) *'On unknown dates, whilst applying for nursing roles through ~~Resourcing~~ **Sourcing** Healthcare, did not disclose to ~~Resourcing~~ **Sourcing** Healthcare that you were subject to ~~a substantive~~ **an interim** conditions of practice order imposed on ~~22 March 2021~~ **11 July 2022** for a period of 18 months.*
- 12) *Between 30 June – 31 July 2022 whilst working at Brooke Street Surgery, did not disclose that you were subject to ~~a substantive~~ **an interim** conditions of practice order imposed on ~~22 March 2021~~ **11 July 2022** for a period of 18 months.'*

Mr Jotangia stated that the application was made pursuant to Rule 28 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004, as amended (the Rules). He submitted that the proposed amendments were necessary to correct typographical errors in the wordings of charges 11 and 12. He submitted that the proposed amendments did not affect the substance of the charges as they are intended to more accurately reflect the evidence in this case.

Mr Oyegoke, on your behalf, opposed the application. He submitted that there was no adequate notice provided by the NMC to you, of charges 11 and 12. He asserted that the NMC was aware of these charges for three years, but it did not deem it fit to correct the charges and to provide sufficient notice to you. He submitted that the proposed amendments together with the charges themselves pose prejudice and unfairness to you.

The panel accepted the advice of the legal assessor and had regard to Rule 28.

The panel noted that the proposed amendments would not affect the substance nor change the nature of charges 11 and 12. It was therefore appropriate to allow the amendments, as applied for, to correct typographical errors and to accurately reflect the evidence in this case. The panel was satisfied that there would be no prejudice to you and no injustice would be caused to either party by the proposed amendments being allowed. The panel therefore granted the application.

Decision and reasons on application to admit hearsay evidence

The panel heard an application made by Mr Jotangia under Rule 31 to admit the following documents into evidence:

1. The record of the telephone conversation between the NMC and Mr 1 dated 18 October 2022.
2. The record of the telephone conversation between the NMC and Mr 1 dated 1 May 2025.

Mr Jotangia referred the panel to the case of *Thorneycroft v Nursing and Midwifery Council* [2014] EWHC 1565 (Admin). He submitted that this case laid out a series of factors to be considered in admitting hearsay evidence and to which he would make reference in his submissions.

Mr Jotangia submitted that the hearsay documents are relevant to charges 11 and 12 as they provide evidence to support the allegations contained in those charges. He stated that the NMC accepted that the evidence of Mr 1, as contained in the hearsay documents, was the sole and decisive evidence with respect to charges 11 and 12.

Mr Jotangia submitted that you were given adequate notice about the NMC hearsay application. He asserted that the regulatory concerns in relation to charges 11 and 12 were disclosed to you via the Case Examiners decision letter on 21 June 2023.

Mr Jotangia submitted that there was no evidence to suggest that the hearsay documents were fabricated.

Mr Jotangia stated that the charges are serious and any adverse findings could have serious consequences on your future as a registered nurse.

Mr Jotangia referred the panel to the hearsay bundle. He submitted that several attempts have been made by the NMC to contact Mr 1 after his telephone conversation on 18 October 2022 and Mr 1 only responded on 1 May 2025 where he indicated that he did not want to participate in any formal hearing process. Mr Jotangia stated that Mr 1 did not respond to subsequent attempts to contact him by the NMC. Mr Jotangia submitted that the NMC had therefore taken all reasonable steps to secure the attendance of Mr 1 at these proceedings.

In conclusion, Mr Jotangia submitted that the test set out in Rule 31 has been satisfied and it was therefore relevant and fair for the hearsay documents to be admitted into evidence.

Mr Oyegoke opposed the hearsay application. He submitted that the hearsay documents were only relevant to charge 11 and the NMC had not presented any evidence to support charge 12.

Mr Oyegoke highlighted that you only became aware of charges 11 and 12 on 30 April 2025 as those charges were not discussed in the case management meeting held prior to that date. He submitted that it would therefore be unfair for you to respond to those charges.

Mr Oyegoke submitted that it should be noted that the evidence of Mr 1, as contained in the hearsay documents, was the sole and decisive evidence with respect to charge 11 and there was no other supporting evidence. He stated that the NMC should have secured the attendance of the case officer who had the respective conversations with Mr 1 as a

witness in this case. He highlighted that the respective records of the telephone conversation were not supported by a statement of truth nor a witness statement. He noted that Mr 1 indicated that he would not attend any formal hearing and Sourcing Healthcare did not provide any documentary evidence to support the allegations, as requested by the NMC. Mr Oyegoke reminded the panel that the burden of proof was on the NMC to prove its case and it was not for you to prove your defence.

Mr Oyegoke therefore invited the panel to refuse the hearsay application.

The panel accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included that Rule 31 provides that, so far as it is 'fair and relevant', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings.

The panel first considered whether the hearsay documents were relevant to this case. The panel was of the view that the hearsay documents were relevant because their contents go to charges 11 and 12 in this case, and Mr 1, in his position at Sourcing Healthcare, was a direct witness to the alleged incidents in charges 11 and 12. The panel concluded that Mr 1 was a recruitment agent employed by Sourcing Healthcare and would have been responsible for placing you at Brooke Street Surgery.

Having determined that the hearsay evidence was relevant, the panel next considered whether it would be fair to admit it. The panel had regard to the case of *Thorneycroft* which laid out the factors to be considered in admitting hearsay evidence.

The panel considered whether the hearsay documents were the sole and decisive evidence with respect to charges 11 and 12. The panel took into account that the evidence of Mr 1, as contained within the hearsay documents, was not supported by any other documentary evidence or witness evidence in this case. The panel therefore decided that the evidence of Mr 1, as contained within the hearsay documents, was the sole and decisive evidence with respect to charges 11 and 12.

The panel noted that the NMC had notified you on 30 May 2025 that it would be making a hearsay application with respect to the evidence of Mr 1, as contained within the hearsay documents. The panel was satisfied that the NMC had provided sufficient notice of the hearsay application given that the notice was made within sufficient time. The panel took into account that you had challenged the evidence of Mr 1 as prejudicial and unfair to you. However, the panel was satisfied that there was no suggestion that the hearsay documents were fabricated.

The panel considered charges 11 and 12 to be serious as it involved dishonesty elements. The panel noted that any adverse finding could have a negative impact on your nursing career.

The panel took into account that Mr 1 indicated in the record of the telephone conversation between the NMC and Mr 1 dated 1 May 2025 that he did not want to participate in any formal hearing process but he was ready to provide a witness statement. The panel noted that there were several attempts made by the NMC to contact Mr 1 subsequent to that conversation but there was no response from him. The panel accepted that the NMC took some steps to secure Mr 1's attendance to this hearing, however, it was not satisfied that the NMC had taken all reasonable steps to secure the attendance of Mr 1. The panel was of the view that the NMC could have obtained a witness statement from Mr 1 as he had suggested, or secured a witness statement or the attendance of the NMC case officers that had the telephone conversations with Mr 1, to this hearing.

Having determined that the evidence of Mr 1 was the sole and decisive evidence in respect of charges 11 and 12, the panel considered whether the evidence of Mr 1 was demonstrably reliable or that there will be some other means of testing its reliability. The panel determined that this was not the case. It was of the view that the hearsay documents were mere records of telephone conversations, they did not contain a statement of truth nor a witness statement from either the author of the record or Mr 1. The panel bore in mind that Mr 1 had indicated that he could send supporting evidence to

the NMC as he was not certain whether you had ticked the box confirming if you were subject or not to NMC investigation. However, this supporting evidence was not presented to the panel. In the panel's judgement, given the seriousness of the allegations, it could not rely solely on the evidence of Mr 1 in the absence of such supporting evidence. If the hearsay evidence of Mr 1 was admitted as presented by the NMC, you would not have any opportunity to challenge or test it.

Therefore, the panel determined that it is unfair to admit the records of the telephone conversations between the NMC and Mr 1 dated 18 October 2022 and 1 May 2025 respectively into evidence.

Accordingly, the hearsay application is hereby refused.

Details of charge as amended

That you a registered nurse, whilst working at Monton Medical Centre;

- 1) On 3 May 2022;
 - a) Inaccurately told Colleague Z that you could adequately complete cervical smear tests for patients.
 - b) After completing an asthma review for Patient B, did not make adequate records in Patient B's notes, in that you;
 - i) Did not record how well Patient B's asthma was being controlled.
 - ii) Incorrectly recorded an 'asthma resolved code'
 - iii) Did not complete an asthma plan

- c) Incorrectly recorded that you had administered a nasal flu vaccination to Patient B's, when;
 - i) It was not the time of year for flu vaccinations;
 - ii) The Centre did not have flu vaccinations available;
 - iii) Patient B was to be administered an intramuscular injection, not a nasal vaccination.
- 2) Your actions in charge 1 a) above were dishonest in that you misrepresented that you had the ability and/or training to carry out cervical smear tests.
- 3) On 4 May 2022 after completing a diabetic annual review for Patient A;
 - a) Did not record;
 - i) A discussion with Patient A about their lifestyle;
 - ii) A management plan for Patient A.
 - b) Did not escalate Patient A's raised blood pressure to a GP.
 - c) Incorrectly set Patient A's next diabetic review in 12 months time.
- 4) On 11 May 2022;
 - a) Did not record adequate information after completing an asthma review of Patient C, in that you;

- i) Did not complete/review an asthma plan.
 - ii) Did not record which questions were asked of the patient.
 - iii) Did not record how well Patient C's asthma was being controlled.
- b) Took a blood sample late/after 5:30 p.m. for an unknown patient.
 - c) Inappropriately left the blood sample in reception.
- 5) Between 29 April & 13 May 2022 did not disclose that you were subject to a substantive conditions of practice order imposed on 22 March 2021 for a period of 18 months to staff at the Monton Medical Centre.
 - 6) Your actions in charge 5 above were dishonest in that you concealed your regulatory restrictions from your place of work/employer.

That you a registered nurse, whilst working at Partington Central Surgery ('the Surgery') between 24 March 2022 and 19 May 2022;

- 7) Inaccurately told Colleague Y;
 - a) That you could adequately complete smear tests for patients.
 - b) That you had completed the requisite training to undertake smear tests.
 - c) That your training certificate was in Nigeria.
- 8) Acted outside the scope of your competence, in that you completed cervical smear tests for one or more patients, without having the requisite training.

- 9) Completed inadequate/incorrect cervical smear tests for one or more patients.
- 10) Your actions in or more of the above charges 7 a), 7 b), 7 c) & 8 were dishonest in that you misrepresented that you had the ability and/or training to carry out smear tests.
- 11) On unknown dates, whilst applying for nursing roles through Sourcing Healthcare, did not disclose to Sourcing Healthcare that you were subject to an interim conditions of practice order imposed on 11 July 2022 for a period of 18 months.
- 12) Between 30 June – 31 July 2022 whilst working at Brooke Street Surgery, did not disclose that you were subject to an interim conditions of practice order imposed on 11 July 2022 for a period of 18 months.
- 13) Your actions in charge 11 above were dishonest in that you, concealed your regulatory restrictions from the recruitment agency.
- 14) Your actions in charge 12 above were dishonest in that you, concealed your regulatory restrictions from your place of work and/or employer

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

Decision and reasons on application to offer no evidence with respect to charges 11, 12, 13, and 14

The panel heard an application made by Mr Jotangia to offer no evidence with respect to charges 11, 12, 13, and 14. He referred the panel to the NMC Guidance on Offering no evidence (DMA-3).

Mr Jotangia submitted that given the panel's decision to refuse the NMC hearsay application, and given that Mr 1's hearsay evidence was the sole and decisive evidence with respect to charges 11, 12, 13, and 14, it was the NMC's position that there was no realistic prospect of proving the facts of charges 11, 12, 13, and 14. He highlighted that Mr 1 had indicated to the NMC that he did not want to participate in any formal hearing process. Therefore, there would be no realistic prospect in securing his attendance at this hearing.

In conclusion, Mr Jotangia invited the panel to grant the NMC application to offer no evidence with respect to charges 11, 12, 13, and 14.

Mr Oyegoke stated that he did not oppose the application. He submitted that the NMC ought not to have placed charges 11, 12, 13, and 14 before the panel, and should have withdrawn those charges instead of offering no evidence.

The panel accepted the advice of the legal assessor and had regard to the NMC Guidance on Offering no evidence (DMA-3).

The panel took into account that Mr 1's hearsay evidence was the sole and decisive evidence with respect to charges 11, 12, 13, and 14. However, the panel had earlier determined that Mr 1's hearsay evidence was non-admissible.

The panel considered charges 11, 12, 13, and 14 to be serious as it involved dishonesty concerns. In this regard, the panel considered whether it would be reasonable and in the public interest to direct the NMC to obtain further evidence with respect to charges 11, 12, 13, and 14.

The panel noted that the charges relate to events that occurred in 2022 and there is a strong public interest in the expeditious disposal of the case. The panel bore in mind that Mr 1 had indicated to the NMC that he did not want to participate in any formal hearing process, and that any further documentary evidence would amount to hearsay evidence.

The panel was therefore of the view that to direct the NMC to obtain further evidence, would cause severe delays to the case as there was little prospect of securing the attendance of Mr 1 at this hearing. Such delays would also be unfair to you as the NMC has had reasonable time to prepare for this case.

The panel noted that although the charges are serious, they are similar to other charges that had been admitted by you at the outset of the hearing. Therefore, the public interest and public protection considerations would not be undermined.

Having considered these factors, the panel therefore granted the application.

Background

Charges 1-6 arose whilst you were employed as an agency adult nurse at Monton Medical Centre (the Centre). Charges 7-10 arose whilst you were employed as an agency adult nurse at Partington Central Surgery (the Surgery). The NMC received two referrals with respect to your conduct as a registered nurse which are outlined below. You were referred to the NMC by the Centre on 16 May 2022. The NMC received another referral from the Surgery against you on 10 June 2022.

In respect of the first referral, you were recruited through an agency to work three shifts a week at the Centre. On your first shift on 3 May 2022, it was alleged that you inaccurately told Colleague Z, the Practice Nurse at the Centre, that you could adequately complete cervical smear tests for patients. The Centre also raised concerns regarding your capability to complete patient records adequately and perform basic nursing duties. It was alleged that you did not make adequate records in Patient B's notes after completing their asthma review. It was further alleged that you had incorrectly recorded that you had administered a nasal flu vaccination to Patient B, when the Centre did not have flu

vaccinations available, it was not the time of year for flu vaccinations and nasal vaccination should not be administered to persons of Patient B's age.

It was alleged that, on 4 May 2022, after completing an annual diabetic review for Patient A, you failed to escalate their raised blood pressure to a General Practitioner (GP), you incorrectly set their next diabetic review in twelve-months' time and failed to record a management plan for them and your discussion on their lifestyle. You also allegedly failed to record adequate information after completing an asthma review of Patient C on 11 May 2022. It was alleged that, on the same date, you took a blood sample late/after 5:30 p.m. for an unknown patient and then inappropriately left it in reception, meaning that it would not be processed at the laboratory and the patient would be recalled for another blood test.

A search of your NMC personal identification number (PIN) was conducted by the Centre on the NMC register and it was discovered that you were subject to a substantive conditions of practice order imposed on 22 March 2021. It was alleged that you failed to disclose such restrictions to the Centre as required.

In relation to the second referral, you were recruited through an agency to work at the Surgery and commenced your first shift on 24 March 2024. It was alleged that you inaccurately told Colleague Y, the Practice Manager at the Surgery that you had completed the requisite training to undertake smear tests, you could adequately complete smear tests for patients and that your training certificate was in Nigeria.

Whilst working at the Surgery, it was reported that you allegedly took thirty-three cervical samples by conducting cervical smear tests for patients. Following complaints from Manchester Cytology Centre on 7 April 2022 that the cervical tests were inadequate, the NHS Greater Manchester Screening and Immunisation Team asked the Surgery for your training certificates on cervical smear tests as the Cervical Sample Takers Database (CSTD) did not have the appropriate training certificates uploaded to the database. It was

alleged that you failed to provide evidence of the relevant training despite several requests from the Surgery to provide it. You left the Surgery on 19 May 2022.

No local investigations were conducted by the Centre and the Surgery as you were an agency staff member.

You are currently working as a practice nurse with Inspire Medical Centre since September 2022.

Decision and reasons on facts

At the outset of the hearing, the panel heard from Mr Oyegoke, who informed the panel that you made full admissions to charges 1a, 1b (i), 1b (ii), 1b (iii), 1c (i), 1c (ii), 1c (iii), 2, 3a (i), 3a (ii), 3b, 3c, 4a (i), 4a (ii), 4a (iii), 4b, 4c, 5, 6, 7a, 7b, 7c, 8, 9, and 10.

The panel therefore finds charges 1a, 1b (i), 1b (ii), 1b (iii), 1c (i), 1c (ii), 1c (iii), 2, 3a (i), 3a (ii), 3b, 3c, 4a (i), 4a (ii), 4a (iii), 4b, 4c, 5, 6, 7a, 7b, 7c, 8, 9, and 10 proved in their entirety, by way of your admissions.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether your fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise safely, kindly 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, your fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

Mr Jotangia reminded the panel that there is no burden of proof on the NMC to prove misconduct as it is a matter for the panel to decide based on its professional judgement. He referred the panel to the comments of Lord Clyde in *Roylance v General Medical Council* [1999] UKPC 16 in which misconduct was defined:

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

Mr Jotangia further referred the panel to the comments of Jackson J in *Calheam v GMC* [2007] EWHC 2606 (Admin) and Collins J in *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), respectively:

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

And

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

Mr Jotangia submitted that the following parts of the Code: Professional standards of practice and behaviour for nurses and midwives 2018 (the Code) are engaged in this case and have been breached. They are sections 1.2, 1.4, 2.1, 6.2, 7.4, 8.2, 8.6, 10.1, 10.2, 10.3, 13.1, 13.2, 13.3, 13.4, 13.5, 14.1, 14.2, 14.3, 16.1, 16.2, 16.3, 18.2, 19.1, 19.4, 20.1, 20.2, 20.3, 20.4, 20.5, 20.6, 22.3 and 23.3.

Mr Jotangia submitted that dishonesty is a serious concern, and such behaviour falls far short of the standards expected of a registered nurse. He highlighted that honesty and integrity are fundamental tenets of the nursing profession. He submitted that charges 1a, 7, and 8 were not isolated incidents but demonstrated your flagrant disregard for patient safety. This posed a risk of harm to the public.

Mr Jotangia submitted that your actions in charges 1b, 1c, 3, and 4 amounted to a serious departure from the standards expected of a registered nurse. He asserted that your actions were failings in basic areas of nursing practice, and they were such nursing skills which “*a day one nurse*” was expected to have.

Mr Jotangia submitted that you did not only fail in your nursing duties to the public but also failed in your duties to your regulator. He submitted that your conduct in charges 5 and 6 amounted to a dereliction of your duty to your regulator. He stated that the restrictions were imposed to protect the public and therefore your failure to comply with those restrictions placed the public at risk of harm.

Mr Jotangia submitted that you also breached the duty of candour as it is expected that as a registered nurse, when things go wrong, you report it immediately. He submitted that your actions were serious breaches of the Code, and they would be considered deplorable by other professionals. He asserted that there are no mitigating factors or explanations for your conduct.

In conclusion, Mr Jotangia invited the panel to find that your actions in the charges found proved amounted to misconduct.

Mr Oyegoke invited the panel to examine each of the charges in order to consider if any of the charges amounted to misconduct individually. He submitted that the charges found proved could be divided into two categories, namely, lack of competence, and misconduct. He submitted that whilst charges 1a, 2, 5, 7, 8, and 10 could be said to be considered as misconduct charges, the remaining charges are solely lack of competence charges.

Mr Oyegoke reminded the panel that a breach of the Code does not necessarily amount to misconduct. He submitted that the panel should consider if the lack of competence charges also amounts to misconduct.

Mr Oyegoke referred the panel to your reflective statement. He highlighted that you accepted that your actions amount to misconduct and that they breached the following sections of the Code: 1.2, 6.2, 7.4, 8.2, 13.1, 13.2, 13.3, 13.5, 19, 20.1, 20.2, 20.3, 20.4, 20.5, 22.3.

Mr Oyegoke concluded that it is only if the panel finds misconduct that impairment should be considered.

Submissions on impairment

Mr Jotangia submitted that, in considering impairment, the panel should consider the test formulated by Dame Janet Smith in the *Fifth Shipman Report*, quoted in the case of *CHRE v NMC and Grant* [2011] EWHC 927 (Admin). He submitted that limbs a, b, c and d of the *Grant* test are engaged in this case when looking at past conduct, and also when looking forward to the future.

Mr Jotangia submitted that in line with the case of *Grant*, impairment can be split into two broader considerations, firstly, whether the registrant poses the current risk to the public through her practice, which is public protection, and secondly, where the finding of

impairment is needed to maintain public confidence in the profession and uphold professional standards, which is the public interest test.

Mr Jotangia submitted that, despite the steps you had taken to remediate the concerns in this case, it should be noted that the dishonesty concerns are very serious and they were not isolated incidents. He submitted that they are therefore difficult to remediate and you had not demonstrated sufficient insight into your dishonesty. Mr Jotangia referred the panel to the case of *General Medical Council (GMC) v Armstrong* [2021] EWHC 1658 (Admin) where the Court quashed the panel's finding on non-impairment. The Court held that the panel failed to have proper regard to the nature and extent of the dishonesty. It further held that the panel failed to engage with the weight of the public interest factors tending to a finding of impairment.

Mr Jotangia submitted that there are serious public interest concerns as a result of the serious nature of dishonesty in this case. He submitted that a finding of impairment would be appropriate to uphold the proper professional standards and conduct to maintain public confidence in the profession.

In conclusion, Mr Jotangia invited the panel to find that your fitness to practise is impaired on both public protection and public interest grounds.

Mr Oyegoke submitted that the panel should consider three factors when making its decision on impairment. He stated they are insight; remorse; and risk of repetition.

Mr Oyegoke invited the panel to consider the nature of the dishonesty and whether there was an alternative explanation for it. He referred the panel to your explanations in your reflective statement.

With respect to charges 5 and 6, Mr Oyegoke submitted that it should be noted that you had partially complied with the requirement to inform your employer as stipulated in the substantive conditions of practice order. He highlighted that you were required to inform

four people but only complied with three. He submitted that this might have been an ignorant error or mistake on your part but should not be considered as deliberate dishonesty.

In relation to charges 1a, 2, 7, 8, and 10, Mr Oyegoke submitted that you believed that having had an experience as a midwife and labour room nurse, you had the requisite experience to complete cervical smear tests for patients and that you only needed to update your training in those areas. He submitted that this was a case of mistaken belief or ignorant error that should not be considered as deliberate dishonesty.

Mr Oyegoke highlighted that the panel is required to consider current impairment as of today. In considering current impairment, he submitted that the panel should consider the totality of the evidence before it including steps you had taken since the incidents occurred. He highlighted that, at the time of the first substantive order, you fully engaged with the NMC and complied with the restrictions imposed on your practice. He stated that this made a previous reviewing panel revoke the substantive conditions of practice order. He further stated that, at the time the interim order was imposed, you also engaged fully with the NMC and complied with the interim order. This led to the interim order to be revoked. Mr Oyegoke submitted that you have been practising as a registered nurse for the past three years without any further concerns raised about your practice.

Mr Oyegoke submitted that you have demonstrated sufficient insight into your actions. He highlighted that you had made admissions to the charges, misconduct and impairment prior to this hearing. He stated that there would have been an agreed statement of facts if the NMC had not added additional charges 11-14. He submitted that you apologised for your actions and have shown genuine remorse. He referred the panel to your reflective statement and highlighted that there were several extenuating circumstances which led to your actions at that time. He stated that you had demonstrated insight on the impact of your conduct on patients, the nursing profession and the public. He highlighted that you had outlined the steps you would take to prevent the concerns from reoccurring in future.

Mr Oyegoke submitted that your remorse is demonstrated through the steps you have taken to remediate the concerns in this case. He referred the panel to the various training courses you had completed in the areas of concern. He highlighted that you had been open and honest to your current employer as you had disclosed the previous substantive conditions of practice order and interim order to them at that time. He stated that they have been very supportive of your nursing practice.

Mr Oyegoke submitted that, in terms of risk of repetition, the panel should consider that you have been working as a registered nurse with no concerns since the incidents occurred. He referred the panel to the various testimonials made on your behalf. He highlighted that the incidents at the Centre and the Surgery occurred simultaneously but not consecutively. Therefore, it could not be said that this was a pattern of behaviour as you had explained the reasons for your actions, in your reflective statement. Mr Oyegoke asserted that your insight is satisfactory, you have apologised for your actions and remediated the concerns in this case. He submitted that you have learnt your lesson and you are now a changed person. He therefore invited the panel to find that there is a low risk of repetition in this case and that a finding of impairment on public protection grounds is not necessary.

Mr Oyegoke submitted that although public interest is engaged in this case, this is a registrant that had stepped back to reflect on the concerns, shown sufficient insight and remorse, and had taken steps to remediate the concerns. He submitted that you are now practising safely, kindly and professionally in the areas of concern. He argued that the public, aware of the concerns in this case, would not be concerned if an experienced nurse who had demonstrated insight and remorse, and had strengthened her nursing practice, is allowed to practise without restrictions. He therefore submitted that a finding of impairment on public interest grounds is not required.

Mr Oyegoke told the panel that it was not rare for a finding of non-impairment to be made in a case involving dishonesty. He referred the panel to the case of *Professional Standards Authority for Health and Social Care (PSA) v NMC* (2017) CSIH 29 where the

Scottish Court of Session affirmed that public confidence could be maintained without imposing a sanction on a nurse who had admitted dishonesty, despite a finding of misconduct. The Court recognized that the risk of repetition was low, and that the disciplinary process had upheld professional standards.

Mr Oyegoke submitted that the facts of that case are similar to these proceedings and demonstrates that a finding of impairment is not automatic when there is misconduct involving dishonesty.

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

Mr Oyegoke clarified his position as to his submissions on dishonesty. He stated that his earlier submissions that your dishonesty was an ignorant mistake or error was an “*overstretch*” and was not intended to contradict your admissions on the dishonesty charges nor to reopen the facts finding stage on them. He stated that his submissions should be viewed in relation to your explanations of your dishonesty in your reflective statement.

Decision and reasons on misconduct

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

The panel was of the view that your actions did fall significantly short of the standards expected of a registered nurse, and that your actions amounted to a breach of the Code. Specifically, the following sections of the Code:

‘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*

1.4 *make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay*

3 Make sure that people's physical, social and psychological needs are assessed and responded to

To achieve this, you must:

3.1 *pay special attention to promoting wellbeing, preventing ill health and meeting the changing health and care needs of people during all life stages*

Practise effectively

6 Always practise in line with the best available evidence

To achieve this, you must:

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

8 Work cooperatively

To achieve this, you must:

8.2 *maintain effective communication with colleagues*

8.6 *share information to identify and reduce risk*

10 Keep clear and accurate records relevant to your practice

This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.

To achieve this, you must:

10.2 *identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need*

10.3 complete all records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements

Preserve safety

13 Recognise and work within the limits of your competence

To achieve this, you must, as appropriate:

13.1 accurately identify, observe and assess signs of normal or worsening physical and mental health in the person receiving care

13.2 make a timely referral to another practitioner when any action, care or treatment is required

13.3 ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence

13.5 complete the necessary training before carrying out a new role

16 Act without delay if you believe that there is a risk to patient safety or public protection

To achieve this, you must:

16.2 raise your concerns immediately if you are being asked to practise beyond your role, experience and training

16.3 tell someone in authority at the first reasonable opportunity if you experience problems that may prevent you working within the Code or other national standards, taking prompt action to tackle the causes of concern if you can

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

19.4 take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public

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

20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment

23 Cooperate with all investigations and audits

This includes investigations or audits either against you or relating to others, whether individuals or organisations. It also includes cooperating with requests to act as a witness in any hearing that forms part of an investigation, even after you have left the register.

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.'

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

Charge 1a

The panel was of the view that your conduct in charge 1a posed a risk of harm to patients as you had inaccurately claimed that you could complete this medical procedure. This also had the potential to damage the reputation of the Centre as it had employed a nurse who did not have the required competence to carry out a medical procedure to patients. The panel therefore found your conduct to be a serious breach of fundamental standards of professional conduct and behaviour that a registered nurse is expected to maintain.

Accordingly, the panel determined that your behaviour in charge 1a amount to misconduct.

Charges 1b (i), 1b (ii), 1b (iii)

The panel considered accurate record-keeping as one of the fundamental tenets of the nursing profession. It noted that your conduct would have deprived your colleagues, the Centre and other appropriate health professionals from being apprised with the relevant information pertaining to Patient B's asthma, and with its attendant impact on the patient's continuity of care. Therefore, your conduct placed Patient B at risk of harm. The panel noted that you stated in your reflective statement that you did not know how to use the recordkeeping system at the Centre. However, the panel was of the view that you should have informed Colleague Z or the managers at the Centre in order for such training to be undertaken. Therefore, the panel determined that your conduct in charges 1b (i), 1b (ii), and 1b (iii) amount to misconduct.

Charges 1c (i), 1c (ii), 1c (iii)

The panel noted that your conduct did not place Patient B at risk of harm as Colleague Z had confirmed that it was not possible for Patient B to have been administered a nasal flu vaccination as the Centre did not have flu vaccination available. However, the panel was of the view that although your conduct, when viewed in isolation, was, on the face of it, not so serious as to amount to misconduct, it was of the view that this conduct, when considered in light of your other failures in record-keeping in relation to Patient B, it indicated a pattern of failures in a fundamental aspect of nursing practice. Accordingly, the panel determined that your behaviour in charges 1c (i), 1c (ii), and 1c (iii) amount to misconduct.

Charge 2

The panel bore in mind that you made full admissions to this dishonesty charge, which had been found proved by way of your admissions. The panel considered honesty, integrity and trustworthiness to be the bedrock of the nursing profession and, in being dishonest, it found you to have breached a fundamental tenet of the nursing profession. It noted that your dishonest conduct posed a risk of harm to the public and demonstrated a lack of transparency on your part. Accordingly, the panel determined that your dishonest behaviour in charge 2 amount to misconduct.

Charges 3a (i), 3a (ii), 3b, 3c

The panel noted that your conduct in charges 3a (i) and 3a (ii) would have deprived your colleagues, the Centre and other appropriate health professionals from being appraised with the relevant information pertaining to Patient A's diabetes, its impact on the patient's continuity of care and could put Patient A at risk of harm. Also, the panel was of the view that your failure to escalate Patient A's raised blood pressure to a GP, further placed Patient A at risk of harm. Furthermore, your conduct in charge 3 demonstrated a disregard for accurate record-keeping. The panel determined that your conduct in charge 3, in its entirety, amounted to a breach of your fundamental duty of care to Patient A. It therefore found that your conduct in charges 3a (i), 3a (ii), 3b, 3c amount to misconduct.

Charges 4a (i), 4a (ii), 4a (iii), 4b, 4c

The panel considered accurate record-keeping as one of the fundamental tenets of the nursing profession. It noted that your conduct would have deprived your colleagues, the Centre and other appropriate health professionals from being appraised with the relevant information pertaining to Patient C's asthma, and with its consequent impact on the patient's continuity of care. The panel therefore determined that your conduct placed Patient C at risk of harm. Also, the panel was of the view that your conduct in charges 4b and 4c demonstrated careless disregard for your duty of care to patients. Therefore, the panel determined that your conduct in charges 4a (i), 4a (ii), 4b (iii), 4b, and 4c amount to misconduct.

Charge 5

The panel bore in mind that it is your duty as a registered nurse to comply with restrictions imposed by your regulator. The panel was of the view that your failure to disclose your restrictions deprived the Centre from carrying out such pre-employment assessment or adjustment as required. The panel noted that regulatory restrictions are generally imposed to protect the public and therefore your failure to comply with those restrictions placed the public at risk of harm. The panel therefore found that your behaviour in charge 5 to be serious and amount to a breach of fundamental standards of professional conduct and behaviour that a registered nurse is expected to maintain. Accordingly, the panel determined that your conduct in charge 5 amount to misconduct.

Charge 6

The panel bore in mind that you made full admissions to this dishonesty charge, which had been found proved by way of your admissions. The panel was of the view that your deliberate attempt to conceal your regulatory restrictions amounted to a breach of the duty of candour expected from a registered nurse. The panel considered honesty, integrity and trustworthiness to be the bedrock of the nursing profession and, in being dishonest, it found you to have breached a fundamental tenet of the nursing profession. It noted that your dishonest conduct demonstrated a lack of accountability and transparency on your part. Accordingly, the panel determined that your dishonest behaviour in charge 6 amount to misconduct.

Charges 7a, 7b and 7c

The panel was of the view that your conduct in charges 7a, 7b, and 7c posed a risk of harm to the public as you had inaccurately claimed that you could complete a medical procedure. This also had the potential to damage the reputation of the Surgery as it had employed a nurse who did not have the required competence to carry out a medical

procedure to the public. The panel therefore found your conduct to be extremely serious and that it constituted a serious breach of fundamental standards of professional conduct and behaviour that a registered nurse is expected to maintain. Accordingly, the panel determined that your behaviour in charges 7a, 7b, and 7c amount to misconduct.

Charges 8 and 9

The panel considered charges 8 and 9 together as they are intrinsically linked. The panel was of the view that your conduct in charges 8 and 9 posed a risk of harm to the public and caused actual harm. It further noted that Colleague Y stated that the Surgery had to recall thirty-three patients where you had completed their smear tests, for a new test. The panel concluded that your behaviour was a risk to the public and would be seen as deplorable by other members of the profession and the public. The panel therefore found your conduct to be extremely serious and that it constituted a serious breach of fundamental standards of professional conduct and behaviour that a registered nurse is expected to maintain. Accordingly, the panel determined that your behaviour in charges 8 and 9 amount to misconduct.

Charge 10

The panel bore in mind that you made full admissions to this dishonesty charge, which had been found proved by way of your admissions. The panel was of the view that your dishonest conduct amounted to a breach of the public trust placed in you, as a registered nurse, that you were competent in completing the cervical smear test. The panel considered honesty, integrity and trustworthiness to be the bedrock of the nursing profession and, in being dishonest about your competency, it found you to have breached a fundamental tenet of the nursing profession. The panel noted that your dishonest conduct placed patients at risk of harm and caused actual harm. It further noted that Colleague Y stated that the Surgery had to recall thirty-three patients where you had completed their smear tests, for a new test. The panel considered your dishonest behaviour to be unprofessional and would be seen as deplorable by other members of the

profession and the public. Therefore, the panel was in no doubt that your behaviour in charge 10 amount to misconduct.

Consequently, having considered the proven charges individually and in totality, the panel determined that your actions in the charges found proved, 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, your fitness to practise is currently impaired.

Registered nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional standards. 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.

The panel had regard to the NMC Guidance on Impairment especially the question which states:

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

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

'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only

whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

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

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

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

The panel first considered whether any of the limbs of the Grant test were engaged as to your past conduct. The panel determined that your misconduct in acting outside the scope of your competence, your failings in fundamental areas of nursing practice and your dishonest conduct caused harm and additionally placed patients and the public at unwarranted risk of harm.

The panel found that your misconduct constituted a serious breach of fundamental tenets of the nursing profession in that you failed to prioritise people, practise effectively, preserve safety and promote professionalism and trust. It determined that you failed to uphold the standards and values of the nursing profession, thereby bringing the reputation of the nursing profession into disrepute. The panel also found you to have acted dishonestly.

The panel therefore concluded that limbs a, b, c and d of the Grant test are engaged in respect of your past conduct.

The panel next considered whether the limbs of the *Grant* test are engaged as to the future. In this regard, the panel considered the case of *Cohen v GMC* in which the Court addressed the issue of impairment with regard to the following three considerations:

- a. *'Is the conduct that led to the charge easily remediable?'*
- b. *'Has it in fact been remedied?'*
- c. *'Is it highly unlikely to be repeated?'*

In this regard, the panel also considered the factors set out in the NMC Guidance on Insight and strengthened practice (FTP-15).

The panel first considered whether your misconduct is capable of being addressed. In the NMC Guidance – Can the concern be addressed (FTP-15a), the panel noted the following paragraph:

'In cases like this, and in cases where the behaviour suggests underlying problems with the nurse, midwife or nursing associate's attitude, it is less likely the nurse, midwife or nursing associate will be able to address their conduct by taking steps, such as completing training courses or supervised practice.'

Examples of conduct which may not be possible to address, and where steps such as training courses or supervision at work are unlikely to address the concerns include:

-
- *dishonesty, particularly if it was serious and sustained over a period of time, or is directly linked to the nurse, midwife or nursing associate's professional practice*

Generally, issues about the safety of clinical practice are easier to address, particularly where they involve isolated incidents. Examples of such concerns include:

-
- *poor record keeping*
- *failings in a discrete and easily identifiable area of clinical practice*

The panel also had regard to the NMC Guidance on Serious concerns which are more difficult to put right (FTP-3a). It particularly noted that the NMC Guidance on Serious concerns which could result in harm if not put right (FTP-3b) states:

'We wouldn't usually need to take regulatory action for an isolated incident (for example, a clinical error) unless it suggests that there may be an attitudinal issue. Examples could include cruelty to service users or a serious failure to prioritise their safety.... Such behaviours may indicate a deep-seated problem even if there is only one reported incident which will typically be harder to address and rectify....'

The panel was of the view that your clinical misconduct, with respect to your failings in fundamental areas of nursing practice and acting outside the scope of your competence, could be addressed through a process of insightful reflections, retraining in the areas of concern and evidence of good practice. Therefore, the panel determined that it is capable of remediation.

In respect of your dishonest conduct, the panel noted that the NMC Guidance set out that dishonesty was generally difficult to address. The panel considered the nature and extent of your dishonesty.

The panel took into account that you demonstrated multiple acts of dishonesty across two practices over a period of time from 24 March 2022 to 19 May 2022. It noted that Colleague Y outlined the various instances of your dishonesty in his witness statement:

'When I met with Deborah on her start date [24 March 2022] she did not tell me she was not appropriately trained to complete cervical smear tests, I was reassured by Deborah and the agency that all the relevant training and skills to do all the tasks which were expected of her could be carried out.'

'I approached Deborah once I had received the email and explained the email I had received from the Cytology Centre about the 'broom heads' being left in the sample pot. Deborah confirmed "this was the procedure I do in London". I explained this was not acceptable. The patients would need to be recalled and the smear tests taken again. Deborah also informed me that she had shadowed various smears being taken, and was supervised while taking smears as part of her training.'

'I approached Deborah and explained there were concerns in relation to her cervical screening samples and asked for her to produce her original certificate so I can confirm this with SIT. Deborah confirmed she would try and find it.'

'Deborah then told me she wasn't sure where the certificate was. I enquired where she had completed her training and she wasn't sure, and believed her original certificate was in Nigeria'

The panel also noted that Colleague Z stated in her witness statement that:

'When Deborah arrived for her shift on 3 May 2022 I gave her some time to settle in and told her about the general processes at Monton MC, Deborah informed me she had experience working as a Practice Nurse, she confirmed she was able to complete Asthma, Diabetes and COPD reviews. She also confirmed she could complete adult and baby immunisations and smear tests.'

'I searched the NMC register and found Deborah was under sanction with the NMC and should not have been practising. I informed my practice manager and GP, and Deborah was asked not to return to Monton Medical Centre.'

The panel was of the view that, given that you misrepresented your competence to carry out cervical smear tests to two different practices, your dishonesty was therefore deliberate and pre-meditated. The panel found that your dishonest conduct was not a one-off incident nor was it a spontaneous action, but instead a systematic course of conduct involving a long-standing deception for your personal gain. Your dishonest conduct demonstrated an abuse of your position of trust as a registered nurse in which you placed your personal interest over your duty to ensure patient safety. Having considered these factors, the panel was of the view that your dishonest conduct demonstrated a pattern of behaviour suggestive of deep-seated attitudinal concerns. It therefore decided that your dishonesty was difficult to remediate due to its serious and attitudinal nature.

The panel then went on to consider whether the concerns have been addressed and remediated. It had regard to the NMC Guidance – Has the concern been addressed (FTP-15b). The panel took into account your reflective statement, your appraisals, your training certificates, the registrant response bundle and the various testimonials made on your behalf.

Regarding insight, the panel considered that you made early admissions to the charges, shown genuine remorse and apologised for your actions. The panel was of the view that you have demonstrated sufficient insight into the seriousness of both your failings in fundamental areas of nursing practice and your misconduct in acting outside the scope of

your competence. You have also shown considerable insight into their impact on patients, your colleagues, the nursing profession and the wider public. You have further set out how you would act differently if a similar situation should occur in the future or to prevent such a situation from re-occurring.

The panel considered that you had completed various training courses in the clinical areas of concerns. The panel also noted that you have been practising as a registered nurse for the past three years since the incidents, without any further concerns raised about your nursing practice. In this regard, it had sight of the various positive references made on your behalf.

Therefore, the panel was satisfied that the clinical concerns had been remediated and there is a low risk of repetition in this regard.

With respect to your dishonest conduct, the panel had regard to the cases of *GMC v Armstrong*; and *PSA v NMC*. The panel was of the view that you demonstrated insight into the seriousness of your dishonesty and its impact on patients, your colleagues, the nursing profession and the wider public. However, the panel noted that although you had made full admissions to your dishonest conduct, you have sought to provide excuses or justifications for your dishonesty in your reflective statement. The panel considered that the submissions of Mr Oyegoke seemed to contradict your full admissions to your dishonest conduct and could be viewed as equivocal. However, after the legal assessor's advice to the panel on misconduct and impairment, the panel noted that Mr Oyegoke stated that his submissions, in using the term, "*ignorant mistake or error*" was an "*overstretch*".

The panel considered the cases of *GMC v Armstrong*; and *PSA v NMC*. In particular, the learning points from *GMC v Armstrong*, as circulated by the Medical Practitioners Tribunal Service (MPTS) which it considered in its decision-making on impairment:

- *‘Tribunals must have proper regard to the nature and extent of a practitioner’s dishonesty and engage with the weight of the public interest factors tending to a finding of impairment in such cases. In cases of significant professional dishonesty, mitigation has a necessarily limited role.*
- *The impact on public confidence in cases involving dishonesty, in particular of a regulatory regime, is not diminished because the practitioner in question is unlikely to repeat their dishonesty.*
- *Tribunals should explain what bearing and weight they give to issues of remediation.*
- *The categorisation of a case as ‘exceptional’ signifies that the nature of the issues in play are such that it will be only in an unusual or rare case that one set of factors will outweigh others. The consequences of a finding of dishonesty in the professional regulatory context on the overarching objective, mean that to justify a finding of no impairment, the factors on the other side will need to be extremely strong.*
- *In determining whether a case is exceptional, each case must be considered on its facts. In previous cases in which a finding of dishonesty did not lead to a finding of impairment, the dishonest conduct in each of them was an isolated incident, there was no question of financial gain and they were in the nature of uncharacteristic lapses in what may be described as “front-line” challenging clinical situations involving direct interaction between professional and patient (or patient’s relative).’*

The panel concluded that the charges in your case could be distinguished from the case of *PSA v NMC* relied upon by Mr Oyegoke in that they did not arise from an isolated incident, there was an element of financial gain, and they did not reflect an uncharacteristic lapse in a frontline challenging clinical situation.

Therefore, the panel was concerned that, given your attempts to provide excuses or justifications for your dishonest conduct, you had failed to fully accept that your conduct in charges 1a, 2, 5, 6, 7, 8 and 10 was dishonest and you had failed to demonstrate insight into the root causes of your dishonest conduct. The panel considered that you failed to set out how you would act differently if a similar situation should occur in the future or if you were under similar difficult personal circumstances. The panel noted that by way of your dishonest conduct, it led to further clinical concerns at the time of the incidents, placed patients at risk of harm and caused actual harm. The panel was not satisfied that you have provided sufficient insight into how you would act differently in future if you were under similar difficult personal circumstances as at the time of the incidents.

In light of this, the panel was not satisfied that your dishonest conduct has been fully remediated. Accordingly, the panel determined that your dishonest conduct is not highly unlikely to be repeated. Therefore, limbs a, b, c and d of the *Grant* test are engaged as to the future.

The panel therefore concluded that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel had regard to the NMC Guidance on Impairment (DMA-1). The panel noted the following paragraph:

'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 education and training.

However, there are types of concerns that are so serious that, even if the professional addresses the behaviour, a finding of impairment is required either to uphold proper professional standards and conduct or to maintain public confidence in the profession.

Examples of this are:

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-
- *Deliberately causing harm to people receiving care or deliberately taking risks with their safety*
-'

The panel had regard to the serious nature of your misconduct and the public protection issues it had identified. In the panel's judgement, your dishonest conduct in misrepresenting that you were competent in carrying out a medical procedure, and your concealment of your regulatory restrictions from the Centre, raises serious public interest concerns and meets the high threshold for a finding of current impairment in the public interest.

The panel was of the view that the serious nature of your misconduct was such that it could discourage members of the public from seeking or accessing appropriate care when required for themselves or their families. Members of the public might well be reluctant to place themselves under the care of healthcare providers if they felt that there could be a reason to doubt the competence and integrity of nurses. The public expects registered nurses to uphold the standards and values of the profession by acting within the scope of their competence and to act with honesty and integrity.

The panel therefore determined that public confidence in the profession, particularly as the misconduct involved serious dishonesty, would be undermined if a finding of impairment were not made in this case. For these reasons, the panel determined that a finding of current impairment on public interest grounds is required. It decided 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 proper professional standards for members of the nursing profession.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired on both public protection and public interest grounds.

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of twelve months. The effect of this order is that the NMC register will show that your registration has been suspended.

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.

Submissions on sanction

Mr Jotangia reminded the panel of its findings on misconduct and impairment. He submitted that you had fallen far short of the standards expected from a registered nurse. He asserted that the misconduct in this case is at the high end of the spectrum and a strong message needs to be given to the public about the standard of behaviour required of a registered nurse. He submitted that the most appropriate and proportionate sanction would therefore be a striking-off order.

Mr Jotangia submitted that the aggravating features in this case are:

- The pattern of misconduct across two different employers.
- Your premeditated dishonesty to conceal the restrictions imposed on your practice from the Centre.
- Your dishonesty was directly linked to your clinical practice.
- The deep-seated attitudinal concerns in this case.

Mr Jotangia submitted that the public would be outraged if a caution order or a conditions of practice order is imposed given your history of breaching a previous conditions of practice order.

Mr Jotangia submitted that although your misconduct is sufficiently serious to require a temporary removal from the register, a suspension order would not sufficiently address the public protection and public interest concerns in this case. He argued that this was not a single instance of misconduct but a pattern of dishonesty which involved deliberately concealing regulatory restrictions and practising outside the scope of competence. He submitted that there was evidence of repetition of the concerns and evidence of harmful deep-seated personality or attitudinal problems. He asserted that there was no evidence of previous good character in this case in view of your previous regulatory history.

Mr Jotangia submitted that if you were faced with similar situations in the future, there is a high likelihood of repetition of your misconduct. He therefore invited the panel to impose a striking-off order in this case. He referred the panel to the NMC Guidance on Striking-off order (SAN-3e). He submitted that your misconduct raises questions about your trustworthiness and professionalism. He asserted that your conduct, in deliberately concealing the restrictions imposed by your regulator, and acting outside the scope of your competence, is fundamentally incompatible with continued registration.

Mr Jotangia referred the panel to the NMC Guidance on Considering sanctions for serious cases (SAN-2), particularly Cases involving dishonesty. He invited the panel to consider

that the factors as outlined in the Guidance applies to this case as your dishonesty is so serious that it calls into question whether you should be allowed to remain on the register.

[PRIVATE]

Mr Oyegoke referred the panel to the NMC Guidance on Factors to consider before deciding on sanctions (SAN-1), and the NMC Guidance on Considering sanctions for serious cases. He highlighted that, in general terms, the panel should first consider whether the sanction with the least impact on the nurse would be sufficient to achieve public protection, if not, the panel should then consider escalation until it arrives at the most appropriate sanction. He reminded the panel that the primary function of any sanction is the protection of the public as they are not intended to punish registrants. He stated that any sanction must be proportionate as a balancing act between the registrant's rights and the overarching objective of public protection. Mr Oyegoke submitted that it would therefore be contrary to the principle of proportionality if the most severe sanction of striking-off order is imposed in this case.

Mr Oyegoke submitted that the mitigating factors in this case are:

- Your active engagement with the NMC.
- No evidence of repetition of the concerns since the incidents occurred.
- You have remediated the clinical concerns in this case.
- You have developing insight into your dishonest conduct.
- Your early admissions to the charges.
- You have demonstrated genuine remorse and apologised for your actions.

Mr Oyegoke referred the panel to the case of *Parkinson v NMC* [2010] EWHC 1898. He stated that the case highlighted the importance of demonstrating remorse, acknowledging the dishonesty concerns, and full engagement with the proceedings. These factors could lead to a lesser sanction being imposed on a registrant. He submitted that this principle applies to these proceedings as you have demonstrated those elements in this case.

Mr Oyegoke referred the panel to the case of *Giele v GMC* [2005] EWHC 2143 (Admin) in considering the principle of proportionality. Mr Oyegoke submitted that, although it was the position of the NMC that there was no evidence of good character, the various testimonials made on your behalf, by your colleagues and managers in your current employment, demonstrated evidence of good character in this case. He referred the panel to the case of *Wisson v Health Professionals Council* [2013] EWHC 1036 (Admin) where the Court held that evidence of good character is relevant at all stages especially at the sanction stage. He further referred the panel to the case of *Campbell v GMC* [2005] EWHC Civ 250.

Mr Oyegoke highlighted that there are various categories of dishonesty based on its level of seriousness. He referred the panel to the case of *Lusinga v NMC* [2017] EWHC 1458 at page 103. He submitted that it is a matter for the panel to determine the level of seriousness of the dishonesty in this case.

Mr Oyegoke stated that you accepted that taking no further action, and a caution order would be inappropriate in this case. He further stated that a conditions of practice order would not be proportionate given the panel's findings that you have remediated the clinical concerns in this case.

Mr Oyegoke highlighted that the panel had earlier found that you have demonstrated insight into the seriousness and impact of your dishonest conduct on patients, your colleagues, the nursing profession and the wider public. He submitted that it would therefore not be proportionate for the panel to strike you off the register given that it had found that you have developing insight into your dishonest conduct. He argued that the most appropriate and proportionate sanction would be a suspension order as it would provide you with the opportunity to further reflect on your dishonesty and demonstrate to a future reviewing panel the steps you had further taken to address the dishonesty concern.

Mr Oyegoke submitted that it is in the public interest that an experienced nurse is given the opportunity to demonstrate their capacity to return to safe and effective practice in

future. He submitted that a suspension order is sufficient to mark the seriousness of the misconduct and send to the public and the profession, a clear message about the standard of behaviour required of a registered nurse.

Mr Oyegoke reminded the panel of its duty to provide sufficient reasons for any sanction it imposes on your nursing practice in order to prevent any possible ground for a future appeal. He referred the panel to the case of *Threlfall v General Optical Council* [2004] EWHC 2683 (Admin).

The panel accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel identified the following aggravating features:

- Your misconduct placed patients and members of the public at unwarranted risk of harm and caused actual harm.
- Your repeated acts of dishonesty demonstrated a pattern of misconduct over a period of time.
- Your dishonesty was for financial gain.
- Your misconduct demonstrated an abuse of your position of trust as a registered nurse.

- Previous regulatory findings in relation to your midwifery (although the panel proceeded on the basis that these were clinical concerns in the absence of any evidence provided to indicate there were concerns around dishonesty).
- Insufficient insight into the root causes of your dishonesty and steps to take when similar difficult personal circumstances would occur.

The panel also identified the following mitigating features:

- Early admission to the charges.
- Engagement with the NMC process.
- You attended the hearing and provided a reflective statement.
- You have shown genuine remorse and apologised for your actions
- Limited insight into your misconduct.
- Some evidence of steps taken to remediate the concerns through training courses and positive testimonials made on your behalf.
- No concern raised about your nursing practice since the incidents occurred.
- You have kept up to date with your area of practice.

The panel accepted that it is not normal to find insight as an aggravating and mitigating factor, however, in this case, the panel differentiated between the insight shown in relation to clinical practice and that relating to dishonesty.

The panel had regard to the NMC Guidance on Considering sanctions for serious cases, in particular, Cases involving dishonesty (SAN-2).

The panel noted that your dishonest conduct was not a one-off incident nor was it a spontaneous action, but instead a premeditated and deliberate systematic course of conduct over a period of time. The panel was of the view that your dishonest conduct demonstrated an abuse of your position of trust as a registered nurse in which you placed your personal interest over your duty to ensure patient safety. You further breached a previous substantive order imposed on your midwifery practice and dishonestly concealed

your regulatory restrictions from the Centre. This demonstrated a lack of respect for your professional obligations as a registered nurse towards your regulator. The panel noted that your dishonesty was a longstanding deception for personal gain as your dishonest conduct was with the objective of obtaining and maintaining your employment at the Surgery and Centre. Your dishonesty posed a serious risk of harm to vulnerable patients and caused actual harm to them.

The panel therefore found the dishonesty in this case to be extremely serious and at the higher end of the spectrum of serious cases.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. It had found that there remains a risk of repetition of dishonesty, that you had breached fundamental tenets of the nursing profession, and your misconduct would undermine the public's confidence in the nursing profession if you were allowed to practise without restriction. The panel therefore determined that it would neither protect the public nor be in the public interest to take no further action and would not further mark the seriousness of this case.

The panel 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 your nursing practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where:

'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'

The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness of the case. The panel therefore determined that a caution order would neither protect the public nor be in the public interest.

The panel next considered whether placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be relevant, proportionate, measurable and workable. The panel took into account the SG (SAN-3c), in particular:

‘Conditions may be appropriate when some or all of the following factors are apparent:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife’s practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*
- *.....*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force;*
and
- *Conditions can be created that can be monitored and assessed.’*

The panel bore in mind that it had earlier identified deep-seated attitudinal problems in this case including serious dishonesty on your part. It was of the view that these deep-seated attitudinal concerns could not be addressed through retraining and are difficult but not impossible to remediate. The panel bore in mind that the unremediated misconduct in this case relates to your dishonesty and not clinical competence, which may be addressed with a conditions of practice order. The panel noted that you had also breached a previous conditions of practice order related to your midwifery practice and therefore there was insufficient evidence to show that you would comply with any conditions of practice order.

The panel determined that, given the seriousness of the concerns and the deep-seated attitudinal issues, there were no relevant, proportionate, workable and measurable conditions that could be formulated to address the risk of repetition. Accordingly, a conditions of practice order would not address the risk of repetition, and this poses a risk of harm to patients' safety and the public. Consequently, the panel determined that a conditions of practice order would not protect the public, neither would it address the seriousness of this case nor be in the public interest.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG (SAN-3d) 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 noted that this was not a single instance of misconduct but there were multiple acts of dishonesty across two practices over a period of time from 24 March 2022 to 19 May 2022. It had also found that your dishonest behaviour was suggestive of deep-seated attitudinal problems. It noted that you had failed to show sufficient insight into the root causes of your dishonesty and how you would act differently in future if you were under similar difficult personal circumstances as at the time of the incidents.

However, [PRIVATE]. The panel noted that in your reflective piece, you stated: *'If I was always honest, I will still get job like I eventually did at Inspire Medical Centre'*.

The panel was cognisant of the case of *Lusinga* which categorises dishonesty at three levels:

- Criminal
- Destroying trust immediately
- Undermining trust to a greater or lesser extent

The panel concluded that this was not a criminal case and has not destroyed trust as you have continued to practise without any repeat of the regulatory concerns and have improved your clinical practice. The panel accepted that this was a case where confidence in the NMC's responsibility to protect the public in using interim and substantive conditions of practice order, was undermined by you. The panel considered that given the evidence provided by your reflective statement and character statements showing improved practice, the undermining of trust in this case could be remedied with the right insight.

The panel noted that you have demonstrated insight into the seriousness of your dishonesty and its impact on patients, your colleagues, the nursing profession and the wider public. It took into account that you have been practising as a registered nurse since the incidents occurred in 2022 and there was no evidence of repetition of the concerns nor were any further concerns raised about your nursing practice. It noted that you have actively engaged with the NMC and these proceedings. The panel considered that you had taken steps to strengthen your nursing practice through training courses in the areas of concern and evidence of good practice. The panel was provided with character references from staff members at all levels from your current workplace, where you had been employed since September 2022. The panel noted that the references were almost exclusively dated June 2025 and therefore recent. The panel accepted that the length of time employed at the practice provided adequate time for staff to observe both your clinical practice and your character in relation to the issues of honesty and integrity.

The panel took into account the testimonial made by the Practice Manager of Inspire Medical Centre (Inspire) dated 3 June 2025, particularly:

'Deborah commenced working at Inspire Medical Centre on the 16th September 2022. During Deborah's interview she informed the practice with candour about the circumstances leading her to be referred for Fitness to Practise investigation by the Nursing and Midwifery Council....On a general note, she performs her roles well and satisfactorily and we do not have any concern regarding her ability to deliver safe and efficient practise nurse roles. Deborah has been honest with us, and we found her to be a lady with integrity since she joined our practice.'

The Practice Manager had earlier stated in a testimonial dated 12 June 2023 that:

'We have no concern about her skills and competence to provide safe and efficient nursing care in the role of a practise nurse to our patients. We have not received any complaint from our patients and colleague about the nurse....We are happy for her to continue in her role as a Practice Nurse as she has contributed immensely to our Practice.'

The panel took into account the testimonial made by the General Practitioners at Inspire dated 5 June 2024 where they stated:

'Throughout her time with us, Deborah has consistently demonstrated professionalism, dedication, and compassion in her role. She is polite, well-mannered, and respectful in all her interactions. She works effectively within a multidisciplinary team and is known for her collaborative approach, strong communication skills, and positive attitude.'

Notably, during her interview process, Deborah showed integrity and professionalism by informing the practice about the circumstances that led to her referral to a practice investigation by the Nursing and Midwifery Council. Her transparency was appreciated and reflects her honest and accountable character. In summary, Deborah is a responsible, dedicated, and trustworthy practitioner, and

a valued member of our team. I fully support her in any professional endeavours she chooses to pursue.'

The panel took into account the testimonial made by the Administrative Staff at Inspire dated 4 June 2025 where they stated:

'Throughout this time, Deborah has consistently demonstrated a high level of professionalism, dedication, and compassion in her role as a practice nurse. She is well-liked by both patients and colleagues, and her approachable manner and kind nature make her an invaluable part of the team. I would also like to acknowledge Deborah's honesty and integrity, particularly in light of her referral to the Nursing and Midwifery Council (NMC) for a fitness to practise investigation. Rather than shy away from the situation, she has taken full responsibility for the issues raised and has worked diligently to rectify them. In particular, she has ensured that her credentials, including those relating to cervical screening, are fully up to date and in line with professional standards Her response to this challenge has been one of accountability, reflection, and a genuine commitment to learning and improvement. This speaks volumes about her character, professionalism, and dedication to providing safe and effective care '

The panel took into account the testimonial made by the Care Coordinator at Inspire dated 4 June 2025 where they stated:

'Deborah is also an excellent team player. She collaborates effectively with GPs, administrative staff, and other healthcare professionals, contributing positively to the smooth and efficient functioning of the practice. Her proactive attitude towards continuing professional development further reflects her commitment to providing the best possible care and staying abreast of current clinical practices.'

The panel took into account the testimonial made by the Healthcare Assistant at Inspire dated 4 June 2025 where they stated:

‘Throughout this time, I have had the pleasure of working closely with Deborah and have consistently been impressed by her professionalism, clinical knowledge, and genuine dedication to patient care. She is reliable, approachable, and always willing to go the extra mile to support both her patients and her colleagues.’

The panel took into account the testimonial made by the GP Administrative Staff at Inspire dated 4 June 2025 where they stated:

‘As practice nurse she consistently demonstrates kindness professionalism and a genuine commitment to patient care.’

The panel took into account the testimonial made by the Care Navigator at Inspire dated 5 June 2025 where they stated:

‘In my capacity as Care Navigator, I have observed Nurse Deborah consistently demonstrate exceptional clinical skills, a compassionate approach to patient care, and a strong commitment to teamwork. For instance, if I ever struggle with anything QOF related I know I can rely on Deborah for help and guidance....Based on my experiences, I have no hesitation in affirming Nurse Deborah’s professionalism and dedication to nursing practice.’

The panel took into account the testimonial made by the GP Assistant at Inspire dated 5 June 2025 where they stated:

‘I am confident that Deborah is a trustworthy and dedicated professional who would be an asset to any healthcare setting. I wholeheartedly support her character and professionalism without reservation.’

The panel took into account the testimonial made by the Reception/Administrative Staff at Inspire dated 5 June 2025 where they stated:

'What stands out most about Nurse Olori is her unwavering commitment to patient wellbeing. Whether she is delivering routine care or managing more complex needs, she treats every patient with the same level of kindness, respect and thorough attention.'

The panel took into account the testimonial made by another Reception/Administrative Staff at Inspire dated 4 June 2025 where they stated:

'One of her greatest strengths is her remarkable ability to connect with patients from a wide range of cultural and social backgrounds. Her empathy, patience, and excellent communication skills create a welcoming and supportive environment where patients feel heard and cared for.'

The panel carefully considered the submissions of Mr Jotangia in relation to the imposition of a striking-off order in this case. It also considered following paragraphs of the SG (SAN-3e) with respect to imposing a striking-off order:

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

The panel gave serious consideration to the imposition of a striking-off order given the serious nature of your misconduct. However, in taking account of all the evidence before it, including the evidence of your current good practice including testimonials relating to your honesty and integrity over the last three years, the steps you had taken to strengthen your nursing practice, and your developing insight, the panel concluded that a striking-off order would be disproportionate. It noted that you stated that your personal difficult

circumstances, at the time of the incidents, served as an underlying contributing factor to your dishonest conduct.

Although your misconduct raises questions about your professionalism, it was, in the panel's view, not to the extent that required your removal from the register. The panel was not satisfied that a striking-off order was the only sanction sufficient to protect the public and to address the public interest considerations in this case. Whilst the panel acknowledges that a suspension order may have a punitive effect, it would be unduly punitive and disproportionate in this case to impose a striking-off order at this time. It was of the view that a striking-off order could deprive the public of an experienced registered nurse who had practised for three years without any further concerns, has the potential to further reflect and strengthen her nursing practice as well as return to safe and effective practice in the future. Therefore, a striking-off order would not serve the public interest considerations in this case.

Consequently, the panel was satisfied that, in this case, the misconduct is not fundamentally incompatible with remaining on the register and that public confidence in the nursing profession could be maintained if you were not removed from the register.

Balancing all of these factors, the panel concluded that a suspension order would be the appropriate and proportionate sanction to protect the public and address the public interest in this case. It was satisfied that a suspension order for a period of twelve months is necessary in order to provide you with an adequate opportunity to reflect and thereafter demonstrate evidence of sufficient insight into your misconduct, and that your fitness to practise is no longer impaired. The panel determined that this order is necessary to protect the public, mark the seriousness of the misconduct, maintain public confidence in the profession, and send to the public and the profession, a clear message about the standard of behaviour required of a registered nurse. The panel concluded that only a period of twelve-month suspension would be sufficient to uphold public confidence given the seriousness of your dishonest conduct.

Finally, the panel wishes to emphasise that it seriously considered making a striking-off order but concluded that it would be disproportionate, at this time, in the particular circumstances of this case.

The panel noted the hardship a suspension order will inevitably cause you, however, this is outweighed by the public interest in this case.

The panel decided that a review of this order should be held before the end of the period of the suspension order.

Before the end of the period of suspension, another panel will review the order. At the review hearing, the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case may be assisted by:

- An updated reflective statement addressing the following areas:
 - a) Insight into the root causes of your dishonest conduct.
 - b) Insight into the importance of complying with restrictions imposed by the NMC and its role in the protection of the public.
 - c) Steps you would take when faced with similar difficult personal circumstances and where you would seek for assistance in such scenarios.
- Any updated references or testimonials from your employer, including from its management, attesting to your capability to perform your duties, in whatever role, professionally in any paid or unpaid work, following this hearing.

- Evidence of up-to-date relevant training courses undertaken in the areas of concern including on duty of candour, and honesty in the workplace.
- Your continued engagement and attendance at any future review hearing.

This will be confirmed to you in writing.

Interim order

As the suspension 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 your own interests until the suspension sanction takes effect.

Submissions on interim order

The panel took account of the submissions made by Mr Jotangia. He submitted that given the panel's earlier decisions, an interim suspension order for a period of 18 months is necessary in order to protect the public and otherwise in the public interest, to cover the 28-day appeal period before the substantive order becomes effective. He submitted that, without an interim order, you remain unsafe to practise as a registered nurse and there remains a risk of harm to the public, until you are able to satisfy a future reviewing panel that your fitness to practise is no longer impaired.

Mr Oyegoke stated that he opposed the application. He submitted that an interim order is not necessary in this case in light of the panel's findings that you have been practising for

three years without any further concerns. He submitted that therefore you did not pose a risk of harm to the public within the 28-day appeal period.

Mr Oyegoke submitted that the high bar of public interest has not been met as you have been able to demonstrate competence and there has been no concerns for the past three years.

The panel accepted the advice of the legal assessor.

Decision and reasons on interim order

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 noted that it had earlier found that it was not satisfied that you have provided sufficient insight into how you would act differently in future if you were under similar difficult personal circumstances as at the time of the incidents. Therefore, a risk of repetition remains with its attendant risk of harm to the public. The panel was therefore satisfied that an interim order is necessary for the protection of the public.

In relation to public interest, the panel was of the view that the public would be very concerned to learn that a nurse whose fitness to practise had been found impaired with a suspension order imposed, were allowed to practise without restrictions within the 28-day appeal period. The panel was therefore satisfied that an interim order is in the public interest.

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 in order to protect the public and also in the public interest, during any potential appeal period. The panel determined that not to impose an interim order would be inconsistent with its earlier decisions.

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

That concludes this determination.