Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Wednesday, 25 June 2025

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

Name of Registrant:	**Gay Anthia Palmer**
NMC PIN:	97H0374E
Part(s) of the register:	Nurses part of the register Sub part 1 RNA Adult Nurse – Level 1 – (8 September 2000)
Relevant Location:	England
Type of case:	Misconduct
Panel members:	Mark Gower (Chair, lay member) Lesley Foulkes (Registrant member) Fay Jackson (Lay member)
Legal Assessor:	Nina Ellin KC
Hearings Coordinator:	Samara Baboolal
Consensual Panel Determination:	Accepted
Facts proved:	Charges 1, 2, 3, 4, 5, 6, 7 in their entirety
Facts not proved:	N/A
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim Suspension order (18 months)**

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Miss Palmer's registered email address by secure email on 21 May 2025.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation and that this will be heard by a meeting.

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

Details of charge

That you, a registered nurse:

1. On or before 20 September 2017 did not complete Patient A's Continuing Healthcare Assessment correctly.
2. On or before 20 September 2017 signed as Patient A's 'assessed person's representative' on:
    i. CHC assessment form and/or checklist
    ii. Decision Support Tool
    iii. London Health Needs Assessment form
3. On or before 26 July 2019 completed Patient B's Continuing Healthcare (CHC) assessment and did not:
    i. Document Patient B was agitated and/or found it difficult to sleep
    ii. Document that Patient B had required NIV outside of critical care

iii. Document that Patient suffered infections and / or breathlessness and / or cardiac arrests.
iv. Document that Patient B could sit for no longer than 30 minutes and incorrectly documented that Patient B could sit for 2-4 hours
v. Obtain consent from the Next of Kin correctly and/ or asked the Next of Kin to sign a blank form.
vi. Signpost domains correctly

4. On 30 July 2019, signed the signature of Patient B's spouse as the 'assessed person's representative' on the:
    i. CHC assessment form and/or checklist
    ii. Decision Support Tool
    iii. London Health Needs Assessment form.
5. On or before 26 July 2019 signed Dr A's signature as the Medical Officer on the CHC London Health Needs Assessment at:
    i. Diagnosis summary & medical history section
    ii. Current/ recent hospital admissions and GP interventions section
    iii. Risk / Recovery Rehabilitation section
6. Your conduct in signing the forms as described in charges 2 and/or 4 was dishonest in that in doing so you deliberately sought to represent that you had obtained consent and/or (a signature) from the patient's relatives, when you had not.
7. Your conduct in signing as Dr A as described in charge 5 was dishonest in that in doing so you deliberately sought to represent that Dr A had completed the medical assessment when you knew he had not.

AND in light of the above, your fitness to practise is impaired by reason of your misconduct as set out in charges 1- 7 above.

Consensual Panel Determination

At the outset of this meeting, the panel was made aware that a provisional agreement of a Consensual Panel Determination (CPD) had been reached with regard to this case between the Nursing and Midwifery Council (NMC) and Miss Palmer.

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

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

That provisional CPD agreement reads as follows:

> *'The facts*
> *3. Miss Palmer appears on the register of nurses, midwives and nursing associates maintained by the NMC as a Registered Adult Nurse and has been on the NMC register since 08 September 2000. From 28 December 2016 to 27 February 2020, she was employed by Barts Health NHS Trust at Whipps Cross Hospital ('the Hospital') as a Continued Healthcare Assessor, a Band 6 clinical role. Her responsibilities included preparing patients with complex health needs for discharge and sending recommendations to the Clinical Commissioning Group. On 26 February 2020 Miss Palmer submitted a self-referral to the NMC.*
>
> *Charge 1*
> *4. Patient A had a protracted stay in the Hospital in 2017. He had complex care needs; he was on 1:1 care on the ward due to the high risk of falls and accidental injury. On or before 20 September 2017 Miss Palmer did not complete Patient A's Continuing Healthcare ('CHC') assessment correctly.*
> *Charges 2(i)-(iii)*
> *5. On or before 20 September 2017 Miss Palmer signed as Patient A's 'assessed person's representative' on the CHC assessment form and/or checklist, Decision*

Support Tool, and London Health Needs Assessment form on behalf of Patient A's family. Patient A disagreed with the assessment and therefore refused to sign the forms.

Charges 3(i)-(iv) and (vi)

6. Patient B had complex care needs. He had a gastrointestinal bleed from duodenal

ulcers and was admitted to the Hospital's Intensive Treatment Unit on 14 April 2019. On admission, Patient B was found to be in shock with severe lactic acidosis, anuric, and Acute Kidney Injury with severe hyperkalaemia and hyponatraemia. He had a cardiac arrest (RRT/PEA) whilst he was in the Hospital on 13 April 2019, which resulted in a hypoxic brain injury. He then had poor neurological recovery. He was also treated for recurrent pneumonia, had hospital acquired pneumonia and was treated with multiple intravenous infusion antibiotics. He also suffered from non-ST-segment elevation myocardial infarction, arrythmias, episodes of atrial fibrillation and bradycardia.

7. On 08 July 2019, Patient B was transferred to Critical Care Unit due to episodes of

medical emergencies, with non-sustained ventricular tachycardia. He had Percutaneous Endoscopic Gastrostomy ('PEG') tube feeding. He developed pressure sore on his sacrum which was infected, and his blood sugars were erratic. He was suspected to have suffered aspiration from his PEG tube.

8. On a CHC assessment form that Miss Palmer signed on 23 July 2019, she did not

document that Patient B was agitated and/or found it difficult to sleep, had required non-invasive ventilation outside of critical care, that he had suffered infections and/or breathlessness and/or cardiac arrests. She also did not document that Patient B could not sit longer than 30 minutes, instead documenting that Patient B could sit for two to four hours, and she did not signpost the domains correctly.

Charge 3(v)

9. For the CHC assessment form that Miss Palmer signed on 23 July 2019, she did not correctly obtain consent from Patient B's Next of Kin and/or asked his Next of Kin i.e., his spouse, to sign the blank form.

Charges 4(i)-(iii)

10. On 30 July 2019, Miss Palmer signed the signature of Patient B's spouse as the 'assessed person's representative' on the CHC assessment form and/or checklist, Decision Support Tool, and London Health Needs Assessment form. In their complaint to the Hospital, Patient B's spouse provided their driver's licence to demonstrate that their signature did not match that on the forms.

Charges 5(i)-(iii)

11. On or before 26 July 2019 Miss Palmer signed Dr A's signature as the Medical Officer in Patient B's CHC London Health Needs Assessment at the diagnosis summary and medical history section, current/recent hospital admissions and GP interventions section, and risk/recovery rehabilitation sections. Dr A was a junior doctor and therefore it would have been inappropriate for him to have signed these forms. Dr A provided their signature to the Trust to demonstrate that the signature in the forms was not theirs.

Charges 6 and 7

12. The NMC's guidance entitled 'Making decisions on dishonesty charges and the professional duty of candour (Ref: DMA-8)' provides that the 2-limb test set out by the Supreme Court in the case of Ivey v Genting Casinos [2017] UKSC 67 should be applied when considering dishonesty:

'What is the Registrant's genuine state of knowledge or belief regarding his act?

Was the Registrant's act in light of that state of mind dishonest according to the standards of ordinary decent people?'

13. The Parties have considered the guidance and caselaw. It is agreed that Miss

Palmer's actions as set out at charges 2 and/or 4 and/or 5 were dishonest according to the standards of the ordinary, decent person in that she sought to represent that she had obtained consent and/or a signature from Patient B's relatives, and that she sought to represent that Dr A had completed Patient B's medical assessment when she knew he had not.

14. On 17 April 2025, via her representatives, Miss Palmer admitted the charges and

conceded impairment.

Misconduct

15. It is agreed that the facts amount to misconduct.

16. The comments of Lord Clyde in Roylance v General Medical Council [1999] UKPC

16 may provide some assistance when seeking to define misconduct:

"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 [registered professional] in the particular circumstances".

17. As do the comments of Jackson J in Calhaem v GMC [2007] EWHC 2606 (Admin)

and Collins J in Nandi v General Medical Council [2004] EWHC 2317 (Admin), namely:

"[Misconduct] connotes a serious breach which indicates that the [registered professional'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."

18. Conduct or failings that put patients at risk of harm is usually a serious departure

from standards; Miss Palmer breached multiple standards of the Code. It is acknowledged that not every breach of the Code will result in a finding of misconduct, however, the Parties agree that Miss Palmer's actions, and the resulting breaches of the Code, clearly amount to serious misconduct.

19. As the CHC Assessor, Miss Palmer was entrusted to ensure the patients' wellbeing was protected and that applications for funding for treatment were submitted. Unfortunately, there are several and wide-ranging instances of this not happening. Basic care principles were not followed, and patients' care needs were not reliably met.

20. Patients A and B were particularly vulnerable due to their physical condition. Members of the public would expect that as a minimum such patients are thoroughly assessed, and action was taken in their best interest. When this does not happen, this can damage the reputation of the profession and cause further unwarranted risk of harm, as members of the public may be reluctant to have their and/or their relatives who need clinical support assessed.
21. The Parties agree that the failings in this case are wide ranging and involve multiple aspects of patient care. The failings are serious and fall far short of what is expected of a registered nurse. They amount to serious misconduct because it put the safety and wellbeing of critically ill hospital patients at risk of harm.

22. Where the acts or omissions of a registered nurse are in question, what is expected/ proper in the circumstances (per Roylance) can be determined by reference to the NMC's Code of Conduct ('the Code').
23. At all relevant times, Miss Palmer was subject to the provisions of the Code. The
Code sets out the professional standards that nurses must uphold. These are the standards that patients and members of the public expect from health professionals. The Parties agree the following provisions of the Code have been breached in this case:

1 Treat people as individuals and uphold their dignity

1.1 treat people with kindness, respect and compassion

1.2 make sure you deliver the fundamentals of care effectively

1.5 respect and uphold people's human rights

2 Listen to people and respond to their preferences and concerns

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

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

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

3.3 act in partnership with those receiving care, helping them to access relevant health and social care, information and support when they need it

4 Act in the best interests of people at all times

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

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

4.3 keep to all relevant laws about mental capacity that apply in the country in which you are practising, and make sure that the rights and best interests of those who lack capacity are still at the centre of the decision-making process

10 Keep clear and accurate records relevant to your practice

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

20 Uphold the reputation of your profession at all times

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…

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

20.5 treat people in a way that does not take advantage of their vulnerability or

cause them upset or distress

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

impairment

24. Miss Palmer's fitness to practise is currently impaired by reason of her misconduct.

25. The NMC's guidance entitled 'Impairment (Ref: DMA-1)' explains that impairment

is not defined in legislation but is a matter for the Fitness to Practise Committee to decide. This involves a consideration of both the nature of the concern and the public interest

26. The parties agree that consideration of the nature of the concern involves looking

at the factors set out by Dame Janet Smith in her Fifth Report from Shipman, approved in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) by Cox J;

> *a) Has in the past acted and/or is liable in the future to act so as to put a patient*
>
> *or patients at unwarranted risk of harm; and/or*
>
> *b) Has in the past brought and/or is liable in the future to bring the professions*
>
> *into disrepute; and/or*
>
> *c) Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the professions; and/or*
>
> *d) Has in the past acted dishonestly and/or is liable to act dishonestly in the future?*

27. It is agreed that all four limbs have been engaged in this case.

Limb (a)

28. By incorrectly completing patient assessment forms and falsifying patient relative

and a doctor's signature on said forms, Miss Palmer placed Patient A and B at risk of harm. The forms contained incorrect information, which meant that fellow professionals could not appropriately assess Patients A and B's needs. The forms were also invalid as proper signatures had not been obtained, which meant that any treatment provided or refused to the patients was unlawful

Limb (b)

29. Registered professionals occupy a position of privilege and trust in society and are

expected at all times to be professional. Members of the public must be able to trust registered professionals with their lives and the lives of their loved ones. It is agreed that by incorrectly completing patient assessment forms and falsifying patient relative and a doctor's signature on said forms, thereby placing Patients A and B at unwarranted risk of harm, Miss Palmer has brought the reputation into disrepute.

Limb (c)

30. All nurses must act first and foremost to care for and safeguard the public. Prioritisation of people, effective and safe practice, and professionalism are fundamental tenets of the Code. It is agreed that Miss Palmer placed patients at risk of harm and thereby breached these fundamental tenets.

Limb (d)

31. Honesty has been described as the bedrock of nursing. It is agreed that by falsifying patient relative and a doctor's signature on said forms, Miss Palmer acted dishonestly.

Public protection

32. Impairment is a forward-thinking exercise which looks at the risk the registrant's practice poses in the future. NMC guidance adopts the approach of Silber J in the case of R (on application of Cohen) v General Medical Council [2008] EWHC 581

(Admin) by asking the questions which the court set out as being 'highly relevant' to the determination of the question of current impairment, these are:
i) Whether the conduct that led to the charge(s) is easily remediable.
ii) Whether it has been remedied.
iii) Whether it is highly unlikely to be repeated.

Limb (i)
33. The Parties have considered the NMC's guidance entitled: 'Can the concern be addressed? (Reference: FTP-15a)'. The guidance states that dishonesty, especially when directly linked to a nurse's practice, may not be possible to address. The Parties agree that whilst the clinical failings are theoretically remediable, the dishonesty is not. Insight, along with tangible and targeted remediation such as training and demonstrable nursing competency, cannot remedy this type of concern.

Limb (ii)
34. The Parties have considered the NMC's guidance entitled: 'Has the concern been
addressed? (Reference: FTP-15b)'. Miss Palmer has not worked as a registered nurse since her dismissal from the Trust in February 2020. Notwithstanding that dishonesty is difficult to remediate, Miss Palmer has not provided evidence of relevant training in e.g., duty of candour, recordkeeping etc. It is therefore agreed that the concerns have not been remediated.

Limb (iii)
35. The Parties have considered the NMC guidance entitled 'Is it highly unlikely that the conduct will be repeated? (Reference: FTP-15c)'. It is agreed that the alleged behaviour i.e., clinical failings and dishonesty, did not arise in unique circumstances. In a reflective piece provided by Miss Palmer to the NMC on 04 April 2020, she attributes her failings to workload pressures. However, her insight is insufficient. She has not demonstrated an understanding of the seriousness of

her falsification of signatures, nor of the significant impact her actions had on not only the patients' families but on the profession as well. She has further expressed a desire not to return to nursing practice. As such, it is agreed that there remains a risk of repetition.

36. The Parties agree that a finding of impairment is therefore necessary on public protection grounds in the absence of full insight or remediation, and with the ongoing risk of repetition.

Public interest impairment
37. It is further agreed that a finding of impairment is necessary on public interest grounds.
38. In Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) at paragraph 74 Cox J commented that:
"In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances."

39. Consideration of the public interest therefore requires the Fitness to Practise Committee to decide whether a finding of impairment is needed to uphold proper professional standards and conduct and/ or to maintain public confidence in the profession.
40. In upholding proper professional standards and conduct and maintaining public confidence in the profession, the Fitness to Practise Committee will need to consider whether the concern is easy to put right. For example, it might be possible to address clinical errors with suitable training. A concern which hasn't been put right is likely to require a finding of impairment to uphold professional

standards and maintain public confidence.

41. 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.

42. The Parties agree that a member of the public appraised of the facts, would be shocked to hear that a registered nurse, in a position of trust for vulnerable patients incorrectly completed assessment forms and falsified signatures on said forms. As such, the need to protect the wider public interest calls for a finding of impairment to declare and uphold proper standards of the profession and maintain trust and confidence in the profession and the NMC as its regulator. Without a finding of impairment, public confidence in the profession, and the regulator, would be seriously undermined.

43. It is thus agreed that a finding of impairment is also required on the ground of public interest.

44. Consequently, Miss Palmer's fitness to practice is impaired on public protection and public interest grounds

Sanction

45. Taking into account the NMC Sanctions Guidance, the Parties agree the following

sanction is proportionate: striking-off order.

46. Any sanction imposed must do no more than is necessary to meet the public interest and must be balanced against Miss Palmer's right to practice in her chosen career. To achieve this the panel is invited to consider each sanction in ascending order.

47. In their contemplation the Parties have considered the following aggravating and

mitigating factors:

Aggravating factors:

• Repeated dishonesty linked to professional practice

• Conduct which put vulnerable people with complex needs at risk.

• Abuse of a position of trust

• Forgery of a doctor's signature, which placed said doctor at risk of regulatory action.

Mitigating factors:

• No evidence of actual harm to patients.

• Some insight provided. Miss Palmer accepts that the CHC assessments she completed were inadequate and apologised to the family involved.

• Personal mitigation in that Miss Palmer reported experiencing family issues which impacted her emotional health and ability to concentrate within the pressurised environment. She further reported that she did not receive supervision or support from management.

48. With regard to the NMC's sanctions guidance, the following aspects have led the

Parties to this conclusion:

48.1. Taking no further action or imposing a caution order would be wholly inappropriate as they would not reflect the seriousness of the misconduct, nor would they protect the public or maintain the public confidence in the profession.

48.2. A conditions of practice order is inappropriate. The guidance at SAN-3c states that a conditions of practice order may be appropriate when there is no evidence of harmful deep-seated personality or attitudinal problems; there are identifiable areas of the registered professional's practice in need of assessment and/or retraining; the conditions will protect patients during the period that they are in force; and conditions can be created that can be monitored and assessed.

48.3. There is evidence of Miss Palmer having a deep-seated attitudinal problem

with reference to her attitude towards patient safety and her dishonesty. The dishonesty is not linked to an identifiable area of nursing practise which requires assessment and/or retraining. There are no workable, measurable, or proportionate conditions that can be formulated to address the dishonesty.
48.4. A suspension order would be inappropriate. With regard to its guidance (SAN-3d), it is agreed that Miss Palmer's misconduct is fundamentally incompatible with ongoing registration and the overarching objective would not be satisfied by a less severe outcome than permanent removal from the register. Miss Palmer's dishonesty demonstrates a deep-seated attitudinal problem, and she has not demonstrated insight into her failings therefore there is a significant risk that her actions will be repeated.
48.5. Having reviewed the key considerations set out in the NMC guidance at SAN-3e, the Parties agreed that a striking-off order is the proportionate and appropriate sanction. The NMC's guidance entitled 'Considering sanctions for serious cases (Ref: SAN-2)' provides that nurses who have acted dishonestly will always be at some risk of being removed from the register.

48.6. Bolton v Law Society [1994] 1 WLR 512, illustrates the principle that, reputation of the professions is more important than the fortunes of any individual member of those professions. Here, it is agreed by the parties that the striking off order is appropriate to maintain the reputation of the profession. Miss Palmer's actions raise fundamental concerns surrounding her professionalism, and public confidence cannot be maintained is not removed from the register.
48.7. The dishonesty in this case involves falsification of family and doctor signatures on assessment forms for vulnerable patients, a misuse of power, direct risk to people receiving care, and premeditated deception. It is evidence of a deep-seated attitudinal problem, calls into question Miss Palmer's professionalism and trustworthiness in the workplace and is fundamentally incompatible with ongoing registration. Miss Palmer has shown no insight into the seriousness of the allegations, and it is therefore

submitted that there is a risk of repetition.

48.8. It is agreed that a striking-off order to be the only sanction that would protect patients, maintain public confidence in nurses, uphold professional standards and confidence in the NMC as a regulator, and send a clear message to the public and professions about the standard of behaviour required of a registrant.

Interim order

49. An interim order is required in this case. The interim order is necessary for the protection of the public and/or otherwise in the public interest for the reasons given above. The interim order should be for a period of 18 months in the event that Miss Palmer seeks to appeal the panel's decision. The interim order should take the form of an interim suspension order.'

Here ends the provisional CPD agreement between the NMC and Miss Palmer. The provisional CPD agreement was signed by Miss Palmer on the 14 May 2025 and the NMC on 9 May 2025.

Decision and reasons on the CPD

The panel decided to accept the CPD.

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

The panel noted that Miss Palmer admitted the facts of the charges. Accordingly the panel was satisfied that the charges are found proved by way of Miss Palmer admissions as set out in the signed provisional CPD agreement.

Decision and reasons on impairment

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

In respect of misconduct the panel determined that the admitted charges demonstrate attitudinal issues. It was of the view that the charges are very serious and that there was a real risk of harm to patients. There is no real insight into why Miss Palmer acted in the way she did in the admitted charges. The charges are at the most serious level as there was a clear misrepresentations by signing on behalf of others and inaccurately recording information.

In this respect, the panel endorsed paragraphs 15 to 23 of the provisional CPD agreement in respect of misconduct.

The panel then considered whether Miss Palmer's fitness to practise is currently impaired by reason of misconduct. In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

> *'The question that will help decide whether a professional's fitness to practise is impaired is:*
> *"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"*
> *If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'*

The panel determined that Miss Palmer's fitness to practise is currently impaired. It took into account that there is very little insight provided by Miss Palmer. She put a patient at risk, as well as a colleague by fraudulently signing on his behalf when he was a junior doctor and not qualified to do so, putting him at regulatory risk. In this respect the panel endorsed paragraphs 24 to 44 of the provisional CPD agreement.

Decision and reasons on sanction

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

The panel took into account the following aggravating features:

- Repeated dishonesty linked to professional practice
- Conduct which put vulnerable people with complex needs at risk.
- Abuse of a position of trust
- Forgery of a doctor's signature, which placed said doctor at risk of regulatory Action

The panel also took into account the following mitigating features:

- Some insight provided. Miss Palmer accepts that the CHC assessments she completed were inadequate and apologised to the family involved.
- Personal mitigation in that Miss Palmer reported experiencing family issues
- which impacted her emotional health and ability to concentrate within the
- pressurised environment. She further reported that she did not receive supervision or support from management.

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Miss Palmer's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Miss Palmer's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Miss Palmer's registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The misconduct identified in this case was not something that can be addressed through retraining as it relates to dishonesty and attitudinal concerns. Furthermore, the panel concluded that the placing of conditions on Miss Palmer's registration would not adequately address the seriousness of this case and would not protect the public.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*

- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- *In cases where the only issue relates to the nurse or midwife's health, there is a risk to patient safety if they were allowed to continue to practise even with conditions; and*

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

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

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

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

Miss Palmer's actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Miss Palmer's actions were very serious and to allow her to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel agreed with the CPD that the appropriate and proportionate sanction

is that of a striking-off order. The matters it identified are at such a level of seriousness and extend over a period of 2 years, the misrepresentation and falsification on patient records is evident. Miss Palmer's actions bring the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself. The panel has concluded that nothing short of a striking off order would be sufficient in this case.

The panel considered that this order was necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

Decision and reasons on interim order

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 Miss Palmer's own interest. The panel heard and accepted the advice of the legal assessor.

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

The panel agreed with the CPD that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months in order to protect the public and meet the public interest during the 28-day appeal period.

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

That concludes this determination.