Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Friday 23 May 2025

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

Name of Registrant:	**Tanya Nasir**
NMC PIN:	13I7089E
Part(s) of the register:	Registered Nurse - Adult (RNA) 21 February 2014
Relevant Location:	Cardiff
Type of case:	Conviction
Panel members:	Simon Banton (Chair, Lay member) Sharon Aldridge-Bent (Registrant member) June Robertson (Lay member)
Legal Assessor:	Alice Robertson Rickard
Hearings Coordinator:	Emily Mae Christie
Nursing and Midwifery Council:	Represented by Naa-Adjeley Barnor, Case Presenter
Ms Nasir:	Not present and unrepresented
Facts proved:	Charge 1a to 1i
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Ms Nasir was not in attendance and that the Notice of Hearing letter had been sent to Ms Nasir's registered address by recorded delivery and by first class post on 3 April 2025.

Further, the panel noted that the Notice of Hearing was also sent to Ms Nasir's representative at the Royal College of Nursing (RCN) on 3 April 2025.

Ms Barnor, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegation, the time, date and venue of the hearing and, amongst other things, information about Ms Nasir's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In the light of all of the information available, the panel was satisfied that Ms Nasir has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Ms Nasir

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

Ms Barnor submitted that there had been no engagement at all by Ms Nasir with the NMC in relation to these proceedings, and, as a consequence, there was no reason to believe that an adjournment would secure her attendance on some future occasion.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Ms Nasir. In reaching this decision, the panel has considered the submissions of Ms Barnor, and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* [2002] UKHL 5 and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Ms Nasir;
- Ms Nasir has not engaged with the NMC and has not responded to any of the letters sent to her about this hearing;
- There is no reason to suppose that adjourning would secure her attendance at some future date; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Ms Nasir in proceeding in her absence. Although the evidence upon which the NMC relies will have been sent to her at her registered address, she has made no response to the allegations. She will not be able to challenge the evidence relied upon by the NMC and will not be able to give evidence on her own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence that it identifies. Furthermore, the limited disadvantage is the consequence of Ms Nasir's decisions to absent herself from the hearing, waive her rights to attend and/or be represented, and not provide evidence or make submissions on her own behalf.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Ms Nasir. The panel will draw no adverse inference from Ms Nasir's absence in its findings of fact.

Details of charge

That you, a registered nurse:

1. On 16 July 2024 at Cardiff Crown Court were convicted of the following offences:
    a. Fraud, Contrary to Section 1 of the Fraud Act 2006;
    b. Possession of articles for use in frauds, Contrary to Section 6(1) of the Fraud Act 2006;
    c. Using a false instrument with intent, Contrary to Section 3 of Forgery and Counterfeiting Act 1981;
    d. Fraud, Contrary to Section 1 of the Fraud Act of 2006;
    e. Securing unauthorised access to computer material with intent, Contrary to Sections 2(1)(a) of the Computer Misuse Act 1990;
    f. Fraud, Contrary to Section 1 of the Fraud Act of 2006;
    g. Fraud, Contrary to Section 1 of the Fraud Act of 2006;
    h. Using a false instrument with intent, Contrary to Section 3 of Forgery and Counterfeiting Act 1981;
    i. Using a false instrument with intent, Contrary to Section 3 of Forgery and Counterfeiting Act 1981.

AND in light of the above your fitness to practise is impaired by reason of your convictions

Background

The charges arose while Ms Nasir was employed as a Band 7 Ward Manager Registered Nurse at Princess of Wales Hospital (the Trust). It is alleged that Ms Nasir provided false information related to her qualifications, employment, and training history. She was entrusted as a senior nurse with the responsibility for newborn babies at the Neonatal Unit.

Ms Nasir's employer reported her to the Police, who charged her. Following a trial at Cardiff Crown Court, Ms Nasir was found guilty of nine charges, including fraud, using a false instrument with intent, possession of articles for use in fraud, and securing unauthorised access to computer material with intent.

Decision and reasons on facts

The charge concerns Ms Nasir's conviction, and, having been provided with a copy of the certificate of conviction, the panel finds that the facts are proved in accordance with Rules 31 (2) and (3).

Fitness to practise

Having announced its findings on the facts, the panel then considered whether, on the basis of the facts found proved, Ms Nasir's fitness to practise is currently impaired by reason of Ms Nasir's conviction. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

Submissions on impairment

Ms Barnor addressed the panel on the issue of impairment and reminded the panel to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the case(s) of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin) and *R (on application of Cohen) v General Medical Council* [2008] EWHC 581 (Admin).

Ms Barnor submitted that the four limbs of the *Grant* 'test' could be answered in the affirmative. Ms Barnor submitted that Ms Nasir applied for roles that she was not qualified for using fraudulent documents, which put patients at a serious risk of harm. She submitted that these are serious concerns relating to a failure of professionalism and trustworthiness in the workplace. Ms Barnor submitted that Ms Nasir had breached the fundamental tenets of the profession.

Ms Barnor referred the panel to *Cohen* and to the NMC Guidance *'Can the concern be addressed?'* (FTP-15a). She submitted that Ms Nasir had a longstanding history of acting dishonestly, which suggests that there are deep-seated and harmful attitudinal concerns which are not easily remediable.

Ms Barnor then referred the panel to NMC Guidance *'Has the concern been addressed?'* (FTP-15b). She submitted that Ms Nasir has not provided any evidence to express remorse or demonstrate insight into the seriousness of her actions, nor has she addressed her actions, which led to the convictions.

In relation to the risk of repetition, Ms Barnor referred the panel to the NMC Guidance *'Is it highly unlikely that the conduct will be repeated?'* (FTP-15c). She submitted that there is a significant risk of repetition in this case. She referred the panel to the crown court judge's sentencing remarks, which note that Ms Nasir's actions were calculated and pre-meditated and that when it was revealed, she had taken steps to further her deception by creating documents to try and cover it up. Ms Barnor submitted that a jury found Ms Nasir guilty,

she has not substantially engaged with the NMC proceedings, and she has not taken steps to address the concern.

Additionally, Ms Barnor submitted that Ms Nasir already had a conviction from 2010 in which she had made false statements or representations in order to obtain a benefit or payment and failed to declare them. Ms Barnor submitted that Ms Nasir had not learned from her previous conviction, and her criminal conduct that gives rise to her convictions is highly likely to be repeated. In light of this, Ms Barnor submitted that a finding of impairment is required on the grounds of public protection.

In addressing the grounds of public interest, Ms Barnor submitted that a member of the public would be shocked and concerned if a nurse were found not impaired when they had gained employment as a senior nurse using false qualifications. She submitted that the public confidence in the profession and the NMC as its regulator would be seriously damaged and undermined. Therefore, she submitted that a finding of impairment on the grounds of public interest is also required.

The panel heard and accepted the advice of the legal assessor.

Decision and reasons on impairment

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

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

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

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

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

Nurses occupy a position of privilege and trust in society and are expected to be professional at all times. 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, open, and act with integrity. They must ensure that their conduct at all times justifies both their patients and the public's trust in the profession.

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

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

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

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

a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*

b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

d) *has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

In considering the first limb of the *Grant* 'test', the panel considered that Ms Nasir was practising in a senior nursing position whilst managing a neonatal ward. However, she was clearly unqualified and as such unable to practise safely. The panel was satisfied that Ms Nasir put vulnerable patients at a real risk of significant harm, which could have had catastrophic consequences.

Beyond her own actions, the panel was of the view that Ms Nasir's actions would have likely deprived someone who was qualified from obtaining the role. Furthermore, the panel noted the Sentencing Remarks of His Honour Judge Kember, dated 17 October 2024, where he addresses the impact on the ward during the investigation:

> *'In particular, the statement indicates that a significant amount of time was lost from that board for the initial fact-finding investigation, the internal disciplinary investigation, patient safety review, obtaining statements and evidence, and time for the NHS staff to attend trial.'*

In light of this, the panel was of the view that Ms Nasir's conduct and subsequent convictions had breached the fundamental tenets of the nursing profession and, therefore, brought its reputation into disrepute. The panel found that Ms Nasir's conduct was the

opposite of what you would expect of a nurse and has caused clear damage to the profession, bringing its reputation into disrepute.

The panel was satisfied that Ms Nasir's conviction for multiple counts of fraud was dishonest and, consequently, that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious. The panel was satisfied that the four limbs of the *Grant* 'test' had been met.

The panel went on to consider the case of *Cohen* and if Ms Nasir's conduct were remediable. The panel considered the NMC guidance at FTP-15a. The panel took into account that the fraud occurred over a significant period of time and built upon each other. It considered that Ms Nasir took steps to cover up the fraud when she realised it was being discovered. The panel was of the view that Ms Nasir's actions had been sophisticated and planned, which demonstrate deep seated attitudinal issues. In light of this, the panel was of the view that Ms Nasir's conduct was not easily remediable.

The panel went on to consider insight. It noted that Ms Nasir has not provided any response to the concerns and there is no evidence that she has demonstrated insight or remorse, having had the opportunity to do so. The panel therefore concluded that Ms Nasir has not demonstrated insight. Furthermore, the panel considered that it has no evidence that Ms Nasir has taken any steps to strengthen her practice.

The panel then considered if there is a risk of repetition. Given that the fraud was repeated over a significant period of time and that Ms Nasir has a conviction from 2010 for fraudulently claiming welfare benefits, the panel determined that Ms Nasir's conduct is highly likely to be repeated. In light of this, the panel was of the view that there is a high risk of repetition. The panel therefore determined that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health safety and well-being of the public and patients, and to

uphold/protect the wider public interest, which includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that, in this case, a finding of impairment on public interest grounds is required. The panel considered that this case involves serious convictions and a failure to comply with professional standards and that if a member of the public, fully apprised of the facts of the case, would be horrified if a finding of current impairment were not made in this case.

Having regard to all of the above, the panel was satisfied that Ms Nasir's fitness to practise is currently impaired.

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Ms Nasir off the register. The effect of this order is that the NMC register will show that Ms Nasir has been struck-off the register.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC.

Submissions on sanction

Ms Barnor submitted that the public interest must be at the forefront of the panel's considerations in making any decision on sanction.

Ms Barnor submitted that although this is a conviction case and not misconduct, Ms Nasir's convictions directly relate to dishonesty. She referred the panel to the NMC's SG *'Sanctions for particularly serious cases'* (SAN-2). Ms Barnor submitted that Ms Nasir's

conduct underlying the conviction meets the following dishonesty descriptors: misuse of power, personal financial gain from a breach of trust, premeditated, and systematic or longstanding deception.

Ms Barnor submitted that there are no mitigating features for the panel to consider.

In relation to the appropriate sanction, Ms Barnor submitted that no further action or a caution order would be insufficient in addressing the public protection and public interest risks identified. She submitted this is the same for a conditions of practice order. Additionally, there are no identifiable areas of Ms Nasir's practice in need of training, and there is evidence of deep-seated attitudinal concerns, in conduct which resulted in Ms Nasir's conviction, making a conditions of practice order unworkable.

Ms Barnor submitted that a suspension order would not be a sufficient, appropriate, or proportionate sanction in this case. She submitted that Ms Nasir is serving a sentence of five years imprisonment imposed on 17 October 2024. She referred the panel to the case of *Council for the Regulation of Health Care Professionals v (1) General Dental Council and (2) Fleischmann* [2005] EWHC 87 (QB) and submitted that Ms Nasir should not be permitted to start practising again until her sentence has been completed. Along with the other identified risks in this case, Ms Barnor submitted that Ms Nasir's underlying conduct is very serious and has breached the fundamental tenets of the profession.

Ms Barnor submitted that the only appropriate and proportionate sanction in this case would be a striking-off order. She submitted that the concerns raise fundamental questions about Ms Nasir's professionalism and trustworthiness, and Ms Nasir's conduct underlying her conviction is fundamentally incompatible with remaining on the register. She submitted that Ms Nasir's continued registration would significantly undermine public confidence in the profession and the NMC as its regulator.

Ms Barnor submitted that a strike-off is the only sanction that will protect patients and the public and uphold and maintain professional standards.

The panel accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found Ms Nasir'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:

- Personal and Financial gain
- Abuse of a position of trust
- Lack of insight into failings
- A pattern of misconduct over a period of time
- Conduct which puts patients at risk of suffering harm.

The panel were unable to identify any mitigating features.

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Ms Nasir's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where '*the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour*

was unacceptable and must not happen again.' The panel considered that Ms Nasir's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Ms Nasir'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. Furthermore, the panel concluded that the placing of conditions on Ms Nasir'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; and*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour.*

Whilst the panel acknowledged that there was no evidence of repetition since this conduct, the underlying conduct was not a single instance of misconduct. There is evidence of harmful deep-seated attitudinal issues and the panel is not satisfied that Ms Nasir has insight nor that she does not post a significant risk of repeating her behaviour.

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 Ms Nasir's actions is fundamentally incompatible with Ms Nasir 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?*

Ms Nasir'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 Ms Nasir's actions were serious and that allowing 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 determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of Ms Nasir's actions in bringing 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 this would be sufficient in this case.

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

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Ms Nasir's own interests until the striking-off sanction takes effect.

Submissions on interim order

The panel took account of the submissions made by Ms Barnor. She invited the panel to make an interim suspension order for 18 months. She submitted that this is necessary to protect the public and the wider public interest until the striking-off order takes effect and to cover the period of any prospective appeal.

The panel heard and accepted the advice of the legal assessor.

Decision and reasons on interim order

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

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim

suspension order for a period of 18 months due to the need to protect the public and the wider public interest until the substantive order takes effect and for any possible appeal period.

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

This will be confirmed to Ms Nasir in writing.

That concludes this determination.