Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Tuesday, 2 September 2025 – Friday, 5 September 2025
Wednesday, 12 November 2025

Virtual Hearing

Name of Registrant:	**Rhoda Aliu**
NMC PIN:	22C0078O
Part(s) of the register:	Nurses part of the register Sub part 1 RNA: Adult nurse, level 1 (2 March 2022)
Relevant Location:	Salisbury
Type of case:	Misconduct
Panel members:	Paul Grant (Chair, lay member) Claire Cawley (Registrant member) Farrah Pradhan (Lay member)
Legal Assessor:	Alain Gogarty (Tuesday, 2 September 2025 – Friday, 5 September 2025) and Nigel Mitchell (Wednesday, 12 November 2025)
Hearings Coordinator:	Karina Levy (Tuesday, 2 – Thursday, 4 September 2025), (Wednesday, 12 November 2025) Franchessca Nyame (Friday, 5 September 2025)
Nursing and Midwifery Council:	Represented by Mohsin Malik, (Tuesday, 2 – Thursday, 4 September 2025) and Bianca Huggins, (Wednesday,12 November 2025), case presenter
Mrs Aliu:	Present and represented by Marc Walker (What Rights)

Facts proved:	Charge 1
Facts not proved:	None
Fitness to practise:	Impaired
Sanction:	**Caution order (2 years)**
Interim order:	**N/A**

Details of charge

That, you a registered nurse,

1) On 6 September 2022, punched Patient A's arm.

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

Background

The charges arose whilst you were employed as a registered nurse by Salisbury District Hospital ('the Hospital') on Pitton Ward ('the Ward'). On 6 September 2022, you were assisting a healthcare assistant with an elderly patient, who required their bed to be changed. The patient, who was rolled on their side, facing you, then hit you in your jaw. It is alleged that you reacted by punching the patient's arm with a closed fist. On 16 September 2022, you were referred to the Nursing and Midwifery Council ('NMC') by the Hospital.

Following a disciplinary hearing, you were given a final written warning from your employer to last for a period of 18 months.

Decision and reasons on facts

In reaching its decisions on the disputed fact, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Mr Malik on behalf of the NMC and by Mr Walker on your behalf.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will

be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

The panel heard live evidence from the following witness called on behalf of the NMC:

- Witness 1: Healthcare Assistant (HCA) at the Trust, at the material time

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor.

The panel then considered the disputed charge and made the following findings.

Charge 1

'That, you a registered nurse,

1) On 6 September 2022, punched Patient A's arm.'

This charge is found proved.

In reaching this decision, the panel considered Witness 1's local statement dated 3 November 2022, a witness statement for these proceedings dated 9 February 2024 and her oral evidence and found them to all be consistent account of what took place. In her NMC witness statement, Witness 1 states

'…it was a split second and then Rhoda punched Patient A on her arm with a closed fist. It was definitely forceful…'.

The panel also considered the notes of your local investigation meeting (date redacted) where you state the following.

'She just lashed out and punched me on my jaw and as she was moving her body saying 'leave me alone' repeatedly. So, I mistakenly hit her on the shoulder' and *'I reflectively tried to stop her hand and I accidentally hit her shoulder.'*

The panel determined that the fact that you struck Patient A in some manner is admitted by you within the notes of your local investigation meeting and your local statement.

Mr Walker, in his closing submissions, referred the panel to the NMC's guidance document DMA-6 and invited the panel to have regard to the context of the factual allegation. In particular, he invited the panel to have regard to a number of contextual matters including training, handover and care plans.

With regard to training the panel took into account that it does not have supporting information, so therefore it is not clear as to what training you had undertaken prior to the incident occurring. Witness 1 has stated in her evidence that there was not any training provided regarding de-escalation and managing dementia patients. The panel further took into account the evidence of Witness 1 who stated that prior to the incident, staff had not been provided with training in breakaway techniques and that more training was needed in regard to managing patients with dementia and aggressive behaviour.

The panel took into account further evidence from Witness 1 who stated that she thought that all staff were aware of Patient A's behaviour and when asked under examination, Witness 1 confirmed that she had no specific recollection of being present at any handover when you were informed of Patient A's potentially difficult behaviour.

The panel considered the questions presented to Witness 1, regarding whether Patient A had a care plan in place in relation to her challenging behaviour to which she replied, she did not think so and when further questioned regarding whether care plans were in place for any of the patients, she again stated that she did not think so.

In Mr Walkers submissions, he invited the panel to specifically make a decision on certain contextual facts that are in dispute. First Mr Walker asked the panel to consider the question of whether the NMC can establish that in striking Patient A you had caused bruising. Second Mr Walker asked the panel to decide if your action in so doing was reflexive or intentional. In response Mr Malik submitted that there was no need for the panel to determine these contextual issues as at this stage the panel was solely concerned with determining the fact as set out in the charge and nothing more. The central factual dispute is whether you punched Patient A's arm or you made contact with it in some other manner consistent with your response during the local investigation.

The panel considered the submissions of both parties with regard to whether it should make findings on these contextual facts and accepted the legal advice it received. The panel decided that it would be beneficial to both parties to determine these contextual facts at this stage.

The panel determined that the NMC has not established on the balance of probabilities that the bruise on Patient A's arm was caused by you and that the NMC's evidence has not proved that fact. It has been stated in evidence that Patient A always kicks and lashes out as she is often quite nervous and anxious. The panel made reference to the nurse in charge having taken a photograph of the bruise on Patient A's arm and that in the investigation meeting notes dated 7 November 2022, the nurse in charge stated

> *'I mean there's no documentation of a bruise being there before, but then it might have been missed being documented. It's hard to tell probably because she did have visible bruises everywhere and because of her age and she did throw herself around the bed she could get bruises that way.'*

The panel has not been provided with any further documentation relating to the bruise or a copy of the photograph of the bruise.

The panel next considered the question of whether your action in striking Patient A could be described as a reflexive behaviour. The panel took note of the definition of a reflexive behaviour:

> *'Reflexive behaviours are automatic, involuntary, responses that occur as a result of an environmental stimulus. These behaviours are typically innate and do not require conscious thought or learning.'*

In Witness 1's statement she stated

> *'I don't think Rhoda actually explained anything to her of what she was doing. So then quite agitated and lashed out with her arms because she didn't want to be on her side. Which then resulted in her actually catching Rhoda on the face. I think it was. The initial reaction most of the time is to retaliate and that is what Rhoda did, not thinking she did quite heavily punch her on the arm as a reaction, I suppose.'*

The panel made reference to the investigation meeting notes where the nurse in charge stated, *'I think it was a very bad reflex reaction.'* However, the panel noted that the nurse in charge was not present at the time of the incident, and she was relying on what had been told to her by Witness 1. The panel placed greater weight on the written and oral evidence of Witness 1 than on the second hand opinion of the nurse in charge.

The panel also noted that Witness 1 describes you punching Patient A with a closed fist and her description of the incident does not accord with your depiction of your actions, during the local investigation, during which you stated;

> *'I mistakenly hit her on the shoulder.'*

In considering all of the evidence the panel concluded that your action, in striking Patient A, could not be characterised as reflexive but rather a reactive response to being struck by Patient A.

The panel accepts the account given by Witness 1 that you punched Patient A in a forceful manner.

Accordingly, the panel found charge 1 proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the fact found proved amounts to misconduct and, if so, whether your fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, in considering the question of a registered nurse's fitness to practise, the panel must ask itself the question, is the nurse in question able to practise kindly, safely and professionally?

The panel, in reaching its decision, 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 therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the fact found proved amounts to misconduct. Secondly, only if the fact found proved amounts to misconduct, the panel must decide whether, in all the circumstances, your fitness to practise is currently impaired as a result of that misconduct.

Your oral evidence

You were called by Mr Walker to give evidence at this stage of proceedings. You confirmed that the Divisional Head of Nursing who provided a reference on your behalf, dated 15 September 2023, was one of the Matrons at Salisbury NHS Foundation Trust ('the Trust'). You also confirmed that following the incident you had been given an 18 month final written warning which expired in August 2024. There had been no further

concerns raised regarding your conduct or practice following the incident involving Patient A.

You were asked about your experience as a nurse at the time of the incident and confirmed that you had qualified as a nurse on 2 March 2022 and therefore was just over six months into your nursing career in the UK at the relevant time.

With regards to training, you clarified that at the time of the incident you had not completed any training in relation to the care of patients with dementia and when asked about safeguarding training by the panel you confirmed that you had not undertaken such training at the Trust prior to the incident.

With regards to the relevant training you have undertaken since the incident you stated that you had completed the following: six or seven one-to-one sessions with the dementia lead which provided you with a more detailed knowledge of the effect of dementia. You wrote your learning from these sessions in a workbook which you submitted. You were set SMART objectives to achieve, these encompassed; your behaviours on the ward; approach to patients; and 'counselling' sessions to support your development. These SMART objectives were in place for a year. You had also provided the panel with details of 28 training courses you had attended; some of which e.g. Communication Skills for Ward Staff; Dementia and Delerium Study Day; and Mental Capacity and Deprivation of Liberty Safeguards (DOLs) half day workshop.

Under cross-examination from Mr Malik you confirmed that the Communication Skills course, which you had completed twice, included a section on breakaway techniques. You also clarified in response to questions from the panel that you began a nursing degree course at the University of Derby in 2023. You said that you had completed a module on Dementia which was at a higher level than anything you had done with the Trust. As part of this module you had to do research and write extensively on one type of dementia. You had chosen to do further research into Lewy Body dementia which has a similar presentation to Parkinson's disease. You were expecting your results later this month.

With regards to the course as a whole, you said that you had to complete a module on research and expected to complete the whole course in 2026.

Mr Walker asked you about the timeframe for completing your reflective statement. You clarified that it had been updated at several points following the incident to incorporate new areas of learning and insight that you had developed. You acknowledged that you should have apologised to Patient A following the incident, despite your shock following the punch to your face and recognised your responsibilities under the duty of candour.

When asked what you have done to change or improve your practice following the incident you made reference to all of the training you had undertaken as well as the benefits you had derived from observing how senior colleagues deal with patients with challenging behaviour. You added that you now would stay calm in such situations and listen actively. If necessary, you would approach the nurse in charge to seek additional staff to provided assistance. Given the time when the incident took place you said it might have been better to allow Patient A to have her supper and then try again afterwards to provide personal care.

When asked about your view of the incident now, you stated that it should not have happened at all whether the patient had full capacity or not. You said that when she lashed out you should have walked away and when she was agitated you should have asked for help.

You confirmed that you had remained at the Trust since the incident, returning to clinical duties following the imposition of the final written warning. In October 2024 you moved to the Endoscopy Unit at the same hospital. You said that you had moved to further develop your nursing skills and knowledge. You confirmed that the Senior Sister in Endoscopy, who has provided a recent reference is your current line manager.

Mr Walker asked you if there was a difference in how you support patients now compared to the time of the incident. You said that this area of your practice had improved following

all of the training you had undertaken as well as what you have learned from observing senior colleagues. You noted that a lot of patients in Endoscopy are anxious and worried and you are able to calm them down and make them less worried.

When asked what you had learned from this incident, you identified that there had been a ‘communication gap’ with Patient A and that it is very important to communicate no matter the difficulties.

The panel asked you if you were aware of Patient A’s challenging behaviour prior to the incident. You said you could not exactly remember what you knew. Staff told you that she was liable to throw around her medication, however you think you were told this in the aftermath of the incident. You said you were certainly not aware of the possibility of any significant acts of violence from Patient A.

You were asked by the panel about your reflections on the impact on Patient A, her family, and your colleagues. You said following the incident you spoke to your line manager who spoke to the next of kin. They expressed empathy towards you regarding the incident. You said your colleagues were devastated by what had happened. You said you recognise that your professional conduct was not good enough. You said Patient A screamed after you hit her and you recognise that this was an upsetting incident for her.

Submissions on misconduct

Mr Malik invited the panel to take the view that the fact found proved amounts to misconduct. He made reference to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a *‘word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.’*

Mr Malik submitted that your acts fall short of the standards set out in The Code: Professional standards of practice and behaviour for nurses and Midwives (2015) (‘The Code’), and, because of this, your actions amount to serious professional misconduct.

Mr Malik revisited the panel’s finding that your action in striking Patient A could not be characterised as reflexive, but was rather a reactive response to being struck by Patient A.

It was Mr Malik’s submission that, although no evidence has been provided as to whether you caused a bruise or not, actual harm was caused to Patient A as indicated by Witness 1’s statement in which she says that Patient A ‘*screamed “she just hit me” and cried out.*’ He added that there was also a potential for psychological harm to be caused to Patient A due to your actions.

Mr Malik reminded the panel that the misconduct in this case occurred at the workplace and involved a vulnerable patient. He submitted that the misconduct is a serious departure from the Code, and fellow practitioners would consider such a departure to be deplorable.

Mr Malik identified the following breaches of the Code, arising from your actions, which he said amount to misconduct:

> ***‘1 Treat people as individuals and uphold their dignity***
> *To achieve this, you must:*
> *1.1 treat people with kindness, respect and compassion.*
> *1.5 respect and uphold people’s human rights.*
>
> ***3 Make sure that people’s physical, social and psychological needs are assessed and responded to***
> *To achieve this, you must:*
> *3.4 act as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviour relating to their care.*
>
> ***14 Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place***
> *To achieve this, you must:*

14.2 explain fully and promptly what has happened, including the likely effects, and apologise to the person affected and, where appropriate, their advocate, family or carers.

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.

20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people.

20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress.'

Mr Malik addressed the panel on the need 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.

Mr Walker submitted that the panel would know that breaches of the code of conduct do not necessarily amount to misconduct. In assessing whether your actions amount to misconduct, he asked that the panel take account of the contextual factors:

- You had not received any training on care of dementia patients prior to the incident, and;
- You were thrown into dealing with Patient A without a handover.

Mr Walker referred to Witness 1's evidence that the blow you struck on Patient A happened in a split second and was unthinking. He added that, whilst there was plainly a blow, there was no bruise or any lasting harm caused.

Mr Walker submitted that what occurred was something that amounts to a temporary lapse and does not amount to misconduct.

Submissions on impairment

Mr Malik moved on to the issue of impairment. This included reference to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Mr Malik submitted that the first three limbs of *Grant* are engaged by the circumstances of this case. He went on to submit that:

1. You have put a patient at unwarranted risk of harm as Patient A was punched which was forceful. The panel heard that Patient A had dementia and was a vulnerable patient. He added that, although the panel have no evidence to prove that you caused a bruise to Patient A, the comments from Patient A straight after the punch shows that actual harm was caused;

2. Your actions have breached fundamental tenets of the nursing profession by failing to promote professionalism and not keeping to or upholding the standards and values as set out in The Code; and

3. You have brought the nursing profession into disrepute.

Mr Malik directed the panel to the aforementioned breaches of the Code and submitted that, due to these breaches of the Code, the panel would be entitled to conclude that a finding of impairment is required in your case. The finding of impairment, the NMC assert, is required to mark the unacceptability of the behaviour, emphasise the importance of you breaching fundamental tenet of the profession, and to reaffirm proper standards or behaviour.

With regard to future risk, Mr Malik referenced the case of *Cohen v General Medical Council* [2008] EWHC 581 (Admin).

Mr Malik cited NMC guidance 'FTP-15a: Can the concern be addressed?' which states:

> '*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:*
>
> *…*
>
> - *incidents of violence towards, or neglect or abuse of people receiving care, children or vulnerable adults.*'

Mr Malik highlighted that the failings involved in this case are directly linked to your clinical practice and the abuse of a vulnerable patient in your care. He submitted that the above guidance suggests that concerns in this case are not remediable.

In relation to insight and strengthened practice, Mr Malik stated that you maintain that you accidently hit Patient A in your written reflection. He reminded the panel that it accepted Witness 1's account that you punched Patient A in a forceful manner with a closed fist which was a reactive response and not a reflex.

Furthermore, Mr Malik referred to the training certificates you have provided. It was his submission that you have not provided any new training certificates. He added that you also have not completed any breakaway or de-escalation training, so the training you have undertaken does not address the concerns in this case.

As such, Mr Malik submitted that there is no evidence to demonstrate that you have developed insight or undertaken any training to remediate or strengthen your practice so as to mitigate future similar risks in the future. He therefore submitted that the misconduct is highly likely to be repeated should you be permitted to practise as a nurse again.

Mr Malik submitted that a finding of impairment is necessary on public protection grounds.

Mr Malik further submitted that a finding of impairment is also necessary on public interest grounds as your actions were deplorable and amount to serious misconduct. He added that you have brought the nursing profession into disrepute and served to undermine public confidence and trust in the profession.

Mr Walker submitted that your actions towards Patient A had not occurred before and it has not occurred since. He informed the panel that you have remained with the same employer, and that the panel has evidence before it confirming the lack of repetition from late 2023, early 2024 and the past week, and your current good standing with your employer.

Mr Walker went on to submit that your temporary lapse is such that it is remediable and, in the three years that have passed since the incident, you have demonstrated full remediation by considering what went wrong, why it went wrong and how to avoid repeating it.

Mr Walker made reference to all of the training you have undertaken and the support provided by your employer in your remediation. He directed the panel to the references provided by the Divisional Head of Nursing and Senior Sister at the Trust. He reminded the panel that you took note of issues raised by the NMC during the course of this hearing and reflected upon them, updating your written reflection with your thoughts.

It was Mr Walker's submission that you are a nurse whose fitness to practise is not impaired, either on public protection or on wider public interest grounds. He further submitted that the public interest has been served by your sustained period of remediation and demonstrable good, safe and compassionate practice, as well as, you being implicitly held to account by the NMC referral process, culminating in this hearing.

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

Decision and reasons on misconduct

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

The panel bore in mind that breaches of the Code do not automatically result in a finding of misconduct. It was of the view that your actions breached the following sections of the Code:

*'1 **Treat people as individuals and uphold their dignity***
To achieve this, you must:
1.2 treat people with kindness, respect and compassion.
1.5 respect and uphold people's human rights.

2 Listen to people and respond to their preferences and concerns
To achieve this, you must:
2.6 recognise when people are anxious or in distress and respond compassionately and politely.

7 Communicate clearly
To achieve this, you must:
7.3 use a range of verbal and non-verbal communication methods, and consider cultural sensitivities, to better understand and respond to people's personal and health needs.

14 Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place
To achieve this, you must:

14.2 explain fully and promptly what has happened, including the likely effects, and apologise to the person affected and, where appropriate, their advocate, family or carers.

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.
20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people.
20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress.'

The panel found your punching of Patient A to be a reactive response. However, whilst it was reactionary, the panel considered it very serious and unjustifiable to strike a vulnerable patient in any circumstance.

The panel recognised that your actions caused Patient A distress, leading her to scream out and say '*she just hit me*', and it considered that your actions had the potential to cause Patient A physical harm. As such, the panel determined that your actions would be regarded as deplorable by fellow practitioners.

Accordingly, the panel found that your actions fell seriously short of the conduct and standards expected of a nurse and amount 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.

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

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must make sure that their conduct at all times justifies both their patients’ and the public’s trust in the profession.

In this regard, the panel considered the judgment of Mrs Justice Cox in the case of *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 was satisfied that the first three limbs of the Smith test in *Grant* were engaged in this case in relation to your past conduct. The panel found that Patient A was put at unwarranted risk of harm as a result of your misconduct. It was also of the view that your misconduct breached the fundamental tenets of the nursing profession and brought the nursing profession into disrepute by way of falling below the standards expected of registered nurses. However, the panel concluded that you were not liable to breach these limbs going forward.

In considering whether your fitness to practise is currently impaired on the ground of public protection, the panel had regard to the factors set out in NMC guidance 'FTP-15: Insight and strengthened practice', in particular:

> '*When assessing evidence of the nurse, midwife or nursing associate's insight and the steps they have taken to strengthen their practice, decision makers will need to take into account the following questions:*
>
> - *Can the concern be addressed?*
> - *Has the concern been addressed?*
> - *Is it highly unlikely that the conduct will be repeated?*'

Whilst the panel was of the view that your misconduct may not be considered easily remediable, it took into account that you have taken significant steps to remediate your actions and strengthen your practice.

The panel acknowledged the vast amount of relevant training you have undertaken outside of your mandatory training, including completing the Communication Skills for Ward Staff training course twice. Furthermore, the panel considered the information provided by the Divisional Head of Nursing in their email dated 15 September 2023 regarding your development and performance:

> '*RA current line manager reports that she will independently take a bay of patients and is signed of as competent for oral and iv medication. RA has worked as a staff nurse on two elderly care wards within the Trust. As a staff nurse RA has completed in house communication study day and improved her knowledge on caring for patients with dementia. RA is also having regular coaching to improve her communication and behaviours on the ward. RA is currently working clinically on one of the medical wards. The have been no further concerns regarding RA and a similar incident has not occurred.*'

The panel reminded itself that, as a result of the incident, you were subject to an 18-month final written warning, during which there was no repetition of the incident or any concerns raised. Moreover, the panel noted that, once the disciplinary period was over and you returned to clinical duties, there were no further concerns raised and there have not been for the past three years.

The panel noted the reference from a Senior Sister at the Trust which, whilst undated, the panel was informed it was provided two weeks prior to this hearing. This reference describes you as '*a caring nurse who demonstrates compassion towards patients and their families.*'

The panel was also of the view that you have demonstrated significant insight in your written reflection which was augmented by your oral reflection during your live evidence at this hearing. In your reflections, you showed that you recognise that what you did was wrong and that you should have apologised at the time of the incident; you demonstrated that you are deeply embarrassed about your lack of professionalism during the incident, and that you are aware of what you would do differently in the future if faced with a similar situation. Mr Walker informed the panel that you have updated your written reflection in light of your oral evidence and the panel considered this to be indicative of your openness to act on feedback and your continued efforts to reflect.

The panel did note your account of the incident in which you described your punching of Patient A as a mistake/reflex action, which was in contrast to the evidence of Witness 1. In assessing the relevance and importance of this discrepancy, the panel was mindful of the nature of incident in which you received a forceful uppercut to the jaw and the impact it would have had on you. The panel noted that the nurse in charge who saw you immediately after the incident was concerned that your jaw may have been fractured. Whilst the panel accepts Witness 1's evidence, it concluded that your description of the incident does not undermine your overall level of insight. The panel was satisfied to conclude that you have developed a significant level of insight into the incident, its impact and your shortcomings at the time, and the panel was satisfied that you have addressed your misconduct given the significant training and development you have undertaken, including enrolling on a Nursing degree, to ensure the misconduct was not repeated.

For all the above reasons, the panel determined that it would be highly unlikely that the misconduct in this case would be repeated in the future. The panel therefore decided that a finding of impairment is not necessary on the ground of public protection.

The panel bore in mind the overarching objectives of the NMC 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.

Given the seriousness of your actions in striking Patient A, the panel was of the view that public confidence in the nursing profession and the NMC as a regulatory body would be undermined if a finding of impairment were not made in this case. The panel considered it to be important to mark the seriousness of the misconduct and to show that your behaviour was unacceptable. The panel therefore determined that a finding of impairment on public interest grounds is required.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired on the ground of public interest alone.

Letter of Apology

Prior to hearing submissions on sanction, Mr Walker asked to introduce an email into evidence. This email, dated 21 October 2025, contained a letter of apology from you to Patient A, setting out your remorse for your actions and their impact on Patient A.

The legal assessor saw no reason that this document could not be adduced as evidence and there was no objection from Ms Huggins, on behalf of the NMC. The panel accepted this document into evidence.

Sanction

The panel considered this case very carefully and decided to make a caution order for a period of two years. The effect of this order is that your name on the NMC register will show that you are subject to a caution order and anyone who enquires about your registration will be informed of this order.

Submissions on sanction

Ms Huggins informed the panel that in the Notice of Hearing, dated 3 October 2025, the NMC had advised you that it would seek the imposition of a suspension order for a period of 4 months if it found your fitness to practise currently impaired.

Ms Huggins took the panel through the factors in the Sanction Guidance SAN -3 and invited the panel to impose a suspension order in light of its findings of misconduct and impairment. She provided the panel with submissions on the aggravating and mitigating features of the case. She took the panel through the sanctions available to it and provided submissions on the appropriateness of imposing each of these sanctions in the circumstances of this case. She submitted that in considering proportionality and in balancing the public interest, a suspension order is the most appropriate and proportionate sanction.

Ms Huggins submitted that given the nature of the conduct, there are no workable or proportionate conditions that could be formulated to address the concerns, and such an order would not send an appropriate message to the public given the seriousness of the incident.

Ms Huggins submitted that in this case, a suspension order for a period of 4 months with a review would adequately meet the wider public interest in this case and mark such conduct as wholly unacceptable as a registered nurse.

Mr Walker submitted that the most important aspect of the guidance is that the panel must act proportionately. He submitted that mitigation can be considered in three categories:

1. Evidence of the nurses’ insight and understanding of the concerns and their attempts to address it.
2. Evidence that the nurse followed the principles of good practice
3. Personal mitigation such as stress, illness, level of support within the workplace.

Mr Walker suggested that there is mitigation which is relevant to each of these three categories. He submitted to the panel that you have provided strong reflective pieces and have continued the process of reflection displayed during your oral evidence. You have also continued to reflect on your conduct, as exemplified in the letter of apology to Patient A which addresses your misconduct and its impact, which the panel had sight of today.

Mr Walker submitted that your remorse is demonstrable and that your testimonials indicate a very low risk of repetition and evidence of good practice since the incident. Mr Walker reminded the panel of your difficult working circumstances at the time, where you were newly working as a nurse in the UK, nor were you trained to deal with the care of dementia patients, and such training had been implemented post incident. Mr Walker also noted the extensive CPD you have undertaken since the incident.

Mr Walker submitted that given the panel's finding of impairment solely on the ground of public interest, and given the isolated nature of concern, a suspension order would be disproportionate, and a caution order would be appropriate in this case.

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 took into account the following aggravating feature:

- Your actions caused Patient A distress, leading her to scream out and had the potential to result in physical harm.

The panel also took into account the following mitigating features:

- Early admissions.
- Support from your employer, testimonials, evidencing good practice.
- Strong evidence of reflective insight and steps taken to address the concerns.
- Previous good character and no subsequent concerns in three years since the incident.
- Strengthening your practice by way of relevant CPD and training and enrolling in a degree course in nursing.
- You have been engaged in strengthening your practice since the incident and throughout the NMC process.
- You had only been practising in the UK for 6 months at the time of the incident.
- The incident was an isolated lapse in which you were struck forcefully, and your response was reactive.
- At the time of the incident, you had not received training for caring for patients with dementia.

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 was of the view that taking no action in a case where there was distress caused and the potential for physical harm occurring to a vulnerable patient would undermine confidence in the profession and regulatory process. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

The panel was of the view that there is very little risk of repetition. It has been presented with significant evidence demonstrating that you are able to practise safely and effectively and professionally without restriction. The panel noted that you have developed both clinically and educationally within the same trust since the incident, and that the testimonials submitted were detailed and provided strong endorsements for your current practice and came from individuals with direct knowledge of your development over the past three years. Taken together, this evidence proved to the panel that you have

significantly strengthened your practice and demonstrated a commitment to maintaining high standards. Therefore, the likelihood of similar misconduct occurring again is very low.

The panel recognised that at the time of the incident, the level of support you received was inadequate and that you undertook a responsibility that was outside your usual role and for which you had not received appropriate handover and training. The panel accepted that these contextual factors contributed to the situation of you being struck very forcefully by Patient A and you not having the ability to manage that circumstance safely.

The panel further noted that no further concerns have been raised about your practice in the three years since the incident, and there is no evidence of any deep-seated attitudinal issues. The panel noted you have remained in employment with the trust and completed the 18-month period of the final written warning that you were subject to without any concerns. You have also demonstrated sustained engagement with the NMC, with reflective and remedial work, and shown significant insight. The panel was satisfied that you have taken every reasonable step to remediate the concerns and strengthen your practice.

Next, in considering whether a caution order would be appropriate in the circumstances, the panel took into account the SG, which 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 the level of seriousness of your misconduct and the circumstances in which it occurred. It determined that this was an unusual case where you were forcibly struck by an upper cut to the jaw by Patient A which the nurse in charge thought might have fractured your jaw. The panel was cognisant that Patient A was suffering from dementia and that the blow came out of the blue. The panel has already determined that your response whilst unjustifiable was a reactive response.

The panel considered whether it would be proportionate to impose a more restrictive sanction and looked at a conditions of practice order. The panel concluded that no useful purpose would be served by a conditions of practice order. It is not necessary to protect the public and would not assist your return to nursing practice. The panel further considered that whilst your misconduct satisfied many of the criteria for the imposition of a suspension order, in the specific circumstances of this case it would be disproportionate to suspend your registration. In reaching this conclusion the panel took into account the nature of the incident, the extensive mitigation in this case as well as the public interest in allowing an otherwise safe and competent nurse to remain in practice and to continue to serve the public. The panel concluded that a reasonable and fully informed member of the public would not be shocked or dismayed if a suspension order was not imposed.

The panel has decided that a caution order will adequately address the public interest. For the next two years, your employer - or any prospective employer - will be on notice that your fitness to practise had been found to be impaired and that your practice is subject to this sanction. Having considered the general principles above and looking at the totality of the findings on the evidence, the panel has determined that to impose a caution order for a period of two years would be the appropriate and proportionate response. It would mark not only the importance of maintaining public confidence in the profession but also send the public and the profession a clear message about the standards required of a registered nurse.

In making this decision, the panel carefully considered the submissions of Ms Huggins in relation to the sanction that the NMC was seeking in this case. However, the panel considered that you have significantly strengthened your practice as evidenced by reflective work and ongoing CPD. In light of the very low risk of repetition, contextual factors and the absence of attitudinal concerns, the panel concluded that a caution order would be sufficient and proportionate. As noted above the panel was satisfied that imposing a caution order would not undermine proper professional standards, nor would it diminish public confidence in the profession or the NMC as its regulator. Instead, the finding of impairment and a sanction of the caution order will appropriately mark the

seriousness of the misconduct while recognising the significant remediation you have undertaken.

At the end of this period the note on your entry in the register will be removed. However, the NMC will keep a record of the panel’s finding that your fitness to practise had been found impaired. If the NMC receives a further allegation that your fitness to practise is impaired, the record of this panel’s finding and decision will be made available to any practice committee that considers the further allegation.

This decision will be confirmed to you in writing.

That concludes this determination.