

Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Thursday 20 November 2025 – Friday 21 November 2025;
Monday 24 November 2025

Virtual Meeting

Name of Registrant:	Paula Yolanda Gomez
NMC PIN:	88Y2534E
Part(s) of the register:	Registered Nurse – Adult (RN1) 20 February 1992
Relevant Location:	Dudley
Type of case:	Misconduct
Panel members:	Anne Ng (Chair, Lay member) Purushotham Kamath (Registrant member) Keith Murray (Lay member)
Legal Assessor:	Sean Hammond
Hearings Coordinator:	Emily Mae Christie
Facts proved:	Charges 1a, 1b, 1c, 2a, 2b, 2c, 3a, 3b
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 Ms Gomez's registered email address by secure email on 15 October 2025.

Further, the panel noted that the Notice of Meeting was also sent to Ms Gomez's representative at the Royal College of Nursing (RCN) on 15 October 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, the time, date and the fact that this meeting was heard virtually.

In the light of all of the information available, the panel was satisfied that Ms Gomez 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, in relation to Patient A:

- 1) At 21:49 on the 10 January 2021 failed to:
 - a) escalate a patient having a NEWS score of 3
 - b) increase the frequency of observations on a patient having a NEWS score of 3
 - c) complete or ensure that a sepsis screen was completed

- 2) At 04:09 hours on the 11 January 2021 failed to:
 - a) escalate a patient having a NEWS score of 3
 - b) to increase the frequency of observations on a patient having a NEWS score of 3
 - c) complete or ensure that a sepsis screen was completed

- 3) At 06:05 hours on the 11 January 2021 failed to:

- a) commence CPR on an unresponsive patient
- b) to effectively escalate concerns in relation an unresponsive patient

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

Background

On 11 October 2021, the NMC received a referral raising concerns about Ms Gomez, an agency nurse at Russell's Hall Hospital (the Hospital) of The Dudley Group NHS Foundation Trust (the Trust). The concerns related to the care provided to Patient A on the Ward during a night shift between 10 and 11 January 2021.

On 10 January 2021 at 21:49, Ms Gomez took observations from Patient A, recording a NEWS single score of 3. According to the Trust's Adult Observation Policy, a single score of 3 requires a manual recheck of observations, informing the nurse in charge and medical team, discussing with the outreach team, and increasing observation frequency to hourly with fluid balance, plus completing a sepsis screen. Accordingly, all actions and care plans must be documented. It is alleged that Ms Gomez failed to escalate or increase the observation frequency in line with policy after identifying the NEWS single score of 3. The Trust's protocol was not followed regarding escalation and increased observation frequency.

On 11 January 2021, at 04:09, another nurse took Patient A's observations and informed Ms Gomez of a NEWS single score of 3. It is alleged that Ms Gomez again failed to escalate according to The Trust policy as set out above, neither notifying the medical team nor increasing observation frequency for a second time.

At 06:05 on 11 January 2021, two clinical support workers (CSW) informed Ms Gomez and the other registered nurse on duty that Patient A was unresponsive. Both nurses rushed to the patient. It is alleged that Ms Gomez did not start CPR and instead bleeped a doctor on a non-emergency bleep. A different doctor arrived at the ward around 06:08 for an unrelated matter. The nurses reported to the doctor that they found the patient unresponsive, and he had been last checked at 05:00. The doctor examined Patient A and

CPR was commenced. A Medical Emergency Team (MET) call was placed at approximately 06:10. The MET arrived at 06:20, and resuscitation continued. CPR was discontinued at 06:43. At 07:42, Patient A's death was verified.

Decision and reasons on facts

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

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

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

- Witness 1: Registered Nurse at the Hospital, at the material time;
- Witness 2: Deputy Chief Nurse at the Trust, at the material time;
- Witness 3: CSW at the Hospital, at the material time.

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

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

Charges 1a and 2a

‘That you, a registered nurse, in relation to Patient A:

1) At 21:49 on the 10 January 2021 failed to:

a) escalate a patient having a NEWS score of 3

...

2) At 04:09 hours on the 11 January 2021 failed to:

a) escalate a patient having a NEWS score of 3

...’

These charges are found proved.

Due to the wording of the charge being *‘failed to’*, the panel first considered whether Ms Gomez had a duty to escalate following recording Patient A’s NEWS single score of 3. The panel took into account the Trust’s Adult Observation Policy. This is exhibited in Witness 2’s written statements. She directs that within this policy, the relevant section is section 6.2.4, which states that:

‘Any score of 5-6 or single score of 3, must be rechecked manually, nurse in charge informed, inform medical team (during working hours parent team, out of hours on call team), discuss with outreach (bleep 7838) ... When discussing with medical team utilise SBAR communication tool ... All actions and plan of care must be documented.’

The panel also noted that a chart in Appendix 1 of the same policy clearly outlines the actions to be taken by the practitioner for any given score.

In light of all the above, the panel determined that, as clearly explained in the policy, Ms Gomez had a duty to escalate Patient A’s NEWS single score of 3.

The panel then went on to consider the evidence. It took into account Witness 2’s written statements and the Root Cause Analysis (RCA) Report, dated 30 June 2021.

The panel took into account that the RCA Report outlines that a complete set of observations was carried out and documented at 21:49 on 10 January 2021, and 04:09 on 11 January 2021. Within these documented observations, Patient A's NEWS score at 21:49 was recorded as '*3 due to single score of 3 for BP*', and at 04:09 was recorded as '*3 due to single score of 3 for RR*'. Having already established that Ms Gomez had a duty to escalate a single score of 3, the panel noted that there was no evidence that the Trust's policy had been followed in relation to escalation, as no documentation existed.

The panel considered Ms Gomez's handwritten account, which was made at 08:10 on 11 January 2021, and local statement, dated 12 January 2021. It noted that neither of these addresses the allegations.

In light of all of the evidence before it, the panel was satisfied that Ms Gomez had failed to escalate Patient A's NEWS single score of 3 on both 10 and 11 January 2021. Therefore, charges 1a and 2a are found proved.

Charge 1b and 2b

'That you, a registered nurse, in relation to Patient A:

1) At 21:49 on the 10 January 2021 failed to:

...

b) increase the frequency of observations on a patient having a NEWS score of 3

2) At 04:09 hours on the 11 January 2021 failed to:

...

b) increase the frequency of observations on a patient having a NEWS score of 3'

These charges are found proved.

Due to the wording of the charge being '*failed to*', the panel first considered whether Ms Gomez had a duty to increase the frequency of Patient A's observations following his

identified NEWS score of 3. The panel took into account the Trust's Adult Observation Policy. This is exhibited in Witness 2's written statements. She directs that within this policy, the relevant section is section 6.2.4, which states that:

'Any score of 5-6 or single score of 3, must be rechecked manually...and increase frequency of observations to hourly with fluid balance ... Increase frequency as required and indicated to at least hourly. All actions and plan of care must be documented.'

The panel also noted that a chart in Appendix 1 of the same policy clearly outlines the actions to be taken by the practitioner for any given score.

In light of all the above, the panel determined that, as it is clearly explained in the policy, Ms Gomez had a duty to increase the frequency of Patient A's observations following his identified NEWS single score of 3.

The panel went on to consider the evidence before it. It took into account Witness 2's written statements and the RCA Report.

The panel noted that the RCA Report outlines that a complete set of observations were carried out and documented at 21:49 on 10 January 2021, and at 04:09 on 11 January 2021. Within these documented observations, Patient A's NEWS score at 21:49 was recorded as *'3 due to single score of 3 for BP'*, and at 04:09 was recorded as *'3 due to single score of 3 for RR'*.

Having already established that Ms Gomez had a duty to increase the frequency of Patient A's observations due to an identified NEWS single score of 3 in a single area. There was no evidence before the panel to suggest that Patient A's observations had increased in frequency. The panel noted that the full observations at 04:09 were the last ones completed before Patient A passed away.

The panel considered Ms Gomez's handwritten account and local statement. It noted that neither of these addresses the allegations.

In light of all of the evidence before it, the panel was satisfied that Ms Gomez had failed to increase the frequency of Patient A's observations following his identified NEWS score of 3, on both 10 and 11 January 2021. Therefore, charges 1b and 2b are found proved.

Charges 1c and 2c

'That you, a registered nurse, in relation to Patient A:

1) At 21:49 on the 10 January 2021 failed to:

...

c) complete or ensure that a sepsis screen was completed

2) At 04:09 hours on the 11 January 2021 failed to:

...

c) complete or ensure that a sepsis screen was completed'

These charges are found proved.

Due to the wording of the charge being *'failed to'*, the panel first considered whether Ms Gomez had a duty to complete or ensure that a sepsis screen was completed. The panel considered Witness 2's written statement, in which she explains that *'The Sepsis policy must also be followed, and a sepsis screen must be undertaken. There was no evidence of this.'* Witness 2 also exhibited the Trust's Adult Observation Policy. She directs that within this policy, the relevant section is section 6.2.4, which states that:

'Any score of 5-6 or single score of 3, ... Insure (sic) SEPSIS SCREEN IS COMPLETED (see Sepsis Policy). ... All actions and plan of care must be documented.'

The panel also noted that a chart in Appendix 1 of the same policy clearly outlines the actions to be taken by the practitioner for any given score.

In light of all the above, the panel determined that, as it is clearly explained in the policy and outlined in Witness 2's written statements, Ms Gomez had a duty to complete or ensure that a sepsis screen was completed.

The panel then went on to consider the evidence before it. It took into account the RCA Report. The panel reviewed the information documented at 21:49 on 10 January and 04:09 on 11 January. However, there was no evidence before the panel to suggest that Ms Gomez had completed or ensured that a sepsis screen had been completed.

The panel considered Ms Gomez's handwritten account and local statement. It noted that neither of these addresses the allegations.

In light of all of the evidence before it, the panel was satisfied that Ms Gomez had failed to complete or ensure that a sepsis screen was completed on both 10 and 11 January 2021. Therefore, charges 1c and 2c are found proved.

Charge 3a

'That you, a registered nurse, in relation to Patient A:

3) At 06:05 hours on the 11 January 2021 failed to:

a) commence CPR on an unresponsive patient'

This charge is found proved.

Due to the wording of the charge being *'failed to'*, the panel first considered whether Ms Gomez had a duty to commence CPR on an unresponsive patient. The panel considered Witness 2's written statement, where she explains:

'The Resuscitation Council (UK)'s guidelines are clear in that in the absence of a valid Do not attempt cardiopulmonary Resuscitation (DNACPR) decision then cardiopulmonary resuscitation (CPR) should have been instigated once the patient was identified as unresponsive.'

The panel noted that as part of Ms Gomez's training as a registered nurse, she would have undertaken resuscitation training, and further noted that the RCA Report identifies that her training on basic life support was up to date. Furthermore, the panel was satisfied that as a registered nurse, Ms Gomez had a duty of care to her patient, which included a duty to commence CPR if the patient was unresponsive.

The panel then considered the evidence before it. It took into account the RCA Report, Witness 1's written statement, and Ms Gomez's local statement.

The panel considered Witness 1's written statement, which outlines what happened when Patient A was found unresponsive. She explained that she and Ms Gomez rushed to the patient, who was found unresponsive by two CSW's. Witness 1 explains that she was panicking as this was the first time she had found herself in this situation. She explained that she had asked Ms Gomez to call the doctor, who said they were busy. It was only when another doctor came onto the Ward for something unrelated that CPR was started.

The panel also took into account that the RCA Report states the last time Patient A was alert was at 05:00 on 11 January 2021. The RCA Report also outlines that Ms Gomez did not use the emergency bleep to call for a doctor, nor did she make a MET call, as per the Trust's Adult Observation Policy.

In her local written statement, Ms Gomez stated that '*I was not certain of his DNAR status, this was checked.*' She also explained that this was her third shift at the Hospital and was unfamiliar with the Trust's procedures. However, in light of establishing that Ms Gomez had a duty to commence CPR on an unresponsive patient, the panel was satisfied that Ms Gomez had failed in her duty.

In light of all of the evidence before it, the panel was satisfied that Ms Gomez had failed to commence CPR on an unresponsive patient on 11 January 2021. Therefore, charge 3a is found proved.

Charge 3b

'That you, a registered nurse, in relation to Patient A:

3) At 06:05 hours on the 11 January 2021 failed to:

b) to effectively escalate concerns in relation an unresponsive patient'

These charges are found proved.

Due to the wording of the charge being *'failed to'*, the panel first considered whether Ms Gomez had a duty to effectively escalate concerns in relation to an unresponsive patient.

The panel noted that as part of Ms Gomez's training as a registered nurse, she would have undertaken resuscitation training, and further noted that the RCA Report identifies that her training on basic life support was up to date. Furthermore, the panel was satisfied that as a registered nurse, Ms Gomez had a duty of care to her patient, which included a duty to effectively escalate concerns in relation to an unresponsive patient.

In Ms Gomez's local statement, she explained that the CSW's informed her that Patient A was unresponsive *'with no sign of life at approximately 06:05'*. Witness 1, in her written statement explained that Ms Gomez then checked Patient A's DNACPR, and he did not have one in place.

Ms Gomez explained that she was advised to bleep the doctor on call, so she called the switchboard to find out the bleep number. In her local statement she states:

'I bleeped the doctor on 6011, he responded that he was on a MET call and was busy. I told him the situation on the ward, that [Patient A] was deceased and there was no DNAR status. He asked me what I wanted him to do I told him to verify the patient as the nurse in charge [as Witness 1] suggested.'

In light of all of the evidence before the panel, it noted that the most effective escalatory route was not taken. Therefore, the panel was satisfied that Ms Gomez had failed to

effectively escalate concerns in relation to an unresponsive patient on 11 January 2021. Therefore, charge 3b is found proved.

Fitness to practise

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

Representations on misconduct and impairment

The NMC invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code) in making its decision.

The NMC identified the specific, relevant standards where Ms Gomez's actions amounted to misconduct, namely:

'1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 treat people with kindness, respect and compassion

1.2 make sure you deliver the fundamentals of care effectively

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

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

To achieve this, you must:

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

3.2 recognise and respond compassionately to the needs of those who are in the last few days and hours of life

13 Recognise and work within the limits of your competence

To achieve this, you must, as appropriate:

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

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

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

15 Always offer help if an emergency arises in your practice setting or anywhere else

To achieve this, you must:

15.2 arrange, wherever possible, for emergency care to be accessed and provided promptly

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

To achieve this, you must:

19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place

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

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

The NMC submitted:

'15. The NMC consider Miss Gomez's conduct, as detailed in the charges, to fall significantly short of what would be expected of a registered nurse. The areas of concern identified relate to basic nursing skills and practice. Miss Gomez's actions in repeated failure to adhere to a policy and to escalate a patient's condition was a significant departure from the fundamental principles of the Code of prioritising people, preserving safety, practising effectively and promoting professionalism and trust in the professions. It is submitted that the misconduct in this case is serious. Miss Gomez failed to provide safe and effective care to a patient in her care.'

The NMC requires the panel to bear in mind its overarching objective to protect the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body.

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

The NMC submitted that limbs 1 to 3 of the Grant test can be answered in the affirmative. In relation to the first limb, the NMC submitted that Ms Gomez failed on more than one occasion to act as was expected of her during the shift in question, and as expected of a nurse, in response to a patient's worsened condition. The NMC submitted that Ms Gomez's conduct put Patient A at risk of unwarranted harm. In relation to the second limb, it submitted that her behaviour and conduct were serious as they departed from the standards expected of a registered nurse, and that her conduct is liable to bring the nursing profession into disrepute. In relation to the third limb of the Grant test, the NMC submitted that Ms Gomez breached fundamental tenets of the nursing profession.

The NMC referred the panel to the case of *R (on application of Cohen) v General Medical Council* [2008] EWHC 581 (Admin), and NMC guidance '*Can the concern be addressed?*' (FTP-15a) and '*Has the concern been addressed?*' (FTP-15b).

The NMC submitted that the underlying conduct in this case can be addressed through steps such as training courses and assessment. It submitted that the incident is isolated in nature and relate to clinical failings rather than attitudinal.

In relation to whether the concern has been addressed, the NMC submitted that Ms Gomez has shown limited insight, and although she provided a written local account, she did not take responsibility for her inaction. It reminded the panel that she had not responded to the charges.

Additionally, the NMC submitted, *'At the time of writing this statement of case, it is unclear whether Miss Gomez has been working since the issues of concern.'* In conclusion, the NMC submitted *'that there is a continuing risk to the public due to Miss Gomez's lack of full insight and the lack of evidence demonstrating strengthened practice through work in a relevant area.'*

In relation to the public interest, the NMC submitted that there is a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behaviour. It submitted that Ms Gomez's conduct engages the public interest because members of the public would be appalled to hear of a nurse failing to act duly on a patient's declining health condition. Therefore, the NMC invited the panel to make a finding of impairment in the public interest to declare and uphold proper standards of conduct and behaviour.

The panel noted that Ms Gomez engaged with the local investigation at the Hospital and provided two written statements on 11 and 12 January 2021. However, she has not engaged with the NMC investigation, nor has she responded to the allegations. The panel further noted in the notice of meeting, dated 15 October 2025, Ms Gomez was invited to submit any written representations and/or evidence she wished the panel to consider. Ms Gomez has not responded in any way.

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

Decision and reasons on misconduct

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

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

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

The panel was of the view that Ms Gomez's actions did fall significantly short of the standards expected of a registered nurse, and that Ms Gomez's actions amounted to a breach of the Code. Specifically:

'1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.2 make sure you deliver the fundamentals of care effectively

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

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

To achieve this, you must:

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

13 Recognise and work within the limits of your competence

To achieve this, you must, as appropriate:

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

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

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

15 Always offer help if an emergency arises in your practice setting or anywhere else

To achieve this, you must:

15.2 arrange, wherever possible, for emergency care to be accessed and provided promptly

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

To achieve this, you must:

19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place

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'

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

The panel noted that Ms Gomez was an agency nurse, undertaking her third shift at the Hospital. However, she failed in her duty to escalate and manage a deteriorating patient according to a nationally long-established and mandated guideline, NEWS, which, as a registered nurse, it is reasonable she would have proficiency in. The panel was of the view that she should have taken the time to review the Trust's Adult Observational Policy either before or at the beginning of her shift at the Hospital. Furthermore, the panel was of the

view that Ms Gomez's inaction, in that she did not immediately commence CPR on an unresponsive patient, relates to a fundamental tenet of nursing practice.

The panel determined that Ms Gomez's inaction and conduct fell seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

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

In coming to its decision, the panel had regard to the NMC Guidance on 'Impairment' (DMA-1), last updated on 3 March 2025, in which the following is stated:

'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. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

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

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

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

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

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

The panel noted that the test requires it to consider how Ms Gomez has acted in the past and also how she is liable to act in the future.

Before answering the questions as set out in *CHRE v NMC and Grant*, the panel took into account the case of *R (on application of Cohen) v General Medical Council*.

The panel was satisfied that the misconduct in this case is capable of being addressed as they relate to a distinct area of practice, but would require Ms Gomez to demonstrate significant insight and strengthening of her practice.

The panel proceeded to consider whether the concerns have been remediated. The panel noted Ms Gomez's local responses to the Hospital on 11 and 12 January 2021. It noted that within her responses, Ms Gomez had deflected blame onto others, explaining that she did not know the policies due to the shift in question being her third shift at the Hospital. Considering this, the panel was of the view that the relevant policies were national guidelines and would have been used in other trusts and hospitals. Moreover, Ms Gomez was an experienced nurse with up-to-date basic life support training, so she should have known how to interpret and escalate NEWS Scores, and how to act when encountering an unresponsive patient. Furthermore, in her local response on 12 January 2021, she offered a limited apology '*I would like to apologise to the staff, ward, and my agency for any inconvenience that it may have caused.*' The panel noted that she did not express any remorse to Patient A or his family.

The panel also noted that Ms Gomez has not responded to the charges or engaged with the NMC investigation, and there is no evidence that she has shown insight or remorse, despite having had the opportunity to do so. In the circumstances, the panel concluded that Ms Gomez has not demonstrated insight. Additionally, the panel considered that there is no evidence she has taken any steps to strengthen her practice.

In light of the risk of harm to patients, Ms Gomez's lack of insight and strengthening of practice, as well as the lack of remorse demonstrated, the panel determined that the concerns have not been remediated, and there is a risk of repetition.

Having established the above, the panel went on to answer the three questions as set out in *CHRE v NMC and Grant*.

In relation to the risk of harm, the panel determined that as a result of Ms Gomez's misconduct, Patient A was put at an unwarranted risk of harm. Given the panel's findings of the risk of repetition, Ms Gomez's lack of insight and strengthened practice, the panel determined that Ms Gomez is liable to put patients at an unwarranted risk of harm in the future.

The panel found that Ms Gomez's misconduct, which breached several sections of the Code, had breached fundamental tenets of the profession. Having not seen any evidence

of insight, strengthened practice, and having identified a risk of repetition, the panel determined that Ms Gomez is liable to breach fundamental tenets of the profession in the future.

The panel noted that Ms Gomez's failure to escalate or act on Patient A's NEWS Score, and not initiating CPR on an unresponsive patient, breached fundamental tenets of the profession. In light of this, the panel determined that Ms Gomez's misconduct brought the profession into disrepute. Consequently, the panel determined that due to Ms Gomez's lack of insight and strengthened practice, and the risk of repetition, Ms Gomez is liable to bring the profession into disrepute in the future.

In all the circumstances, 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 and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a finding of impairment on public interest grounds is required. The panel concluded that nurses hold a position of trust and that a member of the public, fully apprised of the facts, would be concerned if a finding of current impairment was not made due to the harm caused to Patient A; Ms Gomez's lack of remorse, insight, or strengthened practice; and the risk of repetition.

Having regard to all of the above, the panel was satisfied that Ms Gomez'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 Gomez off the register. The effect of this order is that the NMC register will show that Ms Gomez has been struck-off the register.

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

Representations on sanction

The panel noted that in the Notice of Meeting, dated 15 October 2025, the NMC had advised Ms Gomez that it would seek the imposition of a Conditions of Practice Order for a period of 18 months if the panel found her fitness to practise currently impaired.

The NMC submitted that the mitigating factors in this case are that there was a lack of induction to the local clinical policies of the Trust, and that it was the third shift that Ms Gomez had worked for the Trust.

In relation to taking no further action, the NMC submitted that there are no exceptional features in this case that would warrant taking no further action and given the seriousness of this case, this order would not be sufficient to protect the public, maintain standards, or maintain confidence in the NMC as a regulator.

In relation to a caution order, the NMC submitted that there is no evidence that Miss Gomez has sufficiently remediated the concerns, meaning there is still a risk of harm to patients.

In relation to a conditions of practice order, the NMC submitted that there is no evidence of harmful deep-seated personality or attitudinal problems; there are identifiable areas of Ms Gomez's practice in need of assessment and/or retraining; Conditions can be created that can be monitored and assessed. A conditions of practice order would be the appropriate and proportionate order in this case.

The NMC submitted that a suspension order or a striking-off order is not appropriate or proportionate in this case. A conditions of practice order will be sufficient to protect patients, public confidence in nurses and professional standards.

Decision and reasons on the sanction

Having found Ms Gomez'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:

- Lack of insight into failings;
- Limited apology;
- No evidence of strengthened practice; and
- Potential service user harm to Patient A.

The panel noted that the NMC suggested the following mitigating features:

- Lack of induction to the local clinical policies of the Trust; and
- It was Ms Gomez's third shift at the Hospital.

However, the panel was of the view that when making its finding of misconduct, it had already taken these features into account and did not find them to be mitigating. Therefore, it determined that the aggravating features outweighed 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 Gomez'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 Gomez'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 Ms Gomez's registration would be a sufficient and appropriate response. The panel was of the view that there are no practical or workable conditions that could be formulated, given Ms Gomez's lack of insight, remorse and strengthened practice, as well as the lack of engagement with the NMC. The panel noted that Ms Gomez had been offered undertakings by the NMC Case Examiners, but she did not acknowledge them; accordingly, it was not satisfied that Ms Gomez would engage with conditions. Therefore, the panel concluded that placing conditions on Ms Gomez's registration would not adequately address the seriousness of this case and would not adequately protect the public. Furthermore, given the seriousness of this case, it would not address the wider public interest and would not maintain public confidence in the nursing profession and the NMC as its regulator.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that a 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, midwife or nursing associate has insight and does not pose a significant risk of repeating behaviour*

However, the panel noted that although this was a single instance of misconduct, there is no evidence of insight, remorse, or strengthened practice. Therefore, the panel determined that there is a real risk of repetition of Ms Gomez's misconduct in the future. There has been no evidence before the panel to demonstrate whether Ms Gomez presents attitudinal concerns.

Furthermore, the misconduct, 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 Gomez's actions is fundamentally incompatible with Ms Gomez 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?*

The panel noted that Ms Gomez's actions related to a failure to escalate a deteriorating patient on two occasions and a failure to commence CPR to an unresponsive patient. In her local statements to the Hospital on 11 and 12 January 2021, Ms Gomez made an apology but only to the staff, ward, and her agency for '*any inconvenience*' caused. In light of the context of the concerns, the panel was of the view that Ms Gomez's response and lack of engagement raise the fundamental question of her professionalism.

Ms Gomez'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

Gomez's actions were 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 determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Ms Gomez'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.

In making this decision, the panel carefully considered the submissions of the NMC in relation to the sanction that the NMC was seeking in this case. However, the panel considered that due to Ms Gomez's misconduct and the seriousness of the concerns; her lack of engagement with the NMC proceedings; her lack of insight, remorse, and strengthened practice; and her overall response to the incident in question, a conditions of practice order did not mark the seriousness of this case. Therefore, the panel determined that a striking off order was the appropriate and proportionate sanction in this case.

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

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

That concludes this determination.