

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

**Substantive Hearing
Monday, 24 November 2025 – Wednesday, 26 November 2025**

Virtual Hearing

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| Name of Registrant: | Judith Sarah Goodwin |
| NMC PIN: | 85C1368E |
| Part(s) of the register: | Registered Nurse – Sub part 2 Mental Health Nursing (Level 2) – 2 June 1987 |
| Relevant Location: | Wakefield |
| Type of case: | Misconduct |
| Panel members: | Dale Simon (Chair, Lay member) Richard Desir (Registrant member) Helen Kitchen (Lay member) |
| Legal Assessor: | Gerard Coll |
| Hearings Coordinator: | Bethany Seed |
| Nursing and Midwifery Council: | Represented by Megan Verity, Case Presenter |
| Miss Goodwin: | Not present and unrepresented |
| Facts proved: | Charge 1a |
| Facts not proved: | Charges 1b)i), 1)b)ii) and 2 |
| Fitness to practise: | Impaired |
| Sanction: | Suspension order (12 months) |
| Interim order: | Interim suspension order (18 months) |

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Miss Goodwin was not in attendance and that the Notice of Hearing letter had been sent to Miss Goodwin's registered address by recorded delivery and first-class post on 23 October 2025.

The panel had regard to the Royal Mail 'Track and trace' printout which showed the Notice of Hearing was delivered to Miss Goodwin's registered address on 23 October 2025. It was signed for against the printed name of 'J. Goodwin'.

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

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegations, the time, dates and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Miss Goodwin's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

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

Decision and reasons on proceeding in the absence of Miss Goodwin

The panel next considered whether it should proceed in the absence of Miss Goodwin. It had regard to Rule 21 and heard the submissions of Ms Verity who invited the panel to

continue in the absence of Miss Goodwin. She submitted that Miss Goodwin had voluntarily absented herself.

Ms Verity referred the panel to the documentation from Miss Goodwin which included a 'Response to Notice of Hearing' form dated and signed on 25 October 2025. In this form, Miss Goodwin confirmed that she would not be attending the hearing and that she was content for the hearing to proceed in her absence. Ms Verity also submitted that the panel has received a registrant's response bundle, so Miss Goodwin has been able to provide reflections and character references. She submitted that these allegations arose some time ago and witnesses are available to attend today, and any delay may inconvenience them and their employers. She further submitted that there is a public interest in the expeditious disposal of this case.

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised '*with the utmost care and caution*' as referred to in the case of *R v Jones (Anthony William)* (No.2) [2002] UKHL 5.

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

- No application for an adjournment has been made by Miss Goodwin;
- Miss Goodwin has informed the NMC that she has received the Notice of Hearing and confirmed she is content for the hearing to proceed in her absence. Miss Goodwin indicated in the Response to the Notice of Hearing

that she was too unwell to attend, although the panel had no medical evidence before it at this time;

- There is no reason to suppose that adjourning would secure her attendance at some future date;
- Two witnesses have been secured to attend on Day 1 of this hearing to give live evidence and not proceeding may inconvenience the witnesses, their employer(s) and, for those involved in clinical practice, the clients who need their professional services;
- The charges relate to events that occurred in 2021 and any further delay may have an adverse effect on the ability of witnesses accurately to recall events; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Miss Goodwin in proceeding in her absence. The panel noted that the documentation that the NMC relies on was sent to her registered address, and that Miss Goodwin responded to the Notice of Hearing sent on 23 October 2025, in which she denied all of the allegations. She will not be able to challenge the evidence relied upon by the NMC and will not be able to give evidence on her own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies.

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

Decision and reasons on application to amend the charge

The panel heard an application made by Ms Verity to amend the wording of charge 1.

The proposed amendment was to change the date from 4 August 2020 to 4 August 2021. It was submitted by Ms Verity that this was a typographical error and that the proposed amendment would provide clarity and more accurately reflect the evidence. The proposed amendment is as follows:

“That you, a registered nurse:

1) On 4 August ~~2020~~ **2021**, without clinical justification:”

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

The panel was of the view that such an amendment, as applied for, was in the interest of justice. The panel accepted that this was a typographical error and that the proposed amendment does not materially change the conduct alleged in the charge. The panel also noted that Miss Goodwin had responded to the allegation as though it related to 4 August 2021. The panel was satisfied that there would be no prejudice to Miss Goodwin, and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment, as applied for, to ensure clarity and accuracy.

Decision and reasons on application for hearing to be held in private

Ms Verity made a request that this case be held partly in private on the basis that proper exploration of Miss Goodwin’s case involves reference to her health. The application was made pursuant to Rule 19 of the Rules.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party, third party, or by the public interest.

The panel determined to go into private session in connection with Miss Goodwin's health as and when such issues are raised in order to protect her right to privacy.

Details of charge (as amended):

That you, a registered nurse:

- 1) On 4 August 2021, without clinical justification:
 - a) Roughly grabbed Resident A by the collar to pull them from the floor;
 - b) Pushed Resident A with force:
 - i) onto the crash mat;
 - ii) face forward onto the bed;
- 2) When told by Colleague 1 to loosen your grip on Resident A, said words to the effect of "*I will fucking strangle him, he's been doing this all night*";

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

Background

The charges arose whilst Miss Goodwin was employed as a registered nurse by Castleford Care Home (the Home). The NMC received a referral from the Home on 12 August 2021.

It is alleged that on 3 August 2021, Miss Goodwin was working at the Home on a night shift. It is further alleged at approximately 07:00 on 4 August 2021 an incident occurred, and the emergency buzzer sounded from Resident A's room, indicating that Resident A had fallen from their bed onto a crash mat. Resident A was a vulnerable patient who suffered with advanced dementia.

It is alleged that Miss Goodwin roughly grabbed Resident A by the collar whilst moving Resident A and that she forcibly pushed them both when they went back down onto the crash mat and later when they were moved from the crash mat onto their bed. It is alleged that when Witness 1 exchanged words with Miss Goodwin during the incident, she responded in an aggressive and unprofessional manner as outlined within charge 2.

Following the reporting of this incident, the Home suspended Miss Goodwin, and she subsequently resigned from her position. It is the NMC's understanding that Miss Goodwin is currently experiencing health challenges and has retired from nursing.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Ms Verity on behalf of the NMC.

The panel has drawn no adverse inference from the non-attendance of Miss Goodwin.

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 witnesses called on behalf of the NMC:

- Witness 1: Registered Nurse at the Home at the time of the alleged incident.

- Witness 2: Health Care Assistant at the Home
at the time of the alleged incident.

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

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

Charge 1a)

“That you, a registered nurse:

- 1) On 4 August 2021, without clinical justification:
 - a) Roughly grabbed Resident A by the collar to pull them from the floor;”

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Witness 1 and Witness 2.

In particular, the panel considered Witness 1’s witness statement, which states that they saw Miss Goodwin holding Resident A by the back of their shirt collar, and that Resident A’s knees and feet were still on the floor. The panel also noted that Witness 1 described that Miss Goodwin was holding the collar high enough to strangle Resident A. The panel noted that Witness 2’s witness statement states that Miss Goodwin grabbed the back of Resident A’s shirt and lifted them up by the back of the neck, for approximately two seconds, so that their head was barely off the ground. Witness 2 also stated that Miss Goodwin was rough in her handling of Resident A on this occasion.

The panel also bore in mind Miss Goodwin’s reflective statement in respect of this incident. It noted that Miss Goodwin suggested that she believed it was in Resident A’s

best interest to prevent them from rolling under their bed, so she pulled their shirt to adjust their position so that she, Witness 1 and Witness 2 could roll Resident A onto their back.

The panel considered the evidence of Witness 1, which suggested that Miss Goodwin held Resident A in the air by their collar with their knees on the ground at a 45-degree angle and then dropped/pushed them to the floor. In the opinion of the panel, the account of Witness 1 was significantly different to the account given by Witness 2 and Miss Goodwin who both described Resident A being moved/lifted by their clothing from the mat. The panel was of the view that if Witness 1's account was true, and Miss Goodwin had suspended Resident A in the air by their shirt strangling them, Witness 2 would have recalled this occurring which they did not. The panel noted that in their police statement, Witness 1 gave less detail than they gave at this hearing, and the panel considered that over time, Witness 1's memory of the incident could have been distorted or embellished through the passage of time and repetition. The panel considered that Witness 2's evidence was credible and reliable. Therefore, the panel preferred the evidence of Witness 2, over that of Witness 1.

In any event, the panel considered that there was no perceivable clinical justification for pulling a resident by their shirt in this situation. The panel considered that national guidance from the NHS and the Health and Safety Executive (HSE) prohibits nurses from lifting patients by their clothing or using forceful movements as a method of manual handling. The panel noted Miss Goodwin's admission that she attempted to move Resident A by pulling their clothing. Therefore, the panel determined that this charge is found proved.

Charge 1b)i)

"That you, a registered nurse:

1) On 4 August 2021, without clinical justification:

b) Pushed Resident A with force:

i) onto the crash mat;"

This charge is found NOT proved.

In reaching this decision, the panel took into account the evidence of Witness 1 and Witness 2. In particular, the panel considered that both Witness 1 and Witness 2 could not recall consistently whether Resident A had been pushed, or whether they had dropped forward after Miss Goodwin let go of their collar.

The panel considered that in Witness 1's statement to the police, they did not make reference to Miss Goodwin "*pushing*" Resident A onto the crash mat. The panel considered that the first mention of Resident A being pushed was in Witness 1's statement to the NMC. The panel had regard to the evidence of Witness 2, who stated that Miss Goodwin was pulling Resident A up by the scruff of their neck and that Resident A's head had barely left the crash mat. The panel noted that Witness 2 made no mention of Miss Goodwin pushing Resident A onto the crash mat. The panel considered that Witness 1's evidence was less consistent and credible than the evidence of Witness 2. Therefore, the panel considered that Witness 2's account was preferable in this instance.

The panel considered that there would have been no clinical justification for pushing Resident A onto the crash mat, and that some degree of force would have been evident regardless of whether Resident A was pushed or dropped. However, the panel considered the wording of the charge and the evidence before it and was not satisfied that there was any reliable or consistent evidence that Miss Goodwin pushed Resident A with force onto the crash mat, and therefore it determined that this charge is not found proved.

Charge 1b)ii)

"That you, a registered nurse:

- 1) On 4 August 2021, without clinical justification:
 - b) Pushed Resident A with force:

- ii) face forward onto the bed;”

This charge is found NOT proved.

In reaching this decision, the panel took into account the evidence of Witness 1 and Witness 2.

The panel noted that Witness 1 first mentions that Miss Goodwin pushed Resident A in their statement to the police. The panel considered that this account differs from the account of Witness 2, who described that Witness 1 held the top part of Resident A’s body *“kindly and gently”* whilst Miss Goodwin had picked up Resident A’s legs and flopped them onto the bed without care or attention. The panel found that this would not have been the proper manual handling techniques to manoeuvre Resident A. However, the panel also considered that logistically, Miss Goodwin would have needed to use some degree of force to get Resident A onto the bed. The panel did not consider that this force would have been either unnecessary or was a forceful push as described in the charge.

The panel considered that Witness 1’s account of the incident was inconsistent with Witness 2’s account, which it preferred. Therefore, the panel determined that this charge is not proved.

Charge 2)

“That you, a registered nurse:

2. When told by Colleague 1 to loosen your grip on Resident A, said words to the effect of *“I will fucking strangle him, he’s been doing this all night”;*”

This charge is found NOT proved.

In reaching this decision, the panel took into account the evidence of Witness 1. In particular the panel considered that Witness 1 did not mention the word “*fucking*” in their statement to the NMC. The panel noted Witness 1’s reasoning for this, that it was because they did not like swearing. The panel did not consider that this was a credible reason for the inconsistency.

The panel noted that the evidence of Witness 1 was directly contradicted by Witness 2 who made no reference to the alleged remark in any of their statements. Witness 2, in their oral evidence, also confirmed that they did not hear Miss Goodwin make this remark. When asked about this further, Witness 2 stated that Miss Goodwin may have sworn in front of colleagues, but that she had not sworn on this occasion. The panel also noted Miss Goodwin’s denial of this allegation.

The panel was of the view that given the inconsistencies in Witness 1’s account, it preferred the evidence of Witness 2 which it considered to be more reliable. Therefore, the panel determined that this charge is not 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 Miss Goodwin’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.

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, Miss Goodwin's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

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

Ms Verity identified the specific, relevant standards where the NMC contends that Miss Goodwin's actions amounted to misconduct. She submitted that the conduct found proved depicts the rough handling of a vulnerable patient without any perceivable clinical justification for those actions. She submitted that this conduct falls short of what would be expected of a registered practitioner in these circumstances. She submitted that this conduct would be considered deplorable by fellow practitioners.

Submissions on impairment

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

Ms Verity submitted that the conduct that this panel found proved put a vulnerable resident at an obvious risk of unwarranted harm. She submitted that Miss Goodwin has breached fundamental tenets of the profession. She further submitted that there is no reasonable excuse or reasoning that could explain Miss Goodwin's actions during the incident.

Ms Verity submitted that there is no evidence before this panel to outline that Miss Goodwin has taken steps to strengthen her practice, or to demonstrate insight into her conduct. She submitted that in light of the absence of information regarding Miss Goodwin's insight or strengthened practice, there remains a risk of repetition. Ms Verity submitted that whilst Miss Goodwin wishes to rely on her long nursing career, this alone is not enough to assist the panel with why she acted in contravention to her training. She therefore submitted that a finding of impairment is necessary for the protection of the public.

Ms Verity submitted that Miss Goodwin's actions require a finding of impairment on the ground of public interest. She submitted that a member of the public would be shocked if they were told that a registrant had acted in this way with a vulnerable resident but was permitted to practise unrestricted and had not taken any further step to try and rectify the issues in her practice. She submitted that Miss Goodwin has breached fundamental tenets of the profession as she used her position of trust and roughly handled a vulnerable resident. She submitted that a finding of impairment is needed on the ground of public interest.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), and *Calhaem v General Medical Council* [2007] EWHC 2606 (Admin).

Decision and reasons on misconduct

In coming to its decision, the panel had regard 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.*’ When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

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

‘1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 treat people with kindness, respect and compassion

1.2 make sure you deliver the fundamentals of care effectively

...

1.5 respect and uphold people’s human rights

6 Always practise in line with the best available evidence

To achieve this, you must:

...

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

8 Work cooperatively

To achieve this, you must:

...

8.5 work with colleagues to preserve the safety of those receiving care

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 appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that Miss Goodwin's conduct was in contravention of recognised manual handling techniques and put a vulnerable resident at risk of harm. The panel acknowledged that no harm was caused to Resident A, however the panel considered that Miss Goodwin's actions put Resident A at a significant risk of harm. The panel considered that in these circumstances, there was no clinical justification for the conduct. The panel considered that this departure was very serious. The panel was therefore satisfied that this was a significant departure from the standards expected from 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, Miss Goodwin's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the NMC Guidance on '*Impairment*' (Reference: DMA-1 Last Updated: 03/03/2025) 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/ 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) ...'

The panel found that Resident A was put at an unwarranted risk of harm as a result of Miss Goodwin's misconduct. Miss Goodwin's misconduct breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

The panel was satisfied that the misconduct in this case is capable of being remediated. The panel considered that manual handling techniques are an issue that can be addressed through retraining, and that there appears to be no evidence of deep-seated attitudinal issues that are more difficult to put right. The panel considered the evidence before it in determining whether or not Miss Goodwin has taken steps to strengthen her practice and noted that there is no evidence before it at this time to suggest that Miss Goodwin has done any training that would address the misconduct found by this panel.

Regarding insight, the panel considered that whilst Miss Goodwin has provided some contextual information in her reflective statement, she has not yet recognised, reflected on or taken accountability for her misconduct. The panel could not identify any clinical justification or unusual circumstances that would have justified Miss Goodwin's actions, and therefore it was not satisfied that this was a "*one-off*" occasion that would have justified a departure from her training. Therefore, the panel considered that Miss Goodwin has demonstrated a lack of insight at this time.

The panel was of the view that there is a risk of repetition of the misconduct found proved based on Miss Goodwin's lack of insight and remediation. The panel therefore decided that a finding of impairment is necessary on the ground of public protection.

The panel bore in mind that 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.

The panel determined that a finding of impairment on the ground of public interest is required because this case involves the rough handling of a resident who was particularly vulnerable. The panel considered that a member of the public would be concerned if a finding of impairment was not found in light of this panel's findings. The panel considered that the reputation of the profession would be damaged if Miss Goodwin was permitted to practise unrestricted given the ongoing public protection concerns.

The panel acknowledged that Miss Goodwin has a previously unblemished career in nursing and is currently not working as a registered nurse [PRIVATE]. However, the panel determined that the concerns were serious and, in any event, have not yet been addressed. The panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also found Miss Goodwin's fitness to practise impaired on the grounds of public interest.

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

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of 12 months. The effect of this order is that the NMC register will show that Miss Goodwin's registration has been suspended.

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

Submissions on sanction

Ms Verity submitted that the NMC invited the panel to impose a striking-off order. She submitted that the charge found proved is serious misconduct that put a vulnerable resident at an unwarranted risk of harm. She submitted that whilst this panel has found that the misconduct is remediable, Miss Goodwin is now retired from nursing [PRIVATE] with no apparent intention of returning to practice.

Ms Verity submitted that there are no other workable sanctions that could be imposed to reduce the risks identified by the panel. She submitted that taking no further action or imposing a caution order would not be appropriate given the seriousness of the misconduct. She submitted that Miss Goodwin is no longer working as a nurse, and therefore a conditions of practice order would not be appropriate or workable in these circumstances.

Ms Verity submitted that a suspension order may be appropriate where a registrant has insight and does not pose a risk of repeating the misconduct. She submitted however that this misconduct was serious, that Miss Goodwin has demonstrated a lack of insight and there remains a risk of repetition in this case. She submitted that Miss Goodwin is unlikely to return to practise and demonstrate sufficient insight and remediation and therefore, a period of suspension would serve no purpose.

Ms Verity submitted that a striking-off order is the only necessary and proportionate sanction that would sufficiently protect the public and mark the public interest. She submitted that this misconduct was serious and fundamentally incompatible with Miss Goodwin remaining on the NMC register. She submitted that the misconduct was a

significant departure from the professional standards expected and brings the profession into disrepute.

Decision and reasons on sanction

Having found Miss Goodwin'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:

- Conduct which put a vulnerable resident at risk of suffering harm; and
- Lack of insight into failings.

The panel took into account that Miss Goodwin is of previous good character, has provided positive character references and has had a 35-year unblemished career as a nurse. However, the panel considered that the references did not address this particular incident, but rather Miss Goodwin's practice as a whole. The panel was not satisfied that these points carried enough weight to amount to mitigating features in this case.

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Miss Goodwin's practice would not be appropriate in the circumstances. The SG

states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Miss Goodwin's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Miss Goodwin's registration would be a sufficient and proportionate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the particular circumstances of this case. The panel considered that the misconduct in this case relates to Miss Goodwin's clinical practice and is capable of being addressed with further training. However, the panel noted that Miss Goodwin has retired from nursing and has not demonstrated any willingness to comply with conditions on her practice. Therefore, the panel considered that there were no workable conditions that could be formulated to address the public protection concerns.

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

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*

The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register. The panel noted that this was a single instance of misconduct, and this panel has found that there is no evidence of harmful

deep-seated attitudinal problems. The panel acknowledged that there has been no evidence of repetition of the behaviour since the incident, however it did note that there remains a risk of repetition in light of Miss Goodwin's lack of insight and remediation. However, the panel also considered that Miss Goodwin has now retired, [PRIVATE], and does not wish to return to practice. Therefore, the panel considered that the risk of harm to the public is somewhat mitigated at this time. The panel was of the view that a period of suspension may allow Miss Goodwin time to demonstrate further insight and steps taken to remediate the misconduct if she wishes to return to practice.

The panel considered whether a striking-off order would be proportionate but, taking account of all the information before it, the panel concluded that it would be disproportionate. The panel noted Miss Goodwin's previously unblemished career of 35-years and determined that a striking-off order would be disproportionate, particularly given that this was a single instance of misconduct and there is no evidence of attitudinal issues. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Miss Goodwin's case to impose a striking-off order.

Balancing all of these factors the panel has concluded that a suspension order would be the necessary and proportionate sanction. The panel noted the hardship such an order will inevitably cause Miss Goodwin. However, this is outweighed by the public interest in this case. The panel considered that this order is 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 Ms Verity in relation to the sanction that the NMC was seeking in this case. However, the panel considered that a suspension is the least restrictive sanction that would address the public protection and public interest concerns identified. The panel considered that a striking off order is not the only proportionate sanction that would protect the public, maintain professional standards and public confidence in the profession. The panel was not

satisfied that this misconduct is fundamentally incompatible with remaining on the NMC register.

The panel determined that a suspension order for a period of one year was appropriate in this case to mark the seriousness of the misconduct, and to allow sufficient time for Miss Goodwin to reflect on the misconduct and take steps to strengthen her practice if she wishes to do so.

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

Any future panel reviewing this case would be assisted by:

- Evidence of further insight or training relevant to the misconduct found proved;
- [PRIVATE]; and
- Engagement with the NMC and attendance at any future review hearing.

This will be confirmed to Miss Goodwin in writing.

Interim order

As the suspension order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Miss Goodwin's own interests until the suspension sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

The panel took account of the submissions made by Ms Verity. She submitted that an interim suspension order for 18 months should be imposed to cover the 28 days before the substantive suspension order comes into effect and any subsequent appeal period. She submitted this was necessary in light of the panel's findings in respect of the public protection and public interest concerns.

Decision and reasons on interim order

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

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

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

That concludes this determination.