Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Monday, 17 November 2025 – Thursday, 20 November 2025

Virtual Meeting

Name of Registrant:	**Judith Isaacs**
NMC PIN:	20G2396E
Part(s) of the register:	Nursing Associate - (26 December 2020)
Relevant Location:	Basingstoke
Type of case:	Misconduct
Panel members:	Shaun Donnellan (Chair, Lay member) Sophie Agolini (Registrant member) Anne Rice (Lay member)
Legal Assessor:	Jayne Salt
Hearings Coordinator:	Eyram Anka
Facts proved by way of admission	Charge 3
Facts proved:	Charges 1, 2, 4a and 4b
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 the Notice of Meeting had been sent to Ms Isaacs' registered email address by secure email on 9 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 Isaacs 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).

Decision and reasons on whether to hear this case as a meeting

The panel considered whether to continue this case in this meeting or refer it to a hearing. It had regard to the NMC guidance CMT-4 ('Considering cases at meetings and hearings').

The panel noted that Ms Isaacs has not requested a hearing. In reaching its decision, the panel had regard to all the information available to it. The panel considered that much of the apposite evidence in this case is documentary, which makes it appropriate to proceed as a meeting.

The panel considered that it may have been of some assistance to be able to ask questions of Witness 4 and also Ms Isaacs, but as Witness 4 is not a registrant and is no longer employed by the agency, the panel deemed it is unlikely he would attend, and Ms Isaacs cannot be forced to attend and answer questions. Both parties had provided written accounts (Witness 4 – 2 statements, Ms Isaacs – a witness statement and a written response to the charges). The panel therefore determined

that there was sufficient information to enable it to make decisions if it went ahead as a meeting.

It noted that Ms Isaacs has been given the opportunity to engage and attend but has indicated that her [PRIVATE] may prevent future engagement with proceedings.

The panel recognised that without hearing live evidence from the witnesses, it would need to assess at the evidence in the round and give what it deemed appropriate weight.

The panel determined that this case can be dealt with in a meeting.

Details of charge

That you a registered nursing associate:

1. Between 4 October 2021 and 28 February 2023 worked in Registered Mental Health Nurse (RMN) and/or Registered Nurse roles on one or more of the occasions set out in Schedule 1.

2. Failed to alert McMillan Healthcare Ltd, that you had been booked in the capacity of a registered mental health nurse (RMN) and/or registered nurse, rather than a nursing associate.

3. On one or more occasions signed time sheets stating that you were a registered mental health nurse (RMN).

4. Your actions in Charges 1 and/or 2 and/or 3 were dishonest in that you:
    a. Knew you were not qualified and/or registered to undertake work as a registered mental health nurse (RMN) and/or registered nurse.

    b. Sought to mislead others that you were qualified and/or registered to undertake work as a registered mental health nurse (RMN) and/or registered nurse.

And in light of the above, your fitness to practice is impaired by reason of your misconduct.

Schedule 1

- 07/10/2021
- 08/10/2021
- 09/10/2021
- 10/10/2021
- 11/10/2021
- 19/10/2021
- 22/10/2021
- 23/10/2021
- 24/10/2021
- 01/11/2021
- 02/11/2021
- Period ending 07/11/2021(Mon – Fri) (Hampshire Hospitals NHS Foundation Trust)
- 22/11/2021
- 27/11/2021
- 28/11/2021
- 29/12/2021
- 05/01/2022
- 06/01/2022
- 19/01/2022
- 23/012022
- 26/01/2022
- 30/01/2022
- 31/01/2022
- 02/02/2022
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- 25/07/2022
- 12/08/2022
- 22/08/2022
- 23/08/2022
- 24/08/2022
- 03/09/2022
- 04/09/2022
- 06/09/2022
- 06/09/2022 (Royal Hampshire County Hospital)
- 11/09/2022
- 03/10/2022
- 04/10/2022
- 05/10/2022
- 08/10/2022
- 09/10/2022
- 10/10/2022
- 11/10/2022
- 12/10/2022
- 23/10/2022
- 24/10/2022 (X2)
- 26/10/2022
- 25/10/2022
- 29/10/2022
- 30/10/2022
- 31/10/2022 (x2)
- 02/11/2022
- 05/11/2022
- 07/11/2022
- 08/11/2022
- 09/11/2022 (x2)
- 12/11/2022 (x2)
- 13/11/2022
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- 11/12/2022
- 12/12/2022
- 13/12/2022
- 17/12/2022 (X2)
- 18/12/2022
- 19/12/2022
- 20/12/2022
- 21/12/2022
- 24/12/2022
- 01/01/2023
- 02/01/2023
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- 15/02/2023
- 17/02/2023
- 18/02/2023
- 21/02/2023
- 22/02/2023
- 24/02/2023

- 25/02/2023 (X2)
- 26/02/2023
- 27/02/2023
- 28/02/2023
- 28/02/2023 (Basingstoke Hospital)
    - 19:30 – 03:00
    - 03:00 – 08:00

Background

The charges arose whilst Ms Isaacs was registered with McMillan Healthcare Ltd ('the Agency'). On 9 March 2023, Ms Isaacs was referred to the NMC by Hampshire Hospitals NHS Foundation Trust ('Trust 1'). The referral detailed that Ms Isaacs accepted shifts to work as a registered nurse and registered mental health nurse, despite being qualified and registered as a nursing associate.

Trust 1 informed the NMC that in November 2022, HealthTrust Europe audited the Agency and that in February 2023, the Agency shared the audit report with Trust 1. The audit identified a discrepancy between the roles that Ms Isaacs was being booked for and her NMC registration.

In March 2023, Trust 1's own documentation review highlighted that Ms Isaacs had booked and worked approximately 122 shifts as a registered mental health nurse ('RMN') when she was only registered with the NMC as a registered nursing associate ('RNA'). The Agency subsequently admitted that Ms Isaacs was able to have been booked onto registered nurse shifts due to an administrative error by one of their employees, whereby she had been entered onto their system as a registered nurse rather than a registered nursing associate.

The discrepancy was reported to the Local Counter Fraud Specialist. It was found that Ms Isaacs worked 339 shifts, across 5 NHS Trusts (as follows) in registered nurse roles, which amounted approximately loss of £186,000 to the Trusts:

- Trust 1
- Portsmouth Hospitals University NHS Trust ('Trust 2')

- Great Western Hospital Trust ('Trust 3')
- NHSP Royal Berkshire ('Trust 4')
- Salisbury NHS Foundation Trust ('Trust 5').

Decision and reasons on facts

At the outset of the meeting, the panel noted the written representations from Ms Isaacs, which stated that Ms Isaacs has made an admission to charge 3.

The panel therefore found charge 3 proved by way of Ms Isaacs' admission.

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 and from Ms Isaacs.

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: Clinical Lead Nurse for Bank staff at Trust 1
- Witness 2: Senior Fraud Investigator for NHS Counter Fraud Authority (NHSCFA)
- Witness 3: Operations Manager for the Agency

- Witness 4: Employment Consultant at the Agency

- Witness 5: Assistant Director of Nursing for mental health at Trust 1

The panel also had regard to written representations from Ms Isaacs.

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 both the NMC and Ms Isaacs.

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

Charge 1

"That you a registered nursing associate:

1. Between 4 October 2021 and 28 February 2023 worked in Registered Mental Health Nurse (RMN) and/or Registered Nurse roles on one or more of the occasions set out in Schedule 1."

This charge is found proved.

In reaching this decision, the panel took into account the correspondence between the Agency and Ms Isaacs regarding booking shifts from 2021 to 2023, Ms Isaacs witness statement (undated) and Ms Isaacs' timesheets dated 1 March 2023 and 7 September 2022.

The panel considered that Ms Isaacs explained in her witness statement that she only carried out the work of a band 4 nursing associate. She stated,

‘I always conducted myself in a clear and transparent manner. I therefore ensured that the agency and the clients were fully aware that I was a band 4 associate nurse and all the duties that I was carrying were those of Band 4 associate nurse or below.’

However, the panel took account of the correspondence between Ms Isaacs and the Agency regarding the booking of shifts. It noted that the Agency repeatedly stated that the Trusts required cover for RMN roles, and it appears that Ms Isaacs accepted the shifts on that basis. An example being the following message from the Agency to Ms Isaacs:

*‘28/09/2021, 20:04 - *****: So sorry about this Judith, they called me and they have asked a bank worker to cover the shift tonight, and have cancelled the agency request. They need the RMN to start at 1900 as the young female patient was being aggressive.’*

Ms Isaacs replied with the following:

*‘28/09/2021, 20:31 - Judith Issacs Berkshire RMN Reading Basingstoke: Ok *****. That's fine. So as from Saturday and Sunday I'm available as said. I'm ready and looking forward working with you.’*

The panel noted that the next day Ms Isaacs replies to a request from the Agency stating,

*‘29/09/2021, 10:57 - Judith Issacs Berkshire RMN Reading Basingstoke: Hi *****, thanks for the shift. Yes please I'm very happy to cover [Trust 1]. And really desperate for work. Many thanks’*

The panel determined that the message from the Agency to Ms Isaacs clearly stated that the shift required an RMN to cover it. It considered that Ms Isaacs did not mention in the messages that she was not qualified to work as an RMN, in fact she continued to accept shifts from the Agency to cover RMN roles at different Trusts.

Additionally, the panel had regard to the timesheets dated 1 March 2023 and 7 September 2022, which Ms Isaacs submitted after shifts at Trust 1. It noted that she wrote *'RMN'* in form field labelled *'JOB TITLE/BAND'* on the timesheet dated 1 March 2023 and *'RMN 5'* on the timesheet dated 7 September 2022. In the panel's view, it is clear that Ms Isaacs was confirming that she worked in a role as a band 5 RMN on those shifts.

For these reasons, the panel found charge 1 proved.

Charge 2

> "That you a registered nursing associate:
>
> 2. Failed to alert McMillan Healthcare Ltd, that you had been booked in the capacity of a registered mental health nurse (RMN) and/or registered nurse, rather than a nursing associate."

This charge is found proved.

The panel considered whether the wording of the charge using the word 'failure' implied a specific duty. It concluded that there was a moral duty on Ms Isaacs to inform the Agency of the fact that she was being deployed and paid for a role she was not qualified for.

The panel had regard to witness 4's NMC statement dated 11 October 2024, Ms Isaacs witness statement (undated), the correspondence between the Agency and Ms Isaacs regarding booking shifts from 2021 to 2023 and Ms Isaacs' timesheets dated 7 September 2022 and 1 March 2023.

The panel determined that Ms Isaacs had provided the relevant documentation and registration as an RNA to prove her qualifications as an RNA. She stated,

‘During the application to work with Macmillan, I provided all the necessary information and details the agency requested from me, including my qualification as RNA, my skills, knowledge, and competency I had gained in the past 23 years of working in mental health starting as HCA and progressing to the grade of RNA.

…I was granted an interview with [Witness 4] who is my employment consultant. During the interview, we discussed the scope of my qualification and the extend of my availability. We also discussed the pay attached to the shifts that I was available to cover. During this interview it was clear to both of us that I was a Registered Nurse Associate (RNA) with extensive experience working in mental health and that I was not a Mental Nurse.’

The panel also had regard to Witness 4’s admission in his statement dated 11 October 2024, that inputting Ms Isaacs into the system as an RMN instead of an RNA was an error. He stated,

‘…She would have provided documents as part of the onboarding process to prove her identification, qualification and address and this information would have been checked by the Compliance Team. I understand that due to an administrative error, Ms Isaacs was miscoded during onboarding process as a Nurse instead of a Nursing Associate. I didn’t onboard Ms Isaacs and wasn’t involved in the administrative error.’

The panel considered that Ms Isaacs and Witness 4’s accounts differed in terms of whether Ms Isaacs alerted the Agency. Ms Isaacs stated the following in her witness statement:

‘I recall that I noticed that the shifts advertised were referring to the role as Mental Health Nurse Band 5. I initially called [Witness 4] and told him that he needed to send me the available jobs for Registered Nurse Associate so I can confirm my availability. [Witness 4] explained that this was a generic way of advertising the roles and that there was no separate advert for RNA. He therefore told me that I should simply confirm my availability and that despite

the title as advertised, my duties will be those of RNA. He reassured me that my profile was sent to the clients and that they had agreed to it and that I was ready to be booked with them. On that basis I proceeded and accepted shifts throughout my time with Macmillan.'

Whereas, in his NMC statement Witness 4 stated,

'…I would have expected Ms Isaacs to raise realise the error and indeed, the significant uplift in pay and notify the Agency immediately – which she didn't.
…
Ms Isaacs accepted booking confirmations for shifts that were clearly outlined as Band 5 RMN - which is what I believed her to be. At no point did I advise via telephone or WhatsApp Ms Isaacs that titles weren't relevant and that she was capable of undertaking shifts under the title of a Nurse while performing the duties of a Nursing Associate.'

The panel noted that at the time of Witness 4's statement, he was still employed by the Agency. It determined that if there was any doubt about an employee's accreditation the agency may have lost their contract with the Trusts. In the panel's view, it seems unlikely that Witness 4 would have taken that risk when he was acting on behalf of the Agency. Having considered the two accounts, the panel preferred the evidence of Witness 4.

The panel further noted that in the correspondence between Ms Isaacs and the Agency, she asks for and accepts shifts after having been made aware that they are to cover band 5 RMN roles. The panel also took account of Ms Isaacs query about the pay deductions in the correspondence between her and the Agency. She stated,

*'05/11/2021, 10:13 - Judith Issacs Berkshire RMN Reading Basingstoke: Ok thank you. ***** I have a query about my payslip and wages for the 27th of October.*
I worked 6 night shifts
On the 19 October=[Trust 1]
20 and 21 October = [Trust 5]

22,23 and 24 October = [Trust 1]

Tuesday to Saturday night shifts at the rate of £35 and Sunday at the rate of £40 Total amount =£2472.50
I was paid £2233.01

*Can you please explain to me why I was deducted £239.49 instead of £50.00 only for Evolve. And what these deductions are for please *****.'*

In the panel's view, this query suggests that Ms Isaacs was confident in discussing and rectifying financial discrepancies. However, the panel had no evidence before to suggest that Ms Isaacs made the Agency aware that she was receiving more money than she should have been, which may have alerted them to the error in her being booked in the capacity of an RMN instead of an RNA.

On balance, the panel determined that it is more likely than not that Ms Isaacs failed to alert McMillan Healthcare Ltd, that she had been booked in the capacity of a registered mental health nurse (RMN) and/or registered nurse rather than a nursing associate. It therefore found charge 2 proved.

Charge 4a)

"Your actions in Charges 1 and/or 2 and/or 3 were dishonest in that you:

a) Knew you were not qualified and/or registered to undertake work as a registered mental health nurse (RMN) and/or registered nurse."

This charge is found proved in its entirety.

In assessing the dishonesty element of this charge, the panel applied the two-limb test in *Ivey v Genting Casinos Ltd t/a Crockfords* [2017] UKSC 67. The first limb of

the test assesses the knowledge or beliefs as to the facts at the time of the charges. The second limb of the test assesses whether Ms Isaacs' conduct was honest or dishonest by the (objective) standards of ordinary decent people.

Charge 1

Based on its findings at charge 1, the panel was satisfied that Ms Isaacs knew she was not qualified and/or registered to undertake work as a registered mental health nurse and/or a registered nurse. It had regard to the documentation she provided to the Agency as part of the onboarding process. In her witness statement she specified that she provided *'all the necessary information and details the agency requested from [her], including [her] qualification as RNA, [her] skills, knowledge, and competency [she] had gained in the past 23 years of working in mental health starting as HCA and progressing to the grade of RNA.'*

However, on the timesheets submitted to the Agency for payment Ms Isaacs wrote *'RMN'* and *'RMN 5'* in form field labelled *'JOB TITLE/BAND'*. The panel determined that this confirms that even though she knew she was not qualified, she covered the RMN roles and sought remuneration. The panel was of the view that Ms Isaacs was fully aware of what she was doing, and she would have been able to further clarify her role as an RNA in the free text box if she'd wished to do so. The panel determined that Ms Isaacs' actions at charge 1 would be viewed as dishonest by the standards of ordinary decent people.

Charge 2

Having found that Ms Isaacs failed to alert the agency that she had been booked in the capacity of a registered mental health nurse (RMN) and/or registered nurse rather than a nursing associate, the panel determined that in the 16 months she was working for the Agency, Ms Isaacs must have known that there was a duty on her to make them aware. The panel noted that the Agency, in their correspondence with Ms Isaacs, specified severally that the jobs available were to cover RMN roles. It therefore concluded it is implausible that Ms Isaacs was unaware that she was accepting work for roles she was not qualified to perform. By failing to escalate the

error and in light of the significant personal financial gain, the panel determined that ordinary decent people would consider Ms Isaacs' actions at charge 2 dishonest.

Charge 3

The panel took account of Ms Isaacs timesheets, particularly the timesheet signed and submitted by Ms Isaacs on 7 September 2022, in which she wrote *'RMN 5'* in form field labelled *'JOB TITLE/BAND'*. The panel found that, as a registered nursing associate, Ms Isaacs would have understood that writing *'RMN 5'* would classify her in the system as eligible to receive a band 5 wage. The panel was of the view that Ms Isaacs was fully aware her actions, noting that none of the timesheets before the panel contained any attempt to correct the error. Accordingly, the panel determined that ordinary decent people would find Ms Isaacs' actions at charge 3 dishonest.

Charge 4b)

> "Your actions in Charges 1 and/or 2 and/or 3 were dishonest in that you:
>
> b) Sought to mislead others that you were qualified and/or registered to undertake work as a registered mental health nurse (RMN) and/or registered nurse."

This charge is found proved in its entirety.

In assessing the dishonesty element of this charge, the panel applied the two-limb test in *Ivey v Genting Casinos Ltd t/a Crockfords* [2017] UKSC 67. The first limb of the test assesses the knowledge or beliefs as to the facts at the time of the charges. The second limb of the test assesses whether Ms Isaacs' conduct was honest or dishonest by the (objective) standards of ordinary decent people.

Charge 1

The panel determined that there is no documentary evidence of Ms Isaacs querying the Agency about only sending her shifts to cover RMNs even though it was specified repeatedly that the shifts she was being offered were to cover RMN roles. The panel considered that this may have suited her purpose as she mentioned in the correspondence with the Agency on 29 September 2021 that she was [PRIVATE]. In her witness statement she also describes her personal circumstances, outlining the [PRIVATE]. The panel considered that it may have been in Ms Isaacs' interests to be as remunerated as high a grade as possible. It determined that, in working such a substantial number of shifts as a RMN and/or a registered nurse without making it known that she was not qualified was misleading to others. The panel determined that Ms Isaacs' actions at charge 1 be considered dishonest by the standards of ordinary decent people.

Charge 2

Although Ms Isaacs claims she alerted the Agency at about being booked in the capacity of a RMN rather than a nursing associate, there panel had no evidence before it to indicate that she tried to correct this error. It was of note to the panel that in the correspondence between Ms Isaacs and the Agency, she had many opportunities to make it known that she was not an RMN but instead appears to be proactively pursuing work. The panel therefore determined that she sought to mislead others in not alerting the Agency for 16 months. As such, the panel found that ordinary decent people would find Ms Isaacs actions at charge 2 dishonest in that she sought to mislead others that she was qualified to undertake work as a RMN and/or registered nurse.

Charge 3

The panel determined that Ms Isaacs sought to mislead others by not making it clear on the timesheet that she was an RNA. In the panel's view, as a registered nursing associate Ms Isaacs would have known there would be an increase in pay by signing the timesheet as 'RMN'. The panel determined that Ms Isaacs' actions at charge 3 would be viewed as dishonest by the standards of ordinary decent people.

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 Isaacs' 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, Ms Isaacs' fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

The NMC provided written representations on misconduct to the panel. In its written representations, the NMC referred the panel to the comments of Lord Clyde in *Roylance v General Medical Council* [1999] UKPC 16 in which misconduct was defined:

> *'[331B-E] Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rule and standards ordinarily required to be followed by a [nurse] practitioner in the particular circumstances'*

The NMC further referred the panel to the comments of Jackson J in *Calheam v GMC* [2007] EWHC 2606 (Admin) and Collins J in *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), respectively:

> *'[Misconduct] connotes a serious breach which indicates that the doctor's* (nurse's) *fitness to practise is impaired'.*

And

> *'The adjective "serious" must be given its proper weight, and in other contexts there has been reference to conduct which would be regarded as deplorable by fellow practitioner'.*

The NMC submitted that the following parts of the Code: Professional standards of practice and behaviour for nurses and midwives 2015 ('the Code') are engaged in this case and have been breached: 1.1, 8.6, 13.3, 13.5, 16.1, 16.2, 16.3, 18.1, 19.1, 19.4, 20.1, 20.2, 20.3, and 21.3.

The NMC submitted that Ms Isaacs's actions were a significant departure from the fundamental principles of promoting professionalism and that they called into question her integrity and trustworthiness. It was further submitted that Ms Isaacs actions breached the professional duty of candour that she is expected to uphold as a registered nursing associate.

The NMC submitted that by dishonestly presenting herself as a registered nurse at the shifts set out in Schedule 1, accepting the corresponding pay from the Agency and failing to inform the Trusts and the Agency that she was neither a registered nurse nor qualified for the roles she was booked for, Ms Isaacs' actions amounted to misconduct.

The NMC therefore invited the panel to find that the charges amount to misconduct.

Representations on impairment

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 provided written representations on impairment to the panel. In its written representations, the NMC stated that its guidance on Impairment (DMA-6) explains that impairment is not defined in legislation but is a matter for the Fitness to Practise Committee to decide. The question that will help decide whether a professional's fitness to practise is impaired is:

> *'Can the nurse, midwife or nursing associate practise kindly, safely and professionally?'*

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

The NMC submitted that, in considering impairment, the panel should consider the test formulated by Dame Janet Smith in the *Fifth Shipman Report,* quoted in the case of *CHRE v NMC and Grant* [2011] EWHC 927 (Admin). The NMC submitted that limbs a, b, c and d of the *Grant* test are engaged in this case.

In respect of limb a, the NMC submitted that Ms Isaacs put patients at a real risk of harm during the shifts that she worked in the role of a registered nurse because she was working outside her scope of capabilities and professional registration. It was submitted that there was an unwarranted risk of harm to patients because the wards and departments of the Trusts did not have the expected number of registered nurses on duty and Ms Isaacs was not qualified to undertake the work. Additionally, it was submitted that Ms Isaacs colleagues would not have provided adequate supervision as they believed her to be a qualified registered nurse, capable of working autonomously.

In respect of limb b, the NMC submitted that by placing patients at an unwarranted risk of harm and being dishonest about her registered status and level of qualification, Ms Isaacs' actions brought the nursing and nursing associates professions into disrepute. It was argued that working as a registered nurse when in

fact being a registered nursing associate directly undermines the purpose and safeguards of regulating these professions.

In respect of limb c, the NMC's submission was that Ms Isaacs' dishonesty constitutes a breach of the fundamental tenets of the profession i.e. prioritisation of people, effective practice, preservation of safety and promotions of professionalism and trust.

In respect of limb d, the NMC submitted that Ms Isaacs acted dishonestly by allowing herself to be booked onto shifts, attending for those shifts and working in registered nurse roles when not registered or qualified to do so and signing timesheets with *'RMN'*, indicating she was a registered mental health nurse. The NMC further submitted that Ms Isaacs continually acted dishonestly and failed in her duty of candour in not bringing this error to the Agency or the Trusts for 16 months.

With regard to future risk, the NMC referred the panel to the case of *R (on application of Cohen) v General Medical Council* [2008] EWHC 581 (Admin). The NMC considered that Ms Isaacs has not provided any evidence of insight into or awareness of the seriousness of her actions, neither has she provided any evidence of remediation or relevant training. However, the NMC submitted that there is no training that would address the concerns as they relate to dishonesty.

The NMC noted that Ms Isaacs denied the allegations and explained that a representative at the Agency had informed her that she was capable of undertaking shifts under the title of 'RMN', or that the job title was generic, and used to cover nursing associate roles as well. Ms Isaacs also explained that she accepted the higher pay for a band 5 level or above as she was not aware of what the relevant pay for agency work should be for a nursing associate and simply accepted what was offered to her by the Agency. The NMC submitted that this is an unsatisfactory explanation demonstrating the lack of candour and poor decision making by Ms Isaacs, as she chose not to inform the Trusts or enquire with the Agency as to whether she was adequately qualified for the roles in which she worked for 16 months.

The NMC submitted that there is a continuing risk to the public due to Ms Isaacs' lack of insight, failure to accept the seriousness of her actions and to take responsibility for her conduct. The NMC further submitted that the dishonesty concerns are indicative of deep-seated behaviour and attitudinal issues and as such, there remains a risk of repetition. The NMC put to the panel that evidence of improved performance or training would not be sufficient to reduce the risk to public protection and to the reputation of the professions. However, the NMC noted that no evidence has been received in this regards.

It was submitted that a member of the public would be extremely shocked and concerned to hear that a nursing associate had carried out the role of a registered nurse over a period of 16 months without consideration for patient safety. The NMC submitted that public confidence in the profession and the NMC as regulator would be seriously undermined if a finding of impairment is not made, particularly when there is a risk of repetition.

The NMC therefore invited the panel to make a finding of impairment on public protection and public interest grounds.

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, *Cheatle v General Medical Council* (GMC) [2009] EWHC 645 (Admin), *Sawati v General Medical Council* [2022] EWHC 283 (Admin), *Grant and Ronald Jack Cohen v General Medical Council* [2008] EWHC 581 (Admin).

Decision and reasons on misconduct

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 Ms Isaacs' actions did fall significantly short of the standards expected of a registered nurse, and that Ms Isaacs' actions amounted to a breach of the Code. Specifically:

*'**8 Work co-operatively***

To achieve this, you must:

8.6 share information to identify and reduce risk.'

*'**13 Recognise and work within the limits of your competence***

To achieve this, you must:

13.4 take account of your own personal safety as well as the safety of people in your care

13.5 complete the necessary training before carrying out a new role.'

*'**16 Act without delay if you believe that there is a risk to patient safety or public protection***

To achieve this, you must:

16.2 raise your concerns immediately if you are being asked to practise beyond your role, experience and training.'

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

To achieve this, you must:

19.4 take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public.'

*'**20 Uphold the reputation of your profession at all times***

To achieve this, you must:

20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment'

*'**21 Uphold your position as a registered nurse, midwife or nursing associate***

To achieve this, you must:

21.3 act with honesty and integrity in any financial dealings you have with everyone you have a professional relationship with, including people in your care'

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

Charge 1

The panel found that Ms Isaacs working of 339 shifts over 16 months in an RMN and/or registered nurse role despite being an RNA, constituted a serious breach of the fundamental tenets of the nursing profession and amounted to misconduct.

Charge 2

The panel considered that Ms Isaacs had ample opportunity to alert the Agency about the error. However, she continued to proactively pursue shifts and queried other issues but did not make any mention of the fact that she was not qualified to cover RMN roles. The panel determined that Ms Isaacs' conduct constituted a departure from acceptable standards, amounting to breaches of the Code. Such actions amount to misconduct.

Charge 3

The panel determined Ms Isaacs' must have been aware of the financial gain in stating that she was an RMN instead an RNA on her timesheet on multiple occasions as she is registered with the same regulator and would have been aware of the difference. The panel took the view that repeated failures to promote professionalism and trust represented a serious departure from the standards expected of a registered nursing associate.

Charge 4

The panel considered that Ms Isaacs' actions involved numerous instances of dishonesty over a sustained period of time. The panel found that it is unequivocal that this charge amounts to misconduct as the panel found that she knew that she was not qualified and/or registered to undertake work as a registered mental health

nurse and/or registered nurse and sought to mislead others that she was qualified and/or registered to undertake work as a RMN and/or registered nurse. The panel determined that Ms Isaacs' actions would be seen as deplorable by other members of the profession and members of the public.

The panel found that Ms Isaacs' actions in all the charges fell seriously short of the conduct and standards expected of a nursing associate and amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Ms Isaacs' 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.'*

Nursing associates 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 nursing associates with their lives and the lives of their loved ones. To justify that trust, nursing associates must be honest and open and act with integrity. 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 *Grant* in reaching its decision. In paragraph 74, she said:

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

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

> *'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/their fitness to practise is impaired in the sense that S/He/They:*
>
> a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
>
> b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
>
> c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
>
> d) *has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel found that all the limbs of *Grant* are engaged in this case. In the panel's judgement, Ms Isaacs' conduct put patients at an unwarranted risk of harm. The panel further determined that Ms Isaacs' colleagues were placed in a dangerous position as they wrongly assumed that they had adequate staffing levels of RMNs and/or registered nurses on shift. Ms Isaacs' misconduct breached the fundamental tenets of promoting professionalism and trust and duty of candour. Her actions therefore brought the reputation of the nursing profession into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious. The panel determined that it has no evidence before it be persuaded that Ms Isaacs would not be liable in the future to put patients at an unwarranted risk of harm, act dishonestly, breach the fundamental tenets and bring the nursing profession into disrepute.

The panel determined that Ms Isaacs has demonstrated limited insight into her seriousness of her misconduct. While her witness statement contains some expressions of remorse, she continues to attribute responsibility to the Agency. Although Ms Isaacs admitted charge 3, she has not demonstrated an understanding of how her actions put the patients at a risk of harm, why her actions were unacceptable and how they undermined public trust in the nursing associate profession. Furthermore, the panel noted that Ms Isaacs has not provided any meaningful reflection on how she would manage similar circumstances differently in the future.

In considering whether Ms Isaacs poses a risk in the future, the panel considered the following factors set out in the case of *Cohen*:

- Is the behaviour easily remediable?
- Has it already been remedied?
- Is it highly unlikely to be repeated?

The panel determined that Ms Isaacs' sustained dishonesty is indicative of an attitudinal issue, which can be difficult to remediate. The panel carefully considered the evidence before it in determining whether Ms Isaacs has taken steps to

strengthen her practice. The panel noted that Ms Isaacs has continued to work as a nursing associate, and the panel has no evidence of further concerns relating to her practice. However, the panel has no evidence of remediation, no meaningful reflection and no testimonials.

The panel therefore decided that there is a risk of repetition and determined 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.

In the panel's view public confidence in the nursing associate profession would be seriously undermined if a finding of impairment were not made in this case, given the seriousness of the dishonesty charges found proved. The panel concluded Ms Isaacs' misconduct combined with the risk of repetition, makes a finding of impairment on public interest grounds necessary in order to uphold proper professional standards of conduct and performance.

Having regard to all of the above, the panel was satisfied that Ms Isaacs' 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 Isaacs off the register. The effect of this order is that the NMC register will show that Ms Isaacs 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 by the NMC

The panel noted that in the Notice of Meeting, dated 9 October 2025, the NMC had advised Ms Isaacs that it would seek the imposition of a striking-off order if it found Ms Isaacs' fitness to practise currently impaired.

The NMC provided written representations on sanction to the panel in which it submitted the following aggravating factors:

- That the dishonesty was sustained and occurred over an extensive period of time (between October 2021 until February 2023).
- Ms Isaacs' dishonesty resulted in personal financial gain.
- Lack of insight into the seriousness of the misconduct.
- Ms Isaacs' actions put patients at risk of suffering harm.

The NMC did not submit any mitigating factors.

The NMC submitted that taking no further action or imposing a caution order would be wholly disproportionate in this case because it involves behaviour that was dishonest, linked to Ms Isaacs clinical practice and placed patients at risk of harm. The NMC submitted that a conditions of practice order would not be appropriate in this case as it relates to dishonesty, a type of conduct which may be indicative of a harmful deep-seated personality or attitudinal issue. The NMC further submitted that the misconduct in this case is not related to clinical failings that can be addressed through conditions.

With regard to imposing a suspension order, the NMC submitted that it would be inappropriate given the seriousness of the misconduct in this case. The NMC put to the panel that Ms Isaacs was dishonest for her own personal gain and placed

patients at risk of harm. The NMC highlighted that this was not a single incident but spanned across 16 months involving 339 instances. It was submitted that Ms Isaacs actions are indicative of a deep-seated attitudinal issue and calls into question her professionalism and trustworthiness. As such, the NMC's submission was that a suspension order would be insufficient to protect the public and maintain public confidence in the profession.

The NMC referred to the key considerations set out in the NMC guidance on striking-off orders (SAN-3e). The NMC submitted that the misconduct in this case is fundamentally incompatible with remaining on the register. Given the lack of insight, the NMC submitted that there is a real risk of repetition of similar behaviour.
The NMC referred to the guidance on Sanctions for particularly serious cases (SAN-2) and submitted that several forms of dishonesty outline in the guidance are present, including:

- *'deliberately breaching the professional duty of candour by covering up when things have gone wrong, especially if it could cause harm to people receiving care'*

  …
- *personal financial gain from a breach of trust*
- *direct risk to people receiving care*
- *premeditated, systematic and longstanding deception'*

For these reasons, the NMC submitted that a striking-off order is the only sanction that would sufficiently protect patients, maintain public confidence in the professions, uphold professional standards of conduct and maintain confidence in the NMC as regulator.

Representation on sanction by Ms Isaacs

Ms Isaacs provided the following response to the NMC's bid to impose a striking-off order:

‘I greatly regret for trusting the agency I worked for McMillan Healthcare LTD. I provided the agency with all the necessary they requested and required from me. Including my qualifications and background and my experiences over the years in mental health. I also include my responsibility and limitations as registered Nurse associate that I work under the supervision of a qualified nurse of Band 5 or above.

I am a victim of the deceitful and manipulated agency who took advantage on me as I had never worked for an agency before.

Although it was explained to me verbally my expectation of the job, I took it in my mind of the same way I have worked in my current employment working as registered nurse associate under supervision of Band 5 or above in [PRIVATE]. With their reassurance that as it stood then, that there was no role coming out as RNA rather RMN. I could sign as RMN on the timesheet and that was the only way I could get paid. I sincerely and deeply regret my action. I am very sorry.

At the time or due to lack of experience, knowledge and being ignorant about agencies and agency work I followed and did what I was told to do. I was wrong and I am very apologetic. I never indented to misled anybody that I was an RMN while I am RNA. When the case came out, I realised that I have been manipulated and taken advantage of due to not been familiar and understanding agency work.

I can confirm that throughout my career over the past 25 years in mental health nursing, I have never been dismissed nor have been subject to any disciplinary action that resulted in termination.

I have consistently demonstrated professionalism, integrity, and a commitment to safe compassionate and evidence-based care (sic)

My employment history reflects a strong record of reliability, positive working relationship with colleagues and service users (sic)

I take pride in maintaining the highest standards of practice and contributing positivity to the teams and services I have been part of.

I am committed to ongoing reflection, professional growth and adherence to the NMC code. Struck off would not reflect the dedication, learning and contribution I have demonstrated as a Registered Nurse Associate.

[PRIVATE]

[PRIVATE] I am still getting support at work helping me to settled back in my role and I do feel positive. I love and enjoy my job; I am proud of my career in mental health. I have dedicated my whole self in mental health career over the past 25 years. To be stricken off I will be in jeopardy.(sic) In so many ways.

I have learned a great lesson from my mistake of over trusting and relying on the hearsay without thinking of the consequences caused, and I wish I could turn back the clock. But some mistakes can never be undone. Please I am here pleading for a second chance, a fair and proportionate decision(sic)'

The panel accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found Ms Isaacs'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:

- That the dishonesty was sustained (339 shifts) and occurred over an extensive period of time (between October 2021 until February 2023).
- Ms Isaacs' dishonesty resulted in significant personal financial gain.
- Lack of insight into the seriousness of the misconduct.
- Ms Isaacs' actions put patients at risk of suffering harm.

The panel could not identify any mitigating features.

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, the public protection issues identified and the dishonesty found proved in this case, an order that does not restrict Ms Isaacs' 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 Isaacs' 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 Isaacs' registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The misconduct identified in this case was not something that can be addressed through retraining. Furthermore, the panel concluded that the placing of conditions on Ms Isaacs' registration would not adequately address the seriousness of this case and would not protect the public.

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

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- *In cases where the only issue relates to the nurse or midwife's health, there is a risk to patient safety if they were allowed to continue to practise even with conditions; and*
- *In cases where the only issue relates to the nurse or midwife's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.*

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nursing associate. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Ms Isaacs' actions is fundamentally incompatible with Ms Isaacs remaining on the register. The panel further noted that Ms Isaacs gained significant personal financial benefit as a direct result of her dishonest conduct, which considerably aggravates the seriousness of the misconduct. Additionally, the panel considered that Ms Isaacs' misconduct was not a single instance, rather it occurred repeatedly over an extended period. This sustained pattern of dishonesty suggests an underlying attitudinal concern, calling into question Ms Isaacs' integrity, reliability and ability to adhere to the professional standards expected of a registered nursing associate.

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

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

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

Ms Isaacs' actions were significant departures from the standards expected of a registered nursing associate 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 Isaacs' 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 Isaacs' actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nursing associate 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 nursing associate.

This will be confirmed to Ms Isaacs in writing.

Interim order

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

Representations on interim order

The panel took account of the representations made by the NMC. The NMC submitted that if a finding is made that Ms Isaacs fitness to practise is impaired on a public protection basis and a restrictive sanction imposed, an interim order in the same terms as the substantive order should be imposed for 18 months on the basis that it is necessary for the protection of the public and otherwise in the public interest. Should the panel decide to impose a striking-off order on grounds of public protection the NMC request that an interim suspension order for a period of 18 months should be imposed.

The NMC submitted that, otherwise, if a finding is made that Ms Isaacs' fitness to practise is impaired on a public interest only basis and that his conduct was fundamentally incompatible with continued registration, an 18-month interim suspension order should be imposed on the basis that it is otherwise in the public interest.

The panel accepted the advice of the legal assessor.

Decision and reasons on interim order

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

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months to allow for the time that may be taken before an appeal can be heard. Not to do so would be inconsistent with the sanction imposed.

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

That concludes this determination.