Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday, 27 October 2025 – Friday, 31 October 2025,
Monday, 3 November 2025 – Tuesday, 04 November 2025

Hybrid Hearing:

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

Name of Registrant:	Sharon Catherine Lane
NMC PIN:	88A1886E
Part(s) of the register:	Nurses part of the register: Sub Part 1 RN1: Adult nurse, Level 1 (7 July 1991)
Relevant Location:	Medway
Type of case:	Misconduct
Panel members:	Isabelle Parasram (Chair, Lay member) Ivan McGlen (Registrant member) Jane Dalton (Lay member)
Legal Assessor:	Cyrus Katrak
Hearings Coordinator:	Daisy Sims
Nursing and Midwifery Council:	Represented by Harry Piercy, Case Presenter
Ms Lane :	Present and represented by Thomas Buxton, counsel
Facts proved by admission:	Charges 1.1, 1.3, 2.1 and 2.2
Facts not proved:	Charges 1.2 and 2.3
Fitness to practise:	Impaired

Sanction:	**Suspension order for a period of 3 months with no review, to expire on 2 March 2026**
Interim order:	**Interim suspension order (18 months)**

Details of charge

That you being a registered Band 8 Clinical Lead nurse:

1. Behaved in an unprofessional and/or inappropriate manner by:

    1.1 Using the term *'nigger'*, or a word to this effect, during a team meeting on 20 October 2022.

    1.2 Using the term *'nigger',* or a word to this effect, in the staff room on a date in October 2022: different to that in charge 1.1.

    1.3 Using the term *'nigger'*, or a word to this effect, in a team meeting on 16 November 2022.

2. Your conduct in charge 1.1 and/or 1.2 and/or 1.3 was:

    2.1 Racially offensive.

    2.2 Discriminatory (in that you treated the subject of that comment less favourably due to a protected characteristic, namely the subject's race).

    2.3 Racially motivated in that you intended your comments to be racially offensive and/or discriminatory.

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

Background

You were referred to the NMC on 4 May 2023 in relation to alleged conduct whilst you were working as a Band 8 Clinical Lead in Palliative Care as part of Medway Community Healthcare.

You had been in this employment since June 2008.

It is alleged that three incidents took place where you used the term '*nigger'* in the workplace.

First Incident

It is alleged that on 20 October 2022, in a senior team meeting, you used the term '*nigger'* in the workplace in reference to how you would respond to a doctor who had, in a DATIX report, allegedly said of another colleague '*the problem with you white western nurses* […]*'* (although the use of the word 'white' was disputed by other witnesses).

Second Incident

On a separate occasion in October 2022, different to the first incident, it is alleged that in the staff room you used the same term when recounting the conversation alleged in the first incident to other colleagues.

Third Incident

On 16 November 2022, it is alleged that you recounted the same conversation to two other colleagues and repeated the same term in the ward sisters' office.

Decision and reasons on application to admit hearsay evidence of Witness 1

The panel heard an application made by Mr Piercy, on behalf of the Nursing and Midwifery Council (NMC) under Rule 31 of the Nursing and Midwifery Council Rules ('the Rules') to allow the written statement of Witness 1 into evidence. Witness 1 was not present at this hearing and, whilst the NMC had made efforts to ensure that this witness was present, she was unavoidably unable to attend today.

Mr Piercy took the panel through the factors set out in the case of *Thorneycroft v Nursing and Midwifery Council* [2014] EWHC 1565 (Admin) ('Thorneycroft').

Mr Piercy submitted that Witness 1's evidence is relevant as she was a direct witness to the charges in that she witnessed the first incident and the third incident was reported directly to Witness 1. Mr Piercy explained that Witness 1 was in a senior position at Medway Healthcare at the time of the alleged incidents and Witness 1 gives evidence of the effect of these charges on the healthcare setting.

Mr Piercy informed the panel that Witness 1 was no longer available due to serious personal circumstances.

Mr Piercy submitted that the evidence of Witness 1 supports the evidence of Witness 2 and Witness 3.

Mr Buxton, on your behalf, submitted that the principles in Thorneycroft are not contradicted in this application and stated that in principle there is no objection to this application to adduce hearsay evidence. Mr Buxton informed the panel that he would have asked questions of Witness 1 if she were to have attended, however he submitted that the panel are able to attach the appropriate weight to this evidence in light of his inability to cross examine this witness.

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included that Rule 31 provides that, so far as it is 'fair and relevant', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings.

The panel gave consideration to the application in regard to Witness 1. The panel noted that Witness 1's statement had been prepared in anticipation of being used in these proceedings and contained the paragraph, 'This statement … is true to the best of my information, knowledge and belief' and signed by her/him.

The panel considered whether you would be disadvantaged by the change in the NMC's position of moving from reliance upon the oral testimony of Witness 1 to that of allowing hearsay testimony into evidence. It noted that you do not oppose this application.

The panel accepted that Witness 1 had a good and cogent reason for non-attendance and noted the evidence before it in relation to this.

The panel determined that Witness 1's evidence is relevant to the outstanding charges because she was your line manager and was a direct witness of the alleged actions. The panel did consider whether Witness 1's evidence was sole or decisive for any of the outstanding charges and concluded that there is additional evidence before it in relation to each of the outstanding charges.

The panel acknowledged that Mr Buxton would have had questions in cross examination of Witness 1 had she attended.

In these circumstances, given that you did not object to this statement being adduced, the panel came to the view that it would be fair and relevant to accept into evidence the hearsay evidence of Witness 1, but would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it.

Decision and reasons on facts

At the outset of the hearing, the panel heard from Mr Buxton, who informed the panel that you made admissions to charges 1.1, 1.3, 2.1 and 2.2

The panel therefore finds charges 1.1, 1.3, 2.1 and 2.2 proved, by way of your admissions.

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 Mr Piercy on behalf of the NMC and by Mr Buxton.

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 oral evidence from the following witnesses called on behalf of the NMC:

- Witness 2: Ward Manager at Medway Community Healthcare
- Witness 3: Clinical Sister at Medway Community Healthcare
- Witness 4: Advanced Clinical Practitioner at Medway Community Healthcare

The panel also heard evidence from you under oath.

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 both the NMC and Mr Buxton.

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

Charge 1.2

That you being a registered Band 8 Clinical Lead nurse:

1. Behaved in an unprofessional and/or inappropriate manner by:

1.2 Using the term *'nigger',* or a word to this effect, in the staff room on a date in October 2022: different to that in charge 1.1.

This charge is found NOT proved.

In reaching this decision, the panel took into account the evidence of Witness 2, Witness 3, Witness 4 and you.

The panel noted that other staff members were allegedly present in the staff room at the time of the alleged incident but they were not interviewed or called to give evidence.

According to you, the first time any issues arose out of the DATIX report was when the comments in charge 1.1 were made on 20 October 2022. If the panel accepted your evidence, then charge 1.2 would have had to have occurred after 20 October 2022.

The only other direct evidence on this charge came from Witness 4. Witness 4's evidence was that this event occurred before 20 October 2022: '*I know this because I went on holiday just after the incident'.*

Whilst the panel noted that Witness 4 was willing to give evidence to the best of their ability, it was concerned about Witness 4's recollection of key dates around the incident in question. Witness 4 stated in oral evidence that this alleged incident happened before 20 October 2022 because after that date she said she was on holiday (although she was unclear on the exact dates of her holiday). When questioned by the panel, Witness 4 stated that the incident did not occur on 20 October 2022.

The panel paid careful attention to Witness 4's oral evidence but, in contrast to your evidence, found it somewhat vague and inconsistent in terms of the detail.

Further, Witness 4 stated that this incident would have happened on a Tuesday or a Thursday in October 2022 because an unnamed staff member was present who only worked on Tuesdays and Thursdays. The panel noted that this leaves a limited number of other dates when this charge is alleged to have occurred. However, Witness 4 could not confirm when it did occur.

The panel also considered the local statement made by Witness 4, however it was concerned that this was undated, unsigned and there is no clear evidence surrounding the circumstances in which it was created or for which it was produced. The panel was of the view that this emphasised the confusion about the dates. The panel also noted that Witness 4 was vague in relation to the date of this alleged incident in the internal interview notes.

The panel found it more likely than not that your use of the word '*nigger'* arose in relation to the Datix report not being dealt with, and this was first flagged on 20 October 2022 according to you, Witness 1 and Witness 2. The panel therefore concluded that any incident where you said the word would have occurred after 20 October 2022.

The panel also noted that you have stated that you have no recollection of this incident. When questioned under oath, you stated that you could not confirm or deny that this occurred. The panel did not import a negative inference from the fact that you had no recollection. The panel did note that when questioned about your presence at work during October 2022, you confirmed that you worked your scheduled hours with no absences.

The panel then considered the hearsay evidence of Witness 3. The panel noted that Witness 3 was told by Witness 4 on 20 November 2022 that you had used racist language. Witness 3 confirmed in oral evidence that this triggered them to email Witness 2 on 20 November 2022.

The panel considered the witness statement of Witness 3, their oral evidence, the copy of the email dated 20 November 2022 and their local statement. The panel particularly noted

the following from Witness 3's local statement; '[…] *advised of another incident in the staff room where Sharon had used racist language in the presence of non BAME staff'.*

However, the panel were unable to conclude from Witness 3's evidence whether the subject matter of that conversation had actually occurred.

Based on all of the above, the panel determined that the NMC has not met the burden of proof in relation to this charge.

Charge 2.3

That you being a registered Band 8 Clinical Lead nurse:

2. Your conduct in charge 1.1 and/or 1.2 and/or 1.3 was:

    2.3 Racially motivated in that you intended your comments to be racially offensive and/or discriminatory

This charge is found NOT proved.

In reaching this decision, the panel considered charge 2.3 in respect of charges 1.1 and 1.3, although its reasoning on whether this charge was made out in respect of charges 1.1 and 1.3 was essentially the same. The panel paid heed to the legal test in *Robert Lambert-Simpson v HCPC* [2023] EWHC 481 (Admin).

The panel first considered whether '*nigger'* was racist and noted that you had accepted that the word was racially offensive as per your admission to charge 2.1. The panel accordingly found the word to be racist.

The panel then considered whether you said the words intending them to show hostility or a discriminatory attitude to the relevant racial group. In answering this question the panel had to establish what was in your mind at the time.

The panel considered your evidence as to your intention when you used the words. You stated in oral evidence that:

- You used the word in order to '*trigger a reaction'* and *'make an impact';*
- You were trying to demonstrate that if you yourself had used the words, '*all hell would have broken loose';*
- You used the word to highlight the inequity in complaints handling in the context of abuse of staff, about which you were '*frustrated*';
- You '*used the word to get attention';*
- You did not use the words with '*racial motivation, supporting the use of it* (the word)'
- You did not intend to directly aim the words at the doctor cited in the DATIX report;
- Your *'comments were made in trying to make a comparison';*
- You recognised at the time that '*the word was the most heinous of racial slurs and I knew it would have an impact'.*

It considered that your evidence has been consistent in your explanation for why you used these words. The panel also noted that you corrected the record of the internal investigation notes to reflect this.

The panel also noted the surrounding evidence before it and whether this assisted in determining your '*intention'*. While Witness 3 said that you had spoken '*quite aggressively'* when you made this comment, other witnesses felt otherwise. For example, Witness 2 in their oral evidence stated; '*I felt as if Sharon thought it was a funny story'.* The panel noted that Witness 2 also stated that you are a person '*who would say things that you would usually take someone into a room to say* […] *she would say sensitive things with everyone there and then I would have to sort it out after'*. Additionally, Witness 2 said '[…] *always jokey in meetings and had an audience to listen'.*

The panel was of the view that the evidence in totality suggested that your use of the words was intended to trigger a reaction rather than to show hostility or a discriminatory attitude to the relevant racial group.

The panel determined, in these circumstances, the NMC has not discharged the burden of proof in relation to this charge.

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 your 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, your fitness to practise is currently impaired as a result of that 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.'*

Your evidence

You gave evidence to the panel under oath.

While you accepted your actions amount to misconduct, this is a matter for the panel to decide. You took the panel through your working history since your dismissal. You explained that you are currently a deputy manager of a nursing home and you expressed how you enjoy this role. You took the panel through a racially abusive situation that occurred at your current employer and how you handled this. You said that you advised a colleague using your current Fitness to Practice case as an example.

In relation to the allegations you stated that you failed everyone by the nature of what you said and you failed to control your actions. When questioned about how Witness 3 might have felt raising her concerns in front of you (a senior manager), you acknowledged after further questioning that Witness 3 might have felt uncomfortable. You acknowledged that there had been a risk of harm to patients due to the upset caused to your colleagues and the potential impact on successful delivery of their roles and their wellbeing. You also commented on public perception and how healthcare professionals behave. You described your own behaviour as '*despicable'* and that it caused '*psychological trauma'*.

You acknowledged that the incident happened twice and you did not reflect in between incidents. You said this is because you moved on due to a busy workload. You indicated that no one expressed upset at the time but that you now know that you should have realised sooner. You stated that you were more articulate and at the time you had a better vocabulary than using such a word.

You said you hoped to continue to work as a nurse in a managerial role.

You stated that you were ashamed and you apologised to everyone, including the panel.

In relation to the training you have undertaken, you explained that you were not able to find any courses that had face-to-face training and so you chose to complete courses with the open university because you felt that this would be more academic and better than other courses that are available online. You explained that some of the courses you completed required you to answer questions and some had an 85% pass rate that you

needed to meet. You stated that you undertake annual Equality, Diversity and Inclusion ('EDI') training and you recognise the importance of regular training to keep up to date with changes in society.

You stated that now you are more considered in your approach rather than being reactionary and that you consider your language before you speak. You stated you take more care and you are more considerate and compassionate. You explained that you are more reflective and you keep a diary in regard to events that have occurred.

When questioned about how you would deal with such an incident now and what strategies you would use if faced with a similar situation, you stated that you would not answer immediately, you would listen more intently, and you would go away and *'gather evidence'*. You did not elaborate when questioned how you would deal with a situation there and then.

In relation to the '*The Code: Professional standards of practice and behaviour for nurses and midwives 2015'* ('the Code'), you stated that you recognise that it breached the code in that you failed to act with integrity, you caused harm to colleagues and you failed to act in a professional manner.

Submissions on misconduct and impairment

Mr Piercy submitted that there is no statutory definition of impairment, but that the NMC has established guidance through case law, which provides the central question the panel should consider when deciding whether the nurse, midwife, or nursing associate can practise kindly, safely, and professionally.

Mr Piercy submitted that the panel must consider whether the proved and admitted facts amount to misconduct. He said that in your evidence this morning, you acknowledged that your actions amount to misconduct. However, he submitted that it is ultimately a matter for

the panel to decide. Mr Piercy continued that only if the panel finds the facts amount to misconduct should it then determine, in all the circumstances, whether your fitness to practise is currently impaired.

Mr Piercy referred the panel to the NMC guidance and the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a *'word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.'*

Mr Piercy invited the panel to take the view that the facts found proved amount to misconduct. He identified the specific, relevant standards where your actions amounted to misconduct, namely: 1.1, 20.2, 20.3, 20.5 and 20.8.

Mr Piercy submitted that you used a highly racially offensive word on two occasions. In your evidence, you stated that you did so without regard to the impact it would have on others. He submitted that, based on the live evidence of witnesses, they were very deeply affected by this, and the impact continues to affect their lives.

Mr Piercy submitted that you accept your use of the term was without regard for your colleagues' feelings. In this regard, he submitted that you failed to treat them with kindness and respect. Furthermore, he said that in your reflective statement, you acknowledged this failure. He submitted that by using the term, you were discriminatory, and in doing so, you failed to treat your colleagues with respect on both occasions. He submitted that you also acknowledged that these words were used without regard to their impact, causing upset and distress as a result.

Mr Piercy submitted that you have been a nurse for several years, including in a senior management role. You have acknowledged that others look to you for guidance and support, and you have a duty to act as a role model. He submitted that falling short of this standard by using highly offensive language on two occasions is very serious.

Mr Piercy submitted that there have been multiple breaches of the Code, and your conduct falls below the standard expected of a nurse, particularly someone with your level of seniority and experience.

Regarding impairment, Mr Piercy referred the panel to the case of *Grant* [2011] EWHC 927 (Admin), stating that the panel should consider not only whether you continue to pose a risk to the public but also whether maintaining proper professional standards would be undermined if a finding of impairment were not made.

Mr Piercy then addressed the risk to the public, referring to the NMC Guidance. He submitted that this case involves you repeating the offensive language on two occasions within a month, without reflecting on the first incident. He said that you indicated that you did not consider the impact of your words after the first incident, but you also said you knew at the time that the word was one of the most heinous slurs. He submitted that your actions were not due to ignorance but rather a lack of understanding or awareness of their impact, which is particularly concerning given your senior position. He submitted that this suggests a potentially deep-seated attitudinal issue, which is more difficult to address than a clinical error or other concerns.

Mr Piercy also referred to the NMC guidance on discriminatory behaviour, considering these concerns as particularly serious and indicative of an attitudinal problem, which increases the risk of repetition and the potential risk to the public.

Mr Piercy further noted that you only realised the significance of your actions during the local investigation, especially how much distress you caused Witness 3. Despite your senior position, there appears to have been an alarming lack of insight and awareness at that time. He submitted that the panel should consider whether there has been full remediation, whether the risk of repetition persists, and if those attitudinal issues remain, along with the potential impact on patients, colleagues, and the reputation of the profession.

Concerning public confidence, Mr Piercy referred the panel to the NMC guidance. He submitted that, in a senior role, you used a highly offensive and discriminatory term on two separate occasions in front of colleagues and a person of colour, without fully appreciating the impact of your actions at the time.

Regardless of your insight and efforts at remediation, Mr Piercy asked the panel to consider the impact on public confidence. Specifically, how a reasonable member of the public might feel if no finding of impairment was made in this case, and how this could influence their perception of the profession. He submitted that remediation should be relevant, measurable and effective.

Mr Piercy submitted that, returning to the central question about whether the nurse, midwife, or nursing associate practises kindly, safely and professionally, despite your level of experience and training in autumn 2022, there are two clear occasions you did not practise kindly, safely and professionally. The question for the panel, therefore, is whether you now demonstrate sufficient insight, or whether there have been enough changes to indicate that the position is different today.

Mr Piercy specifically referred the panel the NMC Guidance at DMA-1 *'Impairment'* and FTP-2a '*Misconduct'.*

Mr Buxton, on your behalf, submitted that he recognises how serious this matter is and also noted that you have, from the outset, acknowledged that your actions amount to misconduct. He submitted that the panel will be required to consider this and reach a determination on the matter.

Mr Buxton then addressed the issue of impairment, submitting that it is undisputed that any of your admitted actions were unprofessional and cannot be characterised as kind. In your evidence, you acknowledged the harm caused not only directly to Witness 3 but also the wider implications concerning patient safety arising from your actions.

Mr Buxton drew the panel's attention to your reflection, which accurately indicates your position regarding the events of 2022. He said you recognise the privilege and trust accorded to you as a nurse. You have acknowledged that you breached the trust of your employer, the profession, and the wider public interest. He said that you have also identified specific areas of the Code which you believe have been breached and which you considered relevant.

Mr Buxton submitted that, from a public protection perspective, you recognised that your fitness to practise was impaired by your actions. He submitted that the question for the panel is whether you continue to pose a risk in terms of public safety. He invited the panel to consider what has occurred since then, as well as your record as a nurse spanning over 30 years. He noted that this is the only incident, separated by approximately a month, where any suggestion of such behaviour has arisen. While discriminatory behaviour can indicate a deeply rooted attitudinal issue, he submitted that there is no evidence of such a problem in this case. He submitted that the panel's previous findings of fact indicated that your actions were intended to provoke a reaction rather than reflect hostility or discriminatory intent.

Mr Buxton then addressed whether these concerns have been remediated. He invited the panel to consider the evidence you provided. He acknowledged some doubt, possibly expressed, regarding whether effective remediation was undertaken until very recently, namely in 2025, aside from the certificate dated 2023. He said that you explained the absence of documentary evidence for your reflection or training, but pointed out that the 2023 certificate, along with other courses listed, include details of the course content and a mark indicating your level that you attained in carrying out that learning.

Mr Buxton submitted that your reflection is comprehensive, consistent, and clearly outlines what you have learned. He described you as an intelligent individual and asked the panel to consider your reflection carefully, as it evidences meaningful remediation. He noted several relevant features: that you have invested effort and time to understand both the

historical context and the implications of your actions. He said you have demonstrated learning and an objective understanding of your conduct.

Mr Buxton further submitted that, when considering both your past record and the updated evidence, including testimonials, there is strong indication that the risk of repetition is very low. While acknowledging that issues such as discriminatory behaviour or bullying are difficult to address, he submitted that it is not the case that it is not remediated.

Mr Buxton noted that you have reflected, for yourself, and in response to the matter. He gave examples you provided, such as speaking impulsively without considering the impact on others. He submitted that public protection is not engaged in this case as you have shown full understanding of how your actions affected others and how it could have potentially had a great far-reaching effect on others.

Mr Buxton outlined the wider public interest considerations. He submitted that your behaviour was unprofessional, and you accept that members of the public, when considering the 2022 incident, would describe your behaviour as despicable. He submitted that, given your remorse, the steps you have taken to remediate, and your record since then, a fully informed member of the public would not be dismayed, shocked, or believe that public confidence would be undermined.

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

Decision and reasons on misconduct

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code (2015).

The panel was of the view that your actions did fall significantly short of the standards expected of a registered nurse, and that your actions amounted to a breach of the Code (2015). Specifically:

Promote professionalism and trust

You uphold the reputation of your profession at all times. You should display a personal commitment to the standards of practice and behaviour set out in the Code. You should be a model of integrity and leadership for others to aspire to. This should lead to trust and confidence in the profession from patients, people receiving care, other health and care professionals and the public.

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

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

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

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

20.10 use all forms of spoken, written and digital communication (including social media and networking sites) responsibly, respecting the right to privacy of others at all times

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel determined that the several breaches of the Code, your position of leadership and seniority at the time the charges arose, the seriousness of discriminatory language and the repetition of this discriminatory language amounts to this being a serious departure from the Code. The panel also acknowledged that you recognise that your actions amount to serious misconduct.

The panel determined that an ordinary member of the public would be deeply concerned if a finding of misconduct were not found based on the charges found proved. It determined that public confidence in the profession would be seriously undermined if a finding of misconduct were not found.

The panel therefore found serious misconduct in relation to all of the proven charges. It found charge 2.1 to amount to serious misconduct in relation to charges 1.1 and 1.3. It found charge 2.2 to amount to serious misconduct in relation to charges 1.1 and 1.3.

Decision and reasons on impairment

The panel next went on to decide whether as a result of the misconduct, your 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 and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest 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 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) […]*'*

In relation to the '*past tests'* set out in the above limbs of Grant, the panel finds that Witness 3, a colleague, was put at risk and was caused emotional harm as a result of your misconduct. It determined that your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute because of the seriousness of the discriminatory language you used in the workplace together with your position of seniority in the workplace. The panel therefore found that all three limbs of Grant were engaged in relation to the past.

The panel did not consider that the future limbs of the Grant test were engaged in terms of public protection, nor did the panel think that you were likely to bring the nursing profession into disrepute or breach one of the fundamental tenets of the nursing profession. The panel also considered the questions set out in the case of *Cohen v GMC* [2008] EWHC 581:

'a. whether the misconduct is capable of remediation;
b. whether it has been remediated; and
c. whether the misconduct is highly unlikely to be repeated.'

The panel acknowledged that racist and discriminatory behaviour is often not easily remediable.

The panel considered the context in which these incidents took place. It noted that this occurred in the workplace and stemmed from your frustration over the DATIX complaint

not being sufficiently addressed from your point of view. The panel determined this was not sufficient justification for your actions.

The panel then considered the steps you have taken to develop your insight into your misconduct. The panel considered that you have:

- Demonstrated an understanding of how your actions put colleagues at a risk of harm;
- Demonstrated an understanding of why what you did was wrong and how this impacted negatively on the reputation of the nursing profession;
- Gave examples of how you have taken steps to combat racism in your current role;
- Apologised to your colleagues and this panel for your misconduct;
- Undertaken multiple training courses on race and discrimination;
- Provided a reflective piece dated 28 October 2025;
- Provided multiple testimonials.

Whilst the panel noted the above, the panel also considered that there is no contemporaneous evidence of any formal structured reflection prior to 28 October 2025. The panel was of the view that your insight would have been strengthened further by evidence of formal structured reflection prior to 2025. The panel is also concerned that you may appear to demonstrate an insufficient depth of awareness of the power dynamics between you (acting in a senior nursing role) and more junior colleagues, who might not feel comfortable confronting you or providing you with 360-degree feedback.

Nonetheless the panel considered that while there may be some gaps in your insight that could lead to a risk of repetition, these risks were small.

Taking into account all of the above the panel determined that, on balance, it is highly unlikely that you would repeat any racist and/or discriminatory behaviour in the context of causing harm.

The panel therefore determined that a finding of impairment is not 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 noted the NMC Guidance at DMA -1 which highlights that:

> *'[…] there are types of concerns that are so serious that, even if the professional addresses the behaviour, a finding of impairment is required either to uphold proper professional standards and conduct or to maintain public confidence in the profession. Examples of this are […] Discriminatory behaviours such as racism.'*

The panel was of the view that due to the seriousness of the misconduct found proved, public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore finds your fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired on the ground of public interest, in order to uphold proper professional standards and conduct and maintain public confidence in the profession.

Sanction

The panel has considered this case carefully and has decided to make a suspension order for a period of three months without a review. The effect of this order is that the NMC register will show that your 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

Mr Piercy submitted that the aggravating features are: the seriousness of the language you used; the repetition of this language twice over a month apart and that you were in a position of leadership at the time. He submitted that there was repetition and this was not a single incident given that there were two separate incidents where your actions were repeated. He submitted that you had undertaken recent training at the time of the incidents, you were a senior nurse and you should have known better.

Mr Piercy submitted that in light of the panels findings on impairment, no further action would not be appropriate given that there were serious departures from the Code.

Mr Piercy submitted that an informed member of the public would be deeply concerned if your practice is unrestricted after such a serious departure from the standards. He submitted that there would be damage to public confidence in the regulator and the profession if a caution order were imposed.

Mr Piercy submitted that given that the panel has only found impairment on public interest grounds a conditions of practice order would not be appropriate because there are no conditions that would be relevant or workable.

Mr Piercy submitted that given the seriousness of your actions, a period of suspension would be appropriate and proportionate to protect public confidence and uphold professional standards. He submitted that there is no evidence of a harmful deep seated attitudinal concern. He submitted that the panel should balance the insight you have shown against the seriousness of the misconduct. He submitted that a reasonably informed member of the public would be shocked if a nurse who has such serious misconduct found against them were able to practice unrestricted.

Mr Piercy submitted that a suspension order ought to be imposed for a period of 12 months. Mr Piercy submitted that there should be a review at the end of the order. He submitted that this would allow you to provide further evidence of insight.

Mr Piercy submitted that a striking off order is not appropriate or proportionate in this case.

Mr Buxton submitted that the mischief in this case was caused by a single event, namely your frustration with the DATIX report. He submitted that your actions should not be seen as repeated behaviour given that both of the incidents are linked to this event.

Mr Buxton submitted that there is no previous regulatory or disciplinary history against you over a career of 30 years. He submitted that you have shown insight and there is not a pattern of behaviour. He submitted that you have acknowledged from the outset that your actions would have been deeply upsetting. He submitted that there are mitigating features including your insight and understanding of the problem and the steps you have taken to address them, the early admissions you have made and the unreserved apology you have extended throughout these proceedings.

Mr Buxton submitted that no further action is not appropriate. He also agreed with the submissions of Mr Piercy that a conditions of practice order is not workable in this case.

Mr Buxton submitted that a fully informed member of the public would ask themselves whether there had been a similar concern in the past or since the events to which the answer is 'no'. They would ask themselves about what you have provided to the profession and patients to which the answer is that you have given a lot as a nurse with significant experience who rose to a Band 8 role.

Whilst Mr Buxton acknowledged that your actions are serious, he submitted that it must also be considered in the full context of the events and in light of the panel's finding of impairment only on public interest grounds. He submitted that this was a one-off incident of abhorrent conduct stemming from frustration from the DATIX report and that you have demonstrated comprehensive insight since these events together with genuine remorse.

Mr Buxton informed the panel that you have worked unrestricted for a period of three years and he submitted that it would be disproportionate to, even temporarily, remove you from the register.

Mr Buxton submitted that you were dismissed from your previous role, you have faced a long Fitness to Practice investigation and hearing and you have engaged meaningfully over this time. He submitted that this has led to public shame for you and it also sends a message to the public and reinforced the need to uphold proper standards of behaviour. He submitted that these steps, together with a caution order, would adequately satisfy the public interest in this case.

Mr Buxton submitted that there is a public interest in allowing an otherwise exemplary nurse to continue to practice.

Mr Buxton submitted that the length of a caution order is a matter for the panel. He submitted that if the panel are not minded to impose a caution order, the public could be

satisfied with a suspension of less than 12 months. He submitted that a 12 month suspension order would be unduly punitive.

Decision and reasons on sanction

Having found your fitness to practise currently impaired on the ground of public interest, 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:

- Use of a racially offensive and derogatory word on two separate occasions which you yourself described as '*heinous'*
- No evidence of reflection between the two incidents;
- You were a senior manager at the time of the incidents and so would have been expected to operate at a higher professional level than you did;
- Your failure to recognise the power dynamics operating at the time of the incidents and the impact this might have on more junior colleagues;
- You undertook regular EDI training prior to the incident and you should have been fully aware of the effect of using this language.

The panel also took into account the following mitigating features:

- Since the incidents, you have made extensive efforts to strengthen your practice;
- The language you used was not racially motivated in that you dot intend your comments to be racially offensive and/or discriminatory;
- The admissions you made to the charges;
- The testimonials you have provided;

- Evidence of the training of have undertaken;
- The apologies you have made to persons affected, the panel and to the profession.

The panel noted the submissions from Mr Buxton regarding whether this should be considered a single instance of misconduct. The panel considered that the first incident occurred, you were then challenged about it, you then had the opportunity to reflect and you did not and then your actions were repeated approximately a month later in different circumstances. The panel determined that this amounted to two incidents.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case and the impairment found. 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 misconduct identified and the multiple serious departures from the Code, a caution order would not mark this seriousness.

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 your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. It determined that an informed member of the public would be concerned if a caution order were imposed given the seriousness of the discriminatory language you used on more than one occasion. It considered that this would affect the public's confidence in the profession.

The panel noted that it had previously found that there is a low risk of repetition, it determined that despite this, the aggravating features in this case make it at the higher end of the spectrum of impaired fitness to practice. It would undermine confidence in the

profession and in NMC as regulator and the regulatory process. 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 your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be relevant, proportionate, workable and measurable. The panel took into account the SG, in particular:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel is of the view that there are no relevant, workable or measurable conditions that could be formulated, given the nature of the charges in this case and the fact that impairment has only been found on public interest grounds.

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

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse 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 determined that in this case there is no evidence of harmful deep seated attitudinal problems, there has been no repetition since the incidents and it noted its previous finding that repetition is highly unlikely. The panel was of the view that this is a case of misconduct where a lesser sanction is not sufficient. It determined that this was a serious departure from the professional standards.

It did go on to consider whether a striking-off order would be proportionate. It took account of all the information before it, the findings it has made on impairment and the mitigation provided. The panel concluded that despite the very serious nature of your actions, a striking-off would be disproportionate as this was not the only sanction available that would protect the public interest and maintain proper professional standards.

Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.

The panel noted the hardship such an order will inevitably cause you. 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.

The panel determined that a suspension order for a period of three months was appropriate in this case to mark the seriousness of the misconduct.

Having found that your fitness to practise is currently impaired, the panel bore in mind that it determined there were no public protection concerns arising from its decision. In this respect it found your fitness to practise impaired on the grounds of public interest.

In accordance with Article 29 (8A) of the Order the panel may exercise its discretionary power and determine that a review of the substantive order is not necessary. The panel considered whether a review was necessary in this case. The panel considered its earlier findings that there were only small gaps in your insight, but nonetheless it determined that due to the significant insight, reflection and training you have undertaken, a review would not serve any beneficial purpose.

The panel determined that it made the substantive order having found your fitness to practise currently impaired in the public interest. The panel was satisfied that the substantive order will satisfy the public interest in this case and will maintain public confidence in the profession(s) as well as the NMC as the regulator. Further, the substantive order will declare and uphold proper professional standards. Accordingly, the current substantive order will expire, without review, on 2 March 2026.

This will be confirmed to you 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 your 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 Mr Piercy. He informed the panel that there is no current interim order on your practice. He submitted that an interim suspension order is necessary and appropriate for a period of 18 months in order to maintain public interest over any appeal period.

The panel also took into account the submissions of Mr Buxton. He submitted that this is not a case about clinical practice or public protection concerns. Given that this period of suspension is relatively short, he invited the panel to consider whether an interim suspension order is necessary.

Decision and reasons on interim order

The panel was satisfied that an interim order was necessary in the public interest due to the seriousness of this case. 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 in order to cover any potential appeal period.

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

That concludes this determination.