

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

**Substantive Hearing
Tuesday, 11 November – Friday, 14 November 2025**

Virtual Hearing

Name of Registrant:	Alina Miron
NMC PIN:	08L0066C
Part(s) of the register:	Nurses part of the register Sub part 1 RN1,Registered Nurse - Adult (11 December 2008)
Relevant Location:	Hampshire
Type of case:	Misconduct
Panel members:	John Millar (Chair, Lay member) Frances McGurgan (Lay member) Genevieve Nwanze (Registrant member)
Legal Assessor:	Laura McGill
Hearings Coordinator:	John Kennedy
Nursing and Midwifery Council:	Represented by Rory Gordon, Case Presenter
Mrs Miron:	Not present and unrepresented
Facts proved:	Charges 1a, 1b, 1c, 2, 3a, and 3b
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim order:	Interim suspension order (18 months)

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mrs Miron was not in attendance and that the Notice of Hearing letter had been sent to Mrs Miron's registered email address by secure email on 9 October 2025.

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

The panel accepted the advice of the legal assessor.

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

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

Decision and reasons on proceeding in the absence of Mrs Miron

The panel next considered whether it should proceed in the absence of Mrs Miron. It had regard to Rule 21 and heard the submissions of Mr Gordon who invited the panel to continue in the absence of Mrs Miron. He submitted that Mrs Miron had voluntarily absented herself.

Mr Gordon submitted that there had been no engagement at all by Mrs Miron with the NMC in relation to these proceedings and, as a consequence, there was no reason to believe that an adjournment would secure her attendance on some future occasion.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Mrs Miron. In reaching this decision, the panel has considered the submissions of Mr Gordon, and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* (No.2) [2002] UKHL 5 and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mrs Miron;
- Mrs Miron has not engaged with the NMC and has not responded to any of the letters sent to her about this hearing;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- Four witnesses are due to attend to give live evidence, not proceeding may inconvenience the witnesses, their employer(s) and, for those involved in clinical practice, the clients who need their professional services;
- The charges relate to events that occurred in 2022;
- Further delay may have an adverse effect on the ability of witnesses accurately to recall events; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Mrs Miron in proceeding in her absence. Although the evidence upon which the NMC relies will have been sent to her at her registered address, she has made no response to the allegations charged at this fitness to practice process. She will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on her own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Mrs Miron's decisions to absent herself from the hearing, waive her

rights to attend, and/or be represented, and to not provide evidence or make submissions on her own behalf.

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

Details of charge

That you, a registered nurse:

1. On or around 2 June 2022:

- a) Administered insulin to Resident A, without having it checked by a second registered nurse;
- b) Incorrectly entered into Resident A's MAR chart the initials of Colleague B as countersignature for the administration of insulin;
- c) Incorrectly entered into the Insulin Administration record the initials of Colleague B as countersignature for the administration of insulin;

2. Your conduct at charge 1b and/or 1c was dishonest in that you sought to represent that Colleague B had countersigned for the administration of insulin to Resident A when you knew that they had not.

3. On 22 November 2022:

- a) Incorrectly administered 250 micrograms of Risperidone to Resident B instead of 500 micrograms;
- b) Deliberately altered the dosage of Risperidone administered to Resident B without seeking advice from a GP.

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

Background

The charges arose whilst Mrs Miron was employed as a registered nurse by Barchester healthcare (the Group) working at St Thomas Home (the Home). It is alleged that on one shift in June 2022 Mrs Miron administered insulin to a resident without a second registered nurse being present to do a second check, and then that Mrs Miron signed the MAR chart and insulin administration sheet with the initials of another nurse to make it appear that the insulin was properly checked.

On a second occasion in November 2022, it is further alleged that Mrs Miron made medication administration errors relating to administering the incorrect dosage to a patient without seeking advice from the prescribing GP.

The Group carried out a local investigation which Mrs Miron made responses to, but she has not made specific responses to the NMC.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Mr Gordon.

The panel has drawn no adverse inference from the non-attendance of Mrs Miron.

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

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

- Witness 1: Colleague B and General Nurse at the Home
- Witness 2: General Manager at the Group
- Witness 3: Senior General Nurse at the Home
- Witness 4: Regional Director at the Group

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the witness and documentary evidence provided by the NMC. It paid close regard to the responses given by Mrs Miron at the local investigation interviews, and the email sent by her to the NMC on 9 January 2023 which set out her position.

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

Charge 1

“1. On or around 2 June 2022:

- a) Administered insulin to Resident A, without having it checked by a second registered nurse;
- b) Incorrectly entered into Resident A’s MAR chart the initials of Colleague B as countersignature for the administration of insulin;
- c) Incorrectly entered into the Insulin Administration record the initials of Colleague B as countersignature for the administration of insulin;”

This charge is found proved

In reaching this decision, on the issue of administration of insulin the panel considered that the evidence from Witnesses 1 and 3 is consistent, that they with Mrs Miron were the only

registered nurses employed at the Home at the time. Witness 1 was not on shift at the time Mrs Miron administered the insulin while Witness 3 was on a different floor of the Home, and had not been called to provide a second check.

The panel had sight of the Medication Administration Policy which clearly states that for a drug like insulin there must be a check carried out by a second registered nurse, and that this second nurse must then countersign the records. Witnesses 2 and 4 confirmed that Mrs Miron was provided with a copy of this policy and would have been familiar with it.

The panel had sight of the MAR sheet and the insulin administration sheet both of which had the initials of Colleague B as being a countersignature. The panel heard from Witness 1 who stated they left the Home at 0810 that day, and therefore could not have been a countersignature at 0910, the recorded time for the record's completion.

The panel had regard to the local responses from Mrs Miron. She stated that it was common practice in the Home to add the initials of another registered nurse if a countersignature was needed. However, Mrs Miron then also stated that it this allegation was false and spread by Witness 3 as part of a revenge against her. The panel had no evidence to support either of these contradictory responses provided by Mrs Miron. There was consistent witness evidence that it was not accepted practise at the Home for nurses to enter the initials of colleagues onto patient records.

Therefore, the panel considered that on the balance of probabilities that charges 1a, 1b, and 1c are proved.

Charge 2

“2. Your conduct at charge 1b and/or 1c was dishonest in that you sought to represent that Colleague B had countersigned for the administration of insulin to Resident A when you knew that they had not.”

This charge is found proved

In considering if Mrs Miron's actions were dishonest the panel had regard to the test set forth in *Ivey v Genting Casinos (UK) Ltd t/a Crockford* [2017] UKSC 67. The panel considered that given the only difference between charges 1b and 1c is the form that was countersigned, and that both forms relate to the same incident and were inaccurately signed at the same time, it would reason that if one is found to be dishonest then the other will be as well; therefore, it considered both parts together.

The panel considered that at the time of making the incorrect countersignature Mrs Miron knew that the forms required a countersignature made by another registered nurse. It was clear that Mrs Miron knew she had not had the administration appropriately checked, despite knowing that this was required, and that Colleague B had not given their permission for Mrs Miron to countersign with their initials.

The panel concluded that an ordinary, decent person would consider this to be an inherently dishonest action. The panel also attempted to establish a credible alternative account for Mrs Miron's actions but was unable to do so. Therefore, the panel found this charge proved in regard to both charge 1b and 1c.

Charge 3

"3. On 22 November 2022:

- a) Incorrectly administered 250 micrograms of Risperidone to Resident B instead of 500 micrograms;
- b) Deliberately altered the dosage of Risperidone administered to Resident B without seeking advice from a GP."

This charge is found proved

The panel noted that there was some confusion on the MAR chart around the dates, as the printed dates had been crossed out and different handwritten dates inserted. However, having heard from all witnesses, and considering the local documentary investigation which includes Mrs Miron's responses, none of which challenge the date charged. The panel decided that this apparent anomaly does not materially impact its findings on fact.

The panel considered that the '*running balance*' for the risperidone was off by one 250mg tablet at the end of the day. As part of the local investigation Mrs Miron gave several accounts for this which were inconsistent with each other and therefore the panel rejected her explanations for why there may have been a legitimate reason for the discrepancy. The panel therefore preferred the account of the witnesses, who concluded that Mrs Miron had incorrectly administered 250mg instead of 500mg.

At the local investigation Mrs Miron stated that she had contacted the GP. However, the panel heard from Witness 2 who stated that as part of the investigation they checked with the GP and the records stated that there was no call from Mrs Miron to the GP.

The panel found that the GP who prescribed the medication had not been called prior to the administration of the lower dosage, nor had another doctor or nurse prescriber been consulted to approve the change in medication dosage. Therefore the panel concluded that Mrs Miron, who was informed and aware of the required process, made this change without seeking the appropriate advice from the GP.

The panel therefore found both charge 3a and 3b proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Mrs Miron's fitness to practise is currently impaired. There is no statutory definition of fitness to

practise. However, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally.

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

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

Submissions on misconduct

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

Mr Gordon identified the specific, relevant standards where Mrs Miron's actions amounted to misconduct. He submitted that the facts found proved are serious, had significant potential for risk of harm and do amount to misconduct.

Submissions on impairment

Mr Gordon moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the cases of *Council for*

Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant [2011] EWHC 927 (Admin).

Mr Gordon submitted that issues of dishonesty are a significant breach of the fundamental tenets of the nursing profession, and that Mrs Miron's conduct posed a real risk of harm. He further submitted that Mrs Miron's actions would be found to be a serious concern to the public and so a finding of impairment is also required on public interest.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council (No 2)* [2000] 1 A.C. 311, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), and *General Medical Council v Meadow* [2007] QB 462 (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 Mrs Miron's actions did fall significantly short of the standards expected of a registered nurse, and that Mrs Miron's actions amounted to a breach of the Code. Specifically:

'1.1 treat people with kindness, respect and compassion

1.2 make sure you deliver the fundamentals of care effectively

8.1 respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate

8.2 maintain effective communication with colleagues

10.3 complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements

10.4 attribute any entries you make in any paper or electronic records to yourself, making sure they are clearly written, dated and timed, and do not include unnecessary abbreviations, jargon or speculation

18.1 prescribe, advise on, or provide medicines or treatment, including repeat prescriptions (only if you are suitably qualified) if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs

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'

The panel also found that Mrs Miron's actions breached sections 2.1, 8.5, 10.1, 10.2, 13.2, 13.3, 13.4, 14.1, 14.2, 14.3, and 20.8.

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that all the facts found proved were serious issues that other professionals would consider to be a falling short of the expected standards. The panel considered that the dishonesty in charge 2 was at the higher end of the spectrum when considering dishonest actions.

The panel found that Mrs Miron's actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

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

In coming to its decision, the panel had regard to the NMC Guidance on '*Impairment*' (DMA-1) 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 be honest at all times. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. Nurses must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant*, particularly paragraphs 74 and 76.

The panel finds that while no actual harm occurred there was a real risk of serious harm to patients as a result of Mrs Miron's misconduct. Mrs Miron's misconduct had breached the fundamental tenets of the nursing profession, to provide safe and effective care, and she failed to act with honesty and integrity, and therefore brought its reputation 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 considered that the issues of dishonesty are indicative of a deep-seated attitudinal concern which is significantly more difficult to remediate. The panel did not have any information from Mrs Miron as to insight, remediation, strengthening of practice, or of her being able to practise safely. Therefore the panel is of the view that there is a risk of repetition. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a finding of impairment on public interest grounds is required because a member of the public would be seriously concerned and public confidence in the profession would be undermined, if a registered nurse found to have acted dishonestly, in a matter closely connected to patient care, was able to practice without restriction.

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

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Mrs Miron off the register. The effect of this order is that the NMC register will show that Mrs Miron 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.

Submissions on sanction

Mr Gordon informed the panel that in the Notice of Hearing, the NMC had advised Mrs Miron that it would seek the imposition of a striking-off order if it found Mrs Miron's fitness to practise currently impaired. He submitted that given the findings of the panel and the seriousness of the failings of Mrs Miron a striking-off order remains the most appropriate sanction to protect the public and mark the significance of the departure from the expected standards of a registered nurse.

Decision and reasons on sanction

Having found Mrs Miron'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:

- No insight, remorse, or remediation
- Misuse of a position of power
- Misconduct repeated on two separate occasions
- Misconduct which put vulnerable residents at risk of harm
- Misconduct which put colleagues at risk of suffering professional and reputational damage
- Seeking to deflect blame onto colleagues

The panel considered that there were no mitigating features in this case. The panel had regard to the email of Mrs Miron, dated 9 January 2023, but found that when the factors she put forward were examined in questioning of the witnesses they were not supported by any evidence.

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Mrs Miron's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Mrs Miron's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Mrs Miron's 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 easily addressed through training, due to the deep-seated attitudinal concerns. Furthermore, the panel concluded that the placing of conditions on Mrs Miron's 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;*
- ...
- ...

The panel considered that the actions of Mrs Miron were not a single instance of misconduct and that they were indicative of a deep-seated attitudinal concern. The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Mrs Miron's actions is inherently incompatible with Mrs Miron remaining on the register.

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

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

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*

- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

Mrs Miron's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mrs Miron, if allowed to remain in practice, would present a real risk to patient safety and that this conflicts with the requirement of the regulator to ensure public protection. In addition, her 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 effect of Mrs Miron's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case.

The panel considered that this order was necessary to both ensure public protection and to mark the importance of maintaining public confidence in the profession, by sending to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

This will be confirmed to Mrs Miron 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 Mrs Miron's own interests until the striking-off 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 Gordon. He submitted that an interim suspension order for 18 months is necessary on the grounds of public protection and otherwise in the public interest to cover any potential appeal period.

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 on the grounds of public protection and otherwise in the public interest to cover any potential appeal period.

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

That concludes this determination.