

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

**Substantive Hearing
Monday, 27 October – Monday, 3 November 2025**

Virtual Hearing

Name of Registrant:	Cynthia Njoku
NMC PIN:	1811108E
Part(s) of the register:	Registered Nurse – Adult RNA (12 November 2018)
Relevant Location:	London
Type of case:	Misconduct
Panel members:	Bernard Herdan (Chair, Lay member) Rashmika Shah (Registrant member) Kiran Bali (Lay member)
Legal Assessor:	Natalie Byrne
Hearings Coordinator:	Fionnuala Contier-Lawrie Dilay Bekteshi (3 November 2025)
Nursing and Midwifery Council:	Represented by Mohsin Malik, Case Presenter Represented by Mary Kyriacou (3 November 2025)
Miss Njoku:	Present and represented by Arthur Lo, counsel, instructed by the Royal College of Nursing (RCN)
Facts proved:	Charges 1, 3 and 4
Facts not proved:	Charge 2
Fitness to practise:	Impaired
Sanction:	Suspension order (12 months)
Interim order:	Interim suspension order (18 months)

Details of charge

That you, a registered nurse:

1. On unknown dates, you called Person A words to the effect of:
 - a. "Polish cow"; and/or
 - b. "Polish idiot"; and/or
 - c. "Swine nose"; and/or
 - d. "A stupid old cow"; and/or
 - e. "Old woman"
2. On unknown dates, swore at Person A.
3. Your words in Charge 1a and/or 1b discriminated against Person A on the grounds of their race.
4. Your words in Charge 1 and/or Charge 2 amounted to bullying as it had the purpose or effect of creating an intimidating and/or hostile and/or offensive environment for Person A.

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

Background

The NMC received information from Person A who was a registered nurse. Person A claimed that, whilst at work, on Manvers Ward, St Marys Hospital in 2021, they were subjected to xenophobic behaviour from colleagues including Ms Njoku, a band 6 nurse. They claimed that you had called them "Polish cow", "Polish idiot", "Swine nose", "Stupid old cow" and "Old woman". Person A stated that they had raised the issues locally with management but that no local investigation has taken place.

The NMC made a referral under Article 22(6) of the Nursing and Midwifery Order 2001.

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 Malik on behalf of the NMC and by Mr Lo on your behalf.

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 witness called on behalf of the NMC:

- Person A: Former registered nurse and colleague of Ms Njoku at time of referral

The panel also heard evidence from you under oath.

Panel request for further evidence pursuant to Rule 22(5) of the Rules

After the panel heard oral evidence from Person A and from you, the panel invited legal advice on its powers in respect of requesting further evidence from colleagues who may have witnessed your alleged behaviour. The panel had sight of a contemporaneous email from Person B, a matron on the ward, dated 7 June 2021 but noted that this person had not provided a statement.

The legal assessor referred to Rule 22(5) of the Nursing and Midwifery Council's Fitness to Practice Rules and the relevant cases of *Council for the Regulation of Health Care*

Professionals v General Medical Council and Ruscillo, [2004] EWCA Civ 1356 and *The Professional Standards Authority for Health and Social Care v The Nursing and Midwifery Council*, *Ms Winifred Nompumelelo Jozi* [2015] EWHC 764 (Admin). Rule 22(5) of the Council's rules provides that the committee may, of its own motion require a person to attend the hearing to give evidence and to produce relevant documents. She also drew the panel's attention to the NMC guidance on 'Directing further investigation during a hearing' (Reference: DMA-5, last updated on 23 June 2021), and in particular, the following:

'When should a panel direct further investigation?

There are a number of reasons why a panel may direct us to carry out further investigations. These include:

- New information has come to light that neither we nor the nurse, midwife or nursing associate have seen, which could undermine our case, support our case, or support the case of the nurse, midwife or nursing associate.*
- The information currently before a panel is obviously incomplete or does not cover all the areas of concern. One example of this could be missing pages from patient notes, or from some other important document.*
- Further information is essential to clarify or expand on evidence already obtained*
- The nurse, midwife or nursing associate has provided new information about the context in which the incident occurred which would have a material impact on the outcome of the case.'*

Having considered all of the evidence before it and having regard to Rule 22(5) and the NMC Guidance (DMA-5), the panel was of the view that it may be assisted by further evidence being adduced and invited submissions from both of the advocates on this point.

Mr Malik submitted that there was no further evidence to provide and that Person A's evidence was the only available evidence to support these charges. Mr Malik therefore invited the panel to decide on the charges on the evidence that is before it.

Mr Lo submitted that the additional evidence requested by the panel could only really give it some additional context behind the situation with Person A and further submitted that the panel had before it already, a contemporaneous email from Person B relating to the incident. Mr Lo submitted that he did not believe that introducing additional evidence would aid the panel in its decision. Mr Lo therefore submitted that in the interest of proportionality and fairness to the registrant, the panel should attempt to find facts based on the evidence they have before it already.

The panel was satisfied with the explanations from Mr Lo and Mr Malik and accepted that it could proceed with the evidence before it.

Decision and reasons on charges

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 your representative on your behalf.

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

Charge 1)

'That you, a registered nurse:

3. On unknown dates, you called Person A words to the effect of:

- a. *“Polish cow”; and/or*
- b. *“Polish idiot”; and/or*
- c. *“Swine nose”; and/or*
- d. *“A stupid old cow”; and/or*
- e. *“Old woman”*

This charge is found proved.

In reaching this decision, the panel took into account all of the evidence before it. It had particular regard to the witness statement and oral evidence of Person A and your witness statement and oral evidence.

Person A wrote the following in their local statement, dated 22 March 2023:

“India [Cynthia] Njoku often also was abusing me verbally calling :’ swine nose’, ‘Polish cow’ or ‘Polish idiot’.”

Person A also wrote in their witness statement dated 24 October 2025:

“Ms. Njoku would often tell me that the reason why I needed so much help with my practice was because I was “an old cow”. She would also call me an “old woman” and “useless” whenever I did something wrong. She would also regularly call me “Polish idiot”, “swine-nosed” and “Polish cow”.”

The panel also took into account Person A’s oral evidence they stated:

“From the very beginning she was annoyed when I asked her questions. She would say ‘ask someone else’, ‘you should know this’ and when I did something wrong she said to me that I am an ‘old cow’, ‘that’s why I’m doing that, that’s why I’m working in this way’”

During Person A's oral evidence, they also stated that you were aggressive verbally with other nurses, and called them 'Polish cow', 'Swine nose' and 'Polish idiot'. It was not only harassment, but it was bullying.

In your evidence you stated that you had never had a personal conversation with Person A and that your relationship was strictly professional in nature. You stated that Person A would not routinely come to you for advice and that you had only directly supervised them on two occasions, which had resulted in issues. On the first occasion, you alleged that Person A had called you "wicked," and on the second occasion, you alleged that she had accused you of making ageist comments towards her. You stated that you had informed Person A that you had not said the words alleged, and that as your mother is still working as a nurse in her senior years, you would not make such comments. In your evidence you denied calling Person A any of the words outlined in the charges.

The panel found the account of Person A to be credible. The panel noted that the account of Person A had remained consistent across their local statement, their witness statement and their oral evidence. Additionally, in their oral evidence, Person A was able to describe the location of the incident, the circumstances in which it occurred and how your behaviour made her feel. The panel concluded that it was highly unlikely that Person A would have invented all the words you are alleged to have used in the charge. The panel determined that it is more likely than not that you did say these things to Person A. The panel noted that although there was no evidence to show the words in the charge were directly said to Person A, on the balance of probabilities it found that these were most likely said in a group context whereby Person A overheard you say them in conversation with colleagues.

The panel therefore found this charge proved in its entirety.

Charge 2)

'2. On unknown dates, swore at Person A.'

This charge is found NOT proved.

In reaching this decision, the panel took into account all of the evidence before it. It also took into account your oral evidence.

In the absence of specific wording, the panel have adopted the Oxford English Dictionary definition of 'Swear' which is as follows:

“a rude or offensive word, used, for example, to express anger”

The panel considered that a number of words which may fit this definition were already particularised in Charge 1, which the panel have found proven. In considering Charge 2 therefore, the panel has focused its mind on any additional conduct over and above that which is set out in Charge 1.

The panel noted that the only evidence that supports this charge is Person A's local statement which stated:

“there was a situation when swearing to me, she called me ‘a stupid, old cow’ and when I said to her that such approach is unprofessional, she answered that ‘I peased [sic] her off so she called me’.

The panel also considered Person A's oral evidence during which they were asked if there was ever an occasion where you swore at them directly or to their face. Person A responded *“No I don't remember it”*.

In your evidence, you told the panel that you did not and would not swear at Person A.

Having regard to the above evidence and the definition relied upon by the panel, it found that there was insufficient evidence to prove the charge and therefore found that the NMC had not discharged its evidential burden and found this charge not proved.

Charge 3)

‘3. Your words in Charge 1a and/or 1b discriminated against Person A on the

grounds of their race.'

This charge is found proved.

In reaching this decision, the panel took into account all of the evidence before it. It had particular regard to Person A's witness statements and your oral evidence.

Person A stated in both their local witness statements and their oral evidence that you had referred to them as "Polish idiot" and "Polish cow". When asked by the panel, they stated that they were the only Polish nurse on the ward and therefore this could only be aimed at them.

When asked while giving oral evidence, you stated that you were unaware that Person A was Polish. You conceded that the terms "Polish idiot" and "Polish cow" were racist terms, however you denied making those comments.

The panel had sight of the NMC Code which states:

"20 Uphold the reputation of your profession at all times:

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

The panel also had sight of the NMC guidance FTP-2a which states that under the Equalities Act 2010, a person discriminates against another person if they treat them less fairly on the grounds of a protected characteristic, namely... "Race, including colour, nationality, ethnic or national origin".

The panel was satisfied that racism in this context does apply to the above code. The panel found Person A's evidence in respect of these charges to be consistent and therefore found on the balance of probabilities that you had discriminated against Person A on the grounds of their race.

The panel therefore found this charge proved.

Charge 4)

‘4. Your words in Charge 1 and/or Charge 2 amounted to bullying as it had the purpose or effect of creating an intimidating and/or hostile and/or offensive environment for Person A.’

This charge is found proved.

In reaching this decision, the panel took into account all of the evidence available to it.

Person A’s witness statement dated 24 October 2025, stated that as they were a junior nurse they would often go to you to request help. Person A stated that from the beginning it was evident that you showed annoyance when they asked for help. They also stated that you began to become “*explicitly insulting*” whenever they asked for help and that you would say the reason they needed so much help was because they were “*an old cow*” and “*old woman*”

Person A also stated that:

“This affected me quite a bit. I became very anxious to work on days in which Ms. Njoku was on shift. I would become very nervous to address her whenever she was on shift, and would avoid getting her help. This would also distract me, as I knew that I might be reprimanded and insulted if I made a mistake”

Person A stated in her local statement dated 22 March 2023:

“I spoke with the matron... about bullying from the staff towards me but she stated that it was only my fault that some of the staff behaved like that to me. She did not do anything to resolve that situation”

When asked in oral evidence, Person A stated that they did not feel part of the team as they were aware there were groups of people talking about them and that they felt not valued, ignored, excluded and put down and therefore did not want to go to work.

Person A stated in their oral evidence that they had reported these issues to their ward matron (Person B), in person and stated that they had responded words to the effect of:

“You’re taking things too personally.”

The panel referred to an email exchange between you and Person B which includes an email from you which states that you had been having issues working with Person A and expressed your frustrations towards them.

In your oral evidence, you stated that other colleagues had issues with Person A and that you had difficulty communicating with them. However when asked, you stated that you were never frustrated with Person A and denied that you ever got annoyed at them and kept a professional relationship with them.

You also stated that you only directly supervised Person A on two occasions and that you had no other interactions with them, which the panel did not find credible given that you were a band 6 charge nurse and Person A was a junior nurse new to the ward and would have required some support and supervision from you.

You stated in your witness statement dated 27 October 2025:

“I assist and advise staff both registered and unregistered in the delivery of patient care...”

And:

“As a charge nurse I would have frequent interaction with other nurses. This is because I am monitoring to ensure workflow and efficient practise is maintained. Additionally I will always ask nurses if they require any additional assistance from me.”

You stated in your witness statement:

“I became quite frustrated and upset about the altercation and went into the staff room to regain my composure”

Yet in your oral evidence you mentioned that you never got frustrated.

When asked, you also advised that the culture and environment on the ward was good and that everyone was always willing to help. However, the panel noted that your request not to be rostered with Person A was granted, seemingly without any investigation or attempt by management to resolve conflict.

The panel also noted the contents of the email exchange between you and Person B, dated 7 June 2021:

“Our job is already stress as it is, the last thing you need is your colleague adding to the stress level through making false accusations against which in turn make the work place an unpleasant setting to be in.”

It felt that this was further evidence of your frustrations.

The panel noted that there was no evidence to show that any of the complaints made to Person B had been followed up upon or had been attempted to be rectified by any senior staff. There did not seem to have been discussions or meetings involving Person B or another independent colleague to mediate between you and Person A, leading to some form of agreed personal development or action plan.

The panel determined that based on the evidence of both parties, it did not paint a positive picture of the management culture and environment in the ward and that it was more likely than not that the language used in Charge 1 was used to create a hostile and intimidating environment for Person A.

The panel therefore found this charge 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 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.

Submissions on misconduct

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a '*word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.*'

Mr Malik invited the panel to take the view that the facts found proved amount to misconduct. Mr Malik referred the panel to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code) and identified specific, relevant standards where in his submission, your actions amounted to misconduct.

Mr Malik submitted that your conduct would be considered deplorable by fellow practitioners and that your acts fall significantly short of the standards set out in the code and as a result amounts to serious professional misconduct.

Mr Malik submitted that practising effectively and upholding the nursing profession is a fundamental nursing responsibility and it was your professional duty to ensure that you acted in a manner that was appropriate for a nursing professional. He submitted that the charges found proved are not related to your clinical practice but your conduct falls significantly short of what would be expected of a registered nurse.

Mr Malik submitted that the charges found proved by the panel were extremely serious charges of racism and bullying and are sufficiently serious to constitute misconduct. Mr Malik referred to FTP-2a which states that the NMC takes concerns about bullying and harassment, discrimination and victimisation very seriously. He submitted that although bullying is not included as a prohibited behaviour under the Equality Act, it can have a serious effect on the workplace culture and therefore the safety of people receiving care if it is not dealt with. Mr Malik further referred to the NMC guidance and noted that it is clear that no form of discrimination, including for example, racism, should be tolerated within healthcare and therefore discriminatory behaviours of any kind can negatively impact public protection and the trust and confidence the public places in nurses, midwives and nursing associates.

Mr Malik submitted that the comments you made may suggest a deep-seated attitudinal problem, despite there only being one reported complaint. Mr Malik submitted that the fact Person A felt unable to ask you, as a senior nurse for help and felt distracted by the

impact of your conduct towards her, this could have placed patients at risk of harm. He further submitted that your misconduct placed a colleague at risk of psychological harm.

Mr Malik referred the panel to the specific relevant standards as outlined in the Code which the NMC would suggest have been breached.

Mr Malik therefore invited the panel to find that your actions amount to serious misconduct.

Mr Lo referred the Panel to the case of *Khan v Bar Standards Board [2018] EWHC 2184 (Admin)*, and submitted that the acts in question must be serious in order to qualify as misconduct, and that in order to reach this threshold the conduct must be more than “*trivial or inconsequential, or a mere temporary lapse, or something that is otherwise excusable or forgivable.*”

Mr Lo acknowledged that as per the findings of facts, that a number of provisions of the Code had been infringed but submitted that the context in which this conduct took place had to be acknowledged. He submitted that as the panel found that the environment and culture of the ward were not well managed and created a negative environment to work in, this could have been a contributing factor to your behaviour as it caused stress and high tension. He referred to your email to Person B, dated 7 June 2021, voicing that your job was already stressful as it was.

Mr Lo submitted that the timing of the relevant event should also be taken into account. He submitted that as these events took place during 2021 which was when COVID was still very much a factor, the NHS was “turned upside down” which again meant it was a stressful and unpleasant environment to work in.

Mr Lo further submitted that the words set out in the charges and your conduct were ill chosen and regrettable, however they were made in such an environment and do not necessarily demonstrate the level of culpability required to constitute serious professional misconduct.

Mr Lo referred to a number of testimonies from your colleagues which he submitted, showed no evidence of any widespread negative behaviour surrounding race or age or any suggestion of difficult interpersonal relationships, beyond this single complaint.

Mr Lo submitted that the conduct in question did not reach the high threshold of seriousness required for misconduct.

Submissions on impairment

Mr Malik 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.

Mr Malik drew the panel's attention to the NMC Guidance which sets out a question to assist in determining whether a nurse, midwife or nursing associate's fitness to practise is impaired:

“Can the nurse, midwife or nursing associate practise Kindly, safely and professionally?”

He also drew the panel's attention to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin). Mr Malik submitted that 3 limbs (a) (b) and (c) of *Grant* are engaged by the circumstances of this case. He submitted that you put your colleague at unwarranted risk of psychological harm. Mr Malik further submitted that your actions also brought the nursing profession into disrepute and breached fundamental tenets of the nursing profession by failing to promote professionalism. In the absence of full insight and remediation, the risk of repetition and future harm remained.

Mr Malik submitted that there is a continuing risk to both public protection and the wider public interest due to your behaviour and that a finding of impairment should be made to mark the unacceptability of the behaviour.

Mr Malik submitted that there is no evidence before the panel to suggest there has been any insight or strengthening of your practice. He submitted that although you provided a reflective statement and a few training certificates, there was no acceptance that your behaviour was unacceptable or any apology to Person A. He further submitted that there was no evidence to show that you have addressed or taken steps to address the concerns about bullying or racism in the charges found proved and how this may also impact the profession or how you would deal with a similar situation in the future.

Mr Malik submitted that though you had provided several testimonials from colleagues, they were not dated recently and in several of them, the claims were denied without them even knowing the details. In one of the testimonials, your colleague was not even present during the time period of these claims and did not know the details.

Mr Malik submitted that a finding of impairment is necessary on public protection grounds as the misconduct in this case is serious and there remains a risk of repetition and on the relevant misconduct due to your lack of insight. He also submitted that a finding of impairment is necessary on public interest grounds in this case as your conduct has brought the nursing profession into disrepute and has served to undermine public confidence and the trust in the profession.

Mr Lo referred to the *Grant* test and submitted that there was no evidence that you put a patient at risk of harm. He submitted that with regard to whether you have in the past or may in the future bring the profession into disrepute, the matter in question did not touch upon the wider public, and related to a colleague. Mr Lo referred to one of the testimonials provided which stated that you are respectful and polite to everyone, have good communication skills and rapport with everyone.

Mr Lo submitted that in this case there was no evidence of widespread and irremediable attitudinal issues and that the conduct only relates to one colleague and there is no evidence to suggest any problematic behaviour relating to race or age in respect of any other colleague or patient.

Mr Lo referred to your reflective statement and stated that you addressed the importance of a diverse and inclusive workplace and that you understand that bullying is deeply harmful and completely unacceptable. He also submitted that you recognise the importance of the provisions of the Code, which states that nurses must treat people with kindness, respect and compassion, and how bullying contravenes those elements of the Code. Mr Lo therefore submitted that it was incorrect to say that you had no insight into the impact which bullying would have had on Person A.

Mr Lo referred to a number of targeted courses on remediation, equality and diversity and on conflict avoidance and stated that you learnt through those courses about protected characteristics under the Equality Act 2010 and the importance of treating everyone fairly and without prejudice.

Mr Lo submitted that you have provided very detailed reflection which shows your insight and your relevant training shows the steps you have taken towards remediation and that future risk of repetition is minimal and that any discriminatory views or behaviours have been effectively addressed.

Mr Lo therefore submitted that your fitness to practice is currently not impaired.

Decision and reasons on misconduct

The panel heard and accepted the advice from the legal assessor which included reference to the following cases: *Sawati v General Medical Council* [2022] EWHC 283 (Admin) and *Sayer v General Osteopathic Council* [2021] EWHC 370 (Admin).

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 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. Specifically:

‘1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 treat people with kindness, respect and compassion

1.3 avoid making assumptions and recognise diversity and individual choice

1.5 respect and uphold people’s human rights

8 Work co-operatively

To achieve this, you must:

8.2 maintain effective communication with colleagues

8.3 keep colleagues informed when you are sharing the care of individuals with other health and care professionals and staff

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

20 Uphold the reputation of your profession at all times

To achieve this, you must:

20.1 keep to and uphold the standards and values set out in the Code

20.2 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

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

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

The panel considered the charges which it had found proved and noted that your conduct caused distress to Person A as stated in their statement, dated 24 October 2025:

“This affected me quite a bit. I became very anxious to work on days in which Ms. Njoku was on shift. I would become very nervous to address her whenever she was on shift, and would avoid getting her help. This would also distract me, as I knew that I might be reprimanded and insulted if I made a mistake. I would thus go to other nurses for help, which might not have been the most efficient option. Even if Ms. Njoku was free, I would avoid getting her help, so I would go to other nurses that might have been busier. I am sure that this also made the rest of the team stressed, as I might have interrupted their work by seeking their assistance.”

The panel also noted that although your actions did not relate directly to clinical practice, it could have impacted patient care. Person A felt like they were unable to ask you for help and this in turn not only distracted them from treating patients, it could have affected the wider team. Person A may have felt like they interrupted other colleagues’ duties by having to seek assistance from them. The panel noted that the onus is on you as a senior band 6 nurse to exemplify good behaviours such as being approachable and supportive so that a junior nurse, when they are unsure, can rely on you to help them to provide good effective care to patients, without showing frustration.

The panel recognised that the circumstances surrounding the actions were less than ideal, given they took place during the COVID pandemic and within a ward which was stressful. The panel determined that there was a poor workplace culture and that the ward was no doubt a difficult professional environment to work in. However, it noted that your behaviour towards Person A was not kind or compassionate and fell short of what is expected of a senior nurse. The panel considered that your conduct around racism and discrimination was wholly unacceptable and constituted a serious breach of fundamental standards of professional conduct and behaviour that a registered nurse is expected to maintain. The

panel found that your actions would be seen to be deplorable by other members of the profession and members of the public.

Consequently, the panel found that your 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, 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 on 3 March 2025) in which the following is stated:

‘The question that will help decide whether a professional’s fitness to practise is impaired is:

“Can the nurse, midwife or nursing associate practise kindly, safely and professionally?”

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. They must make sure that their conduct at all times justifies both their patients’ and the public’s trust in the profession. The panel concluded that given the facts found proved, it could not be satisfied that you would always practise kindly and professionally. However, it did consider that you practise safely as there has been no evidence of any clinical concerns.

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

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

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

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

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

The panel found that limb a) was not engaged as there was no evidence of patients being directly harmed or evidence to show that they would be in the future as a result of your

misconduct. The panel found that limbs b) and c) of the *Grant* test are engaged in this case. It was of the view that your actions were liable to bring the profession into disrepute and that your actions towards Person A breached the fundamental tenets of the medical profession.

The panel had regard to the test as outlined in *Cohen v General Medical Council* [2008] EWHC 581 (Admin), namely:

1. *Is the conduct that led to the charge easily remediable?*
2. *Has it in fact been remedied?*
3. *Is it highly unlikely to be repeated?*

The panel considered the efforts you have made to remediate, and considered to what extent your denial of all the charges should be taken into account when making such judgements. Regarding insight, the panel considered the factors set out in the cases of *Sawati v General Medical Council* [2022] EWHC 283 (Admin) which states:

'In short, before a Tribunal can be sure of making fair use of a rejected defence to aggravate sanctions imposed on a doctor, it needs to remind itself of Lord Hoffmann's starting place that doctors are properly and fairly entitled to defend themselves, and may then find it helpful to think about four things: (i) how far state of mind or dishonesty was a primary rather than second-order allegation to begin with (noting the dangers of charging traps) – or not an allegation at all, (ii) what if anything the doctor was positively denying other than their own dishonesty or state of knowledge; (iii) how far 'lack of insight' is evidenced by anything other than the rejected defence and (iv) the nature and quality of the defence, identifying clearly any respect in which it was itself a deception, a lie or a counter-allegation of others' dishonesty.

110. These are all evaluative matters. Tribunals need to make up their own minds about them, and their relevance and weight, on the facts they have found. But they do need to direct their minds to the tension of principles which is engaged, and check they are being fair to both the doctor and the public. They need to think about

what they are doing before they use a doctor's defence against them, to bring the analysis back down to its simplest essence.'

and *Sayer v General Osteopathic Council* [2021] EWHC 370 (Admin) which states:

'(1) Insight is concerned with future risk of repetition. To this extent, it is to be distinguished from remorse for the past conduct.

(2) Denial of misconduct is not a reason to increase sanction.

(3) It is wrong to equate maintenance of innocence with lack of insight. Denial of misconduct is not an absolute bar to a finding of insight. Admitting misconduct is not a condition precedent to establishing that the registrant understands the gravity of the offending and is unlikely to repeat it.

(4) However, attitude to the underlying allegation is properly to be taken into account when weighing up insight. Where the registrant continues to deny impropriety, that makes it more difficult for him to demonstrate insight.

(5) The assessment of the extent of insight is a matter for the tribunal, weighing all the evidence and having heard the registrant. The Court should be slow to interfere.'

The panel took into account that you denied the charges, but was satisfied that this should not be taken to mean that you had no insight into your wrong doing. However, it noted that although you have provided a reflective statement which shows limited insight, it does not go on to reflect on the consequences of your behaviour in this case. It does not show remorse or empathy towards Person A and how this may have impacted them. It noted that the reflective statement showed some understanding of the subject of bullying and racism but did not show enough depth of insight into the specific issues of the case or the psychological effects of such behaviour. The panel noted that the statement is also undated and very generalised as well as failing to demonstrate insight into how you may change your behaviour in the future.

In considering whether you have strengthened your practice, the panel took into account the various training courses that you had completed in the relevant areas of concern. It

noted however that there was no evidence to show how your practice has changed since undertaking these courses which were undertaken several years ago. The panel found that these training courses, along with the lack of insight into your behaviour, were therefore insufficient to reassure the panel that you would not repeat the behaviour in the future.

The panel also took into consideration the various testimonials made on your behalf, however it noted that several of the references did not show knowledge of the allegations, are undated and very generalised towards your clinical practice. The panel noted that your behaviour was highly unprofessional and determined that these testimonials were insufficient in reassuring it that you understood the impact of your actions.

The panel referred to the NMC impairment guidance DMA-1 and found that although your misconduct was indicative of serious attitudinal concerns, it noted that there is no evidence to show that there are any clinical issues with your practice. The panel considered whether your behaviour could affect your patients in an adverse way and noted that there might have been an impact on patient safety when Person A felt unable to ask you for help. However, it found that this was a behaviour which occurred over a limited period of time some four years ago and there was no evidence to show that harm was caused to patients or that there was a current risk to the public. On this basis, the panel did not find you impaired 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 had regard to the serious nature of your misconduct and determined that public confidence in the profession would be undermined if a finding of impairment was not made in this case. It was of the view that a well-informed member of the public who was aware of the misconduct in this case, would be very concerned if you were permitted to practice

as a registered nurse without restriction. The panel also concluded that your behaviour would not have upheld proper professional standards for the profession.

For these reasons, the panel determined that a finding of impairment on the basis of public interest grounds is required to mark the seriousness of the misconduct and the importance of maintaining public confidence in the nursing profession.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired on public interest grounds.

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of twelve months. 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 Malik informed the panel that in the Notice of Hearing, dated 26 September 2025, the NMC had advised you that it would seek the imposition of a striking off order if it found your fitness to practise currently impaired.

Mr Malik referred the panel to the NMC Guidance '*Factors to consider before deciding on sanctions*' (SAN-1) which indicates that before deciding on sanction, consideration must be given to a number of factors, including aggravating and mitigating features and proportionality.

Mr Malik submitted that the aggravating factors in this case are as follows:

- Potential risk of psychological harm to your colleague, Person A
- Your lack of insight into the impact of your behaviour towards Person A
- Limited remediation, insight and remorse

Mr Malik submitted that there are no mitigating features in this case, but this is a matter for the panel to decide.

Mr Malik referred the panel to the NMC Guidance '*Available sanction orders*' (SAN-3) and submitted that the proper approach is to consider the full range of sanctions, starting with the least severe.

Mr Malik submitted that taking no further action or imposing a caution order would not be appropriate in this case given the nature of the concerns. Mr Malik submitted that the conduct found proved is serious and does not fall at the lower end of the spectrum of impaired fitness to practise. Mr Malik stated that neither of these sanctions would be sufficient to protect the public, maintain standards or maintain confidence in the NMC as a regulator.

Mr Malik submitted that in this case, your misconduct raises significant attitudinal concerns and that a conditions of practice order would not be appropriate as there are no areas of clinical practice in need of assessment or training, but rather the case refers more to your attitudinal problem, which is difficult to remediate. Mr Malik submitted that there is no evidence that you have taken steps to strengthen your practice or any evidence of you showing insight and therefore there is a risk of repetition. Mr Malik submitted that this is a serious matter for which there are no workable conditions that could be formulated to deal with these concerns.

Mr Malik submitted that this was not an isolated incident and according to Person A, it happened on many occasions. He submitted that as you have shown limited insight into the misconduct which includes behavioural and attitudinal problem, this is wholly incompatible with being a nurse who treats people from different walks of society.

Mr Malik submitted that the charges found proved demonstrate harmful deep seated attitudinal problems and a period of suspension would not be sufficient to protect the public confidence in nurses or professionals.

Mr Malik referred the panel to the NMC Guidance ‘*Considering sanctions for serious cases*’ (SAN-2). He stated that in respect of cases relating to discrimination, these cases are always serious as the Guidance provides that:

“We may need to take restrictive regulatory action against nurses, midwives or nursing associates who’ve been found to display discriminatory views and behaviours and haven’t demonstrated comprehensive insight, remorse and strengthened practice, which addresses the concerns from an early stage.

If a nurse, midwife or nursing associate denies the problem or fails to engage with the fitness to practise process, it’s more likely that a significant sanction, such as removal from the register, will be necessary to maintain public trust and confidence.”

Mr Malik submitted that the concerns raised in this case pose a risk of repeated behaviour and a suspension order therefore is not appropriate as the conduct is incompatible with continued registration.

Mr Malik submitted that given the nature and seriousness of your misconduct, which called into question your professionalism, trust and confidence in the professional can only be maintained by the imposition of a striking-off order. He submitted that a striking off order is the only appropriate and proportionate order.

Mr Malik submitted that your actions show a significant departure from the standards expected of a registered nurse and is fundamentally incompatible with you remaining on the register. He submitted that the findings in this case demonstrate that your actions were serious and to allow you to continue to practise as a registered nurse would undermine public confidence in the profession and the NMC as a regulatory body.

In conclusion, Mr Malik invited the panel to impose a striking-off order as the most appropriate and proportionate sanction in this case.

Mr Lo referred the panel to the NMC guidance SAN-1 referring to proportionality. Mr Lo submitted that regarding the aggravating features, these are only engaged in a very limited way. He submitted that there is no previous regulatory history and you have practiced safely since 2021 without any further issues. He submitted that there were no clinical concerns and no evidence that you have abused patient trust.

Mr Lo submitted that the misconduct was restricted to a single individual within a single year and that there was no evidence of any wider race or age-related infractions and therefore did not create any wider risk to patients.

In terms of mitigating factors, Mr Lo submitted that you have demonstrated insight in that you have identified the salient issues which arose from the racist or ageist behaviour. He submitted that you have identified the impact that these behaviours could have on individuals and have shown great appreciation for why racist and bullying behaviour is unacceptable.

Mr Lo submitted that given the level of insight demonstrated, there is no evidence of any deep seated or irremediable attitudinal problems or any evidence of deeper underlying racist or ageist beliefs.

Mr Lo therefore submitted that the relevant issues can be addressed by issuing practical conditions of practice. He submitted that these could be formulated and would require you to work under supervision, requiring you to send case officers evidence of completing CPD courses concerning the importance of EDI in the workplace. In addition, he submitted that you could create a personal development plan in order to tackle these issues.

Mr Lo submitted that the public confidence element is capable of being satisfied with a conditions of practice order. Mr Lo further commented that if the panel did not consider that conditions of practice would be appropriate, it might consider suspension and referred

the panel to the SG SAN-3d in which some relevant factors are provided. He further reiterated that a striking-off order would be disproportionate.

The panel heard and accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found your 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:

- Limited insight, remorse, and remediation, with a lack of awareness of the impact of your behaviour on Person A, including intimidating conduct
- Potential risk of future psychological harm to colleagues
- Senior position held, with an abuse of trust involved
- Serious charges proved, including racism, ageism and bullying

The panel also took into account the following mitigating features:

- The charges pertain to a single colleague and a specific set of incidents over a defined period
- No evidence of a broader pattern of misconduct
- No evidence of clinical concerns or harm to patients
- Some recognition of broader issues of racism and bullying
- Relevant training undertaken in Equality, Diversity and Inclusion (EDI) and conflict resolution
- No evidence of repeated behaviour relating to race, age and bullying since 2021

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, an order that does not restrict your 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 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. 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 proportionate, measurable and workable. The panel took into account the SG SAN-3c, which indicates that conditions of practice may be appropriate when some or all of the following factors are present:

- *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 decided that, given the nature of these charges, there are no practical or workable conditions of practice that could be formulated to address the nature of this misconduct. The issues identified are not related to your clinical skills or competence. Instead, the misconduct pertains to your attitude and professionalism, specifically, your behaviour towards your colleague.

The panel also noted that these charges involve a series of incidents in a short period and do not involve patient care. Because of this, imposing conditions such as retraining or requiring you to work under supervision by a more senior colleague would not effectively address the gravity and the nature of the misconduct. Moreover, conditions would not be effective in upholding the wider public interest, including maintain confidence in the nursing profession and upholding of professional standards.

Furthermore, the panel recognises that there are no viable means to monitor or enforce conditions focused on your attitude in the workplace. It decided that it would be impractical and unlikely to produce meaningful oversight or assessment of future conduct.

In conclusion, the panel has determined that imposing conditions on your registration would not be appropriate in this case.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG SAN-3d 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 noted that the misconduct was not an isolated incident, but rather a limited number of incidents. The panel noted that your behaviour was directed at a single colleague with all incidents occurring within a single year, some four years ago. There was no evidence of harm being caused to patients. The panel also bore in mind all that it had heard regarding the unprofessional working environment at the time, and how issues between individuals may have been poorly managed and not addressed. The panel recognised that the nature of the words used were discriminatory, ageist and bullying in tone and are serious concerns.

The panel noted that you have engaged with the proceedings and shown some insight into your behaviour, but your level of remediation and remorse remains limited. The panel noted that the misconduct was attitudinal, relating to prejudiced language and bullying, which may be challenging to remediate, but nevertheless can be remediated. The panel noted that there has been no allegations of further similar misconduct since Person A left the Trust and you have continued to practise without restriction since 2021.

The panel determined that a suspension order is appropriate in this context as it would provide you with an opportunity to reflect on the impact of your misconduct, demonstrate genuine understanding of its seriousness, and develop insight into the effects of your behaviour. The suspension would serve both to reinforce public trust in the nursing profession and to mark that such conduct is taken seriously by the regulatory body.

The panel determined that the suspension would not only be a proportionate response but also a constructive one, allowing for meaningful reflection.

The panel did go on to consider whether a striking-off order would be proportionate. After considering all the available information, including the mitigation and some developing insight provided, the panel concluded that a striking-off order would be disproportionate.

The panel noted that racism, discrimination, ageism and bullying have no place in the profession, and the NMC takes such conduct very seriously. However, given your competence as a senior nurse, the panel determined that a striking-off would be a

disproportionate response. It also concluded that whilst it is in the public interest to mark your misconduct with a severe sanction, this must be balanced with the public interest not to deprive patients of an otherwise competent senior nurse. Although the conduct and concerns identified do meet the threshold for such a sanction, the panel concluded that it would be unduly punitive in your case.

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 the maximum period of twelve months was appropriate in this case to mark the seriousness of the misconduct and provide you with sufficient time to reflect on your misconduct and take remedial actions to minimise the chance of recurrence.

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

Any future panel reviewing this case would be assisted by:

- Evidence of ongoing training, including documentary evidence of completion of any relevant courses and how your learning could be applied going forward;
- Testimonials from a line manager or supervisor that detail your most recent work practices at St Mary's Hospital in 2025. The panel noted that

testimonials provided throughout these proceedings were dated 2023 and considered that a future panel may require more up-to-date information from your current/former line manager or supervisor;

- Testimonials from any voluntary or paid employment in other settings undertaken during your period of suspension;
- A deeper reflection and demonstration of insight into your understanding of your misconduct in general and the impact of your misconduct on Person A, how racist and ageist language and intimidation have an impact in the workplace and how they could adversely affect public trust in the nursing profession; and
- Your continued engagement with the NMC and your attendance at future review hearings.

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

Ms Kyriacou invited the panel to impose an interim suspension order for a period of 18 months to provide for the gap between the making of any substantive order and closure of the statutory appeal window or any actual appeal.

Mr Lo referred the panel to the NMC guidance, specifically 'Interim orders after a sanction is imposed' (SAN-5). He asked the panel to note that there is currently no identifiable

clinical concerns or risk to the public and you are not currently under an interim order. He asked the panel to consider these factors when making its decision.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary to uphold 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 eighteen months to allow for the possibility of an appeal to be made and determined.

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.

This will be confirmed to you in writing.

That concludes this determination.