

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

**Substantive Order Review Meeting
Tuesday, 18 November 2025**

Virtual Meeting

Name of Registrant:	Susan Diane Oosenbrugh
NMC PIN:	95J0186S
Part(s) of the register:	Nurses part of the register Sub part 1 RNMH: Mental health nurse, level 1 (3 March 2000)
Relevant Location:	Dundee
Type of case:	Misconduct
Panel members:	David Hull (Chair, lay member) Karen Shubert (Registrant member) Peter Cowup (Lay member)
Legal Assessor:	John Donnelly
Hearings Coordinator:	Franchessca Nyame
Order being reviewed:	Suspension order (6 months)
Fitness to practise:	Impaired
Outcome:	Suspension order (3 months) to come into effect on 26 December 2026 in accordance with Article 30 (1)

Decision and reasons on service of Notice of Meeting

The panel noted at the start of this meeting that the Notice of Meeting had been sent to Ms Oosenbrugh's registered email address by secure email on 23 September 2025.

The panel took into account that the Notice of Meeting provided details of the review that the review meeting would be held no sooner than 10 November 2025 and inviting Ms Oosenbrugh to provide any written evidence seven days before this date.

The panel accepted the advice of the legal assessor.

In the light of all of the information available, the panel was satisfied that Ms Oosenbrugh has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (the Rules).

Decision and reasons on review of the current order

The panel decided to extend the suspension order for a period of 3 months. This order will come into effect at the end of 26 December 2025 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (the Order).

This is the first review of a substantive suspension order imposed for a period of 6 months by a Fitness to Practise Committee panel on 29 May 2025.

The current order is due to expire at the end of 26 December 2025.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charge found proved which resulted in the imposition of the substantive order was as follows:

'That you, a registered nurse:

- 1) *On 1 September 2021, without clinical justification, failed to perform CPR on Resident A*

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

The original panel determined the following with regard to impairment:

'The panel determined that limbs a), b) and c) are engaged in this case. The panel found that Resident A was put at risk of harm as a result of Miss Oosenbrugh's misconduct. It noted that Resident A died. Whilst there is no certainty that performing CPR would have prevented this, performing CPR was necessary in an attempt to preserve Resident A's life. The absence of performing CPR therefore put Resident A at a risk of harm.

The panel determined that Miss Oosenbrugh's misconduct breached the fundamental tenets of the nursing profession, which included making sure that any treatment, assistance or care for which she was responsible was delivered without undue delay. It considered that by failing to act as expected in an emergency situation involving a resident's health, Miss Oosenbrugh brought the reputation of the nursing profession into disrepute.

The panel considered the factors set out in the case of Cohen v General Medical Council:

- whether the conduct is capable of being addressed;*
- whether it has been addressed; and*
- whether it is highly unlikely to be repeated.*

The panel was satisfied that the misconduct relating to Miss Oosenbrugh's failure to perform CPR on Resident A is capable of being addressed by way of training and meaningful insight.

In relation to insight, the panel noted Miss Oosenbrugh's comments during the disciplinary meeting on 22 October 2021, where she stated that she did not assess Resident A for resuscitation because:

'... my mind went blank and I panicked. I have never dealt with anything like this before. The trained nurses here even the team leaders are under a lot of pressure. I was not in a good place at the time'.

However, in light of Miss Oosenbrugh's lack of engagement with these NMC proceedings, the panel had no other evidence of insight from Miss Oosenbrugh about the incident. It therefore had no recent evidence of reflection from Miss Oosenbrugh about her understanding of how her inaction put Resident A at a risk of harm, why what she did was wrong, and how this impacted negatively on Resident A, Resident A's relatives, other residents at the Home, her colleagues and the reputation of the nursing profession. There was also no evidence of remorse from Miss Oosenbrugh for her misconduct.

Further, the panel noted that Miss Oosenbrugh had been able to describe how to perform CPR after being asked to do so at the disciplinary meeting on 22 October 2021. However, it was not satisfied that she had sufficiently reflected and demonstrated how she would handle the situation differently in the future.

The panel considered that Miss Oosenbrugh appeared to deflect and make excuses for her inaction by stating that she was under pressure, but there was nothing before the panel to suggest that on that day in question, there was anything that would have prevented Miss Oosenbrugh from responding to Resident A's condition in a timely and appropriate manner. On the contrary, the staff rota for 1 September 2021 suggested that staffing levels were adequate.

The panel had no evidence to suggest that Miss Oosenbrugh has taken steps to strengthen her practice through relevant work or training.

As such, the panel could not conclude that it is highly unlikely that Miss Oosenbrugh's misconduct would be repeated in the future. It therefore found that there is a risk of repetition and that a finding of current impairment of fitness to practise is necessary on the grounds of public protection.

The panel bore in mind 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 to mark the unacceptability Miss Oosenbrugh's misconduct and to uphold proper professional standards. The panel considered that a well-informed member of the public and fellow practitioners would be concerned if a finding of impairment were not made in a case involving a registered nurse with over 20 years of experience, who failed to respond appropriately to the emergency care needs of a patient who was under her care, and had not provided any insight or evidence of strengthened practice.

The panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case. It therefore also found Miss Oosenbrugh's fitness to practise impaired on the grounds of public interest.'

The original panel determined the following with regard to sanction:

'...The panel next considered whether placing conditions of practice on Miss Oosenbrugh's 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, which indicates that conditions of practice may be appropriate where there is:

- 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 considered that there was no evidence of harmful deep-seated personality or attitudinal problems in this case. It was satisfied that there was an identifiable area of Miss Oosenbrugh's practice which was in need of retraining, namely in respect of the prompt recognition and response to a patient displaying symptoms warranting CPR intervention, and that conditions of practice could be put in place to robustly manage that area of her practice. Further, there was no evidence of general incompetence in Miss Oosenbrugh's practice. The panel was of the view that conditions could be formulated which would protect patients and meet the wider public interest concerns in this case.

However, in light of Miss Oosenbrugh's lack of insight and engagement, the panel had no evidence that she would be willing to engage with conditions of practice in any meaningful way. It had no information about Miss Oosenbrugh's current employment or her future intentions in nursing practice. The panel therefore concluded that, whilst a conditions of practice could address the concerns identified, in the circumstances of this case, the placing of conditions on Miss Oosenbrugh's registration would not be practicable.

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 this was a single instance of misconduct where a lesser sanction would not be sufficient. There was no evidence before the panel of a harmful deep-seated personality or attitudinal problem with Miss Oosenbrugh, or evidence of repetition of the behaviour since the incident. The panel was of the view that Miss Oosenbrugh's misconduct was capable of being addressed and her practice is capable of being strengthened. It considered Miss Oosenbrugh's lack of engagement and insight into her actions. The panel concluded that this increased the risk of the behaviour being repeated and therefore there would be a continued risk to patient safety. The panel was satisfied that in this case, whilst the misconduct was not fundamentally incompatible with remaining on the register, this was a serious case that warranted Miss Oosenbrugh's temporary suspension from nursing practice.

The panel noted that a suspension order would temporarily prevent Miss Oosenbrugh from working as a registered nurse. It was satisfied that such an order would give Miss Oosenbrugh the opportunity to re-engage with the NMC; to reflect on her misconduct, to strengthen her practice and to provide developed insight into the impact of her misconduct on Resident A, Resident A's relatives, other residents at the Home, her colleagues and the reputation of the wider profession. The panel considered that Miss Oosenbrugh would also be able to inform a future panel about what she has

done to address the issues, and to reassure it that it would be safe to allow her to return to nursing practice. The panel determined that in the circumstances, a suspension order would be the appropriate and proportionate sanction to suitably protect the public and meet the wider public interest.

The panel did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, the panel concluded that such an order would be disproportionate because a suspension order will provide sufficient protection to the public and meet the public interest. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Miss Oosenbrugh's case to impose a striking-off order.

Balancing all of these factors the panel concluded that a suspension order would be the appropriate and proportionate sanction. The panel determined such an order would suitably protect the public and meet the wider public interest.'

Decision and reasons on current impairment

The panel considered carefully whether Ms Oosenbrugh's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally. In considering this case, the panel carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel exercised its own judgement as to current impairment.

The panel had regard to all of the documentation before it included in the NMC bundles

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

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether Ms Oosenbrugh's fitness to practise remains impaired.

The panel noted that the original panel did not have any evidence which indicated that Ms Oosenbrugh had demonstrated any insight or had reflected on her actions. At this meeting, the panel also did not have any evidence of reflection or insight, nor did it have any evidence before it to suggest that Ms Oosenbrugh has taken any steps to strengthen her practice.

The panel acknowledged that, whilst Ms Oosenbrugh's misconduct was a single incident, it was a serious breach of fundamental tenets of the nursing profession. Given Ms Oosenbrugh's continued lack of engagement and remediation, the panel determined that the risk of repetition, and consequently the risk of harm, remains high.

The panel therefore decided that a finding of continuing impairment is necessary on the ground of public protection.

The panel bore in mind that its primary function is to protect patients and the wider public interest. It considered that a member of the public would be concerned if an experienced nurse who failed to undertake the steps of basic first aid's fitness to practise was not found to be impaired. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required to maintain public confidence in the nursing profession and uphold proper standards of conduct and performance.

For these reasons, the panel finds that Ms Oosenbrugh's fitness to practise remains impaired.

Decision and reasons on sanction

Having found Ms Oosenbrugh fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its

powers are set out in Article 30 of the Order. The panel also took into account the 'NMC's Sanctions Guidance' (SG) and bore in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

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 Ms Oosenbrugh'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 Ms Oosenbrugh's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether a conditions of practice on Ms Oosenbrugh's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel was of the view that there were conditions that could be formulated which would protect patients and meet the wider public interest concerns. However, in light of Ms Oosenbrugh's lack of engagement, the panel had no evidence that she would be willing to engage with a conditions of practice order.

Given Ms Oosenbrugh's continued lack of engagement with the NMC and her failure to provide information the original panel indicated would assist a future reviewing panel, such as evidence of insight, reflection and strengthened practice, the panel carefully considered the striking-off sanction. The panel had regard to NMC guidance 'REV-2h: Removal from the register when there is a substantive order in place', in particular:

'Cases where striking off is likely to be appropriate include when:

- the professional has shown limited engagement and/or insight,*

- *the professional has breached a substantive order; or*
- *the professional has otherwise made no or negligible progress towards addressing issues with their fitness to practise.'*

The panel was mindful that the incident was in 2021 and considered that Ms Oosenbrugh has had a significant amount of time to engage and take steps to remediate the concerns but has failed to do so. The panel had no evidence to suggest that Ms Oosenbrugh would begin the journey of remediation with a further period of suspension.

However, because the panel took the view that Ms Oosenbrugh's misconduct is confined to one specific area of practice and is easily remediable, it considered it to be fair and reasonable to allow one final opportunity for her to take the necessary steps to demonstrate remediation, or to consider alternative options:

'Ways of leaving the register while impaired

1. Agreed removal

A professional who would remain on the register in the absence of the substantive order can make an application for agreed removal to be taken off the register. If the Assistant Registrar agrees removal, a panel will be asked at an early review to revoke the order. Once the substantive order is revoked the agreed removal decision can then take effect and the professional will be removed from the register.

2. Lapse with impairment

Where the professional would no longer be on the register but for the order in place, a reviewing panel can allow the order to expire or, at an early review, revoke the order. Professionals in these circumstances will automatically be removed from the register, or lapse, upon expiry or revocation of the order. The panel will record that the professional remains impaired.'

The panel therefore considered the imposition of a further period of suspension and determined that it is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. Accordingly, the panel determined to impose a suspension order for the period of 3 months.

The panel was cognisant that, in the event that there is no material change in circumstances at the next comprehensive review, the future reviewing panel would have all options of sanction open to it including a striking-off order.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 26 December 2025 in accordance with Article 30(1).

Before 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:

- Miss Oosenbrugh's engagement and attendance at the substantive order review hearing.
- Clear evidence/information from Miss Oosenbrugh as to her future intentions regarding her nursing registration.
- A detailed written reflective account which demonstrates Miss Oosenbrugh's insight into her misconduct, the impact of her misconduct on Resident A, Resident A's relatives, other residents at the Home, her colleagues and the reputation of the wider profession. This should also include an account of how she would she act in the future in a similar situation.
- Evidence of training and/or strengthened practice, as well as Miss Oosenbrugh's continued professional development.
- References and testimonials from colleagues and supervisors in any paid or unpaid work.

This will be confirmed to Ms Oosenbrugh in writing.

That concludes this determination.