

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

**Substantive Meeting
Tuesday, 18 November 2025**

Virtual Meeting

Name of Registrant:	Joanne Robinson
NMC PIN:	0010070E
Part(s) of the register:	Registered Nurse – Adult (RNA) 16 August 2003
Relevant Location:	Hull
Type of case:	Conviction
Panel members:	John Millar (Chair, Lay member) Frances McGurgan (Lay member) Genevive Nwanze (Registrant member)
Legal Assessor:	Attracta Wilson
Hearings Coordinator:	John Kennedy
Consensual Panel Determination:	Accepted
Facts proved:	Charges 1
Fitness to practise:	Impaired
Sanction:	Caution order (5 years)
Interim order:	No order

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Miss Robinson's registered email address by secure email on 30 October 2025.

Further, the panel noted that the Notice of Meeting was also sent to Miss Robinson's representative at UNISON on 30 October 2025.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, dates and the fact that this meeting was heard virtually.

The panel also took into account an email from Miss Robinson to the Nursing and Midwifery Council (NMC) dated 28 October 2025 waiving the notice period.

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

Details of charge

That you, a registered nurse:

1. Were convicted on 26 July 2023 at Kingston-upon-Hull Crown Court of causing death by dangerous driving.

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

Consensual Panel Determination

At the outset of this meeting, the panel was made aware that a provisional agreement of a Consensual Panel Determination (CPD) had been reached with regard to this case between the NMC and Miss Robinson.

The agreement, which was put before the panel, sets out Miss Robinson's full admissions to the facts alleged in the charge and that her fitness to practise is currently impaired on public interest grounds by reason of that conviction. It is further stated in the agreement that an appropriate sanction in this case would be a caution order for a period of five years.

The panel has considered the provisional CPD agreement reached by the parties.

That provisional CPD agreement reads as follows:

'The Nursing & Midwifery Council ("the NMC") and Joanne Robinson, PIN 0010070E ("the Parties") agree as follows:

- 1) Ms Robinson is content for her case to be dealt with by way of a CPD meeting. Ms Robinson understands that if the panel determines that a more severe sanction should be imposed, the panel will adjourn the matter for this provisional agreement to be considered at a CPD hearing.*
- 2) Ms Robinson understands that if the panel proposes to impose a greater sanction or make other amendments to the provisional agreement that are not agreed by Ms Robinson, the panel will refer the matter to a substantive hearing.*

The charge

- 3) Ms Robinson admits the following charges:*
 - 1. That you, a registered nurse:*

2. *Were convicted on 26 July 2023 at Kingston-upon-Hull Crown Court of causing death by dangerous driving.*

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

The facts

- 4) *Ms Robinson appears on the register of nurses, midwives and nursing associates maintained by the NMC as a Registered Nurse Adult (RNA) and has been on the NMC register since 16 August 2003.*
- 5) *On 18 August 2022, the NMC received a self-referral from Ms Robinson. Ms Robinson stated that, on 27 June 2022 whilst driving home after a home visit to a patient, she struck a member of the public with her car on Ganstead Lane in Hull, who then consequently died.*
- 6) *At the time of the incident, Ms Robinson was employed by Hull University Teaching Hospitals NHS Trust (“the Trust”).*
- 7) *The incident was investigated by Humberside Police (“the Police”), and on 18 July 2022, Ms Robinson was interviewed voluntarily on suspicion of the offence of causing death by dangerous driving. On 9 May 2025, the Police confirmed to the NMC that Ms Robinson had been charged with this offence.*
- 8) *On 28 June 2023, Ms Robinson made her first court appearance at Hull Magistrates’ Court, and the case was sent to Kingston-Upon-Hull Crown Court. At a Plea and Trial Preparation hearing on 26 July 2025, Ms Robinson entered a guilty plea and was convicted of the offence.*
- 9) *At a sentencing hearing on 11 September 2023, Ms Robinson was sentenced to: 16 months imprisonment suspended for 2 years; 200 hours of unpaid work to be completed within 12 months; and a disqualification from driving for 2 years with the requirement to take a test of competence before resuming driving.*
- 10) *Throughout the criminal proceedings, Ms Robinson was granted unconditional bail.*
- 11) *In his sentencing remarks, HHJ Bury described the offence as on the borderline between careless and dangerous driving, and noted the absence of any aggravating features, such as speeding, mobile phone use, eyesight problems, or*

being under the influence of alcohol or drugs. He described the incident as one of a lack of concentration on Ms Robinson's part, likely caused by the distressing home visit she had just attended. The judge was also of the view that Ms Robinson had demonstrated genuine remorse since the incident occurred, and referred to her good character and the large number of character references provided.

12) On 17 July 2025, Ms Robinson's representative provided the NMC with a completed Case Management Form, in which she indicated that she admitted the charge set out at paragraph 3 above, and that her fitness to practise was currently impaired by reason of her conviction.

Impairment

13) Ms Robinson's fitness to practise is currently impaired by reason of her conviction.

14) The NMC's guidance explains that impairment is not defined in legislation but is a matter for the Fitness to Practise Committee to decide. This involves a consideration of both the nature of the concern and the public interest.

15) The Parties agree that consideration of the nature of the concern involves looking at the factors set out by Dame Janet Smith in her Fifth Report from Shipman, approved in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) by Cox J:

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

16) Limbs a, b and c above are engaged in this case.

17) With respect to limb a, Ms Robinson's actions in committing the offence for which she was convicted resulted directly in serious harm being caused to a member of the public, who sadly died as a result.

18) *With respect to limb b, Ms Robinson has been convicted of a serious criminal offence involving the death of a member of the public, which will clearly have a detrimental effect on the reputation of the nursing profession.*

19) *With respect to limb c, Ms Robinson's conviction for a serious criminal offence breaches the fundamental tenet of the nursing profession set out at standard 20.4 of the NMC Code:*

20.4 Keep to the laws of the country in which you are practising

20) *Although this conviction relates to conduct that occurred outside Ms Robinson's professional practice, the NMC is still required to take action, given that it is conduct capable of undermining public trust and confidence in the profession. This is set out in the NMC guidance on misconduct [FTP-2a].*

21) *Ms Robinson has also breached the following standards of the Code:*

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

22) *For the reasons set out in paragraphs 5 to 21 above, Ms Robinson accepts that, at the time of committing the offence, her practice as a nurse was impaired.*

Remorse, reflection, insight, remediation

23) *In considering the question of whether Ms Robinson's fitness to practise is currently impaired, the Parties have considered Cohen v General Medical Council [2008] EWHC 581 (Admin) in which the court set out three matters which it described as being 'highly relevant' to the determination of the question of current impairment:*

a) Whether the conduct that led to the charge(s) is easily remediable.

b) Whether it has been remedied.

c) Whether it is highly unlikely to be repeated.

24) *Given the tragic consequences of Ms Robinson's conduct, and her resulting conviction for a serious criminal offence. it could be said to be more difficult to remediate. However, given the very specific and unusual circumstances in which the conduct occurred, the absence of any identifiable aggravating factors, and no indication of any attitudinal concerns contributing to it, it is highly unlikely that the conduct would be repeated. As such, it may potentially be remediated by the demonstration of sufficient remorse, reflection and insight into the impact of the conduct.*

25) *In his sentencing remarks, the judge described the conduct as resulting from a “loss of concentration” following a distressing home visit Ms Robinson had made to a young multiple sclerosis patient that had preoccupied her on her drive home, and made the following observations about the circumstances in which it occurred:*

“The circumstances in which you came to drive in the way that I am going to outline are somewhat mysterious. The only sensible explanation for your loss of concentration, because that’s what it was, was what had happened earlier in the day.”

“That was, plainly, a distressing visit for you. You were to tell the probation officer that it upset you, not only because of the condition the young man was in but he was a young man who was the same age as your own son and you were concerned and thinking about what it would have been like for him in that condition, and it seems to me that you were simply preoccupied with that visit on your drive home.”

The judge went on to observe:

“There are no aggravating features here which are common in cases of this sort. You were not speeding. Your eyesight was fine. The car that you were driving was roadworthy. You were insured. You weren’t subject to any driving disqualification. You weren’t using your mobile phone. You weren’t under the influence of drink or drugs and you weren’t involved in a pursuit or a chase.”

26) *Ms Robinson has expressed consistent and genuine remorse for her conduct, throughout both the criminal investigation and court proceedings. As observed by the judge in his sentencing remarks:*

“As far as you were concerned, the prosecution - and this is rare - the prosecution accept that your own behaviour since and your attitude since demonstrates genuine remorse. You were remorseful and upset at the scene and you have been ever since.”

The judge went on to state:

“Plainly, your good character is a significant mitigating feature here. Unusually, the prosecution accept that your remorse is genuine. In many cases it’s easy to say, “I’m sorry”, difficult to prove. Here you have managed to do that.”

27) *In reference to the letter Ms Robinson had written and provided to the court, the judge noted that she acknowledged the extent of the harm caused by her conduct on others, as well as that upon herself:*

“Your letter that you have written, it seems to me, encapsulates your position, that you acknowledge the great harm that you’ve done, you wish you could put it back, but, of course you can’t, and that you acknowledge that, whatever your suffering is, it’s nothing compared to the suffering of others. You have struggled to come to terms yourself with the events in question, hardly surprising in the circumstances, and you have been receiving counselling on a weekly basis for what has been described as post-traumatic stress disorder.”

28) *The judge also acknowledged to the large number of positive references received about Ms Robinson, and referred in particular to a reference from consultant neurologist, Mr James Harley, which spoke to her compassionate and empathic treatment of multiple sclerosis patients in her care and their families. Mr Harley stated:*

“Joanne is an excellent nurse. She has always shown great compassion and empathy for the patients she cares for and their families who are frequently experiencing significant suffering. She is dedicated to the role and is determined to improve the lives of patients. She is honest, trustworthy, takes her responsibilities seriously, maintains professionalism with patients, despite having to face difficult personal circumstances... in recent years. She is gentle, respectful and kind, a great asset to the team and the patients that she serves”.

29) *Ms Robinson cooperated with the criminal proceedings and entered a guilty plea at an early stage. She also engaged fully with the NMC’s Fitness to Practise proceedings, and confirmed in her Case Management Form received on 17 July 2025, that she accepted the charge set out at paragraph 3 above, and that her fitness to practise was currently impaired by reason of her conviction.*

30) *For the reasons set out at paragraphs 24 – 29 above, the Parties agree that it is highly unlikely that the conduct would be repeated. This is on the basis of: the very specific and unusual circumstances in which the conduct occurred, which would be unlikely to recur; and the significant amount of genuine remorse, and insight into*

the consequences of her conduct, demonstrated by Ms Robinson from the time the incident occurred.

Public protection impairment

31) *A finding of impairment is not necessary on public protection grounds.*

32) *The conduct alleged does not relate to Ms Robinson's clinical practice, and there is no indication of a risk of harm to patients in her care. There is also no evidence that the conduct was linked to any attitudinal or health issues that could have a potentially adverse effect on her ability to practise safely and effectively.*

33) *Ms Robinson's conduct related to a single incident which, as set out above, is highly unlikely to be repeated due to the very specific and unusual circumstances in which it occurred, and the significant amount of remorse and insight demonstrated.*

34) *The consequences of Ms Robinson's conduct were tragic, and would understandably be considered shocking by members of the public. However, the risk she currently poses to the safety of patients and the public is extremely low. Consequently, a finding on impairment on public protection grounds is not necessary in this case.*

Public interest impairment

35) *A finding of impairment is necessary on public interest grounds.*

36) *In Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) at paragraph 74 Cox J commented that:*

"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."

37) *Consideration of the public interest therefore requires the Fitness to Practise Committee to decide whether a finding of impairment is needed to uphold proper professional standards and conduct and/ or to maintain public confidence in the profession.*

38) *In upholding proper professional standards and conduct and maintaining public confidence in the profession, the Fitness to Practise Committee will need to consider whether the concern is easy to put right. For example, it might be possible to address clinical errors with suitable training. A concern which has not been put right is likely to require a finding of impairment to uphold professional standards and maintain public confidence.*

39) *However, there are types of concerns that are so serious that, even if the professional addresses the behaviour, a finding of impairment is required either to uphold proper professional standards and conduct or to maintain public confidence in the profession.*

40) *It is agreed by the Parties that there is a public interest in a finding of impairment being made in this case, in order to declare and uphold proper standards of conduct and behavior, and to maintain public confidence in the profession and the NMC as its regulator. Ms Robinson's conduct resulted in the death of a member of the public and her conviction for a serious criminal offence. This is conduct that falls far short of the standards the public would expect of professionals caring for them. A finding of impairment is therefore required to maintain public confidence in the profession and professional standards by marking Ms Robinson's conduct as wholly unacceptable offending behaviour for a registered nurse.*

41) *Ms Robinson accepts that her fitness to practice is currently impaired on public interest grounds.*

Sanction

42) *Ms Robinson accepts that the appropriate sanction in this case is a Caution Order for a period of 5 years.*

43) *The aggravating feature in this case is as follows:*

- a) *Ms Robinson was convicted of a very serious criminal offence, resulting in a custodial sentence of 16 months, suspended for 2 years.*

44) *The mitigating features in this case are as follows:*

- a) *Ms Robinson has shown genuine remorse since the time of the incident.*
- b) *Ms Robinson has reflected upon, and has demonstrated insight into the effect of her conduct on others.*

- c) *There is no indication of any issues with Ms Robinson's clinical competence.*
- d) *The judge in the criminal proceedings described the offence as occurring due to a lack of concentration.*
- 45) *The Parties have considered the NMC's sanctions guidance, bearing in mind that it provides guidance and not firm rules. The guidance on factors to consider before deciding on sanctions [SAN-1] states that sanctions must be proportionate, and must not go further than is necessary in order to fulfil the NMC's overarching objective of protecting the public. It confirms that the purpose of sanctions is to protect the public, rather than to punish registrants; and that sanctions are not intended to be punitive, even if in some cases they could be described as having a punitive effect.*
- 46) *The Parties have also had regard to the case of Council for the Regulation of Health Care Professionals v (1) General Dental Council and (2) Fleischmann [2005] EWHC 87 (QB). This establishes that, as a general rule, a registered professional should not be permitted to start practising again until they have completed their sentence for a serious criminal offence.*
- 47) *Ms Robinson was sentenced on 11 September 2023 to a 16-month custodial sentence, suspended for 2 years. This means the operational period of the suspended sentence came to an end on 11 September 2025. Ms Robinson was also required to undertake 200 hours of unpaid work within 12 months of her conviction, which she confirms was completed. On this basis, the Parties agree that Ms Robinson's sentence has now been completed.*
- 48) *Considering the facts of this case in line with the available sanctions in ascending order of seriousness:*

Taking no further action

- 49) *The NMC guidance on taking no further action [SAN-3a] states that a panel has a discretion to take no further action after a finding of impairment but will only use that discretion rarely. The Parties agree that the conduct in this case is too serious to take no further action, and that a sanction is required to mark that seriousness. A sanction is also required to declare and uphold standards of conduct and maintain public confidence in the profession and NMC as its regulator.*

Caution Order

- 50) *The Parties agree that a Caution Order for a period of 5 years is the appropriate sanction in this case.*
- 51) *The NMC guidance on caution orders [SAN-3b] states that a caution order is only appropriate if there is no risk to the public or patients, and the case is at the lower end of the spectrum of impaired fitness to practise.*
- 52) *As set out above, Ms Robinson's conduct related to single incident, which is highly unlikely to be repeated due to the very specific and unusual circumstances in which it occurred, and the significant amount of remorse and insight she has demonstrated. There also no concerns about Ms Robinson's clinical competence or wider practice. She has been working successfully for her current employer, Spire Healthcare, as a nurse in an outpatient's department since 2019, with no concerns being raised about patient safety or her general fitness to practice. Consequently, there is no risk to the safety of patients or the public in this case that needs to be addressed by the sanction imposed.*
- 53) *In respect of the public interest, given the significant amount of genuine remorse and insight demonstrated by Ms Robinson, and the absence of any apparent attitudinal issues, a caution order for the maximum period of 5 years would effectively mark the conduct as unacceptable, and that it must not happen again.*
- 54) *In addition to the guidance in SAN-1 about the purpose of sanctions, the Parties also had regard to the guidance on sanctions for particularly serious cases [SAN-2]. This provides specific guidance on sanctions in cases involving criminal convictions or cautions. It states that one of the purposes of sentencing in the criminal courts is to punish people for their offending, whereas the purpose of sanctions imposed by the Fitness to Practise Committee is to achieve the overriding objective of public protection. It clarifies that it is not the Fitness to Practise Committee's purpose to punish registrants for their offending a second time.*
- 55) *As Ms Robinson has now completed her sentence in full, and the public protection and public interest issues in this case can be addressed effectively by way of a caution order, the Parties agree that the imposition of a more severe sanction would be disproportionate, and have an unnecessarily punitive effect.*

Conditions of Practice Order

56) *The NMC guidance on conditions of practice orders (SAN-3c) states that the key consideration when looking at whether conditions of practice may be appropriate is whether conditions can be put in place that would be sufficient to protect patients and address public confidence in the profession and the NMC. As the conduct alleged does not relate to Ms Robinson's clinical practice, there are no workable, measurable or proportionate conditions that could be formulated to address this.*

Suspension Order

57) *Given that Ms Robinson's conduct resulted in the death of a member of the public, and her conviction for a serious criminal offence, it has been necessary to consider whether temporary removal from the register is required to address the seriousness of this.*

58) *The NMC guidance on suspension orders [SAN-3d] provides a checklist of factors that indicate when a Suspension Order may be appropriate. This includes:*

- *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, midwife or nursing associate has insight and does not pose a significant risk of repeating behaviour*

59) *Ms Robinson's conduct does relate to a single incident, there is no evidence of attitudinal problems or repetition, and she has clearly demonstrated insight. However, due to the very unusual and specific circumstances in which the conduct in this case occurred, the Parties agree that the lesser sanction of a caution order is sufficient.*

60) *As set out above, the conduct was described by the judge in his sentencing remarks as resulting from a loss of concentration and did not involve any aggravating features. It was noted also that Ms Robinson had demonstrated substantial remorse from the time of the incident and throughout the proceedings which, unusually, was accepted by the prosecution as genuine. For these reasons, it is highly unlikely to be repeated and there is no risk to public safety that needs to*

be addressed. Consequently, removing Ms Robinson from the register would be unnecessary to fulfil the NMC's overriding objective of protecting the public, and therefore disproportionate.

61) Further, as Ms Robinson has now completed the sentence imposed following her conviction, it is not necessary to remove her from the register in order to comply with the general rule in Fleischmann, referred to at paragraph 46 above, that a registrant should not be permitted to start practising again until they have completed their sentence for a serious criminal offence.

Striking-off Order

62) The Parties have considered the NMC guidance on striking-off orders [SAN-3e] and agree that a striking-off order would not be necessary in this case. Although the conduct is serious, the NMC does not consider it to be so serious as to require permanent removal from the register, given the highly unusual circumstances in which it occurred, and the amount of genuine remorse and insight demonstrated throughout. A caution order for the maximum available period of 5 years is therefore sufficient to mark the seriousness of the conduct, and to address the public interest concerns it raises.

Interim order

1) Should the panel agree with the Parties that a caution order is the appropriate sanction in this case, an interim order will not be required to cover any potential appeal period.

The Parties understand that this provisional agreement cannot bind a panel, and that the final decision on findings impairment and sanction is a matter for the panel. The Parties understand that, in the event that a panel does not agree with this provisional agreement, the admissions to the charges and the agreed statement of facts set out above, may be placed before a differently constituted panel that is determining the allegation, provided that it would be relevant and fair to do so.'

Here ends the provisional CPD agreement between the NMC and Miss Robinson. The provisional CPD agreement was signed by Miss Robinson and the NMC on 27 October 2025.

Decision and reasons on the CPD

The panel decided to accept the CPD.

The panel heard and accepted the legal assessor's advice. She referred the panel to the 'NMC Sanctions Guidance' (SG) and to the 'NMC's guidance on Consensual Panel Determinations'. She reminded the panel that they could accept, amend or outright reject the provisional CPD agreement reached between the NMC and Miss Robinson. Further, the panel should consider whether the provisional CPD agreement would be in the public interest. This means that the outcome must ensure an appropriate level of public protection, maintain public confidence in the professions and the regulatory body, and declare and uphold proper standards of conduct and behaviour.

The panel noted that Miss Robinson admitted the facts of the charge. The panel also noted that in accordance with Rule 31(2) that the charge is found proved by way of the Certificate of Conviction, which has been duly signed by an officer of the court and produced to the panel. Accordingly, the panel was satisfied that the charge is found proved by way of Miss Robinson admissions as set out in the signed provisional CPD agreement.

Decision and reasons on impairment

The panel then went on to consider whether Miss Robinson's fitness to practise is currently impaired. Whilst acknowledging the agreement between the NMC and Miss Robinson, the panel has exercised its own independent judgement in reaching its decision on impairment.

The panel then considered whether Miss Robinson's fitness to practise is currently impaired by reason of conviction.

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.'

The panel endorsed paragraph 13 to paragraph 41 of the provisional CPD agreement and for the reasons set out there determined that Miss Robinson's fitness to practice is impaired on the public interest.

Decision and reasons on sanction

Having found Miss Robinson'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:

- Miss Robinson was convicted of a very serious criminal offence

The panel also took into account the following mitigating features:

- Based on the sentencing remarks, Miss Robinson has shown genuine remorse and insight
- No indication of clinical issues
- The judge in the criminal proceedings described the offence as occurring due to a lack of concentration

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.

Next, in considering whether a caution order would be appropriate in the circumstances, the panel took into account the SG, which 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 carefully considered the seriousness of the offence giving rise to the conviction and sentencing of Miss Robinson. Miss Robinson pleaded guilty to the serious offence of causing death by dangerous driving. It therefore considered whether such a sanction would be proportionate balancing Miss Robinson's interests against the public interest.

It considered the information contained in the sentencing remarks made by the judge hearing this case in the criminal courts. It took into account that those remarks are contained in an official transcript of the court proceedings and therefore come from a reliable source.

The panel noted the distinction between criminal proceedings and regulatory proceeding and that the purpose of a sanction in this case is to reflect the seriousness of the conviction and to mark the public interest.

In considering the public interest it noted that it is in the public interest to keep competent nurses on the register and there is no issue arising relative to Miss Robinson clinical competence.

It also noted the public interest is maintaining public trust and confidence in the nursing profession, upholding professional standards and sending a clear message as to the high standards of behaviour expected of registered nurses.

The panel accepted the aggravating and mitigation factors reflected in the CPD. It noted that Miss Robinson has a clear professional record and has no previous history of offending. The panel also noted that the judge hearing the criminal case accepted that Miss Robinson was genuinely remorseful, that she entered a guilty plea at an early stage and demonstrated insight into the effects of her offending on the victim's family.

After careful consideration and lengthy deliberation, the panel endorsed paragraphs 42-62 of the provisional CPD, setting out the reasons for sanction. It determined, on that basis, that a caution order of five years is appropriate in this case

The panel concluded that no useful purpose would be served by a conditions of practice order. It is not necessary to protect the public and would not assist Miss Robinson's return to nursing practice.

The panel agreed with the CPD that a caution order would adequately mark the public interest. Having considered the general principles above and looking at the totality of the findings on the evidence, the panel has determined that to impose a caution order for a period of five years would be the appropriate and proportionate response. For the next five years, Miss Robinson's employer - or any prospective employer - will be on notice that her fitness to practise had been found to be impaired and that her practice is subject to this sanction. It would mark not only the importance of maintaining public confidence in the

profession, but also send the public and the profession a clear message about the standards required of a registered nurse.

At the end of this period the note on Miss Robinson's entry in the register will be removed. However, the NMC will keep a record of the panel's finding that her fitness to practise had been found impaired. If the NMC receives a further allegation that Miss Robinson's fitness to practise is impaired, the record of this panel's finding and decision will be made available to any practice committee that considers the further allegation.

This decision will be confirmed to Miss Robinson in writing.

That concludes this determination.