

Nursing and Midwifery Council

Fitness to Practise Committee

Substantive Order Review Hearing

Wednesday, 5 November 2025

Virtual Hearing

Name of Registrant:	Caroline Stockley
NMC PIN	84C0409E
Part(s) of the register:	Registered Nurse – sub part 1
	Learning Disabilities Nurse (level 1) – July 1987
Relevant Location:	Clwyd
Type of case:	Misconduct
Panel members:	Phil Lowe (Chair, Lay member) Linda Holloway (Registrant member) Bryan McFarland (Lay member)
Legal Assessor:	Charles Parsley
Hearings Coordinator:	Rodney Dennis
Nursing and Midwifery Council:	Represented by, Zainab Mohamed
Caroline Stockley:	Not present and unrepresented at the hearing
Order being reviewed:	Suspension order (12 months)
Fitness to practise:	Impaired
Outcome:	Order to lapse with impairment upon expiry in accordance with Article 30 (1), namely 25 November 2025

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Miss Stockley was not in attendance and that the Notice of Hearing had been sent to Miss Stockley's registered email address by secure email on 3 November 2025 and to her representative the Royal College of Nursing (RCN) on the same date.

Ms Mohamed referred the panel to an email from the RCN to the NMC dated 21 October 2025 which confirmed that Miss Stockley has agreed to waive her notice period in order for the hearing to take place on 5 November 2025.

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

The panel accepted the advice of the legal assessor.

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

In the light of all of the information available and in particular that through her representative, Miss Stockley had accepted the shortened period of notice, the panel was satisfied that Miss Stockley has been served with notice of this hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Miss Stockley

The panel next considered whether it should proceed in the absence of Miss Stockley. The panel had regard to Rule 21 and heard the submissions of Ms Mohamed who invited the

panel to continue in the absence of Miss Stockley. She submitted that Miss Stockley had voluntarily absented herself.

Ms Mohamed referred the panel to written representations from the RCN on behalf of Miss Stockley which included a letter dated the 14 October 2025 and an email dated 21 October 2025 to the NMC confirming that Miss Stockley would not be attending the review hearing nor will she be represented at the hearing.

The panel has decided to proceed in the absence of Miss Stockley. In reaching this decision, the panel has considered the submissions of Ms Mohamed, the written representations from the RCN on behalf of Miss Stockley and the advice of the legal assessor. It has had particular regard to any relevant case law and to the overall interests of justice and fairness to all parties. It noted that

- No application for an adjournment has been made by Miss Stockley;
- Miss Stockley has informed the NMC through her representative at the RCN that she has received the Notice of Hearing and confirmed she is content for the hearing to proceed in her absence;
- There is no reason to suppose that adjourning would secure her attendance at some future date; and
- There is a strong public interest in the expeditious review of the case in view of the imminent expiry of the substantive order.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Miss Stockley.

Decision and reasons on application for hearing to be held in private

At the outset of the hearing, Ms Mohamed made a request that this case be held partly in private on the basis that proper exploration of Miss Stockley's case involves references [PRIVATE].

The RCN in the written representations made a request that the case be held in private as the case involves references to Miss Stockley's [PRIVATE].

The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

The panel determined that in order to protect her privacy, it would go into private session as and when issues in connection with Miss Stockley's [PRIVATE].

Decision and reasons on review of the substantive order

The panel determined to allow the order to lapse with impairment upon its expiry.

This order will lapse at the end of 25 November 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 originally imposed for a period of length by a Fitness to Practise Committee panel on 27 July - 4 August 2023, 12 – 16, February 2024, 21 - 25 October 2024 and 28 October 2024.

The current order is due to expire at the end of 25 November 2025.

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

The charges found proved by way of admission which resulted in the imposition of the substantive order were as follows:

'That you, a registered nurse:

1) *On 10 October 2020, in relation to Patient A:*

a) *Did not escalate concerns to a GP*

- b) *Did not obtain patient consent*
- c) *Massaged their anal area*
- d) *Did not accurately record details of your conduct at 1c.*

2) *On or before 13 October 2020 said to Colleague A:*

- a) *On first meeting “Hi, Filipino?”, or words to that effect;*
- b) *“You don’t complain because all Filipinos are submissive, all Asians are submissive, that’s what you are submissive”, or words to that effect;*
- c) *“You are black” or words to that effect;*
- d) *“You are considered black and black lives matter” (or words to that effect);*
- e) *“You are yellow then”, or words to that effect.*

3) *Your conduct at paragraph 2 was:*

- a) *racially motivated*
- b) *Discriminatory*

4) *On 16 August 2020 told Patient B “shut up and get out”, or words to that effect.*

- a) *On or before 28 August 2020 told Patient C to “shut up” or words to that effect.*
- b) *On or before 22 September 2020 did not respond to an emergency bell.*

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

The panel determined the following with regard to impairment:

‘...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 determined that the first three limbs in the above test were engaged in this case.

Taking into account all of the evidence adduced in this matter, the panel found that patients and colleagues were put at risk of psychological harm as a result of your misconduct. The panel concluded that your behaviour could affect the wellbeing of vulnerable patients and your colleague's performance in their nursing duties. The panel determined that your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

The panel next went on to consider the matter of insight. It noted that you initially made some admissions at the local level investigation and to the NMC regulatory concerns. It noted that you have indicated your acceptance of the panel's findings and you state that you now understand the issues regarding your behaviour towards patients and colleagues. However, the panel considered that in your oral evidence and written reflections, there were notable attempts to deflect blame and the responsibility of your actions. It found that it had not received evidence that indicates that you have demonstrated a full understanding of why and what you did wrong, how this impacted negatively on patients, your colleagues and the reputation of the nursing profession, and an in-depth explanation and action plan as to how you would handle situations differently in the future. It determined that you demonstrated limited insight and remorse.

The panel was of the view that the misconduct in this case evidenced behaviour that is inherently more difficult to put right, although capable of being addressed with appropriate training, reflection and mentoring. It carefully considered the evidence before it in determining whether or not you have taken appropriate steps to strengthen your practice. However, the panel has not received any information to suggest that you have taken steps to address the specific concerns raised about your practice, such as relevant training, in- depth reflection and mentoring.

The panel was of the view that due to the limited insight and remorse, as well as the lack of evidence of strengthened practice, there remains a risk of repetition. The panel considered that your misconduct demonstrated a pattern of behaviour

that fails to acknowledge professional standards of communication in the workplace towards patients and colleagues. It took the view that racially motivated and discriminatory views are incompatible with the professional standards of nursing and can impact the standard of care provided. On the basis of all the information before it, the panel decided that there is a risk to the public, which requires a finding of current impairment on public protection grounds.

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 concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds your fitness to practise impaired on the grounds of public interest.

Having regard to all the above, the panel was satisfied that your fitness to practise is currently impaired.'

The original panel determined the following with regard to 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:

- *Conduct that caused emotional harm to your colleague and put patients at risk of emotional harm;*
- *Limited of insight into discriminatory actions;*
- *Repeated misconduct (within a short period of time);*
- *Lack of strengthening of practice.*

The panel also took into account the following mitigating features:

- *Early admissions to the charges and admissions during the course of the hearing;*
- *Recent, albeit undeveloped, insight;*
- *Evidence of systemic issues within the Home, including difficult working conditions during the Covid-19 pandemic at the time of the incidents;*
- *Personal mitigation, which involves [PRIVATE] you were experiencing at the time of misconduct.*

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.

The panel 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 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 address 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. It noted that the misconduct in this case related to a failure to acknowledge professional standards of communication towards patients and colleagues. It determined that there are no practical or workable conditions that could be formulated at this time that would not be tantamount to a suspension, given the nature of the misconduct in this case. The panel concluded that the placing of conditions on your registration would not adequately protect the public and would not address the public interest.

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 further considered the SG in relation to 'serious cases' and in particular: **'Cases relating to discrimination'***

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.'

The panel considered that the concerns in this case do not relate to an isolated incident. However, it found that the misconduct occurred over a relatively short period of time whilst you were experiencing difficult circumstances in the workplace and in your personal life. It noted that charges 2 and 3 in relation to racially motivated discriminatory remarks were confined to two conversations with the same colleague. It also noted that the two instances of inappropriate communication with two patients were confined to two separate conversations within two weeks of each other.

The panel had regard to evidence of systemic issues at the Home at the relevant time, compounded by workplace issues associated with the Covid-19 pandemic where you had remained at work despite your own [PRIVATE]. It bore in mind that prior to these proceedings you held a longstanding career as a nurse for around 30 years without issues concerning attitudinal problems and given this, your misconduct though serious, was such that it could not be described as a 'deep-seated personality/attitudinal' as at the time of the incident the panel have accepted you did not consider your behaviour towards Witness 4 discriminatory as you thought you were trying to help her.

However, the panel noted that during this hearing you have recognised your discriminatory behaviour and understand the impact of your communication and interactions with Witness 4 in relation to her race. It determined that you have displayed early insight into the core issues identified during the hearing and it was possible to remediate in your case and not incompatible with remaining on the register. It also took into account that there is no evidence of repetition of similar conduct since the incidents took place.

Therefore, having balanced your actions against significant workplace and personal

mitigation at the time, alongside your previous longstanding career as a nurse and your evidence and understanding of your treatment of the patients and your discriminatory behaviour towards Witness 4, the panel was of the view that the misconduct in the circumstances of this case was not fundamentally incompatible with remaining on the register. It determined that with training and development you could address the concerns in this case and strengthen your practice. It decided that a suspension order would be the appropriate and proportionate sanction to protect the public and allow you an opportunity to fully reflect on your attitude towards patients, discriminatory behaviour, and further develop your insight to take action to improve your understanding of your behaviour.

The panel considered that this order is also necessary to mark the importance of maintaining public confidence in the profession, and to send a clear message about the standard of behaviour required of a registered nurse. The panel considered that whilst the profession and the public would consider your behaviour towards patients and colleagues deplorable both the public and the profession with the information and evidence of the circumstances applicable in your case available to this panel it would consider a significant suspension sufficient to acknowledge and mark the seriousness of the public interest. The panel therefore determined that a suspension order for a period of 12 months with a review, was appropriate in this case to mark the gravity and seriousness of the misconduct.

The panel did go on to seriously consider whether a striking-off order would be proportionate due to, in particular, the discriminatory behaviour you displayed to Witness 4 but, taking account of all the information before it, and of the particular features in this case and your recent emerging insight the panel concluded that it would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order.

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:

- *A written reflective piece demonstrating your understanding and insight in relation to your behaviour towards patients, colleagues, the reputation of the profession and confidence of the public.*
- *Any formal courses with certification regarding communication skills, equality and diversity training.*
- *Mentoring and training reports from any paid employment or voluntary work.*
- *Personal and workplace references regarding your communication and attitudinal behaviour.*

Decision and reasons on current impairment

The panel has considered carefully whether Miss Stockley'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, safely, kindly and professionally and their suitability to remain on the register without restriction. In considering this case, the panel has 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 has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle, and the submissions made by the RCN on behalf of Miss Stockley. It has also taken account of the submissions made by Ms Mohamed on behalf of the NMC.

Ms Mohamed submitted that Miss Stockley's fitness to practise remains impaired.

Ms Mohamed referred the panel to a letter from the RCN setting out Miss Stockley's position. In this letter, Miss Stockley states that due to her [PRIVATE] she does not intend to return to nursing and not undertaken further remediation.

Ms Mohamed submitted that there is no evidence of remediation taking place but that the Miss Stockley has submitted that due to [PRIVATE] she has chosen not to return to practice.

Ms Mohamed submitted that Miss Stockley has not worked clinically since 2020 and there would be a risk to the public if she was allowed to practise without restriction.

Ms Mohamed submitted that Miss Stockley's fitness to practise remains impaired by reason of her misconduct on public protection grounds. Ms Mohamed submitted that the public would lose confidence in the profession if a finding of impairment was not made.

Ms Mohamed submitted that Miss Stockley has not provided any evidence of developed insight or reflection that demonstrates that she understands the seriousness of her words and actions. Ms Mohamed invited the panel to find impairment on public interest grounds.

Ms Mohamed referred the panel to the relevant sanctions guidance when making its decision and reminded the panel that Miss Stockley has submitted that the order should be allowed to lapse with a finding of impairment.

The panel also had regard to Miss Stockley's written representations from the RCN.

Miss Stockley has submitted she has no intention of returning to the nursing profession and intends to spend her time [PRIVATE].

Miss Stockley no longer wishes to retain her PIN and would like these proceedings to come to a close.

Miss Stockley does not intend to practise again and has not undertaken any further training or provided any written reflection for the panel to consider. She is not currently working and has not provided any testimonials.

Miss Stockley has submitted that the current order be allowed to lapse upon expiry, so that her name no longer appears on the register.

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 Miss Stockley's fitness to practise remains impaired.

The panel noted that the original panel found that Miss Stockley had shown some but limited insight and that a future panel would be assisted by the following information:

- A written reflective piece demonstrating Miss Stockley's understanding and insight in relation to her behaviour towards patients, colleagues, and the reputation of the profession and confidence of the public.
- Any formal courses with certification regarding communication skills, equality and diversity training.
- Mentoring and training reports from any paid employment or voluntary work.
- Personal and workplace references regarding your communication and attitudinal behaviour.

At this hearing the panel has considered the written submissions from the RCN made on behalf of Miss Stockley.

Miss Stockley has submitted that due to her [PRIVATE] she does not intend to return to nursing and not undertaken further remediation or provided information to assist a future panel in relation to the finding of impairment.

The panel noted that in a signed document, Miss Stockley has admitted that her fitness to practise remains impaired and provided extensive information about [PRIVATE].

The panel has no further evidence to demonstrate that Miss Stockley's fitness to practise is no longer impaired.

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

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

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

Decision and reasons on sanction

Having found Miss Stockley's 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 has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel had regard to its previous findings on impairment in coming to this decision. It bore in mind that its primary purpose is to protect the public and maintain public confidence in the nursing/midwifery profession and the NMC as its regulator.

The panel also took into account the principle of proportionality when considering sanction.

Having considered its findings on impairment, the panel took into account the original sanction order imposed in October 2024. The original panel determined that a striking-off order would have been punitive and a suspension order was appropriate.

This panel has taken into consideration the signed document from Miss Stockley which states that she is still impaired and further information from her [PRIVATE].

The panel has also taken into account that Miss Stockley continued engagement with the NMC in the proceedings. However, she only remains on the nursing register by reason of these proceedings. She has not practised as a registered nurse for over five years, and has not undertaken any relevant training. She has not revalidated and would not be able rejoin the register without undertaking a return to practice course. In addition to demonstrating she was capable of safe practice, in any application to rejoin the register, Miss Stockley would have to satisfy the registrar that she was a fit and proper person and the registrar would be aware of the finding of impairment at the time she left the register.

She has provided detailed evidence of [PRIVATE] as a reason for her lack of remediation and her intention not to return to nursing.

In the circumstances the only sanctions which the panel might consider realistic would be a further period of suspension which would not appear to serve any constructive purpose or a striking-off order which in the panel's view would not be appropriate in this case as being disproportionate and unduly punitive.

The panel also considered NMC guidance REV-2H and noted the registrant did meet the criteria for their registration to lapse with impairment.

The panel therefore has determined that the suspension order will be allowed to lapse with impairment, at the end of 25 November 2025 in accordance with Article 30(1).

This will be confirmed to Miss Stockley in writing.

That concludes this determination.