

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

**Substantive Hearing
Monday, 10 – Thursday, 20 November 2025**

Nursing and Midwifery Council
2 Stratford Place, Montfichet Road, London, E20 1EJ

Name of Registrant:	Subhaan Ali Suleman
NMC PIN:	20B0839E
Part(s) of the register:	Registered Nurse Adult – Sub Part 1 March 2020
Relevant Location:	Oldham
Type of case:	Misconduct
Panel members:	Fiona Abbott (Chair, lay member) Elizabeth Coles (Registrant member) Lorraine Wilkinson (Lay member)
Legal Assessor:	Graeme Henderson
Hearings Coordinator:	Catherine Acevedo
Nursing and Midwifery Council:	Represented by Samprada Mukhia, Case Presenter
Mr Suleman:	Present and represented by Roy Donnelly, Counsel instructed by the Royal College of Nursing (RCN)
No case to answer:	Charges 1, 6b, 7a, 7b, 8a and 8b.
Facts proved:	Charges 9a, 9b, 10a, 10b, 10c, 11a, 11b, 12a, 12b, 12c, 12d
Facts not proved:	Charges 2a, 2b, 3, 4a, 4b, 4c, 5a, 5b, 6a(i), 6a(ii) and 6a(iii)

Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim order:	Interim suspension order (18 months)

Decision and reasons on application to amend charge 9

The panel heard an application made by Ms Mukhia, on behalf of the NMC, to amend the wording of charge 9.

The proposed amendment was to amend 2020 to 2022. It was submitted by Ms Muhkia that the proposed amendment would correct a typographical error.

Proposed charge 9

“On 06 September ~~2020~~ 2022, sent Person B one or more SMS messages requesting Person B”

Mr Donnelly, on your behalf, did not object to the application to amend the charge.

The panel accepted the advice of the legal assessor and had regard to Rule 28 of ‘Nursing and Midwifery Council (Fitness to Practise) Rules 2004’, as amended (the Rules).

The panel was of the view that such an amendment, as applied for, was in the interests of justice. The panel was satisfied that there would be no prejudice to you and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment to ensure clarity and accuracy.

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

Mr Donnelly made a request that parts of this case be held in private on the basis that proper exploration of your case involves reference to [PRIVATE]. The application was made pursuant to Rule 19 of the ‘Nursing and Midwifery Council (Fitness to Practise) Rules 2004’, as amended (the Rules).

Ms Mukhia indicated that she supported the application [PRIVATE].

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.

Having heard that there will be reference to [PRIVATE], the panel determined to hold those parts of the hearing in private in order to maintain your privacy.

It would also go into private if any other privacy issues were raised.

Decision and reasons on application to amend charge 3

In the course of Witness 1's evidence, the panel heard an application made by Ms Mukhia, on behalf of the NMC, to amend the wording of charge 3.

The proposed amendment was to include five additional medications '**Lanzoprazole, Strivit-D3, Bendroflumethiazide, Salbutamol and Thealoz**'. It was submitted by Ms Mukhia that the proposed amendment would not cause unfairness to you as you have already previously had sight of the documents. She submitted that the inclusion of these additional medications would accurately capture the mischief of the concerns.

Proposed charge 3

"On 30 August 2022, failed to record on the pre-operation assessment form that Patient C was prescribed

- a. Apixaban.
- b. Lanzoprazole**
- c. Strivit-D3**
- d. Bendroflumethiazide**

e. Salbutamol

f. Thealoz”

Mr Donnelly opposed the application to amend the charge. He submitted that there is unfairness in the NMC making this application at this late stage and in the course of Witness 1's oral evidence.

The panel accepted the advice of the legal assessor and had regard to Rule 28 of 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel was of the view that such an amendment would be unfair to you and was not in the interests of justice. The NMC was proposing to increase the number of prescribed drugs said to have been missed by you. No explanation has been provided for this application being made so late.

The panel was of the view that it would be unfair to allow the amendment at this late stage. It considered that the NMC has had ample time to finalise the charges against you. The panel determined that you had a right to know the case against you and to properly prepare your defence. The panel had to balance the need for charges to appropriately reflect the seriousness of the allegations with fairness to you. The panel considered that the proposed amendment does not add to the overall seriousness of the charges against you and there would be no risk of undercharging as there are a number of charges already relating to similar alleged failings to record information.

The panel therefore decided to refuse the application to amend charge 3.

Details of charge as amended

That you, a registered nurse:

1. On 30 August 2022, failed to carry out a pre-operation assessment in relation to Patient A. **No case to answer**
2. On 30 August 2022, in relation to Patient B, failed to:
 - (a) Record allergies on the pre-operation assessment form.
 - (b) Record a patient had Type 2 Diabetes on the pre-operation assessment form.
3. On 30 August 2022, failed to record on the pre-operation assessment form that Patient C was prescribed Apixaban.
4. On 30 August 2022, in relation to Patient D:
 - (a) Failed to record on the pre-operation assessment form that the patient suffered from Lupus.
 - (b) Failed to record on the pre-operation assessment form the patient suffered from Hypertension.
 - (c) Incorrectly documented on the pre-operation assessment form that the patient was prescribed Ramipril.
5. On 06 September 2022, in relation to Patient E failed to:
 - (a) Document patient allergies on the pre-operation assessment form.
 - (b) Document all prescribed medications on the pre-operation assessment form.
6. On 06 September 2022, in relation to Patient F:
 - (a) Failed to document prescribed medications on the pre-operation assessment form, namely:
 - (i) Lanzoprazole

- (ii) Tamsulosin
- (iii) Finasteride

(b) Incorrectly documented on the pre-operation assessment form that the patient was prescribed warfarin. **No case to answer**

7. In the course of an application to SpaMedica, submitted a document which:

- (a) Purported to be a reference from Person A. **No case to answer**
- (b) Incorrectly described Person A as your manager. **No case to answer**

8. Your actions at Charge 7 were dishonest, in that you:

- (a) Knew that Person A was not a manager at Northern Care Alliance. **No case to answer**
- (b) Intended to create a misleading impression of your employment history. **No case to answer**

9. On 06 September 2022, sent Person B one or more SMS messages requesting Person B:

- (a) Provide a reference purporting to be an HR Manager.
- (b) Provide a reference confirming incorrect dates of employment at SpaMedica.

10. In the course of an application, submitted a document to Dataflow, which:

- (a) Purported to be a letter of employment from Person B.
- (b) Provided incorrect dates of employment with SpaMedica.
- (c) Incorrectly described your role at SpaMedica.

11. Your actions at Charge 9 were dishonest, in that you:

- (a) Asked Person B to purport to be an HR Manager, when you knew this was not Person B's role.
- (b) Knew that the date of employment suggested to Person B were incorrect.

12. Your actions at Charge 10 were dishonest, in that you:

- (a) Knew that Person B had declined to provide a reference.
- (b) Knew that the document incorrectly confirmed dates of employment at SpaMedica.
- (c) Knew that the document incorrectly described your role at SpaMedica.
- (d) Intended to create a misleading impression of your employment history.

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

Background

The NMC received a referral on 3 November 2022 by SpaMedica [PRIVATE] (SpaMedica) where you had worked as a bank nurse from 14 March 2022 until you became a permanent staff member on 11 April 2022. You worked as a registered nurse until 22 September 2022 when you resigned. SpaMedica specialises in Ophthalmology and provide cataracts surgery. They also offer patients laser eye surgery. Amongst various tasks, you were responsible for the completion of pre-operation assessment also referred to as PAC for patients who were due to have cataract surgery at SpaMedica.

It is alleged that on 6 September 2022, you sent SMS messages to Person B requesting them to provide a reference purporting to be a HR manager and confirming incorrect dates of employment at SpaMedica namely that you worked at SpaMedica from 1 January 2022. It is alleged that you then submitted a document to Dataflow company which purported to be a letter of employment from Person B on or around 11 October 2022. The letter provided incorrect dates of employment with SpaMedica namely that you started on 1

January 2022 till present and incorrectly described your role at SpaMedica as a Senior Nurse.

In relation to Patients B, D, E and F, you allegedly failed to record information as set out in the patients GP summaries on the pre-operation assessment forms which included various failures to record prescription medications, allergies and medical conditions.

Decision and reasons on admissibility of the Datix summary spreadsheet

Prior to the start of the hearing, the Royal College of Nursing (RCN) had requested the original source Datix reports but was informed that these were not available because the SpaMedica had changed their system of recording incidents. However, they provided a summary spreadsheet with what was said to be the Datix material. This material was not presented to the panel at the beginning of the hearing. Witness 1 spoke to an abbreviated table said to have been prepared from the original Datix reports. During the hearing, the panel requested confirmation as to the availability of the original Datix reports. The non-availability of the original Datix reports was confirmed by the NMC and the panel therefore requested production of the summary spreadsheet that had previously been shared with the RCN and the NMC.

The panel invited submissions from the parties about the admissibility of this evidence.

Mr Donnelly did not object to the Datix summary being before the panel but made an application to redact column 'FM'. He submitted that the column should not be admitted in fairness to you. He submitted that it is a late admission of evidence after hearing from the NMC's witnesses and could be prejudicial to you.

Mr Donnelly also submitted that the information within the column is hearsay, unreliable and should be excluded. The author is unknown and cannot be called to give evidence. He submitted that the only witness who could give evidence on this document has already given evidence, and it would not be appropriate to recall the witness at this stage.

Ms Mukhia submitted that the NMC does not intend to rely on this document. It was neutral in terms of admissibility. She agreed that there is some hearsay within the spreadsheet that cannot be tested. She submitted that some of the evidence has been covered by Witness 1 and this is the best evidence available to the panel. She accepted that the Datix summary is not the original Datix reports and the NMC does not object to the document being redacted.

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included that Rule 31 provides that, so far as it is 'fair and relevant', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings.

The panel considered NMC guidance DMA 6, in particular in relation to whether the evidence was demonstrably reliable and capable of being tested.

It considered that it was because the author or authors of the Datix reports were unknown and not able to be called to give evidence and be cross examined. In addition, this document was not the original Datix reports, but a spreadsheet of information pulled from the Datix system. There was no way of testing its reliability and it could not be said to be demonstrably reliable as it was not an original document.

In those circumstances, the panel decided that it would not be fair to leave column 'FM' unredacted. It therefore decided to allow the Datix summary spreadsheet into evidence with the redaction of column 'FM', but would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it.

Decision and reasons on application of no case to answer

The panel considered an application from Mr Donnelly that there is no case to answer in respect of charges 1, 2, 3, 4, 5, 6, 7 and 8 in their entirety. This application was made under Rule 24(7).

In relation to charge 1, Mr Donnelly submitted that the evidence for this charge was of a tenuous nature. He submitted that Witness 1 was not a witness to these events. He submitted that the original Datix relating to this incident is not available and the Datix summary document was brief and entirely hearsay. Furthermore, the originator of the Datix is unknown and therefore not available to give evidence at this hearing. The word 'flaky' which appeared on the Datix summary does not appear elsewhere. Patient A denied making the comment as he did not know the meaning of the word 'flaky'. He submitted Patient A's overall recollection of the event is poor. There was no evidence from this Patient that there was a failure to undertake a pre-operation assessment. He therefore submitted that there is no case to answer in respect of charge 1.

In relation to charges 2, 3, 4, 5 and 6, Mr Donnelly submitted that Patients B, C, D, E and F are not referenced in the documents, and the anonymity key does not identify the patients. In the documents the incidents are only referred to by the Datix numbers. He submitted that it would not be appropriate for the panel to infer the patients' identities in the charges. He submitted that there is no case to answer in respect of charges 2, 3, 4, 5 and 6.

In relation to charges 7 and 8, Mr Donnelly submitted that the evidence is that the document in question was emailed from Person A's email account. There is no evidence that the email was submitted by you to SpaMedica. There was clear evidence, he submitted, that the reference was emailed from Person A's NHS.net email account and that there were security protocols in place for accessing that email. He reminded the panel that Witness 1 was not involved in the investigation. He submitted that there is no case to answer in respect of charge 7 and it therefore follows that there is no case to answer in respect of charge 8.

In respect of charge 1, Ms Mukhia submitted that there is sufficient evidence from Witness 1 and Patient A which confirms that the surgery was cancelled because the pre-operation assessment was not carried out. Witness 1's evidence was that she would have expected an entry on the form as to why a pre-operation assessment could not go ahead if there had been a problem and that she would have expected it to have been escalated. She submitted that there is sufficient evidence so that a panel could find this charge proved.

In respect of charges 2, 3, 4, 5 and 6, Ms Mukhia submitted that the issue of the anonymised patients had not been raised by your representatives throughout the investigation stage. She submitted that Witness 1 has given evidence at the hearing in relation to which patients relate to which Datix number. There is nothing to suggest that Witness 1 would fabricate her evidence. She submitted that these charges should therefore remain before the panel.

In respect of charges 7 and 8, Ms Mukhia submitted that there is sufficient evidence from Witness 1 and Witness 3 in relation to this event so that a panel could find these charges proved. In particular, Witness 1 gave evidence that when the reference was supplied, your home address was provided which was the same as Person A's home address.

The panel took account of the submissions made and heard and accepted the advice of the legal assessor who referred to the case of *R v Galbraith* [1981] 1WLR 1039.

The panel appreciated that it could not make findings of no case to answer unless it was satisfied that there was no evidence or that the evidence presented was so inherently weak that, properly directed, the panel could not find the facts proved. It was not open for the panel to decide issues of credibility or reliability at this stage.

In reaching its decision, the panel has made an initial assessment of all the evidence that had been presented to it at this stage. The panel was solely considering whether sufficient evidence had been presented, such that it could find the facts proved and whether you had a case to answer.

In relation to charge 1, it was alleged that you failed to do something. In order to be satisfied that there was a failure, the NMC had to present evidence that, in these circumstances you were under a duty to carry out an assessment. The panel was of the view that there was sufficient evidence from Witness 1 in relation to there being a general duty for you to carry out a pre-operation assessment for patients attending the pre assessment clinic appointment but this was not an absolute duty. You could only carry out an assessment if you had the requisite information. However, the panel was of the view that the evidence relating to whether you had the information with which to complete the assessment was vague. There was no evidence that you had received the papers required to carry out an assessment. Patient A gave a vague account about handing papers to someone prior to meeting you but he was unable to confirm what was contained within those papers. Although he described that person as a nurse, he was clear that the person he handed the papers to was not you.

The panel noted that the charge alleged a failure by you to complete an assessment but there was no alternative charge that, having been unable to complete an assessment, you failed to report or escalate that matter.

In the circumstances the panel was not satisfied that there was any evidence that you had breached the duty to carry out a pre-operation assessment because there was no evidence to suggest you had received the requisite papers. The panel therefore found there was no case to answer in respect of charge 1.

In relation to charges 2a, 2b, 3, 4a, 4b, 4c, 5a(i), 5a(ii), 5a(iii), 5b and 6a, the panel considered that there was sufficient evidence set out from the Datix summary which can be linked to the relevant patients. The panel was of the view that there is some documentary evidence referring to GP summaries and the pre-operation assessment form completed for each of the patients. The panel therefore determined that there was sufficient evidence upon which a properly directed panel could find these charges proved.

In relation to charge 6b, the panel considered the documentary evidence before it in the pre-operation assessment for Patient F where it states under current medications 'Warfarin no'. It also considered the oral evidence of Witness 1 who stated that, on the medication tab, which was not before the panel, Warfarin had been crossed out or struck through. The panel therefore determined that, at its highest, Warfarin had been written down, but as this was crossed out and struck through, it was indicated that this medication was not being taken. The panel therefore determined that there was no case to answer in respect of charge 6b.

In relation to charges 7a, 7b, 8a and 8b, the panel was of the view that there is no evidence before it that you had submitted a reference document to SpaMedica. The evidence was that the reference was submitted from an NHS email account in the name of Person A. In order to access this account, you would have needed to have known the account holder's email address, username and their password. It is not known what further checks were in place to prevent unauthorised access. In any event, the panel considered that there was no evidence that it was you who had sent the reference from this email address. The panel determined that there was no case to answer in respect of charge 7 which was dependent on the NMC proving the stem of the charge, namely that you submitted the document. It therefore followed that there is no case to answer in respect of charge 8.

The panel determined that, taking account of all the evidence before it, there was not sufficient evidence upon which it could, properly directed, find the facts of charges 1, 6b, 7a, 7b, 8a and 8b. proved. It therefore allowed the application of no case to answer in respect of these charges.

The panel was of the view that in relation to charges 2a, 2b, 3, 4, 4b, 4c, 5a(i), 5a(ii), 5a(iii), 5b and 6a, there had been sufficient evidence to support the charges at this stage and, as such, it was not prepared, based on the evidence before it, to accede to an application of no case to answer. What weight the panel gives to any evidence remains to be determined at the conclusion of all the evidence.

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 Ms Mukhia and Mr Donnelly.

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

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

- Witness 1: Area Manager, SpaMedica;
- Patient A
- Person B
- Witness 2: Senior Manager at Dataflow;
- Witness 3: Assistant HR Business Partner
Northern Care Alliance NHS
Foundation Trust.

The panel also heard evidence from you under oath.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor who referred to a number of authorities including AD v NMC 2014 CSIH 90 where the Court was critical of an NMC panel which failed to test the robustness of the

methodology of the NMC case and Ivey v Genting Casinos [2017] UKSC 67 in relation to the test for dishonesty.

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

Charges 2a, 2b, 3, 4a, 4b, 4c, 5a, 5b, 6a(i), 6a(ii) and 6a(iii)

2. On 30 August 2022, in relation to Patient B, failed to:
 - a) Record allergies on the pre-operation assessment form.
 - b) Record a patient had Type 2 Diabetes on the pre-operation assessment form.
3. On 30 August 2022, failed to record on the pre-operation assessment form that Patient C was prescribed Apixaban.
4. On 30 August 2022, in relation to Patient D:
 - a) Failed to record on the pre-operation assessment form that the patient suffered from Lupus.
 - b) Failed to record on the pre-operation assessment form the patient suffered from Hypertension.
 - c) Incorrectly documented on the pre-operation assessment form that the patient was prescribed Ramipril.
5. On 06 September 2022, in relation to Patient E failed to:
 - a) Document patient allergies on the pre-operation assessment form.
 - b) Document all prescribed medications on the pre-operation assessment form.

c) On 06 September 2022, in relation to Patient F:

6. Failed to document prescribed medications on the pre-operation assessment form, namely:

- i) Lanzoprazole
- ii) Tamsulosin
- iii) Finasteride

These charges are found not proved.

The panel determined that there was an overarching duty on you to undertake a pre-operation assessment for patients in line with the *'Policy for the Care and Management of Patients and Staff Throughout the Pre-Assessment Process'* which stated *"In PAC, the Registered Practitioner performing the assessment is responsible for obtaining and recording a detailed past/present medical history for each Patient"*.

Furthermore, Witness 1's oral evidence is that a registered nurse was expected to check the GP summary and confirm the information within it with the patient and add the information to the EPR.

In its consideration of these charges the panel considered the context in which these incidents occurred. It is not in dispute that you were signed off as competent by an experienced registered nurse on 16 May 2022 to carry out pre-operation assessments. It is also not in dispute that no other significant issues of concern were raised about your pre-operation assessment competency other than the three alleged incidents on 30 August 2022 and two alleged incidents on 6 September 2022.

The panel heard evidence from Witness 1 that SpaMedica was new and that the IT system was 'intermittent' with a 'slow internet speed' which had caused frustration to members of staff.

The panel was not provided with the original Datix reports relating to the alleged incidents but having sought such information, it was with a spreadsheet summary only. The panel was informed that the SpaMedica no longer used Datix as its incident reporting system.

For each of these charges, the NMC is relying on the GP summary, the pre-operation assessment form and the alleged discrepancy between the two. There was no evidence provided in the form of statements from each of the patients. Although the NMC has provided information, said to be taken from the original Datix reports, the reporter is unidentified and the date ascribed to the investigation is at a later date to the alleged incident. It is not clear how accurate this information in the Datix summary is and the panel attached no weight to it.

The panel considered that the NMC case was based upon the assumption that the GP Summary was available to you and remained accurate at the time you were completing the Electronic Patient Record (EPR). In the panel's view, the drug regime of a patient can change in even a short time. It is therefore possible that a patient's prescriptions and medical conditions could change in the intervening period between the GP's summary being issued and the EPR being compiled.

In your witness statement dated 8 November 2025, you gave a detailed recollection of each patient identified in the charges including whether you asked them questions relating to their medical conditions and their responses to you. For each of these patients you stated that there was no GP summary available that you could access because the computer system had crashed. You were therefore relying on what patients were telling you plus any prescriptions and letters from doctors which they had brought with them. Witness 1 stated that her understanding was that GP summaries were available for all patients once they had been uploaded and that the date recorded as 'printed on' is the date they had been uploaded. Your evidence was that GP summaries were not always available and even if they had been uploaded could not be accessed if the system has crashed. You said that you had raised Datixes and submitted emails to the managers including Witness 1, saying you did not have GP summaries because the system had

crashed. Witness 1 said in oral evidence that an audit had been conducted by the IT team of the Datix system and no such Datix had been found relating to any complaints about failures in the IT system on these dates by you or any other person.

In oral evidence at this hearing, you suggested that you may have been training another member of staff at the time and therefore another person may have completed the pre-operation assessment form and used your name without your knowledge. You also said that you were not the only person who had access to the form. You said that doctors, optometrists and others had access to it.

The panel was concerned that you appear to have changed your account which had the potential to damage your credibility. However, not accepting your entire account did not necessarily mean that the NMC could prove its case. The central issue was whether or not the NMC had presented evidence of such a quality to satisfy the panel that you owed a duty to complete accurate patient records and, if so, whether you had breached that duty.

The panel noted that as of 30 August 2022, you had completed the necessary documentation in the PAC for several months without incident. It was a matter of agreement that there were difficulties with IT. Although there is a dispute about the degree of difficulties, Witness 1 conceded that at times the IT system could be slow.

The majority of the charges allege a failure by you to transpose accurate information from the GP summary to the relevant form.

The NMC has not provided evidence from anyone on duty on 30 August or 6 September 2022. The panel was concerned with the quality and extent of the evidence provided by the NMC and was not satisfied that it was sufficient to prove that you were under an absolute duty to transpose information from the GP summary to the relevant form, when there was information from other sources including prescriptions, letters from doctors and the patients themselves upon which a nurse might rely.

The panel accepted that you were operating under time constraints in dealing with a large number of patients. In light of the concession that there were difficulties with IT, the panel considered that the NMC has not proved its case in relation to you being under a duty.

In any event the fact that some of your entries do not coincide with the GP summary form does not prove that you had failed to complete the pre-operation assessment form correctly.

The panel therefore found charges 2a, 2b, 3, 4a, 4b, 5a, 5b, 6a(i), 6a(ii) and 6a(iii) not proved.

In reaching this decision on charge 4c, the panel took into account that the charge does not allege a failure, and that Ramipril was recorded on the pre-operation assessment form for this patient. Your evidence is that Patient D showed you a prescription which said they were on Ramipril which is why you recorded it. The panel considered that, according to the policy, you were 'responsible for obtaining and recording a detailed past/present medical history for each Patient'. In the panel's view, this could include current prescriptions given to you by the patient at the time of the assessment. The panel therefore determined that the NMC has not discharged its burden of proof, and it could not be satisfied that you had incorrectly documented on the pre-operation assessment form that Patient D was prescribed Ramipril.

The panel therefore found charge 4c not proved.

Charges 9a and 9b

On 06 September 2022, sent Person B one or more SMS messages requesting Person B:

- a) Provide a reference purporting to be an HR Manager.
- b) Provide a reference confirming incorrect dates of employment at SpaMedica.

These charges are found proved.

In reaching this decision, the panel took into account the evidence of Person B, Witness 1 and your evidence.

The panel drew no distinction between SMS and WhatsApp messages. It understood 'SMS' to be a generic description of text messages including WhatsApp.

The panel had sight of Person B's local statement, NMC statement and oral evidence and the screenshots of the messages.

The panel noted that the local investigation interview with Person B took place shortly prior to her local statement dated 8 November 2022 being written. It was not in dispute that you and Person B were both nurses who had worked together at SpaMedica. Person B had 'sat' with you on occasion because she was training to do the pre-operation assessments but in oral evidence said that this had been only about twice. It is not in dispute that in an initial discussion you asked Person B for a character reference. This was sometime shortly before 6 September 2022.

In Person B's oral evidence, she stated that she did not have anything against you, and she would have been happy to provide a character reference but that she was not prepared to lie for you.

Person B exhibited the screenshots of WhatsApp messages between you and Person B dated 6 September 2022:

*"You: You know for refrence im gonna put your name the dates I was employed is
1st January 2022 till present your HR Manager ok..."*

Person B: HR Manager?

*I can't say I'm HR manager
Thanks*

You: HR nurse Manager (smiling face emoji)

Person B: No Nurse

You: They won't check dw

Person B: Nah I cant lie like that

You: It's from a different country how they gonna know (smiling face emoji)...

Person B: yeah I cant lie like that sorry

You: Np that's fine

*Person B: If it wasn't Lying then it would be ok
But I can't lie soo
Soz***

Person B's evidence was that you had asked for her phone number and had called her immediately whilst standing directly in front of her. She had immediately saved the number as 'Subhan Spa Medica' so she was sure that the messages had come from you.

The panel noted that the screenshots show you asking Person B to provide a reference purporting to be an HR Manager although she is a nurse.

The panel also noted that the screenshots show you asked Person B to say that the dates you were employed were from 1 January 2022 till present. Your actual employment dates were from March 2022 as bank staff and April 2022 as a permanent member of staff.

Witness 1 also gave evidence to charge 9. She referred to a meeting taking place between Person B and her manager as part of an investigation into the provision of alleged false references. However, she was not present at the meeting, and not a direct witness. Her evidence was broadly consistent with Person B's evidence but the panel could not place a great deal of weight upon it because she was not present and not a direct witness.

You denied sending Person B any messages. You said that Person B had a personal vendetta against you because you said she thought you had an easier job than her and she thought you were too young and inexperienced to have secured your role and to have a potential job working in Saudi Arabia.

You accepted that you had asked for Person B's email address but denied exchanging mobile phone numbers. You said that the WhatsApp messages screenshots were falsified, and the exchange never took place. The panel considered your evidence to be inherently improbable and lacking credibility.

The panel found Person B to be a credible witness whose evidence was straight forward and clear under extensive cross-examination. It noted her local statement written two months after the events was consistent with her NMC statement and her oral evidence. The panel considered that Person B had no reason to falsify the messages, and there was no plausible reason put forward by you as to why Person B would do so. You suggested that her motivation for manufacturing false messages was jealousy but the panel determined that this alleged motivation was highly improbable.

The panel noted that Person B only provided the messages when asked to do so during the course of the SpaMedica investigation. The panel found the messages to be genuine, and had the contact saved as 'Subhan Spa Medica'. The panel rejected your suggestion that there had been an elaborate fabrication and in light of the evidence, is wholly

improbable. The panel therefore preferred the evidence of Person B and it accepted her account of the events.

The panel determined that on the balance of probabilities you sent Person B one or more SMS messages requesting that she provide a reference purporting to be an HR Manager and confirming incorrect dates of employment at SpaMedica.

The panel therefore found charges 9a and 9b proved.

Charges 10a, 10b and 10c

In the course of an application, submitted a document to Dataflow, which:

- a) Purported to be a letter of employment from Person B.
- b) Provided incorrect dates of employment with SpaMedica.
- c) Incorrectly described your role at SpaMedica.

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Witness 1, Witness 2, Person B and your evidence.

Person B stated that although the reference purports to be signed by her she knew nothing of it until confronted by her employers.

Witness 2 explained that Dataflow was an independent organisation which verifies personal information provided from applicants including references, on behalf of employers and regulators to substantiate whether they were genuine. Witness 2 explained that the employer or regulator initially provides contact details for the applicant to Dataflow. Dataflow then contacts the applicant via email inviting them to set up an account in order to upload documents to the secure portal. Witness 2 could not speak directly to the investigation himself but spoke in general terms of the verification process. In order to

activate the portal, the applicant would need to submit their identification by way of passport or other identification document and provide their consent that Dataflow could contact the organisation to verify their document. Witness 2 confirmed in his oral evidence that a number of documents, including the reference letter purporting to be from Person B, had been uploaded into the portal and they had been uploaded from your email address.

Witness 2 confirmed that they only verified documents that had been uploaded and did this by going to the source of the document to confirm its details. The organisation's sole activity is to verify documents that it has received from the applicant via the portal, and they do not elicit references directly.

Witness 2's written evidence was consistent with his oral evidence.

The panel noted that you accept that you had applied for employment as a registered nurse in Saudi Arabia and that this application was successful. It determined that it was highly likely that, in these circumstances, your references would be taken up and checked. That aspect of your evidence corroborates the evidence of Witness 2 that you created an account using a portal.

You deny submitting a reference. You deny creating an account on the Dataflow portal. You said that Person B sent the reference to Dataflow directly. You said you had been offered the job abroad by an agency and that following an interview with that agency, you had provided them with some documents including your right to work in the UK, your NMC PIN, your CV and the email details for Person B so she could provide a character witness. You also said that you had approached your manager, and Witness 1 for a reference but they had both refused. You said you contacted HR but received no response. This is why you put forward Person B as a character referee.

The panel found your evidence to be not credible. The panel does not accept your denial that you set up an account with Dataflow. It was also unable to accept that the false reference provided came from any other source but you.

The panel considered that Witness 2 was able to give expert evidence on the system that his organisation operates under. In particular, how a portal has to be set up by an individual user. However, his knowledge of your account was based on hearsay interaction with other members of his organisation. Accordingly, the panel treated it with caution. However, he confirmed that the information had been checked by senior personnel at board level and HR within Dataflow before submitting his witness statement to the NMC. The panel determined that they could give much of his evidence, in particular his expert evidence about how the portal system operated and the nature of the relationship between Dataflow and an applicant, significant weight.

Witness 2 did not, however, exhibit the additional verification documents that he said you would have been required to upload in order to set up the account.

The panel accepted that the systems for Dataflow are robust. It heard clear evidence about the process which provides robust scrutiny on documents that required verification.

The panel found that that process would have ensured that any documents purported to come from your account would have been uploaded by you following the use of an identification process.

The panel considered the reference exhibited by Witness 2 is the reference in question which was uploaded to your account. Dataflow sought verification from the source i.e. SpaMedica. SpaMedica identified that the letter head logo was incorrect, Person B was a registered nurse and not a HR manager, the start date of your employment was incorrect and that you were not a senior nurse.

Witness 1's evidence is that SpaMedica conducted an investigation with the IT department. There was no evidence that Person B had sent any email to you on the work email account. A further review identified there were four emails sent to your personal

email address from your work email account containing SpaMedica headed paper and reference signed by Person B.

The panel noted that Witness 1 was not directly involved with the IT investigation but reported what she was told from the IT department.

Person B denied writing or sending the reference to Dataflow. She said she only saw it when it was presented to her at the investigation meeting with her manager and she said she was shocked. The panel found Person B's evidence to be credible and consistent with Witness 2's evidence that Dataflow would not seek a reference from a third party. The panel found it highly implausible that Person B would have forged a company letter head, created a reference and submitted it via a secure portal that had been verified by your passport and identification credentials. The panel rejected the concept of a complex scheme by Person B to falsify documents in order to 'frame you' on the basis of a tenuous suggestion that she resented your success. The panel considered it unlikely that anyone other than you would be able to access the Dataflow portal. This would have only been supplied to you and the person applying to Dataflow would have to make use of your personal identification documents.

The panel determined that, on the balance of probabilities, it is more likely than not that you submitted the reference document to Dataflow.

The panel considered the reference letter exhibited by Witness 1, and determined that it clearly appears to be signed by Person B which is inaccurate as Person B did not write this reference (charge 10a). It also sets out that you started work on 1 January 2022, which is inaccurate and by your own account and Witness 1's evidence (charge 10b), you started as a bank worker from March 2022 and permanent employee from April 2022. The reference also describes you as a senior nurse (charge 10c) which contradicts the evidence provided by yourself, Witness 1 and your job description which states that you are a registered nurse and this is not a senior nurse role.

The panel did not draw any conclusions from the end date not being present given the fact that you were serving your notice period and the letter was, in any event, undated.

The panel therefore found charges 10a, 10b and 10c proved.

Charge 11a

Your actions at Charge 9 were dishonest, in that you:

- a) Asked Person B to purport to be an HR Manager, when you knew this was not Person B's role.

This charge is found proved.

The panel had regard to Ivey and Genting Casinos and firstly considered your actual state of knowledge or belief before going on to consider whether the ordinary right thinking member of the public would consider you to have been dishonest in light of that state of knowledge.

In reaching this decision, the panel took into account its findings at charge 9. The panel was of the view that you knew Person B was a nurse and not an HR manager as you had worked alongside her as a nurse. It also took into account the WhatsApp messages.

The panel is in no doubt that you knew Person B was a nurse and not a HR manager and therefore asking her to represent herself as a HR manager was dishonest, you knew it was dishonest and it would be considered dishonest by the standards of ordinary decent people.

The panel therefore found charge 11a proved.

Charge 11b

Your actions at Charge 9 were dishonest, in that you:

- b) Knew that the date of employment suggested to Person B were incorrect.

This charge is found proved.

In reaching this decision, the panel took into account its findings at charge 9 and considered the Ivey test.

The panel was in no doubt that you knew your employment start date was either March 2022 as a bank worker and April 2022 as permanent staff member.

Suggesting to Person B that she provide a reference stating that you started work on 1 January 2022 was dishonest, you knew it was incorrect, and it would be considered dishonest by the standards of ordinary decent people.

The panel therefore found charge 11b proved.

Charge 12a

Your actions at Charge 10 were dishonest, in that you:

- a) Knew that Person B had declined to provide a reference.

This charge is found proved.

In reaching this decision, the panel took into account its findings at charge 10 and considered the Ivey test.

The panel was of the view that you knew Person B had declined to provide the reference from the WhatsApp messages when she said she was sorry, but she could not lie and say she was a HR manager when she was a Nurse.

The panel was in no doubt that Person B had refused to provide you anything but a character reference so submitting a document you had written purporting to be Person B was dishonest and would be considered dishonest by the standards of ordinary decent people.

The panel therefore found charge 12a proved.

Charge 12b

Your actions at Charge 10 were dishonest, in that you:

- b) Knew that the document incorrectly confirmed dates of employment at SpaMedica.

This charge is found proved.

In reaching this decision, the panel took into account its findings at charge 10 and considered the Ivey test.

The panel found that you stated dates in the letter which you knew to be incorrect. It determined that this was dishonest and would be considered dishonest by the standards of ordinary decent people.

The panel therefore found charge 12b proved.

Charge 12c

Your actions at Charge 10 were dishonest, in that you:

- c) Knew that the document incorrectly described your role at SpaMedica.

This charge is found proved.

In reaching this decision, the panel took into account its findings at charge 10 and considered the Ivey test.

The panel determined that you knew that you were a registered nurse as set out in your job description, not a senior nurse and there was no senior nurse position at SpaMedica. The panel found that deliberately putting this false information was dishonest, you knew it was dishonest, and this would be considered dishonest by the standards of ordinary decent people.

The panel therefore found charge 12c proved.

Charge 12d

Your actions at Charge 10 were dishonest, in that you:

d) Intended to create a misleading impression of your employment history.

This charge is found proved.

In reaching this decision, the panel took into account its findings at charge 10 and considered the Ivey test.

The panel was of the view that it was in your interest to create the false impression of you being in a more senior position for a longer period of time. So therefore, the reason for extending your employment and elevating your role was to create a misleading impression of your employment history which you knew to be incorrect. The panel determined that this was a dishonest account of your employment history. The panel considered that this would be considered dishonest by the standard of ordinary decent people.

The panel therefore found charge 12d 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 and impairment

Ms Mukhia invited the panel to take the view that the facts found proved amount to misconduct. She referred the panel to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code) and identified the specific, relevant standards where the NMC say your actions amounted to misconduct: 20.1, 20.2 and 20.8.

Ms Mukhia submitted that your conduct outlined in the charges found proved was serious, premeditated and deliberately dishonest. She submitted that your actions were not opportunistic or spontaneous but thought out and calculated. She submitted that your actions were a serious departure from the conduct and standards expected of a registered nurse which would be considered deplorable by fellow practitioners. She submitted that your actions amounted to misconduct.

Ms Mukhia moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin). She also referred the panel to the NMC's guidance DMA-1.

Ms Mukhia submitted that limbs a, b, c and d are engaged in the *Grant* test. She referred the panel to your reflection and statement you provided, as well as some character references and training certificates. She submitted that they do not address the deep-seated attitudinal concerns you have presented by your dishonest conduct. Ms Mukhia submitted that you have not provided any proper insight and reflection and have not addressed the concerns raised in the charges. In light of the very limited insight and the facts that no steps have been taken to address the concerns, she submitted that the behaviour is highly likely to be repeated.

Ms Mukhia therefore invited the panel to find that your fitness to practise impaired on public protection grounds and in the public interest. She submitted that should the panel not make a finding of impairment it would undermine the professional standards and the confidence the public places in the nursing profession.

Mr Donnelly invited the panel to have regard to your impairment bundle and submitted that you accept that the findings as determined by the panel amount to misconduct and you accept that your fitness to practise is impaired.

The panel accepted the advice of the legal assessor.

Decision and reasons 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.'*

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. Including:

'Promote professionalism and trust

You uphold the reputation of your profession at all times. You should display a personal commitment to the standards of practice and behaviour set out in the Code. You should be a model of integrity and leadership for others to aspire to. This should lead to trust and confidence in the profession from patients, people receiving care, other health and care professionals and the public.

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...*

20.10 *use all forms of spoken, written and digital communication (including social media and networking sites) responsibly...'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel had sight of NMC Guidance FTP-2a 'When does poor practice become serious professional misconduct' and noted that it states that dishonesty about qualifications or employment history is considered serious professional misconduct.

The panel took into account its findings at charge 9, 10, 11 and 12. The panel considered your dishonesty was very serious. The panel determined that your conduct was pre-meditated and deliberate. It was not opportunistic or spontaneous but carefully pre-planned and calculated. The panel considered that your actions involved more than one instance of dishonesty and indicated deep-seated attitudinal issues.

The panel found that your actions fell 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: 03/03/2025) 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. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients’ and the public’s trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* 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) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel found limbs a, b, c and d were engaged in the **Grant** test. The panel found that, in the past, there was no risk of harm to patients by your actions. The NMC provided no evidence that the role you were applying for in Saudi Arabia was a senior nurse role. The panel determined however, that because the reference falsely stated that you were a senior nurse, this had the potential to put patients at risk of future harm had you obtained a role for which you needed to be a senior nurse but for which you lacked the appropriate experience and training.

The panel found that your misconduct had breached the fundamental tenets of the nursing profession, namely promoting professionalism and trust and had brought its reputation into disrepute and that you are liable to do so in the future. You had not demonstrated the standards expected of a registered nurse and your actions undermined trust in the profession. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious. The panel considered that a nurse should be a model of integrity and leadership for others. It found that your actions undermined confidence in the profession from patients, people receiving care, other health and care professionals and the public. The panel found that you were dishonest in the past and were likely to repeat your dishonesty in the future.

The panel was satisfied that the misconduct in this case is potentially capable of being addressed. However, the panel was of the view that misconduct relating to dishonesty is not easy to remedy. Firstly, dishonesty in your case involves an element of deep-seated attitudinal issues carried out solely for your personal gain. Secondly, your remediation, in the panel's view could only commence once you accept your responsibility for your dishonesty.

Regarding insight, the panel considered your statement and reflections. The panel had regard to the fact that you chose to defend the charges found proved on the basis that Person B had fabricated a number of WhatsApp messages. It was put to Person B that she was lying under oath and that she had created fabricated evidence. Your blatant

dishonest defence involved you lying about concrete primary facts, impugning the character of Person B and deliberately attempting to mislead the panel.

The panel considered that you reflected in general terms on the impact that dishonesty, and not your actions, would have on the profession, and you had not addressed specifically the negative impact your behaviour would have caused your employer, Person B and the nursing profession. Although you have accepted that the panel has made a decision on the facts, the panel was not satisfied that you have accepted responsibility for your actions.

The panel noted that you stated that your behaviour occurred during a period of [PRIVATE], but it determined that in the absence of any acceptance of the behaviour this does not have relevance to current impairment. The panel noted that you appear on one level to have shown some remorse but noted that this was at odds with the denial in your reflection dated 18 November 2025:

“...I do not admit any wrongdoing in submitting or being dishonest...”

The panel took into the account the numerous training certificates and testimonials you provided. It noted that although this evidenced that you have kept your knowledge in nursing up to date, it was of the view that this training did not directly address the concerns in the charges. This is not a case where your clinical skills have been called into question. The panel noted the testimonials you provided came largely from people not in the healthcare profession, so it gave them limited weight.

The panel determined that in the absence of insight and the absence of steps taken to address the concerns, there was a significant risk of repetition of similar dishonest behaviour. The panel therefore decided that a finding of impairment 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 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 of the above, the panel was satisfied that your fitness to practise is currently impaired.

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the Registrar to strike you off the register. The effect of this order is that the NMC register will show that you have been struck-off the register.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case, including the oral evidence provided by you at this stage, and had careful regard to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

Your oral evidence under oath

You said that you deny being dishonest. You said that there is no documentary evidence that you were dishonest. You said you are not and will never be a dishonest person. You said you have learned from this experience and understand how dishonesty can affect the public, yourself, colleagues and employers. You recognised that dishonesty is a very serious issue. You said that if someone is being accused of dishonesty, then concrete

evidence should be produced. You said you will always adhere to referencing policies, and make sure documents are submitted properly.

[PRIVATE].

[PRIVATE].

You gave examples of your honesty including in your current employment. You said that you can reassure the panel that you will not act dishonestly in the future because as your testimonials demonstrate, you have been honest and upheld your values. You said you are a caring person this is why you chose to be a nurse.

You confirmed that you accepted the panel has made a decision, but you maintain you did not act dishonestly. You said that the WhatsApp messages were not sent by you and said you did not have Person B's contact details. You confirmed that it remains your position that Person B falsified the messages.

Submissions on sanction

Ms Mukhia submitted that the appropriate sanction in this case is a striking-off order.

She submitted that the aggravating features of the case are your repeated dishonesty made for personal gain which was indicative of a deep-seated attitudinal issue, and you have no insight as you have not addressed the negative impact of your dishonesty on Person B or your employer. She referred the panel to NMC guidance SAN- 1. She submitted that your rejected defence should be considered an aggravating factor.

Ms Mukhia also referred the panel to SAN-2 'Sanctions for particularly serious cases' and submitted that cases involving dishonesty are particularly serious and are likely to attract the most serious sanction.

Ms Mukhia submitted that, to take no further action or impose a caution order would not be appropriate in view of the public protection and public interest concerns identified. She submitted that the concerns were not at the lower end of seriousness.

Ms Mukhia submitted that a conditions of practice order would not be appropriate as it would not address the deep-seated attitudinal issues identified. She submitted that a suspension order would not be sufficient to mark the seriousness of your conduct. She submitted that your actions are incompatible with being a registered professional. She submitted that a striking-off order is the only appropriate order in this case which is sufficient to maintain public confidence in the profession.

Mr Donnelly invited the panel to consider that a suspension order would be sufficient to meet the NMC's objectives in this case. He submitted that you have no prior fitness to practise history albeit you had only worked for a short period of two years as a nurse prior to your suspension. He submitted that it is relevant that you were in the early part of your career and inexperienced.

Mr Donnelly asked the panel to take into account that you have engaged in the NMC investigation and in the fitness to practise process. You have not worked in a nursing role since December 2022 and there is no evidence of any dishonesty from any subsequent employer. He submitted that the panel should also take into account that you admitted misconduct and impairment, showing developing insight which is relevant to its consideration of the risk of repetition. He asked the panel not to reject the sincerity of your reflections despite maintaining your innocence. He submitted that your rejected defence should not be considered an aggravating factor.

Mr Donnelly submitted that you have acknowledged the importance of honesty and integrity to nursing and the negative impact dishonesty can have on colleagues and the nursing profession. He asked the panel to consider that this was a single matter, not a long-term pattern of dishonesty. [PRIVATE].

Mr Donnelly also took the panel to the extensive training you have undertaken which he submitted demonstrates your strong commitment to maintaining your clinical skills. He asked the panel to take into account the positive testimonials and submitted that although they are not nursing testimonials, they relate to your employment and show you are a valued member of staff and that there has been no repetition of your dishonesty.

Mr Donnelly asked the panel to consider proportionality and the potential impact on you when making its decision. He invited the panel to impose a suspension order with a review. He submitted that a suspension order would be the appropriate and proportionate sanction in this matter.

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:

- Your dishonesty was repeated over a period of time and was for personal gain.
- Your dishonest defence impugned Person B's character.
- You have demonstrated no insight into your dishonesty.
- Your dishonesty was indicative of a deep-seated attitudinal issue.

The panel took into account NMC guidance SAN-2 'Cases involving dishonesty'. The panel considered whether your rejected defence can be regarded as an aggravated feature. The panel found your actions to be intrinsically dishonest because you asked Person B to provide a false reference and then you submitted a false document. The

panel considered that you were well aware that you were asking Person B to lie and that the document submitted was false. You had shown a lack of insight in respect of Person B and you accused Person B of being dishonest. The panel therefore determined that your rejected defence should be considered an aggravating feature.

The panel found that your dishonesty was premeditated, carried out for personal gain and involved more than one instance. It considered that although this did not involve your clinical practice, it did relate to your professional practice. Your dishonesty involved you attempting to incite a fellow professional to act dishonestly and when she refused you continued to act dishonestly by submitting a false document. The panel was of the view that such dishonesty could have a direct risk to people receiving care by creating a misleading impression of your seniority and service length to a prospective employer. The panel determined that your dishonesty was at the upper end of seriousness.

The panel found no mitigating features in this case.

The panel recognised that you have no previous fitness to practise finding in your short career, but this fell short of mitigation. It also noted the evidence that these matters occurred during a period [PRIVATE] which have since been managed. However, it found that this fell short of mitigation given your failure to link how [PRIVATE] and other issues impacted on your behaviour, particularly in the context of your continued denials. The panel also recognised that you have engaged with the investigation and the entirety of this hearing.

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 neither protect the public nor be 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 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 seriousness of the case. The panel decided that it would not be proportionate, would not protect the public nor be 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 of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case which are not clinical. The deep-seated attitudinal issues identified in this case was not something that can be addressed through conditions. Furthermore, the panel concluded that the placing of conditions on your registration would not adequately address the seriousness of this case and would not protect the public.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- ...
- ...

The panel found that this was not a single instance of dishonesty but involved repeated instances over a course of 4 – 6 weeks. The panel found that your dishonesty was

indicative of harmful deep-seated attitudinal issues. The panel determined that you have demonstrated no real insight and have not taken responsibility for your dishonesty. The panel noted that there was no evidence of repetition since these incidents. However, it acknowledged that you have not worked as a nurse since December 2022. In the absence of any real insight the panel determined that you pose a significant risk of repeating the behaviour.

The conduct, as highlighted by the facts found proved, was too serious a departure from the standards expected of a registered nurse to impose a suspension order. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by your actions is fundamentally incompatible with you remaining on the register.

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

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

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*
- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

The panel determined that your dishonesty was serious and undermined a system of employment references designed to protect the public. You attempted to incite a fellow professional to act dishonestly and when she refused you continued to act dishonestly for personal gain by submitting a false document and in the panel's view this conduct raises fundamental questions about your professionalism.

The panel considered that nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession. Your actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with you remaining on the register. The panel was of the view that the findings in this particular case demonstrate that your actions were serious and to allow you to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of your actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct themselves, the panel has concluded that nothing short of this would be sufficient in this case.

The panel considered that this order was 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.

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in your own interests until the striking-off order takes effect. The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

The panel took account of the submissions made by Ms Mukhia. She made an application for an interim suspension order for 18 months. She submitted that the interim order was

necessary for public protection, is also in the public interest and would be consistent with the panel's findings. She submitted that the interim suspension order for 18 months would also cover the appeal period.

Mr Donnelly indicated that you made no submissions in relation to the interim order application.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months to cover the appeal period.

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

This decision will be confirmed to you in writing.

That concludes this determination.