

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

**Substantive Order Review Hearing
Friday, 21 November 2025**

Virtual Hearing

Name of registrant:	Susan Shirley Tilley
NMC PIN:	79I3652E
Part(s) of the register:	Registered Nurse – RN1, Adult Nurse (November 1982)
Relevant Location:	Derby
Type of case:	Misconduct
Panel members:	Francesca Keen (Chair, Lay member) Sukhdeep Rayt (Registrant member) Jane McLeod (Lay member)
Legal Assessor:	Lizzy Acker
Hearings Coordinator:	Margia Patwary
Nursing and Midwifery Council:	Represented by Stephanie Stevens, Case Presenter
Miss Tilley:	Present and represented by Jon Trussler Counsel, instructed by the Royal College of Nursing (RCN)
Order being reviewed:	Suspension order (6 months)
Fitness to practise:	Not Impaired
Outcome:	Order to lapse upon expiry in accordance with Article 30 (1), namely 31 December 2025.

Decision and reasons for hearing to be held in private

At the outset of the hearing, the panel raised a Rule 19 matter of its own volition as there may be references to [PRIVATE] pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Mr Trussler, appearing on your behalf, did not oppose this.

Ms Stevens, appearing on behalf of the Nursing and Midwifery Council (NMC), did not oppose this.

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 directed that those parts of the hearing which concern your [PRIVATE] should be heard in private pursuant to Rule 19.

Decision and reasons on review of the substantive order

The panel decided to allow the order to lapse upon expiry in accordance with Article 30 (1), namely 31 December 2025.

This order will come into effect at the end of 31 December 2025 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

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

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

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

'Details of charge'

That you, a registered nurse:

1. ...

2. *On an unknown date or dates, when referring to colleagues from the Phillipines:*
 - a) *Said words to the effect of "they do things differently where they're from".*
 - b)
 - c) *Referred to them as "they" or "them" as opposed to using their names*
 - d) ...
 - e) ...
 - f) ...

- 3) *On an unknown date or dates, on one or more occasion, when referring to a patient who had a name which originated from another country said the name in an overexaggerated accent.*
- 4) *Your actions at charges 2a ... and/or 2c ... and/or 3 were discriminatory in nature.*
- 5) *Your actions at charges 2a ... and/or 2c and/or ... and/or 3 were racially motivated.'*

The original panel determined the following with regard to impairment:

'The panel had determined that your actions in charges 2a, 2b and 2c were not only discriminatory but also racially motivated. The panel noted that such behaviour harms the integrity of the professional environment in that discrimination fosters an atmosphere where individuals differences are ridiculed rather than respected, creating a toxic environment that undermines patient care and professional standards.

Your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find impairment in relation to proven discrimination and racism. The panel therefore found limbs a, b, and c of the Grant test were engaged in relation to your past conduct.

The panel considered the factors set out in the case of Ronald Jack Cohen v General Medical Council [2008] EWHC 581 (Admin) and determined that the misconduct was capable of remediation. While acknowledging the seriousness of the allegations regarding racial discrimination and the inherent difficulties in remediating such behaviours, the panel noted your willingness to engage with the process. This willingness indicates a potential path toward fully addressing the misconduct identified.

The panel considered your evidence, which included testimonials, training certificates, your written statement and oral evidence. It acknowledged your

capability as a clinical practitioner and heard from Witness 9 who told the panel that you are an asset to the profession and of value in the workplace. The panel also considered the evidence and submissions regarding your clumsiness as a potential explanation for your actions. However, it determined that this does not address the underlying issues of racial motivation and discrimination. The panel acknowledged the steps you have taken to address the concerns raised, but noted there is more work to be done to develop further insight into the root cause of your past behaviours and improve your understanding of equality, diversity and inclusion.

The panel concluded that, based on the evidence presented, it is unlikely that the misconduct will be repeated. However, the panel noted the lack of insight into fundamental areas, which introduces a potential risk of recurrence of such behaviour. Consequently, the panel decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a finding of impairment on public interest grounds is required. It determined that the instances of discrimination suggest potential attitudinal issues, and noted that unacceptable behaviour, including racism, will not be tolerated within healthcare. The panel noted that public confidence in the profession would be significantly undermined if a finding of impairment were not made in this case. It concluded that a member of the public would be seriously concerned if a nurse who acted in such a way was not found impaired.

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

The original panel determined the following with regard to sanction:

'The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where 'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.' The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG.

The panel is of the view that the imposition of a conditions of practice order would not be sufficient in light of the charges of discrimination and racial motivation that the panel had found proved. While conditions could be formulated that could protect patients, the public interest would not be satisfied by this sanction.

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 was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register. While you have fallen short of the standards expected, there is no evidence that your discriminatory and racially motivated behaviours were intentional or reflect harmful deep seated attitudinal problems. There has been no evidence of repetition of this behaviour over the last two years. The panel determined that remediation in your case is possible, but that a deeper understanding of unconscious bias and racial motivation is required.

It did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, 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.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.

The panel noted the hardship such an order will inevitably cause you. However, this is outweighed by the public interest in this case.

The panel considered that this order is necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

In making this decision, the panel carefully considered the submissions of Mr Edenborough in relation to the sanction of strike-off that the NMC was seeking in this case. However, the panel considered that your behaviours are remediable, noted the lack of recurrence over the last two years, the lack of concerns about your clinical practice and that you have provided testimonials and witnesses that attest to your value as a nurse. It determined that a suspension order would be proportionate

and would adequately protect the public and the public interest concerns in this case.

The panel determined that a suspension order for a period of six months was appropriate in this case to mark the seriousness of the misconduct, and to give you time to further reflect on your behaviour, as well as undertake relevant training to address the concerns.

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

Any future panel reviewing this case would be assisted by:

- *Evidence of substantive training on Equality, Diversity and Inclusion which includes recognition of unconscious bias, an element of peer review and/or coaching, and which is formally assessed.*
- *A reflective piece from you detailing your learning from the training undertaken, and how you would behave differently in the future’ .*

Ms Stevens summarised the background to the case, noting that the concerns related to intimidating, derogatory, racially-motivated behaviour towards colleagues and demonstrated a lack of cultural sensitivity.

Ms Stevens referred the panel to the previous determination which found that at the time of the substantive hearing, you had limited insight into the discriminatory nature of your conduct and that there was a risk of repetition, which required a finding of impairment.

Ms Stevens submitted that the previous panel had identified steps that would assist you in demonstrating insight and remediation. These included:

- Completion of substantial Equality, Diversity, and Inclusion (EDI) training that addressed unconscious bias,
- A reflective account addressing your understanding of your behaviour and how you

would act differently in the future.

Ms Stevens submitted that you have completed the recommended training, achieving a score of 87%, and that you have produced 360-degree feedback from colleagues and a manager specifically addressing EDI and your current behaviour in the workplace. She also highlighted your comprehensive reflective which she submitted demonstrates understanding of unconscious bias and includes examples of discussions you have had with colleagues about this learning.

Ms Stevens submitted that while there may be areas where deeper insight could continue to develop, overall your insight has significantly improved. She submitted that you have been working as a phlebotomist since July 2023, which has allowed you to maintain clinical skills and demonstrate safe practice in a healthcare setting.

Ms Stevens submitted that:

- There is no evidence before the panel to indicate that you are unsafe,
- The steps identified by the previous panel have been completed,
- You have demonstrated learning, insight and remediation,
- Your fitness to practise no longer appears to be impaired.

Ms Stevens invited the panel to consider allowing the suspension order to expire at the end of its term. However, if the panel felt further development of insight was required, she submitted that a short extension of the suspension order could be considered. She submitted that a previous panel had determined that conditions were not sufficient in a racially-motivated misconduct case and further submitted that for the purposes of today's review that they were also not workable. She submitted that a strike-off was not available at this stage.

Mr Trussler submitted that the panel will have seen the documents you provided, including your reflective account, your covering letter explaining the context of your feedback, and the peer and managerial testimonials included in your bundle. He drew attention to the email from the Phlebotomy Supervisor, which reinforces the positive feedback about your practice and engagement.

Mr Trussler submitted that you have shown consistent and constructive engagement with the regulatory process, [PRIVATE]. He highlighted that the EDI training you undertook through the Open University was substantially more extensive than typical online modules, involving 24 hours of study over two months.

Mr Trussler submitted that your reflective account demonstrates meaningful insight, and that you have taken steps to apply your learning in practice, including sharing it with colleagues. He also highlighted the strong testimonial from your team leader at Queen's Hospital Burton, which describes you as a valued and reliable member of the team.

Mr Trussler reminded the panel that prior to these proceedings, you had an unblemished professional record. He submitted that the concerns identified by the previous panel have now been fully addressed and that there is no evidence of any continuing risk to patients, the public or colleagues. He invited the panel to conclude that your fitness to practise is no longer impaired and that the current suspension order should be allowed to expire at the end of its term.

Mr Trussler submitted that conditions of practice are unnecessary and inappropriate given your level of remediation and the positive evidence before the panel. He invited the panel to bring this "*very difficult period*" for you to an end by allowing the order to expire.

Decision and reasons on current impairment

The panel has considered carefully whether your 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 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. It has taken account of the submissions made by Ms Stevens and Mr Trussler.

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 your fitness to practise remains impaired.

The panel considered the steps you have taken since the substantive hearing. It noted the extensive EDI training you undertook, including unconscious bias, cultural awareness and wider principles. The panel also considered your reflective account, which demonstrated insight, learning and an understanding of how your behaviour should be different in the future.

The panel noted the positive 360-degree feedback from colleagues and senior staff, including evidence that you have shared your learning with others in the workplace. The panel found that you have engaged fully with the regulatory process, have acknowledged the seriousness of your previous conduct, and have taken meaningful steps to ensure that it is not repeated.

The panel was satisfied that you have developed sufficient insight, demonstrated genuine remorse and have taken consistent action to strengthen your practice. The panel

determined that the risk of repetition is low, and that you no longer pose a risk to patients, colleagues or the public. The panel therefore decided that a finding of continuing impairment is not necessary on the grounds of public protection.

The panel then considered whether a finding of impairment is nevertheless required to uphold public confidence in the profession and to maintain proper standards of conduct.

The panel recognised the seriousness of the original misconduct. However, it considered that the substantive findings and the period of suspension already served have appropriately marked the seriousness of your behaviour.

The panel also took account of the extensive steps you have taken to understand and address unconscious bias, your efforts to disseminate this learning within your workplace, and the fact that there have been no concerns about your clinical practice.

The panel considered that the regulatory process has already upheld proper standards and that the steps you have taken demonstrate meaningful development. Further, the panel was satisfied that a fully informed member of the public would consider that you had remediated your misconduct. The panel also considered that there is a wider public interest in allowing an able practitioner to return to the nursing profession for the wider public good. Consequently, the panel was satisfied that a continued finding of impairment is not necessary to maintain public confidence in the profession or the NMC as regulator.

For these reasons, the panel finds that, although your fitness to practise was impaired at the time of the incidents, given all of the above, your fitness to practise is not currently impaired.

In accordance with Article 30(1), the substantive suspension order will lapse upon expiry, namely the end of 31 December 2025.

The suspension order will be allowed to expire on its expiry date of 31 December 2025.

This will be confirmed to you in writing.

That concludes this determination.