

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

**Substantive Hearing
Monday 27 October – Thursday 30 October 2025**

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

Name of Registrant:	Juliet Ogochukwu Ezeh
NMC PIN:	07B0091O
Part(s) of the register:	Registered Nurse – Sub Part 1 Adult Nursing (Level 1) – 14 February 2007 V300: Nurse Independent / Supplementary Prescribing Qualification – 27 March 2018
Relevant Location:	Liverpool
Type of case:	Misconduct/ Conviction
Panel members:	Adrian Blomefield (Chair, Lay member) Linda Holloway (Registrant member) Anjana Varshani (Lay member)
Legal Assessor:	Justin Gau
Hearings Coordinator:	Emma Hotston
Nursing and Midwifery Council:	Represented by Jayesh Jotangia, Case Presenter
Mrs Ezeh:	Present and represented by Sophie Walmsley, Royal College Nursing (RCN)
Facts proved:	Charges 1a), 1b), 1c), 1d), 2a), 2b), 2c, 3, 4, 5a)
Fitness to practise:	Impaired
Sanction:	Striking-Off Order

Interim order:

Interim suspension order (18 months)

Details of charge

Charge relating to conviction:

‘That you, a registered nurse,

5. On 9 April 2024, at Liverpool Magistrates Court were convicted of the following offence;

- a) Between 16/09/2023 and 21/09/2023 at [PRIVATE] made a false instrument, namely a prescription for a scheduled drug, with the intention that you or another should the same, to induce [PRIVATE] to accept it as genuine and by reason of so accepting it to do or not to do some act to their own or another person’s prejudice.

Contrary to section 1 of the Forgery and Counterfeiting Act 1981

And in light of the above your fitness to practise is impaired by reason of your conviction.’

In addition to the following charges related to misconduct:

‘That you a registered nurse, whilst working at [PRIVATE];

1. Around 10/11 October 2022 following a home visit with Patient B;

- a) Inaccurately recorded in Patient B’s Drug Usage Report that you had prescribed and/or dispensed Codeine 30mg (28 tablets) to Patient B.
- b) Did not dispense the Codeine to Patient B.
- c) Took the Codeine from your employer’s medication cupboard, without any clinical justification.

- d) Inaccurately recorded in Patient B's consultation notes that you had prepared a handwritten prescription for Codeine.

2. On 28 February 2023 following a telephone consultation with Patient A;

- a) Inaccurately recorded in the Drug Usage Report form that you had prescribed and/or dispensed Codeine 30mg, 28 tablets to Patient A.
- b) Did not dispense the Codeine to Patient A.
- c) Took the Codeine from your employer's medication cupboard, without any clinical justification.

3. Your actions in one or more of charge 1 a), 1 d) & 2 a) above were dishonest in that you falsified medical records to conceal that you were taking medication belonging to your employer.

4. Your actions in one or more of the above charges 1 b), 1 c), 2 b) & 2 c) were dishonest in that you took without permission, medication belonging to your employer with an intention not to return it.

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

At the outset of the hearing, the panel heard from Ms Walmsley, who informed the panel that you had made full admissions to all charges relating to misconduct and conviction. This includes charges numbers: 1a), 1b), 1c), 1d), 2a), 2b), 2c, 3, 4 and 5a).

The panel therefore finds charges numbers 1a), 1b), 1c), 1d), 2a), 2b), 2c, 3, 4 and 5a) proved in their entirety, by way of your admissions and conviction.

Decision and reasons on application to amend the charge

The panel heard an application made by Mr Jotangia, on behalf of the Nursing and Midwifery Council (NMC), to amend the wording of charge number 5a).

The proposed amendment was to insert the word 'use,' due to a typographical error.

'5. On 9 April 2024, at Liverpool Magistrates Court were convicted of the following offence;

- a) Between 16/09/2023 and 21/09/2023 at [PRIVATE] made a false instrument, namely a prescription for a scheduled drug, with the intention that you or another should **use** the same, to induce [PRIVATE] to accept it as genuine and by reason of so accepting it to do or not to do some act to their own or another person's prejudice.'*

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 interest 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, as applied for, to correct the typographical error.

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

At the outset of the hearing your representative, Ms Walmsley, made a request that this case be held partly 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).

Mr Jotangia indicated that he supported the application to the extent that any reference to [PRIVATE] should be heard in 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.

The panel determined to rule on whether or not to go into private session in connection with [PRIVATE] as and when such issues are raised.

Background

You were referred to the Nursing and Midwifery Council (NMC) on 4 October 2023 by [PRIVATE]. This referral resulted in an investigation by the NMC, which identified the regulatory concerns set out below.

The regulatory concerns are:

1. Conviction – you were convicted of an offence of making a false prescription for a scheduled drug, contrary to the Forgery and Counterfeiting Act 1981
2. Fraudulently writing a patient's prescription to obtain medication for your own purposes.

These regulatory concerns relate to incidents that are said to have taken place between October 2022 and September 2023, while you were working as an Advanced Nurse Practitioner at [PRIVATE] (the 'Clinic').

Decision and reasons on facts

In reaching its decisions on the facts, the panel took into account all the documentary evidence in this case together with the submissions made by Ms Jotangia on behalf of the NMC and by your representative, Ms Walmsley. The documentary evidence, included signed and dated witness statements from the following:

- Witness 1: Held the role of Operations Manager at [PRIVATE], at the material time.
- Witness 2: Held the role of Director of Operations at [PRIVATE], at the material time.

Conviction case

Charge 5a)

‘That you, a registered nurse; On 9 April 2024, at Liverpool Magistrates Court were convicted of the following offence;

- a) Between 16/09/2023 and 21/09/2023 at [PRIVATE] made a false instrument, namely a prescription for a scheduled drug, with the intention that you or another should the same, to induce [PRIVATE] to accept it as genuine and by reason of so accepting it to do or not to do some act to their own or another person’s prejudice.*

Contrary to section 1 of the Forgery and Counterfeiting Act 1981.’

This charge is found proved.

Charge 5a) concerns your conviction and, having been provided with a copy of the certificate of conviction, the panel finds that the facts for this charge are found proved in accordance with Rule 31 (2) and (3). These state:

- ‘31.— (2) Where a registrant has been convicted of a criminal offence—*
- (a) a copy of the certificate of conviction, certified by a competent officer of a Court in the United Kingdom (or, in Scotland, an extract conviction) shall be conclusive proof of the conviction; and*
 - (b) the findings of fact upon which the conviction is based shall be admissible as proof of those facts.*
- (3) The only evidence which may be adduced by the registrant in rebuttal of a conviction certified or extracted in accordance with paragraph (2)(a) is evidence for the purpose of proving that she is not the person referred to in the certificate or extract.’*

The panel was satisfied that the certificate of conviction, alongside extracts from the case summary, provides clear and sufficient evidence of the conviction to which the charge relates, and on that basis, was satisfied, on the balance of probabilities, that the facts were proved.

Misconduct case

Charges 1a), 1b), 1c), 1d), 2a), 2b), 2c, 3, 4 are found proved.

The panel reminded itself that it finds charges numbers 1a), 1b), 1c), 1d), 2a), 2b), 2c, 3 and 4 proved in their entirety, by way of your admissions.

The panel noted that your actions in relation to charges 1a), 1b), 1c), 1d), 2a), 2b) and 2c, were premeditated. This included the falsification of medical records, including the consultation notes and the prescription of Codeine for Patient B, the falsification of entries

into stock usage records for Patients A and B, and medication dispensed records for Patient A maintained by your employer, [PRIVATE]. This was done despite the fact that the Codeine was neither required nor dispensed to Patient B and to conceal the fact that you had taken Codeine from [PRIVATE] medication cupboard, without any clinical justification, in respect of both Patients A and B.

The panel noted that you had admitted to these charges, in addition to charges 3 and 4, which related to dishonesty, in that you falsified records to conceal that you were taking medication belonging to [PRIVATE] and that you took this medication without permission, with an intention not to return it.

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

In coming to its decision, the panel had regard to the case of *Roylance v GMC (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.'

Mr Jotangia invited the panel to take the view that the facts found proved amount to serious and deplorable misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' ("the Code") in making its decision.

Mr Jotangia submitted that all allegations admitted by you amounted to serious misconduct. He submitted that the allegations against you which have been found proved include your ability to act with honesty and indeed integrity. He submitted that the serious misconduct included the falsification of prescriptions and medication usage reports to obtain medication for personal use, as you had admitted that you had written the prescription for [PRIVATE].

Mr Jotangia submitted that a nurse needs to take qualifications and gain experience to be permitted to prescribe medication. He submitted that by fraudulently writing prescriptions, this is a serious matter and aggravating feature. He submitted that your actions put patients and colleagues at risk of harm. Furthermore, he submitted that falsifying patient records to falsely obtain medication from your employer over an extended period demonstrates a pattern of premeditated and dishonest misconduct. He submitted that this is an abuse of your trust as a nurse and nurse prescriber and these actions represent a breach of professional standards, ethical obligations, and the trust placed in healthcare professionals.

Mr Jotangia submitted that being in receipt of a criminal conviction is a serious breach of professional standards as a nurse. He submitted that this conduct undermines public trust in the nursing profession. He submitted that your conduct was premeditated and systematic, due to the allegations themselves and the acceptance of the allegations. He further submitted that your actions amount to one of the most serious types of misconduct,

as dishonesty exploits your position of trust as a registered nurse and does not align with being on the NMC register in all aspects of practice.

Mr Jotangia submitted that dishonesty is a fundamental breach of the professional standards expected of a registered nurse, and in itself can lead to impairment as it breaches the fundamental tenants of the nursing profession.

With regards to impairment, Mr Jotangia submitted that your fitness to practise is impaired due to the serious nature of your misconduct. He submitted that there is a high risk of repetition, and your actions pose a risk to the public in terms of public protection. He also submitted that there are grounds for impairment in the public interest.

Submissions on impairment

Mr Jotangia 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 cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Mr Jotangia made the following submissions in relation to impairment. He submitted that your fitness to practise is impaired due to the seriousness of the misconduct. He submitted that you have not demonstrated strengthened practice or taken steps to remediate.

Mr Jotangia submitted that misconduct that involves attitudinal issues, dishonesty, or breaches of trust may be challenging to remediate. Furthermore, he submitted that the charges relating to misconduct, dishonesty and conviction are serious in nature.

Mr Jotangia submitted that the aggravating features include a high risk of repetition. He submitted that you have demonstrated limited insight and remediation. He submitted that your apology has come a little too late and that your actions show a pattern of misconduct.

Mr Jotangia submitted that your actions therefore pose a significant risk to public safety. He submitted that your actions have damaged the public's view of the nursing profession and therefore a finding of impairment would be necessary on the grounds of public interest.

Mr Jotangia submitted that your actions involve a pattern of premeditated dishonesty over a long period of time, which is incompatible with the nursing profession and remaining on the NMC register. He submitted that in order to prescribe safely, a nurse must take additional training to demonstrate how to prescribe safely, and that prescription rights are given to nurses through further education, training, skills and depth of experience. He submitted that these allegations therefore relate to an abuse of trust and an abuse of your position to prescribe as a nurse prescriber and Advanced Nurse Practitioner.

In relation to whether the misconduct can be remediated, Mr Jotangia submitted you have demonstrated attitudinal concerns and breaches of dishonesty which may be difficult to remediate. He submitted that while you have demonstrated some insight, your actions have shown a high likelihood of repetition and a repeated pattern of dishonesty. He also submitted that your reflective pieces in relation to best practice on honesty and integrity and best practice on prescription writing and medicines management do not demonstrate a sufficient understanding of your wrongdoing. He submitted that although these reflections reference the NMC Code, your actions in relation to the Code should have been apparent to you at the outset.

Mr Jotangia submitted that while you have admitted to the concerns relating to dishonesty, this demonstrates an attitudinal concern that has not yet been remediated. He therefore submitted that the dishonesty allegations are particularly damaging and submitted a finding of current impairment.

Ms Walmsley submitted that your reflective written statement and the accountability that you have shown from your conviction through your oral evidence, have demonstrated remediation of your actions. She submitted that your circumstances show that it is unlikely that you would repeat the actions outlined in the charges. She submitted [PRIVATE] and that your actions were the result of a storm of circumstances.

Ms Walmsley submitted that you set out your intentions for your future plans for nursing in the UK and route to nursing practise in your reflective statement. She submitted that you pleaded guilty to the event that led to the conviction charge (charge 5a). Ms Walmsley noted the charges concern serious issues and there has been no attempt by you to shy away from this fact.

Ms Walmsley submitted that the custodial sentence you received was suspended due to the realistic prospect of [PRIVATE], in addition to your previous good character, and it was determined that your actions can be appropriately addressed in the community. She also submitted that the results of your conviction recognised that you had demonstrated remorse for your actions.

Ms Walmsley submitted that you have apologised for your actions in your oral evidence and reflective statements and that you understand the impact of your actions on the public's view of the nursing profession. She submitted that you have also expressed remorse to your family and colleagues.

Ms Walmsley submitted that it can be difficult to demonstrate insight in relation to dishonesty but submitted that you have demonstrated a significant amount of insight into your actions shown through your reflective statements and oral evidence, particularly in relation to the implications of your actions on patients and the wider public. Ms Walmsley also submitted that you have shown personal insight into what led you to the actions that you took in relation to the charges.

Ms Walmsley submitted that you have undertaken courses to prevent the risk of repetition of your actions and to gain understanding. [PRIVATE].

Ms Walmsley submitted that you have been transparent with your colleagues about the conviction and misconduct charges and have also received positive testimonials from your colleagues, which state that you are *'honest, willing to help and will go the extra mile. Completes tasks correctly.'*

Ms Walmsley submitted that you have demonstrated a high level of insight into the impact of your actions and have drawn on the support network around you to prevent the risk of repetition. She submitted that your remediation is demonstrated through your reflective statement, in terms of the learning that you have undertaken.

Ms Walmsley submitted that while you have been prevented from working at this time, you are still working in the medical facility, although not in the capacity of a nurse. She submitted that through your current role you have been able to demonstrate values that you are working kindly, safely and professionally, and have demonstrated sincere and deeply felt remorse throughout the NMC's investigation.

Ms Walmsley considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* and conceded that all four limbs of the Grant Test were engaged as to the past, but concluded that none of the aspects of the four limbs were engaged as to the future.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments.

Decision and reasons on misconduct

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. Specifically:

5 Respect people's right to privacy and confidentiality

As a nurse, midwife or nursing associate, you owe a duty of confidentiality to all those who are receiving care. This includes making sure that they are informed about their care and that information about them is shared appropriately.

To achieve this, you must:

5.1 respect a person's right to privacy in all aspects of their care

5.4 share necessary information with other health and care professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality

10 Keep clear and accurate records relevant to your practice

This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.

To achieve this, you must:

10.3 complete all records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements

18 Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations

To achieve this, you must:

18.2 keep to appropriate guidelines when giving advice on using controlled drugs and recording the prescribing, supply, dispensing or administration of controlled drugs

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

To achieve this, you must:

19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place

19.4 take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public

Promote professionalism and trust

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, treating people fairly and without discrimination, bullying or harassment

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct.

The panel found that charges 1a), 1b), 1c), 1d), 2a), 2b), 2c, 3 and 4 in relation to misconduct were deplorable and amounted to serious misconduct.

While the panel had no evidence that any harm was caused to patients, the panel noted that all of these breaches of the code were particularly serious because they created a serious risk of harm to Patient B due to the risks associated with their medical records

indicating that they had been prescribed and dispensed medication when they had not. The panel also noted that you took advantage of vulnerable patients to obtain medication for your own gain and abused your position of trust as a registered Advanced Nurse Practitioner.

The panel noted that the misconduct charges related to dishonesty in charges 3 and 4 demonstrate a repeated pattern of calculated dishonest behaviour.

In relation to conviction charge 5a), the panel determined that it was evident that you falsified medical records, in addition to falsifying a prescription for a patient that did not require the medication. The panel noted that you falsified these records to obtain the medication for your own use. The panel noted that you admitted to this charge in its entirety and were satisfied by photographic evidence that you collected the prescription.

The panel also took into account the fact that the criminal court concluded that your behaviour was so serious that you should be given a custodial sentence, albeit one that was suspended.

The panel noted that aggravating factors relating to this charge include the fact that your methods of obtaining controlled drugs had become more sophisticated than your earlier deceptions. This occasion involved a member of the public who had been asked by you in your professional capacity to present a handwritten prescription that you had forged some days before you saw them, to a pharmacy. You had seen them in relation to their sick child. That prescription was for Co-codamol. If they had managed to obtain the drug, it had the potential to cause serious harm to anyone taking it unsupervised. Had the pharmacy not intervened, the consequences could have been dreadful. The panel concluded that this charge relates to the serious abuse of trust of a carer who had submitted the prescription on your behalf, and this demonstrates a premeditated and dishonest set of steps taken to procure the Co-codamol for your own use.

The panel also noted that when you were questioned by your employer, [PRIVATE], on 2 October 2023 regarding this charge that you claimed you had [PRIVATE]. However, the panel noted that in the Witness statement provided by Witness 2, when asked about [PRIVATE] following the incident, you stated that '[PRIVATE].' The panel found it hard to reconcile those two pieces of evidence.

The panel noted further significant aggravating factors including breach of professional duty of candour, patterns of intricate behaviour that had been repeated, indicating deep seated attitudinal behaviour. This theft and fraud was at the highest level as it was the misuse of your trusted position as a registered nurse and independent prescriber. One further significant factor was that your actions also resulted in a data breach that occurred due to you giving a prescription with personal details of one patient to a member of the public who was unconnected to them.

Furthermore, the panel noted that when asked by [PRIVATE] if you had falsified a prescription in the past, you admitted that you had once falsified and collected a prescription for an inhaler. On that occasion, you did not admit the two other charges relating to your dishonest obtaining of controlled drugs that you have now admitted. The panel determined that this demonstrated a pattern of calculated dishonest behaviour by you in an attempt to cover your tracks.

In the panel's judgement, this behaviour from an Advanced Nurse Practitioner in a position of authority was a shocking departure from the standards expected of a registered nurse and amounts to serious misconduct.

Decision and reasons on impairment

The panel then considered whether, on the basis of the facts found proved, your fitness to practise is currently impaired by reason of your conviction and as a result of your

misconduct. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

Registered 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.

The panel had regard to the NMC Guidance on Impairment (DMA-1) especially the question which states:

'Can the nurse, midwife or nursing associate practise kindly, safely and professionally?'

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 first considered whether any of the limbs of the Grant “test” were engaged as to your past conduct. The panel was of the view that your misconduct in relation to the facts proven in charges 1 and 5, put patients or other members of the public, at unwarranted risk of harm.

The panel found that this misconduct constituted a serious breach of the fundamental tenets of the nursing profession in that you failed to prioritise people, practise effectively, preserve safety and promote professionalism and trust. It determined that you failed to uphold the standards and values of the nursing profession, thereby bringing the reputation of the nursing profession into disrepute. The panel also found you to have acted dishonestly on a repeated basis.

The panel therefore concluded that limbs a, b, c and d of the Grant “test” are engaged in respect of your past conduct.

The panel next considered whether the limbs of the Grant “test” are engaged as to the future. In this regard, the panel considered the case of *Cohen v GMC* in which the Court addressed the issue of impairment with regard to the following three considerations:

- a. *Is the conduct that led to the charge easily remediable?*
- b. *Has it in fact been remedied?*
- c. *Is it highly unlikely to be repeated?’*

In this regard, the panel also considered the factors set out in the NMC Guidance on Insight and strengthened practice (FTP-15).

The panel first considered whether your misconduct is capable of being addressed. In the NMC Guidance – Can the concern be addressed (FTP-15a), the panel noted the following paragraph:

‘In cases like this, and in cases where the behaviour suggests underlying problems with the nurse, midwife or nursing associate’s attitude, it is less likely the nurse, midwife or nursing associate will be able to address their conduct by taking steps, such as completing training courses or supervised practice.

Examples of conduct which may not be possible to address, and where steps such as training courses or supervision at work are unlikely to address the concerns include:

-
- *dishonesty, particularly if it was serious and sustained over a period of time, or is directly linked to the nurse, midwife or nursing associate’s professional practice*

Generally, issues about the safety of clinical practice are easier to address, particularly where they involve isolated incidents. Examples of such concerns include:

- *medication administration errors*
- *poor record keeping*
- *failings in a discrete and easily identifiable area of clinical practice'*

In respect of your dishonest conduct, the panel noted that the NMC Guidance set out that dishonesty was generally difficult to address. The panel noted that your dishonest conduct included falsifying medical records, falsification of prescriptions, and falsifying entries into stock usage records maintained by your employer to conceal that you had taken the Codeine from [PRIVATE] medication cupboard, without any clinical justification. You used a carer for a sick child to submit a prescription for a controlled drug on your behalf. You also chose to mislead the investigation into your behaviour when you were first questioned. Having considered these factors, the panel decided that your dishonest conduct breached a professional duty of candour would be difficult to remediate as it amounts to serious misconduct and demonstrates deep-seated attitudinal concerns.

While the panel noted that you claimed in your oral evidence and written statement that the risk of repetition had been removed, as [PRIVATE], the panel is not satisfied that this eliminates the risk of repetition, due to the sophisticated and long-running set of incidents where you have been dishonest to procure the medication. Furthermore, the panel noted that when questioned by your employer regarding the conviction charge, you only admitted to previously falsifying a prescription to obtain an inhaler and nothing else. The panel determined that this demonstrated a repetition of premeditated dishonesty and increased the likelihood of repetition of your actions.

The panel noted the following in the assessment by the magistrates of the aggravating features of your conviction in charge 5a):

‘Reason for custody: offending in breach of high level of trust – medical practitioner entrusted with management of controlled drugs – risk of drugs being taken when not prescribed to person who takes them.’

The panel noted that in line with this, due to the high likelihood of the repetition of the charges related to your conviction, compounded with deep seated attitudinal concerns, that your conviction is not remediable due to its serious nature.

In light of this, the panel was satisfied that your misconduct was so serious that it cannot be remediated.

The panel therefore concluded that a finding of impairment is necessary on the grounds of public protection, due to the serious nature of the charges.

The panel bore in mind that the overarching objectives of the NMC are 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 had regard to the serious nature of your misconduct, and the public protection concerns it had identified. It determined that public confidence in the profession would be undermined as the misconduct involved repeated, premeditated dishonesty. A member of the public would be horrified to think a nurse caring for them had behaved in this manner. For these reasons, the panel determined that a finding of current impairment on public interest grounds is required. It decided that this finding is necessary to mark the seriousness of the misconduct, the importance of maintaining public confidence in the nursing profession, and to uphold proper professional standards for members of the nursing profession.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired on both public protection and public interest grounds.

Sanction

The panel considered this case very carefully and 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 had regard to all the evidence that was adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

Submissions on sanction

Mr Jotangia submitted that in this case, as the panel have previously identified that your misconduct demonstrated a pattern of calculated dishonesty, in terms of seriousness, your conviction and misconduct fall into the category of concerns that are considered so serious that they cannot easily be remediated. Mr Jotangia reminded the panel of its previous findings and submitted that your conviction in relation to charge 5a) and your misconduct in relation to charges 1a), 1b), 1c), 1d), 2a), 2b), 2c), 3 and 4, have raised fundamental attitudinal concerns and there is a high risk of repetition.

Mr Jotangia submitted that dishonesty is a serious breach of professional standards as a nurse, and your misconduct created a serious risk of harm to patients which could have caused devastating effects. He submitted that a striking-off order is the only sanction that is appropriate and proportional, in order to maintain public confidence in the profession and to maintain professional standards.

Mr Jotangia submitted that your misconduct and conviction relating to dishonesty is fundamentally incompatible with you remaining on the register. He submitted that the NMC

has a duty to uphold professional standards, and your misconduct and conviction has brought the profession into disrepute.

Mr Jotangia submitted that a member of the public would be horrified to think a nurse caring for them had behaved in this manner and allowing you to continue to practise would undermine public confidence in the profession and the NMC as its regulatory body. He further submitted that a striking off order is necessary for the protection of the public, and to mark the importance of maintaining public confidence in the profession. Lastly, Mr Jotangia invited the panel to impose a striking off order in this case, for the reasons set out above.

Ms Walmsley referred the panel to SAN-1 and SAN-2 of the SG. She submitted that the aim of imposing a sanction is not to be punitive, although it may have a punitive effect. She submitted the following mitigating features to be of relevance in this case.

Ms Walmsley submitted that you have shown evidence of insight and understanding of the issues related to your conviction and misconduct and made attempts to address this. The panel have made no findings of a lack of insight from you.

She submitted that you have admitted to the facts, apologised to the patients and colleagues involved, and made efforts to put your actions right by undertaking appropriate training. She submitted that you have also had conversations with your colleagues and [PRIVATE]. She submitted that you have shown principles of good practise by keeping up to date with your practise, and by providing certificates of training and testimonials from colleagues. You have continued to work in healthcare, albeit not in the capacity of a nurse, which has enabled you to continue to maintain the standards and values of the nursing profession. She further submitted that there is strong mitigation into your actions due to [PRIVATE].

Ms Walmsley submitted that not all forms of dishonesty are equally serious and invited the panel to review the sanctions in order of seriousness.

She submitted that you have been fully cooperative and admitted to the misconduct charges at the earlier stages of NMC proceedings. She submitted that your custodial sentence has been completed, and you have completed the community order as part of this. She invited the panel to consider the sanction that is most appropriate in the public interest.

Ms Walmsley submitted that with appropriate support, you are capable of remediating your actions to reduce the risk of harm to the public. She guided the panel to the positive testimonials from your colleagues. She invited the panel to consider the sanction of a conditions of practice order which may include a period of supervised practice and regular one-to-one support. She also submitted [PRIVATE] and the requirement to inform the NMC of any clinical incidents or changes in your employment, may also be appropriate within a conditions of practice order.

Ms Walmsley concluded by submitting that your engagement with these proceedings demonstrates your commitment to the nursing profession. She further submitted that a conditions of practice order would be appropriate in this case, and that striking off would not be proportionate. She further submitted that if the panel concluded that a conditions of practice order was inappropriate, then they should consider a 6-12 month suspension order.

The panel accepted advice from the legal assessor.

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:

- Abuse of your position of trust as a registered nurse, and also as an independent prescriber.
- A breach of your duty of candour in failing to admit your actions, when questioned by your employer.
- Your actions were premeditated, planned and sophisticated.
- A pattern of misconduct over the course of one year.
- The seriousness of your conviction and misconduct, which put patients at risk of serious harm, including a possible risk to a patient that was a child.

The panel also carefully considered the following mitigating features:

- You made apologies in your reflective statements and demonstrated some insight into the harm you may have caused to patients.
- You have made admissions to the charges within these proceedings, in addition to your conviction charge.
- You have provided evidence of training certificates that demonstrate that you have kept up to date with the practice requirements for your current role. The panel noted that many of the training certificates provided were for mandatory training, although there was some training which was of relevance to the charges within these proceedings.
- You have received three supportive testimonials from your colleagues, however the panel noted that these testimonials were related to your current role, rather than your nursing practise.

The panel noted your cooperation with the fitness to practise process and the fact that you had no previous history of regulatory concerns. The panel was of the view however, that previous good character/history and engagement with the NMC are the basic expectations of all registrants.

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 this would not ensure patient safety, and it would be neither proportionate, nor in the public interest to take no further action as it would not show the public how seriously matters such as those proved are taken.

It then considered the imposition of a caution order but again determined that, due to the very serious nature of the charges, the conviction and your dishonesty, an order that does not restrict your practice would not be appropriate in these 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 as it would not protect the public and is not sufficient to mark the seriousness of the charges. 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 noted that a conditions of practice order is typically imposed in cases where the regulatory concerns can be remediated by a registrant’s strengthened clinical practice through learning and retraining. However, the panel determined that in your case, the deep-seated attitudinal concerns relating to your dishonesty cannot be addressed by a conditions of practice order. The panel was of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case and the misconduct identified, these are not things that can be addressed through retraining. 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 was of the view that your conduct, as highlighted by the facts found proved and the seriousness of the misconduct, was a significant departure from the standards expected of a registered nurse. The panel considered that the actions were not a single event and were repeated, calculated behaviour over a significant period of time of nearly one year. The panel noted that whilst there was some evidence of insight from you, a suspension order in this case which involves a risk of harm to patients and an abuse of trust and dishonesty, would not sufficiently mark the seriousness of this case or the public interest. The panel also acknowledged that there is evidence of harmful deep-seated attitudinal concerns demonstrated by your actions. The panel considered that in cases involving criminal offences, the reputation of the profession is more important than that of any individual member and a registrant's right to work and remain on the register is not as important as maintaining the professional reputation of nurses. The panel was of the view that the nature of your misconduct is so serious that it cannot be remedied, and therefore, suspending your practice for a period of time may not change your attitudes and behaviour. Furthermore, the panel was of the view that a well-informed member of the public would be concerned if you were allowed to return to the register.

The panel noted that the serious breach of the fundamental tenets of the profession evidenced by your actions are 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?*

Your actions were a significant departure from the standards expected of a registered nurse and breached the fundamental tenets of the nursing profession as there were numerous breaches of the Code. The panel was also of the view that your proven actions 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. The panel determined that this is the only order that would sufficiently protect patients and members of the public, while maintaining professional standards and upholding public confidence in the nursing profession, by removing an individual with attitudes and behaviours that are not compatible with remaining on the register. 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 as the charges raise concerns about your trustworthiness.

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.

This will be confirmed to you in writing.

Submissions on interim order

The panel took account of the submissions made by Mr Jotangia. He invited the panel to impose an interim suspension order for a period of 18 months on the grounds of public protection and in the public interest. He submitted that as the striking off order will not take effect until after the 28-day period or until an appeal is disposed of or withdrawn, an interim order is necessary to cover this intervening period to protect the public and meet the public interest in light of the panel's findings.

Ms Walmsley submitted that 18 months was excessive and directed the panel's attention to the NMC's guidance.

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 determined that the charges found proved are so serious that they warrant a striking off order therefore you should be restricted from practice during the appeal period.

The panel has therefore imposed an interim suspension order for a period of 18 months to allow for the possibility of an appeal to be made and determined.

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

That concludes this determination.