

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

**Substantive Meeting
Tuesday, 7 October 2025**

Virtual Meeting

Name of Registrant:	Jilumol George
NMC PIN:	21A0723O
Part(s) of the register:	Registered Nurse Adult – RNA - January 2021
Relevant Location:	Sussex
Type of case:	Conviction
Panel members:	Louise Guss (Chair, Lay member) Patience McNay (Registrant member) Sabrina Sheikh (Lay member)
Legal Assessor:	Gareth Jones
Hearings Coordinator:	Catherine Acevedo
Facts proved:	Charge 1
Facts not proved:	None
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim order:	Interim suspension order (18 months)

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Ms George's registered address by recorded delivery and by first class post on 8 September 2025.

The panel accepted the advice of the legal assessor.

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

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

Details of charge

That you a Registered Nurse,

1. On 03 January 2025, at Lewes Crown Court were convicted of the Attempted Murder of child 1 and the Attempted Murder of child 2 contrary to Section 1(1) Criminal Attempts Act 1981.

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

Decision and reasons on facts

The charge concerns Ms George's conviction and, having been provided with a copy of the certificate of conviction, the panel finds that the facts 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.'*

Background

On 8 February 2024, the NMC received a referral from Mitie Care and Custody that Ms George had been charged with two counts of Attempted Murder contrary to section 1 of the Criminal Attempts Act 1981.

[PRIVATE].

[PRIVATE].

[PRIVATE].

[PRIVATE].

[PRIVATE].

[PRIVATE]. Ms George was convicted on 3 January 2025 of the Attempted Murder of child 1 and the Attempted Murder of child 2 contrary to Section 1(1) Criminal Attempts Act 1981. She was sentenced to 16 years imprisonment on each charge, to run concurrently.

Fitness to practise

The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' ("the Code"). The panel was of the view that Ms George's actions did fall significantly short of the standards expected of a registered nurse, and that Ms George's actions amounted to a breach of the Code. Specifically:

'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

20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people

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

20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress'

Decision and reasons on impairment

The panel next went on to decide if Ms George's fitness to practise is currently impaired by way of her conviction. Ms George did not provide any response.

In coming to its decision, the panel had regard to the NMC Guidance 'Impairment' DMA-1, last updated on 3 March 2025, which states:

'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. 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/their fitness to practise is impaired in the sense that S/He/They:

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

The panel found limbs a, b and c engaged in the *Grant* test. The panel found that although this incident occurred outside of Ms George's nursing role and patients were not directly put at risk of harm, her actions caused physical and emotional harm to vulnerable individuals [PRIVATE]. The panel determined that the risk of causing harm to vulnerable

individuals carries over into Ms George's clinical practice which would inevitably bring her into regular contact with such individuals. The panel also found Ms Georges conduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

Regarding insight, the panel considered the Judges sentencing remarks which stated:

"You are no doubt remorseful for the position in which you now are, but I have detected no remorse for what you actually did [PRIVATE] and the risk you subjected them to. You concerns are about yourself, and how this looks, what people will think of you and how soon you can resume your family life; I have not seen anything that shows you are remorseful about the effect this will have had on [PRIVATE] and undoubtedly continue to have in the future."

The panel was of the view that it has seen no evidence that Ms George has shown insight or remorse and noted that she has not accepted the seriousness of her actions. Additionally, the panel has no evidence before it of any insight in relation to the impact her conduct has had on [PRIVATE] the nursing profession.

The panel determined the conduct leading to the convictions was extremely serious and would be more difficult to address. However, the panel was satisfied that the conduct in this case could potentially be addressed where there was evidence of insight and steps taken to address the concerns. However, the panel is of the view that in the absence of any evidence of remorse, insight or steps taken to address the concerns from Ms George, there is a real risk of repetition. The panel therefore 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 took into account that Ms George is currently serving a prison sentence for extremely serious offences involving vulnerable individuals [PRIVATE]. It determined that a finding of impairment on public interest grounds. The panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case.

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

Decision and reasons on sanction

In reaching this decision, the panel has had regard to all the evidence that has been 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.

Having found Ms George's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Ms George has demonstrated no insight into or remorse for the conduct leading to the conviction.
- Ms George's conduct caused significant harm to vulnerable individuals.
- Ms George's conduct resulted in a lengthy custodial sentence.
- Ms George's conduct was premeditated and required planning prior to the incident.

The panel also took into account the following mitigating features:

- The personal mitigation identified by the Judge in their sentencing remarks.

The panel took into account the NMC guidance SAN-2 'Sanctions for particularly serious cases'. It was of the view that the conviction was at the highest level of seriousness given the vulnerability of the victims.

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 Ms George's 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 Ms George's conduct 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 be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Ms George's 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 charge in this case and the fact that Ms George is currently serving a custodial sentence and would not be able to practice as a nurse. The conduct identified in this case was not something that can be addressed through retraining. Furthermore, the panel concluded that the placing of conditions on Ms George's 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... 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 took into account that this was a single instance of offending but observed that this was a very serious offence against two vulnerable individuals [PRIVATE]. The panel noted that while there had been no repetition of the offences, Ms George is currently serving a lengthy custodial sentence in prison. The panel noted that Ms George has demonstrated no insight into her conduct or the impact on the victims which is evidence of a harmful deep-seated personality problem. The panel therefore determined that Ms George poses a risk of repeating the behaviour.

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Ms George's actions is fundamentally incompatible with Ms George 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 Ms George's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Ms George's actions were serious and to allow her 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 considered that this order was necessary to protect the public, 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 decision will be confirmed to Ms George in writing.

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 Ms George's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

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 Ms George is sent the decision of this hearing in writing.

That concludes this determination.