

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

**Substantive Hearing
Monday, 29 September 2025 – Wednesday 8 October 2025**

Virtual Hearing

Name of Registrant:	Zwelani Charity Ndlovu
NMC PIN:	20A0834E
Part(s) of the register:	Registered Nurse – Sub Part 1 Learning Disabilities Nursing(Level 1) – 03 December 2020
Relevant Location:	England
Type of case:	Misconduct
Panel members:	John Kelly (Chair, Lay member) Alison Smalley (Registrant member) Susan Laycock (Lay member)
Legal Assessor:	Christopher McKay (29 September – 3 October 2025) and Andrew Granville Stafford (6-8 October 2025)
Hearings Coordinator:	Dennis Kutyaauripo
Nursing and Midwifery Council:	Represented by Caitlin Connor, Case Presenter
Mr Zwelani Charity Ndlovu:	Present and represented by Neair Maqboul, instructed by Royal College of Nursing (RCN)
Facts proved:	Charges 3, 4, 7, 8, 9.
Facts proved by admission:	Charges 1, 2, 5, 6.
Fitness to practise:	Impaired

Sanction:

Suspension order (9 months)

Interim order:

Interim suspension order (18 months)

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

Ms Maqboul on your behalf made a request that part of the case be held in part private on the basis that proper exploration of your case involves references 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 Connor on behalf of the Nursing and Midwifery Council (NMC) 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.

Having heard that there will be reference to [PRIVATE] during the hearing, the panel determined to hold part of it in private in order to protect your right to privacy.

Details of charges

That you, a registered nurse:

- 1) whilst employed on a full-time basis with Cygnet Healthcare, obtained secondary employment with Mersey Care NHS Foundation Trust contrary to Cygnet Healthcare's job specification;
- 2) did not inform Cygnet Healthcare that you had obtained a full-time role with Mersey Care NHS Foundation Trust;
- 3) did not inform Mersey NHS Foundation Trust that you had two full-time jobs;
- 4) worked full-time at Cygnet Healthcare in a clinical setting and worked full-time at Mersey Care NHS Foundation Trust in a clinical setting placing patients at risk of harm by working excessive hours

- 5) received paid study leave from Mersey NHS Foundation Trust whilst being paid to work for Cygnet Healthcare;
- 6) Your actions at charges 2 -3 and/ or 5 were dishonest in that you did not disclose your additional employment to each /or to either employer in order to obtain improper personal financial gain.
- 7) Your actions at charges 2-3 and/ or 5 demonstrated a lack of integrity.

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

Decision and reasons on application to amend the charge

The panel heard an application made by Ms Connor, on behalf of the NMC, to amend the wording of the charges.

Ms Connor submitted that the proposed amendments do not materially alter the substance of any of the charges or the concerns. Ms Connor submitted that you have known the substance of these allegations for over a month as the schedule of charges was sent to you on 11 August 2025. She also stated that this gave you the opportunity to prepare any defence.

Ms Connor submitted that only minor amendments were proposed in relation to charges 1 to 4 including providing specification in terms of dates in charges 1 and 4. Ms Connor also submitted that amendments to charges 5,6, and 7 provide further specification and particularisation in terms of dates. The effect of the amendment to charge 5 was that it was divided into three separate charges namely a new 5, 6 and 7 relating to your attendance at training/ study leave.

Ms Connor further submitted that proposed amendments to charges 6 and 7 (now renumbered 8 and 9) do not place you at a disadvantage as you had notice, therefore, there is no prejudice to you.

Ms Connor submitted that the proposed amendments do not alter the substance of the charges but made them more specific.

Ms Maqboul submitted on your behalf that you accept all amendments to the charges except for the revised charges 5, 6 and 7 as the new wording changes the face of the NMC's case against you. Ms Maqboul also submitted that this is the fourth time charges have been amended since the proceedings began in 2021.

Ms Maqboul further submitted that there has been a change in the NMC case as of the morning of 29 September 2025, and she stated that it appears that the amendments were made after the case presenter for the NMC had received the registrant's bundle. She submitted that the NMC is using this disclosure to prejudice you.

In response, Ms Connor refuted this and told the panel that the proposed amendments were drafted before she had seen the registrant's bundle. The panel accepted this submission.

Ms Maqboul also submitted that charges 5 and 6 are entirely new charges because the reference '*receiving study leave*' is replaced by '*attending training*' and would create unfairness to you.

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 considered that the proposed amendments provide clarity, detail and specify the dates which contributes to fairness to all parties. In relation to the revised charges 5, 6 and 7, the panel concluded that the new wording focuses on three specific events in regard to you being paid to attend training or study leave.

The panel found that the amendments do not alter the substance of what is alleged against you. It has also noted that you received the charges on 11 August 2025, which gave you enough time to prepare your defence.

The panel was of the view that such amendments, as applied for, were 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 amendments being allowed. It was therefore appropriate to allow the amendments, as applied for, to ensure clarity and specification.

Details of charges as amended

That you, as a registered nurse,:

1. between December 2020 and October 2021 (inclusive), whilst in paid employment on a full-time basis with Cygnet Healthcare, obtained paid employment on a full-time basis with Mersey Care NHS Foundation Trust contrary to Cygnet Healthcare's job specification;
2. did not inform Cygnet Healthcare that you had obtained a full-time nursing role with Mersey Care NHS Foundation Trust;
3. did not inform Mersey Care NHS Foundation Trust that you had a full-time nursing role with Cygnet Healthcare;
4. between February 2021 and September 2021 (inclusive), worked full-time at Cygnet Healthcare in a clinical setting and worked full-time at Mersey Care NHS Foundation Trust in a clinical setting placing patients at risk of harm by working excessive hours;
5. between 21 and 24 June 2021 (inclusive), were paid to attend training by Cygnet Healthcare whilst being paid to work for Mersey Care NHS Foundation Trust;
6. between 20 and 24 September 2021 (inclusive), were paid to attend training by Mersey Care NHS Foundation Trust whilst being paid to attend training and work

by Cygnet Healthcare;

7. on various dates between 27 September and 12 October 2021 (inclusive), you received paid study leave from Mersey Care NHS Foundation Trust whilst being paid to work for Cygnet Healthcare;
8. Your actions at charges 1, 2, 3, 5, 6 and/or 7 were dishonest in that you did not disclose your additional employment to each /or to either employer in order to obtain improper personal financial gain.
9. Your actions at charges 1 , 2, 3, 5, 6 and/or 7 demonstrated a lack of integrity.

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

Background

You were referred to the NMC on 11 October 2021. This referral came after one of your employers at the time; Mersey Care Foundation Trust (the Trust) received anonymous information that you were also working full time for a second employer; Cygnet Health Care (Cygnet) as a nurse.

You commenced full-time employment as a nurse at Cygnet on 7th December 2020 working 7pm- 7:15am nightshifts on a two – week rotation in a low secure unit for adults experiencing complex mental illness, some of whom were detained under the Mental Health Act. The two-week rotation normally involved working Wednesday, Thursday and Friday in week 1, followed by Monday, Tuesday, Saturday and Sunday in week 2. It is alleged that whilst working at Cygnet, you obtained another full-time position with The Trust as a Band 5 Registered Nurse Practitioner working 9-5 day shifts, Monday to Friday. You began working at The Trust on 15 February 2021 in a community-based Specialist Support Team supporting service users with learning disabilities and autism who presented a risk of offending or who had a history of criminal conviction as well as with individuals with challenging behaviour.

An anonymous whistleblowing complaint was made to the Trust in mid-August 2021. You subsequently resigned and were transferred to non-clinical duties to serve your one month notice and left your employment with the Trust on 20 October 2021.

It is alleged that having obtained secondary employment with the Trust, you did not inform either organisation of the situation, that you put patients at risk of harm and during two periods, were paid by both organisations to attend the same training events and undertook study leave from the Trust whilst being paid by Cygnet. It is further alleged that you acted dishonestly and demonstrated a lack of integrity.

Decision and reasons on facts

At the outset of the hearing, Ms Maqboul on your behalf informed the panel that you admit charges 1, 2, 5 and 6.

.

The panel therefore finds charges 1, 2, 5 and 6 proved in their entirety, by way of your admissions.

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 Connor on behalf of the NMC, and Ms Maqboul on your behalf. The panel gave emphasis to the contemporaneous documents before it.

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: Employed by the Trust as an Operational Team Manager.
- Witness 2: Employed as Clinical Service Manager at Cygnet, during your employment.

The panel also heard evidence from you under affirmation.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor.

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

Charge 3

‘That you, a registered nurse:

did not inform Mersey Care NHS Foundation Trust that you had a full-time nursing role with Cygnet Healthcare.’

This charge is found proved.

The panel had regard to your oral and documentary evidence in which you stated that you informed the Trust about your full-time employment with Cygnet during the recruitment process. It noted that during cross examination you also stated that Witness 1, Colleague C and Colleague D were aware of your full-time employment with Cygnet.

However, the panel noted that in his written and oral evidence, witness 1 was consistent in stating that he and to the best of his knowledge the Trust only became aware of your

employment with Cygnet after the whistleblowing complaint was submitted in mid- August 2021.

The panel also referred to notes of your supervision meeting with Colleague C held on 8 September 2021, in which he recorded: '*Declaration of employment - Cygnet Hospital, Bank.*'

The panel considered that the context and content of this note indicates that it is likely that, Colleague C did not have prior knowledge of your other employment with Cygnet.

During your oral evidence you told the panel that you applied for your role at the Trust by submitting an application form and your CV.

The panel saw your application form submitted during November 2020. It noted that you did not mention any association with Cygnet including an ongoing application for full-time employment. During your oral evidence, you explained that you did not mention Cygnet because you did not want the Trust to request a reference from Cygnet. However, the panel noted that this explanation implies an earlier relationship with Cygnet but that your employment with that organisation did not commence until 7 December 2020. The panel found your evidence in this regard to be unreliable.

In relation to your CV which was included in document bundles provided by the NMC, the panel noted that despite earlier assertions you could not, in response to panel questions during your oral evidence be sure that this was the CV submitted with your application. The panel accepts that this CV does refer to your employment with Cygnet. However, it noted that it also mentions your work on an MA course in autism studies from [PRIVATE]. This course is dated 2021-2023 and is described as '*current*'. On balance, the panel concluded that based on your evidence and the reference to the MA course, this CV was from a later period and did not form part of your application to the Trust.

The panel had regard to notes of two supervisory meetings between yourself, and Colleague B held on 22 March 2021 and 23 April 2021, adduced by you as evidence. The record of the 22 March 2021 includes a discussion around wellbeing with an action stating:

'[You] to raise any issues with [Colleague B] should [you] feel overwhelmed with the work or [PRIVATE]'

The record of the 23 April 2021 indicates another discussion around [PRIVATE] focused on your ability access the office. Neither of these discussions make any reference to [PRIVATE] emanating from you undertaking two full-time roles and the panel considered it implausible that had Colleague B been aware of your work with Cygnet, that this would not have featured in these discussions.

The panel also had regard to a letter from Colleague A to you dated 28 September 2021. This letter informs you of your temporary relocation to a non-clinical area after the whistleblowing event. Whilst Colleague A did not give evidence to the hearing, and the panel therefore gave less weight to the content of the letter, it nevertheless further indicates that The Trust/ or its staff did not become aware of your work with Cygnet until after the whistleblowing event in mid-August 2021.

In all of the circumstances, the panel finds that you did not inform The Trust of your work with Cygnet and therefore finds this charge proved.

Charge 4

That you, a registered nurse:

between February 2021 and September 2021 (inclusive), worked full-time at Cygnet Healthcare in a clinical setting and worked full -time at Mersey Care NHS Foundation Trust in a clinical setting placing patients at risk of harm by working

excessive hours;

This charge is found proved.

The panel heard unchallenged evidence that you were employed by the Trust on a full-time 9am-5pm, Monday to Friday basis whilst also being employed by Cygnet to work on a full-time 7pm-7:15am night shift basis with a two-week shift pattern. This situation continued between 15 February 2021 and 20 October 2021 when your resignation from the Trust took effect.

The panel had regard to the nature of both your roles at the Trust and Cygnet and your shift patterns. It noted that you worked with complex vulnerable patients with both employers. The panel referred to the statement of Witness 1, which stated the following in relation to your role at the Trust:

‘Miss Ndlovu was employed with [the Trust] ... in a community based Specialist Support Team (SST) Greater Manchester working with service users with Learning Disability and Autism who present a risk of offending or who have a history of criminal conviction as well as individuals who are described as having challenging behaviour.’

‘As an autonomous practitioner in Greater Manchester, there is the need to drive across the footprint and to hospitals outside of the footprint which is a risk.’

The panel also had regard to the initial advertisement of your role at the Trust from November 2020 which included the following;

‘The successful candidate will need to be a car driver and willing to travel across Greater Manchester working with a number of partner agencies including health, social care and the Criminal Justice agencies. Hours are predominantly 9am-5pm Monday to Friday although some flexibility will be required when delivering

intensive support which may include some evening or weekend working on a planned/rostered basis.'

During her oral evidence, Witness 2 described your role with Cygnet in terms of the range of patients with whom you came into contact and described the ward as being a male low secure deaf ward. She went on to say that there was low risk of self-harm or aggression and it was more of a rehabilitation ward because most of the patients had been in the service for over 15 years.

In her letter to you dated 28 September 2021, Colleague A mentioned some of the concerns associated with you working in two full-time roles including as follows:

'I was concerned with the limited time of reasonable rest breaks in between your working shifts for Mersey Care and Cygnet Health Care. With a view to maintaining patient safety, and equally as our Colleague, whereby we are also concerned for your health and safety, a decision was made to temporarily relocate you to working in a non-clinical role whilst a decision was made on the next steps after carefully reviewing all of the information.'

... Please be assured these measures have been put in place to protect you and the people we serve. Sleep and rest are important for our physical health and tiredness can affect concentration, decision making and levels of alertness.'

The panel concluded that you held two demanding roles at the same time, each of which demanded your attention throughout your allocated working hours. The panel also had regard to your own evidence, both written and oral. In an undated reflection statement submitted by you in evidence, you acknowledge the potential risk associated with your actions as follows:

'I recognise that my actions could have had a detrimental effect on my clients, colleagues, and the wider community. The potential for piecemeal care for my

clients due to divided responsibilities was significant. Such ramifications extend beyond immediate responsibility, as they can undermine the trust and confidence that patients and the public have in the nursing profession.'

However, the panel noted that in your evidence you maintained that your actions were such that there was little risk and offered a number of mitigations for the potential impact of working consecutive day and night shifts.

You stated during your oral evidence that you had the freedom to swap your shifts around at Cygnet when you needed to. You explained that three nurses worked night shifts, and you gave each other shifts according to your personal circumstances. However, Witness 2 told the panel that changes to the agreed two-week shift pattern required management approval. The panel also had regard to the timesheets from Cygnet for the relevant period which reflect your agreed shift pattern.

The panel had regard to your oral evidence in which you stated that you took the last possible break at 5:45 am at Cygnet and were then able to leave work early to arrive home around 6 am, allowing you rest before clocking in at 9am to begin your day shift at the Trust. In her oral evidence, Witness 2 told the panel that leaving work early as you described would not be a routine matter, would require managerial approval and would be a one-off facility in particular circumstances.

In relation to your role at the Trust, you told the panel that you were essentially home based with “*down time*” during the course of the working day. The panel heard oral evidence from Witness1 that although covid restrictions had created some changes, the nature of your role remained patient facing. He added that in addition to the patient facing matters, you were also required to engage in report writing, assessments, and liaison with a wide range of professionals and stakeholders. He also told the panel that contrary to your assertion that you were not required to attend the office frequently, as a junior member of staff, the management team were keen to see more of you in the office than you describe.

The panel accepted the evidence of Witnesses 1 and 2. It found your evidence inconsistent between your earlier reflections and oral evidence. The panel noted that in the event that you did arrive home by 6 am and managed to get 3 hours of sleep, and some down time during the day, this was insufficient rest leaving you unable to maintain your ability to perform your roles safely. The panel concluded that you had no way of predicting how each shift whether day or night would go and did not accept your evidence that you could organise Cygnet shifts and breaks to suit your personal needs. It was of the view that the potential for down time during your working day and the possibility of a short period of sleep between night and day shifts were not sufficient to mitigate any risk of harm to patients.

The panel acknowledged evidence from Witnesses 1 and 2 which indicates that during the time that you were employed by both organisations, there were no concerns as to your work performance. Witness 1 said in his witness statement:

‘The service did not receive any reported concerns from external stakeholders until concerns were raised that Ms Ndlovu was working two full time jobs.’

Witness 2 said in her witness statement:

‘We have no concerns about ZN’s clinical practice, there have never been any performance issues, and she is good with the patients and the team.’

The panel noted that whilst the above comments indicate no adverse impact from your conduct on patients under your care, this does not mean that risk was not present.

The panel had regard to the nature of both your roles at the Trust and Cygnet and your shift patterns. It noted that you worked with vulnerable patients with both employers. The panel gave little weight to the potential mitigations, in terms of your ability to adjust shifts, leaving work early, downtime and working from home offered by you. It concluded that as

a full-time employee you were required to be available throughout each working shift to perform the full range of responsibilities of each role. Witness 1 told the panel in relation to your role with the Trust:

‘As an autonomous practitioner in Greater Manchester there is the need to drive across the footprint and to hospitals outside of the footprint which is a risk... Delays in producing reports/assessments can lead to an increase in risk presentations within the community, leading to harm, contact with criminal justice agencies or hospital admissions. Similarly delays in producing reports/assessments can lead to an increased length of hospital stay.’

The panel determined that on the basis that you were required to be operationally available in two patient facing roles dealing with vulnerable patients, there is an obvious risk to patients as a result of you working excessive hours on consecutive day and night shifts. These were two full-time jobs, and your conduct presented a risk to yourself and patients.

The panel therefore finds this charge proved.

Charge 7

That you, a registered nurse:

on various dates between 27 September and 12 October 2021 (inclusive), you received paid study leave from Mersey Care NHS Foundation Trust whilst being paid to work for Cygnet Healthcare;

This charge is found proved.

In reaching this decision, the panel took into account an email sent by you to Witness 1 on 10 September 2021 in which you query what support you can be offered by the Trust to

attend an MA course. The email carried attachments which included a formal offer for you to join the MA course and an information document including key dates and a timetable for the course. The panel heard evidence from Witness1 that based on your request and the accompanying documents, you were offered support by the Trust and were granted study leave to attend an induction week between 27 September 2021 and 1 October 2021, along with additional study on 8, 11 and 12 October 2021. The panel accepted witness 1's evidence based on the contemporaneous documents available.

The panel also considered your timesheets from Cygnet covering the period subject of this charge. It noted that you worked night shift for Cygnet on 27, 28, 30 September, 8, 11, and 12 October 2021. Based on this evidence, the panel concluded that on six dates set out above you worked for and were paid by Cygnet for night shifts whilst granted study leave for the purposes of your MA course by the Trust.

In your oral evidence you explained to the panel that the approval for study leave had been withdrawn but there is no evidence to support this assertion.

The panel noted that you were employed on a full-time basis by both organisations and therefore concluded that you were paid for your study leave by the Trust whilst being paid to work nights by Cygnet on the same days.

On this basis, the panel has determined that you were paid for study leave by The Trust whilst also being paid by Cygnet.

Accordingly, the panel find this charge proved.

Charge 8

That you, a registered nurse:

Your actions at charges 1, 2, 3, 5, 6 and/or 7 were dishonest in that you did not

disclose your additional employment to each /or to either employer in order to obtain improper personal financial gain.

This charge is found proved in relation to 2,3,5 and 6

In determining whether your actions were dishonest, the panel had regard to the test set out in *Ivey v Genting Casinos* [2017] UKSC 67.

For each charge referred to in charge 8, the panel first considered the established facts. It then determined what you actually knew of the facts - your subjective state of mind. Finally, it considered whether your actions in light of that state of knowledge would be regarded as dishonest by reference to the standards of ordinary decent people.

Charge 8 as it relates to charge 1

Charge 1 was admitted by you and the panel accepted your admission.

The panel noted from your oral and documentary evidence it is evident that you were fully aware that you were employed on a full-time basis by Cygnet before applying for a role with The Trust.

The panel noted that whilst ordinary decent people might see obtaining a second full-time role whilst already employed by another organisation on a full-time basis as carrying personal risk or inappropriate, such conduct would not be seen as inherently dishonest. The panel further noted that your contract from Cygnet did not preclude you from having a second job, you just needed written permission to do so.

The panel did not consider the action of obtaining paid employment whilst working with another organisation dishonest in itself.

On that basis, the panel was not satisfied that this charge as it relates to charge 1 is proved.

Charge 8 as it relates to charge 2

Charge 2 was admitted by you and the panel accepted your admission.

The panel concluded from your admission and the evidence that you did not inform Cygnet that you had obtained secondary full-time employment with the Trust.

In reaching its decision, the panel recognised that nursing professionals may supplement their income with additional employment, usually part-time bank or agency work. The panel is of the view that this would not be considered dishonest by the standards of ordinary decent people. However, in this case you took on two full time patient facing roles with significant potential for the demands of the roles to conflict and obvious risk to your patients such that Cygnet needed to be aware of your additional employment.

The panel also referred to a contract of employment between yourself and Cygnet adduced by the NMC as evidence in this case. The panel noted that this contract of employment does not refer to the role subject of charges in this case. Instead, the contract refers to your employment with Cygnet as a Service Manager. The panel accepted your account that after 2021 you successfully applied for such a role with Cygnet and concluded that the contract of employment before it relates to that later role. The contract included a requirement in relation to “*outside activities during the course of your employment*” as follows:

‘You shall not during the continuance of your employment (except with the consent in writing of the Employer which it shall be entitled to grant or withhold in its absolute discretion) be directly or indirectly engaged or concerned or interested in any other business, including, but not limited to, employment, directorship, partnership, as agent or principal.’

The panel heard evidence from Witness 2 that although this contract of employment did not refer to your role with Cygnet at a time relevant to these charges, any other contract for earlier roles would have included a similar requirement. The panel accepted this evidence and concluded that disclosure of secondary employment was a requirement.

The panel concluded that having regard to the scope of the two full-time roles involved and the requirement set out above, an objective member of the public would find your conduct to be dishonest.

Consequently, the panel found charge 8 as it relates to charge 2 proved.

Charge 8 as it relates to charge 3

The panel found that you deliberately failed to disclose your employment with Cygnet to the Trust.

In reaching its decision, the panel recognised that nursing professionals may supplement their income with additional employment, usually part-time bank or agency work. The panel is of the view that this would not be considered dishonest by the standards of ordinary decent people. However, in this case you took on two full time patient facing roles with significant potential for the demands of the roles to conflict and obvious risk to your patients such that the Trust needed to be aware of your additional employment.

The panel concluded that having regard to the scope of the two full-time roles involved and your deliberate failure to inform the Trust of your work with Cygnet, an objective member of the public would find your conduct to be dishonest.

The panel therefore finds charge 8 as it relates to charge 3 proved.

Charge 8 as it relates to charge 5

Charge 5 was admitted by you and the panel accepted your admission.

The panel concluded that you attended training between 21 and 24 June 2021 whilst you were paid by both the Trust and Cygnet to attend that training. On the evidence, the panel also concluded that you were aware that you were being paid by both organisations.

You had the opportunity to make clear to either or both the organisations that you were being paid by the other for the same purpose but failed to do so. During your oral evidence, you told the panel that questions around attending the training “*were not asked*” of you, effectively shifting the responsibility to The Trust and Cygnet. This is despite the fact that neither knew that you were employed by the other. The panel determined, that based on the above, ordinary decent people would regard your conduct as dishonest.

The panel therefore finds charge 8 as it relates to charge 5 proved.

Charge 8 as it relates to charge 6

Charge 6 was admitted by you and the panel accepted your admission.

The panel found that you attended training whilst being paid by both the Trust and Cygnet. It concluded that you knew that you were employed by both organisations and being paid accordingly.

You had the opportunity to make clear to either or both the organisations that you were being paid by the other for the same purpose but failed to do so. During your oral evidence, you told the panel that questions around attending the training “*were not asked*” of you, effectively shifting the responsibility to the Trust and Cygnet. This is despite the fact that neither knew that you were employed by the other. The panel determined that based on the above, ordinary decent people would regard your conduct as dishonest.

The panel therefore finds charge 8 as it relates to charge 6 proved.

Charge 8 as it relates to charge 7

The panel found charge 7 proved and that you did receive paid study leave from the Trust whilst being paid to work by Cygnet. It concluded that you knew fully of the circumstances in that you were being paid by both.

The panel noted, however, that your study leave was focused on day shift working whilst your work for Cygnet during the same period was on your regular night shift pattern. Effectively, the time periods of your work did not overlap. In your oral evidence you explained that if you attended training during the day with Cygnet, you would not be permitted to go onto work the night shift on that same day. The panel also noted that both organisations were aware of your dual employment by 27 September 2021.

In the circumstances, the panel determined that ordinary decent people would not consider your conduct to be dishonest, because your study leave did not overlap times during which you were paid by Cygnet.

The panel therefore does not find charge 8 as it relates to charge 7 proved.

Charge 9

That you, a registered nurse:

Your actions at charges 1, 2, 3, 5, 6 and/or 7 demonstrated a lack of integrity.

This charge is found proved in relation to 1,2,3,5 and 6

In reaching its decision, the panel took into account the advice of the legal assessor.

The panel had regard to *Wingate and Evans v Solicitors Regulation Authority* [2018] EWCA Civ 366 (Wingate). The panel noted from this judgement that as a matter of common parlance and as a matter of common law, integrity is a broader concept than dishonesty. In particular, the panel gave close regard to paragraph 97 of the judgement as follows:

‘In professional codes of conduct, the term “integrity” is a useful shorthand to express the higher standards which society expects from professional persons and which the professions expect from their own members. ... The underlying rationale is that the professions have a privileged and trusted role in society. In return they are required to live up to their own professional standards.’

Charge 9 as it relates to charge 1

You admitted charge 1 and the panel accepted your admission.

The panel found that your employment with Cygnet included a requirement to seek permission for other professional activities. This clearly included obtaining a second full time role. Regardless of this requirement, the panel was of the view that obtaining two full-time roles whilst working with vulnerable patients in a healthcare setting raises clear potential for conflict between the roles and risk to yourself, and patients. It therefore concluded that, you should have been clear with Cygnet and the Trust as to your employment status at the outset and, that your failure to do so demonstrated a lack of integrity.

The panel therefore find charge 9 as it relates to charge 1 proved.

Charge 9 as it relates to charge 2

You admitted to charge 2 and the panel accepted your admission.

You obtained and worked in two full-time roles for an extended period of time with the potential for conflict between the roles and risk to yourself, and patients. The panel has found that you were under a requirement to disclose to Cygnet any additional outside activities. In the circumstances, you failed to do so and concealed your employment with the Trust from Cygnet. The panel concluded that having regard to the guidance in *Wingate* that this demonstrated a lack of integrity.

The panel therefore finds charge 9 as it relates to charge 2 proved.

Charge 9 as it relates to charge 3

The panel found charge 3 proved.

As with Cygnet in relation to charge 2, you failed to notify the Trust as to your other employment. You obtained and worked in two full-time roles for an extended period of time with the potential for conflict between the roles and risk to yourself, and patients. The panel considered there to be an obvious requirement for you to be candid as to your employment status. In the circumstances, you failed to do so and concealed your employment with Cygnet from the Trust. The panel concluded that having regard to the guidance in *Wingate* that this demonstrated a lack of integrity.

The panel therefore find charge 9 as it relates to charge 3 proved.

Charge 9 as it relates to charge 5

You admitted charge 5 and the panel accepted your admission.

The panel noted that you should have made both Cygnet and the Trust aware of your employment status and reached agreement as to how you were to be paid to attend the training. You concealed your employment status from both organisations and did not disclose the conflict created by your attendance. You were paid by both organisations to

attend the same training event. Having regard to the guidance in *Wingate*, the panel found that your conduct demonstrated a lack of integrity.

The panel therefore find charge 9 as it relates to charge 5 proved.

Charge 9 as it relates to charge 6

You admitted charge 6 and the panel accepted your admission.

The panel considered that there was a clear need for you as a nursing professional to reach an agreement as to how you were to be paid to attend the training. You had concealed your employment status from both organisations and did not disclose the conflict created by your attendance. You were paid by both organisations to attend the same training event. Having regard to the guidance in *Wingate*, the panel found that your conduct demonstrated a lack of integrity.

The panel therefore find charge 9 as it relates to charge 6 proved.

Charge 9 as it relates to charge 7

The panel found charge 7 proved.

The panel noted that by 27 September 2021 both the Trust and Cygnet were fully aware of your working pattern for both organisations. Each had put in place support measures to minimise risk to you and the patients. In relation to The Trust, this included your removal from clinical duties on a temporary basis. Your study leave for which you were released from your normal non-clinical role with the Trust was day shift based. During the period set out in charge 7, you also worked night shifts for Cygnet during some of the dates. Given the knowledge of both organisations at that time and having regard to the guidance in *Wingate*, the panel concluded that your actions in relation to charge 7 did not demonstrate a lack of integrity.

The panel therefore finds charge 9 as it relates to charge 7 not 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 recognised its statutory duty to protect the public and maintain public confidence in the profession. 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

Ms Connor invited the panel to find that your fitness to practise is impaired by reason of misconduct on the basis of the facts. She submitted that whilst not every finding of misconduct must result in a finding of impairment, your conduct in all the circumstances should result in such a finding.

Ms Connor referred the panel to the cases of *Roylance v GMC (No. 2)* [2000] 1 AC 311, and she submitted that the conduct the panel has found proven amounts to misconduct

and meets the definition. She further submitted that the misconduct represents a serious falling short of the standards of the conduct expected of nurses.

Ms Connor submitted that your misconduct was serious and was deliberately dishonest, sustained over a long period of time, and placed patients, yourself and the general public at risk of harm. She further submitted that this amounted to an abuse of trust.

Ms Connor submitted that your actions amount to misconduct in relation to the facts found proved.

Ms Maqboul on your behalf submitted that you accept that the facts found proved amount to misconduct.

Submissions on impairment

Ms Connor 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.

Ms Connor referred the panel to the judgment of Mrs Justice Cox in the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin), which confirmed that impairment must be considered both in terms of public protection and the wider public interest. Ms Connor also referred the panel to the NMC guidance on impairment DMA-1, namely, the nature of concern and the public interest.

Ms Connor reminded the panel of the four limbs of Dame Janet Smith's test, endorsed in *Grant*.

Ms Connor submitted that all four limbs are engaged. She submitted that you exposed patients to unwarranted risk of harm for a prolonged period of seven months and would have carried on if not for the whistleblowing complaint. She also submitted that you brought the nursing profession into disrepute as working two full-time jobs, working consecutive day and night shifts, and commuting undermines the safety of patients, yourself and the public. She also added that any member of the public would be alarmed to learn this, given the demands of both roles.

Ms Connor also submitted that you breached fundamental tenets of the nursing profession specifically; honesty, integrity, candour and preserving safety. Ms Connor highlighted paragraphs 13.4, 19, 20, and 21.3 of the Code. She also submitted that you acted dishonestly and are liable to act dishonestly in future.

Ms Connor submitted that your dishonesty and lack of integrity is attitudinal and is therefore more difficult to remediate or put right by training or increased supervision. She submitted that there is insufficient evidence before the panel to conclude that you have remediated your misconduct.

Ms Connor submitted that you have not shown genuine and proper remorse, she referred the panel to your earlier reflections and described your approach to the allegations as defensive. She added that during your oral evidence, your response to allegations was that of deflection, and not taking responsibility or accountability. She submitted that during your oral evidence, in relation to charge four, you said that you do not think you put anyone at risk of harm. Ms Connor submitted that your answers sought to diminish the risk posed by your conduct and added that there has been no genuine insight or remorse shown.

Ms Connor submitted that there is evidence of you undertaking training to strengthen your practice. However, she made reference to the approach in *R (on the application of Young) v General Medical Council* [2021] EWHC 534 (Admin), which confirmed that remedial steps are less significant where there has been a breach of tenets of the profession, and

the panel should treat your remedial steps as insignificant. Ms Connor further submitted that you demonstrated a lack of genuine insight and remorse into your conduct, and that a finding of impairment is necessary on the grounds of public protection, professional standards and, to maintain public confidence in the profession.

Ms Maqboul on your behalf submitted that you accept that your fitness to practice is currently impaired on the grounds of public interest but leave it to the panel to decide on your current impairment as it relates to public protection.

Ms Maqboul submitted that you read and digested the panel's decision in relation to the risk you posed to patients, and you are asking for it to consider that there was no harm caused or complaints about your practise with both organisations.

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 considered each charge found proved individually in considering whether your actions amount to misconduct.

The panel was of the view that your actions in relation to each charge fell significantly short of the standards expected of a registered nurse, and amount to a breach of the Code. Specifically:

8 Work co-operatively

To achieve this, you must:

8.5 work with colleagues to preserve the safety of those receiving care

13 Recognise and work within the limits of your competence

To achieve this, you must, as appropriate:

13.4 take account of your own personal safety as well as the safety of people in your care.

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.

19.2 take account of current evidence, knowledge and developments in reducing mistakes and the effect of them and the impact of human factors and system failures (see the note below).

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.

21 Uphold your position as a registered nurse, midwife or nursing associate

To achieve this, you must:

21.3 act with honesty and integrity in any financial dealings you have with everyone you have a professional relationship with, including people in your care

25 Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the health and care system

To achieve this, you must:

25.1 identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that the breaches in this case were serious in that you obtained and worked two full-time demanding roles with an obvious conflict and risk of harm to patients, for a significant period of time. Your conduct put an unwarranted risk on the public, patients and your own safety, and you acknowledge that your actions amount to misconduct.

You were paid to attend the same training by both organisations and did not inform either. You took study leave granted by one organisation whilst still working nights and being paid by the other.

Charges 8 and 9 relate to dishonesty and lack of integrity, and in these, your conduct fell seriously short of the standards expected of a registered nurse and amount 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 Fitness to Practise Library, updated on 27 March 2023, 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.'

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 that all four limbs of this test are engaged in this case. You put patients at risk of harm by obtaining and working in two full-time roles one on a day shift, and one on a night shift, over a significant period of seven months. You supported vulnerable patients throughout your employment with both organisations, and your dual employment was brought to an end only as a result of the whistleblowing complaint. The panel concluded that you brought the nursing profession into disrepute and members of the public would have been alarmed, had they become aware of the facts and the risks these created. The panel noted that you breached three fundamental nursing tenets relating to practicing effectively, preserving safety, and promoting professionalism and trust. The panel found that in several aspects of your conduct as described by the charges, were dishonest and demonstrated a lack of integrity.

The panel went on to consider whether your misconduct is capable of remediation, whether it has been remediated and whether it is highly unlikely to be repeated.

The panel was of the view that your misconduct, relating to dishonesty raised attitudinal concerns. You told the panel that your [PRIVATE] contributed to your actions.

Consequently, the panel concluded that you placed your personal interests before those of your patients and this aspect indicates a further attitudinal concern. Whilst the panel was of the view that your misconduct is capable of remediation, because of the underlying attitudinal concerns, this would be more difficult.

The panel noted that there have been steps taken by you to strengthen your practice, but these steps remain limited. There is some evidence of training relevant to the charges, however, all the training took place in 2025 and certificates for several online courses were dated 23 September 2025. The panel considered that there is limited evidence of any sustained or early effort to strengthen your practice by training. The panel had very little evidence as to how you would assimilate your training in order to strengthen your practice and prevent your misconduct being repeated.

The panel has had regard to the two testimonials you adduced in your bundle and noted that they are supportive and indicate knowledge of the NMC's case. The panel noted that the testimonials are from people who have known you for a relatively short period of time and as such and cannot attest to your long-term working capabilities and character.

In relation to your insight, the panel considered all the evidence before it, including your oral evidence. The panel recognised that you have every right to meet the charges and defend your position.

It had regard to the two undated reflective statements adduced by you as part of your bundle, a personal details form adduced by the NMC and your oral evidence. The panel noted that the first reflective statement appears to be thoughtful and recognises that your actions could have had a detrimental impact on your patients, colleagues and wider community. However, in your oral evidence you told the panel that "*I don't think I put anyone at the risk of harm*", contradicting your earlier reflections. Consequently, the panel could not rely on your reflection as an accurate indication of your genuine insight. The panel considered that the tone of your second reflective statement characterises some of your conduct as misunderstandings of your contractual obligations and also deflects a number of issues onto other people.

The panel also considered that your reflections overall are couched in general terms and primarily focus on your personal circumstances, without demonstrating real insight into what led you to act as you did or what steps you will put in place to prevent recurrence.

The panel, having regard to your efforts to strengthen your practice, reflections and insight concluded that your conduct has not been remediated, and therefore there remains a risk of repetition. Consequently, the panel finds that all four limbs of the *Grant* test are engaged as to the future.

Accordingly, the panel finds that your fitness to practice is impaired on public protection grounds.

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 determined that a finding of impairment on public interest grounds is required because a fully informed member of the public would be concerned if serious findings of this nature, were not to result in a finding of impairment given the unwarranted risk you posed to yourself, patients and the wider public.

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

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

Sanction

The panel considered this case carefully and decided to make a suspension order for a period of 9 months. The effect of this order is that the NMC register will show that your registration has been suspended.

In reaching this decision, the panel had regard to the evidence adduced and to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

Submissions on sanction

Ms Connor reminded the panel that in the Notice of Hearing, the NMC stated that it would seek the imposition of a 6-12-month suspension order if your fitness to practise were found to be currently impaired.

Ms Connor invited the panel to impose a 6 -12-month suspension order.

Ms Connor submitted that your misconduct and impairment represent a serious departure from the standards required of a registered nurse. As such a sanction that protects the public and the public interest is required.

Ms Connor invited the panel to consider specific factors outlined in the NMC's guidance on sanctions' (Reference SAN-2, last updated on 6 May 2025), 'Sanctions for particularly serious cases' and 'Available sanction orders. She submitted that your misconduct meets the threshold of serious dishonesty.

Ms Connor also outlined the following aggravating factors:

- Conduct which has put people receiving care at risk of harm
- There is no genuine insight or remorse shown
- There has been a pattern of misconduct over a sustained period of time
- There has been an abuse of a position of trust for financial gain

Ms Connor also outlined the following mitigating factors:

- No previous fitness to practice history

Ms Connor submitted that a suspension order of 6-12 months would be proportionate on both public protection and public interest grounds, that no other sanction would be

appropriate to mark the seriousness of your misconduct. She added that given the finding of impairment by the panel, a lesser sanction would not guard against the risk to patients.

Ms Maqboul submitted that the panel should not impose a striking off order but instead a 6-month suspension order to address the misconduct in this case. She submitted that if you were to '*lose your pin*', it would [PRIVATE]. She submitted that on the expiry of a suspension order, the panel should direct a review hearing when you can demonstrate your progress in remediation and insight.

Ms Maqboul submitted that your misconduct is capable of being remediated and you have an unblemished nursing career before these proceedings.

Decision and reasons on sanction

The panel heard and accepted the advice of the legal assessor.

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 bore 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 regard to the NMC's guidance on sanctions' (Reference SAN-2, last updated on 6 May 2025), 'Sanctions for particularly serious cases'. This identifies criteria which may indicate that your dishonesty is at the higher or lower ends of the spectrum. The panel determined that your dishonesty is more serious because it involved vulnerable patients, you made personal financial gain from the breach of trust and there was an obvious risk to people under your care. Additionally, your misconduct continued over a seven-month period.

The panel took into account the following aggravating features:

- Your conduct put people receiving care at risk of harm
- You demonstrate a lack of insight and a tendency to deflect

- There has been a pattern of misconduct sustained over a lengthy period of time
- You abused a position of trust for financial gain.

The panel also took into account the following mitigating features:

- You have no previous fitness to practice history
- The panel noted evidence and submissions about your [PRVATE] but balanced this against the seriousness of the matters found proved
- You made admissions to some of the facts.

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, an order that does not restrict your practice would not be appropriate in the circumstances. Your misconduct includes elements of dishonesty, lack of integrity and attitudinal concerns. 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 guidance in SAN-3C in particular the factors that indicate that a conditions of practice order may be appropriate.

Whilst some of the above factors may be present in this case, the panel is of the view that there are no practical or workable conditions that could be formulated to address the attitudinal concerns including your dishonesty in this case.

Furthermore, the panel concluded that placing of conditions on your registration would not adequately address the seriousness of this case, would not protect the public nor meet the public interest aspects.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The panel referred to the guidance in SAN-3 which identifies key things for the panel to consider before imposing a suspension order as follows;

- Whether the seriousness of the case requires temporary removal from the register?
- Will a period of suspension be sufficient to protect patients, public confidence in nurses, midwives or nursing associates, or professional standards?

The guidance states that a suspension order may be appropriate where 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 this case is serious and that your misconduct requires at least temporary removal from the register. However, it considered that a period of

suspension may be sufficient to protect public confidence and maintain professional standards.

The panel noted that there is no evidence of your misconduct being repeated. The panel identified attitudinal issues in respect of your dishonesty and that you placed your own interests before those of patients. However, the panel has not characterised these as deep seated in the sense that your conduct overall is incapable of remediation, or that there is any other evidence of such attitudes being displayed before or after the events subject of this case. The panel was satisfied that in this case; the misconduct was not fundamentally incompatible with remaining on the register.

The panel went on to consider whether a striking-off order would be proportionate. However, the panel was of the view that in the circumstances of this case, public confidence can be maintained through imposition of a suspension order and that a striking-off order is not the only sanction sufficient to protect the public and maintain professional standards. The panel concluded that imposition of a striking-off order would be disproportionate in this case.

Balancing all of these factors the panel determined that a suspension order is the appropriate and proportionate sanction.

The panel considered that this order is necessary to protect the public, maintain 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.

The panel acknowledges the hardship such an order will inevitably cause you as submitted by Ms Maqboul. However, this is outweighed by the public interest in this case.

The panel determined that a suspension order for a period of 9 months is appropriate to mark the seriousness of the misconduct. This period will also allow you sufficient time to further reflect, develop your insight and evidence your strengthened practice.

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 workplace testimonials
- Evidence of further relevant training
- Evidence of how you will apply your learning to strengthening your practice
- A revised reflective statement/s demonstrating your developing insight.

Interim order

As the suspension 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 suspension order sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

Ms Connor invited the panel to impose an 18-month suspension order to cover the period of any appeal. She submitted that to do so is appropriate and proportionate in these circumstances, on the grounds on public protection and public interest.

Ms Maqboul invited the panel not to impose an interim order but instead wait for the substantive order to come into effect, which will give you 28 days to get your finances and employment in order.

The panel also took into account the submissions by both parties and the advice of the legal assessor.

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 due to the seriousness of your misconduct, and to maintain public interest and public protection.

If no appeal is made, then the interim suspension order will be replaced by the substantive suspension order 28 days after service of the written decision.

The decision of this hearing will be sent to you in writing.

That concludes this determination