Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday, 20 October 2025 – Friday, 24 October 2025
Monday, 27 October 2025

Virtual Hearing

Name of Registrant:	**Mark Rayner**
NMC PIN:	20F1568E
Part(s) of the register:	Nurses part of the register Sub part 1 RNMH: Mental health nurse, level 1 – 30 September 2020
Relevant Location:	Durham/Tyne and Wear/Leeds
Type of case:	Misconduct
Panel members:	James Carr (Chair, Lay member) Michelle Wells-Braithwaite (Registrant member) Sam Wade (Lay member)
Legal Assessor:	Tracy Ayling KC (20 – 22 October 2025 and 24 October 2025, 27 October 2025) Oliver Wise (23 October 2025)
Hearings Coordinator:	Eleanor Wills (20 – 21 October 2025, 23 – 24 October 2025, 27 October 2025) Emma Norbury-Perrott (22 October 2025)
Nursing and Midwifery Council:	Represented by Giedrius Kabasinskas, Case Presenter
Mr Rayner:	Present and represented by Neair Maqboul, instructed by Royal College of Nursing (RCN)
Facts proved:	Charges 1, 2a, 2b, 3a, 3b, 3c, 4a, 4b, 5, 6, 7a, 7b, 7c, 8, 9, 10, 11, 12a, 12b, 13, 14b, 15 in relation to charge 14b

Facts not proved:	Charges 14a and 15 in relation to charge 14a
Fitness to practise:	Impaired
Sanction:	**Striking off-order**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on application to amend the charge

The panel heard an application made by Mr Kabasinskas, on behalf of the Nursing and Midwifery Council (NMC), to amend the wording of charge 15.

The proposed amendment was to amend the wording to *"your actions at charge 14…".* It was submitted by Mr Kabasinskas that the proposed amendment would correct a typographical error.

"That you, a registered nurse:

> *15) Your actions at charge 1~~6~~**4** were dishonest as you intentionally sought to mislead a prospective employer about your clinical abilities by not being honest as to the reason for leaving your previous employments and/or that you were the subject of an NMC referral;"*

Ms Maqboul, on your behalf, did not oppose the application.

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

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

Details of amended charges

That you, a registered nurse:

Referral 1

In your role as a Band 5 Community Psychiatric Nurse at Tees, Esk and Wear Valleys Trust:

1) Between 30 September 2020 and 22 October 2021, on one or more occasion failed to document, adequately or at all, notes in patient records relating to discharge;

2) Between 23 February 2021 and 24 May 2021:
   a) failed to contact Patient SB as required and/or document that contact had been made;
   b) failed to document adequately or at all, relevant clinical information relating to Patient SB's care and/or discharge;

3) On or around 13 October 2021, failed to follow the Trust's discharge policy in that you:
   a) did not update Patient KW's care records to reflect letters/and or calls received and/or made relating to their care;
   b) did not include relevant clinical information in Patient KW's discharge summary;
   c) did not send Patient KW a discharge letter;

4) On or around 22 October 2021:
   a) failed to include relevant clinical information in Patient AH's discharge summary;
   b) made an entry in Patient AH's care records stating that Patient AH was discharged due to disengagement when there was no evidence of this;

Referral 2

In your role as a Band 6 Community Psychiatric Nurse at North Tyneside General Hospital:

Between 21 October 2021 and 12 April 2022:

5) On one or more of the dates as set out in Schedule A, failed to complete, adequately or at all, risk assessments for one or more patients as set out in Schedule C;

6) On one or more of the dates as set out in Schedule B, did not ensure that relevant clinical information was recorded within patient records for one or more patients as set out in Schedule C;

7) On one or more of the dates as set out in Schedule B, failed to complete adequately, or at all, care plan for one or more patients in that you:

a) did not complete initial assessment documentation;
b) did not provide details of the assessment to the multi-disciplinary team;
c) did not contact patients for follow ups in a timely manner;

8) On 15 November 2021, told Colleague A, that together with another colleague, you had care planned and conducted a 1:1 assessment for a patient when you had not;

9) Your conduct at Charge 8 was dishonest as you knew or ought to have known that you had not conducted a 1:1 assessment and sought to mislead Colleague A into believing that you had;

10) On or around 18th November 2021, during a multi-disciplinary team meeting, told one or more colleagues that you had completed patients records when you had not;

11) Your conduct at charge 10 above was dishonest as you knew that you had not completed the patient reviews, but had sought to mislead colleagues into believing that you had;

12) On 29 March 2022:

a) sent a letter to a GP without following your action plan and ensuring that the letter was signed off by your supervisor and/or colleague;

b) having been told that the letter at 12(a) contained errors, you instructed colleagues in administration to retract the letter and/or not tell anyone that the original letter had been sent;

13) Your conduct at charge 12 was dishonest as you had intentionally tried to conceal the fact that you had already sent the letter to the GP without approval;

Referral 3

14) On or around 1 April 2022, in your application form and/or subsequent interview with Leeds and Yorks Partnership NHS Foundation Trust for the position of a Senior Mental Health Practitioner, failed to disclose:

a) the reason for leaving your previous employment at Tees, Esk and Wear Valleys NHS Foundation Trust and/or Northumbria Healthcare NHS Foundation Trust;

b) that you were the subject of an NMC referral relating to your clinical abilities;

15) Your actions at charge 14 were dishonest as you intentionally sought to mislead a prospective employer about your clinical abilities by not being honest as to the reason for leaving your previous employments and/or that you were the subject of an NMC referral.

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

Schedule A

15/11/21

10/12/21

23/02/22

24/02/22

11/03/22

04/04/22

Schedule B

15/11/21

18/01/22

21/02/22

23/02/22

24/02/22

01/03/22

11/03/22

04/04/22

Schedule C

Patient A

Patient B

Patient C

Patient D

Patient E

Patient F

Patient G

Patient H

Patient I

Patient J
Patient K
Patient L

Background

Referral 1 (086460)

You were employed by Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) as a Band 5 Community Psychiatric Nurse in October 2019. You worked for the Wear Dales Affective Disorders Team (the Team) and provided support in the community to patients aged 18-65 who have mental health conditions.

You resigned from TEWV and your last working day was 22 October 2021.

Following your resignation from TEWV, an audit of your caseload allegedly uncovered some omissions and lack of adherence to processes. You are alleged to have failed to keep accurate and clear records relating to your discharge of patients. You were referred to the NMC by TEWV on 22 November 2021.

Referral 2 (090048)

You were employed by Northumbria Healthcare NHS Foundation Trust (Northumbria) as a Band 6 Community Psychiatric Nurse to work for the Community Mental Health Team (CMHT) at the North Tyneside General Hospital (the Hospital). You started working at Northumbria on 25 October 2021.

On 5 August 2022, the NMC received a referral from Northumbria which stated that you had failed your probationary period allegedly due to unsatisfactory performance.

Northumbria identified a number of issues with your practice in the first two months relating to clinical concerns, having had contact from TEWV, your previous employer. As a result of these concerns, Northumbria held an early probationary hearing on 5 January 2022 where it was decided that your probationary period would be extended by three months.

However, Northumbria continued to identify concerns, particularly in respect of your ability to complete accurate patient documentation. Due to your failure to make progress, despite support having been provided by Colleague A, the team manager of CMHT at the Hospital, you were invited to attend a second probationary hearing which was held on 14 July 2022.

Further concerns were raised in addition to the clinical concerns, relating to your conduct, in that you allegedly knowingly misled colleagues that you had completed patient records, when you knew you had not done so.

You went on sickness leave from April 2022 and tendered your resignation by email, on 5 July 2022, giving eight weeks' notice. However, at the probationary hearing on 14 July 2022, Northumbria decided to terminate your employment with immediate effect.

Referral 3 (090695)

A referral was received from Leeds and York Partnership NHS Foundation Trust (Leeds) on 22 September 2022.

The referral raised concerns about you, you were employed by Leeds as a Senior Mental Health Practitioner in the Veterans Mental Health Team.

On 30 August 2022, your Line Manager received an email notification from your RCN representative outlining the outcome of an NMC interim orders hearing that occurred on 24 August 2022.

Leeds referred you to the NMC as you had not disclosed to them that you were under investigation by the NMC or that you had been dismissed from your previous employment, Northumbria. You are alleged to have put on your application form for Leeds that the reason you left both previous employers, TEWV and Northumbria was due to *"career progression".*

It is alleged that you failed to be open and honest in relation to your reasons for leaving TEWV and Northumbria and in relation to the ongoing concerns about your practice.

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

During your oral evidence, Ms Maqboul made a request that this case be held partly in private on the basis that proper exploration of your case involves reference to your personal life. The application was made pursuant to Rule 19.

Mr Kabasinskas supported the application.

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 go into private session in connection with your personal life as and when such issues are raised in order to protect your privacy.

Decision and reasons on facts

At the outset of the hearing, the panel heard from Ms Maqboul, who informed the panel that you made full admissions to charges 1, 2a, 2b, 3a, 3b, 3c, 4a, 4b, 5, 6, 7a, 7b, 7c, 8, 9, 10, 11, 12a, 12b, 13, 14b and 15 in relation to charge 14b.

The panel therefore found the charges as outlined above 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 Mr Kabasinskas and Ms Maqboul.

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 witness called on behalf of the NMC:

- Witness 5: Professional Lead for Nursing at Leeds and York Partnership NHS Foundation

The panel also heard evidence from you under affirmation.

Before making any findings on the facts, the panel accepted the advice of the legal assessor who referred the panel to the NMC guidance *'Making decisions on dishonesty charges and the professional duty of candour'*, reference *'DMA-8'*, last updated 6 May 2025, and the cases of *Ivey v Genting Casinos Ltd t/a Crockfords* [2017] UKSC 67 and *R v Barton* [2020] EWCA Crim 575.

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

Charge 14a

"14) On or around 1 April 2022, in your application form and/or subsequent interview with Leeds and Yorks Partnership NHS Foundation Trust for the position of a Senior Mental Health Practitioner, failed to disclose:

a) the reason for leaving your previous employment at Tees, Esk and Wear Valleys NHS Foundation Trust and/or Northumbria Healthcare NHS Foundation Trust;"

This charge is found NOT proved.

In reaching this decision, the panel first considered whether you had a duty to disclose the reason for leaving your previous employment at TEWV and/or Northumbria.

The panel had regard to the application form for Leeds, and the section titled *'employer/activity history'*. The panel took into account that there was a subsection titled *'reason for leaving'* in respect of both of your previous employers. The panel therefore concluded that you had a duty to disclose the reason for leaving your previous employment at TEWV and/or Northumbria.

The panel next considered whether you failed in your duty to disclose the reason for leaving your previous employment at TEWV.

The panel had regard to the fact that on the application form for Leeds, which you completed on or around 1 April 2022, you stated your reason for leaving TEWV was *'career progression.'* However, the panel noted that competency issues were raised by TEWV and therefore considered whether your reason provided was appropriate and/or accurate.

The panel took into account the timeline of events, in that your last working day at TEWV was 22 October 2021, at which time no concerns had been raised regarding your clinical practice. Having left TEWV, an audit was carried out on your caseload and concerns regarding your patient documentation were raised. You were referred to the NMC by TEWV on 22 November 2021.

The panel therefore concluded that, at the time of completing the application form on or around 1 April 2022, and during your subsequent interview on 10 May 2022, you were aware that concerns had been raised regarding your practice by TEWV and you were subject to an NMC referral. However, the panel determined that, at the time you left your employment at TEWV, you did not have any knowledge of the concerns, and therefore your reason for leaving may have been for *'career progression'.*

The panel took into account the reference provided by your team manager, Ms 6, at TEWV, received on 10 June 2022, who stated that your reason for leaving was *'Promotion to B6/ closer to home'.* The panel noted that Ms 6 stated that there were *'no concerns whilst employed, however concerns regarding paperwork when [you] had left, resulted in referral to the NMC'.*

The panel had regard to your evidence and determined that you were clear and consistent in that your reason for leaving your employment at TEWV was that you had obtained a promotion, in that you had been offered a Band 6 role as a Community Psychiatric Nurse at Northumbria. The panel had regard to the fact that you left your role as a Band 5 Community Psychiatric Nurse at TEWV on 22 October 2021 and started your role as a Band 6 Community Psychiatric Nurse at Northumbria on 25 October 2021.

The panel therefore determined that you did not fail to disclose the reason for leaving your employment at TEWV. The panel was satisfied that your reason for leaving your employment at TEWV was *'career progression'* to undertake a Band 6 role, and that at the time of leaving your employment at TEWV you had no knowledge of any concerns regarding your practice.

The panel then considered whether you failed in your duty to disclose the reason for leaving your previous employment at Northumbria.

The panel had regard to the fact that on the application form for Leeds, which you completed on or around 1 April 2022, you stated your reason for leaving Northumbria was *'career progression.'*

The panel took into account that at the time you completed the application form on or around 1 April 2022 and during your subsequent interview on 10 May 2022, you were still employed by Northumbria. However, the panel concluded that at the time of completing the application form, you were stating your reason for intending to leave Northumbria.

The panel took into account that you resigned from Northumbria on 5 July 2022. The panel had regard to your resignation letter dated 5 July 2022 in which you stated, *'During my time at Northumbria Healthcare, I have come to realise that the scope of the role is unfortunately not what I had anticipated, and as such, I would like to explore other opportunities.'*

The panel took into account your reflective piece in which you stated that *'I have a long held desire to work with Military Veterans and this was seen as an ideal opportunity for me to further my career.'*

The panel took into consideration your oral evidence in which you were clear and consistent in that you have always wanted to work with veterans since being taught by a military vetern as a student and that you applied for this role as this was not an opportunity you wanted to miss.

The panel therefore determined that you did not fail to disclose the reason for leaving your employment at Northumbria. The panel was satisfied that your reason for leaving your employment at Northumbria was *'career progression'* to undertake a work with veterans.

In reaching this decision the panel had specific regard to the fact that you resigned from your employment with Northumbria on 5 July 2022 having applied for Leeds on or around 1 April 2022 and having been interviewed and offered the role on 10 May 2022.

The panel therefore determined that charge 14a is found NOT proved.

Charge 15

> *"15) Your actions at charge 14 were dishonest as you intentionally sought to mislead a prospective employer about your clinical abilities by not being honest as to the reason for leaving your previous employments and/or that you were the subject of an NMC referral;"*

This charge is found NOT proved in relation to 14a

Having found charge 14a not proved, charge 15, in relation to 14a, is also 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, 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

Mr Kabasinskas referred the panel to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a *'word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.'* He also referred the panel to the case of *Nandi v General Medical Council* [2004] EWHC 2317 (Admin).

Mr Kabasinskas referred the panel to the terms of **'**The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code). Mr Kabasinskas identified the specific relevant standards where he submitted that your actions breached the Code.

Mr Kabasinskas submitted that your actions fell significantly short of the standards expected of a Registered Nurse and amount to misconduct.

Ms Maqboul accepted that your actions amount to misconduct.

Submissions on impairment

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

Mr Kabasinskas submitted that all four limbs of the *Grant* test are engaged. He submitted that your misconduct demonstrated serious failures and presented an increased risk of harm to vulnerable patients and in one instance resulted in harm, in respect of Patient KW. Mr Kabasinskas submitted that your misconduct is so serious that you brought the profession into disrepute and breached the fundamental tenets of the nursing profession, in that you failed to preserve the safety of vulnerable patients. Furthermore, Mr Kabasinskas submitted that you were dishonest on multiple occasions with two different employers, which gives rise to attitudinal concerns.

Mr Kabasinskas submitted that attitudinal concerns are more difficult to remediate and there is also a repeated pattern of clinical concerns which persisted over a prolonged period of time, despite significant support having been provided. He submitted that your insight into your misconduct is developing at this time. Mr Kabasinskas acknowledged the training you have undertaken. However, Mr Kabasinskas submitted that you have not undertaken sufficient remedial steps to address the concerns. Mr Kabasinskas therefore submitted that due to your developing insight and insufficient remediation, there is a risk of repetition, and a finding of impairment is necessary on the ground of public protection.

Mr Kabasinskas submitted that in relation to public interest, the concerns are so serious that a finding of impairment is required in order to uphold proper standards of conduct and to maintain public confidence in the profession. He submitted that your misconduct raises fundamental questions about your ability to uphold the values and standards set out in the Code.

Ms Maqboul accepted that your fitness to practice is currently impaired by reason of your misconduct. She referred the panel to your reflective piece and the evidence of your remediation.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Council for Healthcare Regulatory Excellence v (1)*

Nursing and Midwifery Council (2) and Grant [2011] EWHC 927 (Admin) and *Cohen v General Medical Council* [2008] EWHC 581.

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:

> ***"1 Treat people as individuals and uphold their dignity***
> *To achieve this, you must:*
> ***1.2*** *make sure you deliver the fundamentals of care effectively*
> ***1.4*** *make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay*
>
> ***3 Make sure that people's physical, social and psychological needs are assessed and responded to***
> *To achieve this, you must:*
> ***3.1*** *pay special attention to promoting wellbeing, preventing ill health and meeting the changing health and care needs of people during all life stages*
> ***3.3*** *act in partnership with those receiving care, helping them to access relevant health and social care, information and support when they need it*
>
> ***8 Work co-operatively***
> *To achieve this, you must:*
> ***8.1*** *respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate*
> ***8.2*** *maintain effective communication with colleagues*

8.3 *keep colleagues informed when you are sharing the care of individuals with other health and care professionals and staff*

8.4 *work with colleagues to evaluate the quality of your work and that of the team*

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

8.6 *share information to identify and reduce risk*

9 Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues

To achieve this, you must:

9.2 *gather and reflect on feedback from a variety of sources, using it to improve your practice and performance*

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:

10.1 *complete records at the time or as soon as possible after an event, recording if the notes are written some time after the event*

10.2 *identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need*

13 Recognise and work within the limits of your competence

To achieve this, you must, as appropriate:

13.1 *accurately identify, observe and assess signs of normal or worsening physical and mental health in the person receiving care*

13.2 *make a timely referral to another practitioner when any action, care or treatment is required*

16 Act without delay if you believe that there is a risk to patient safety or public protection

To achieve this, you must:

> ***16.3*** *tell someone in authority at the first reasonable opportunity if you experience problems that may prevent you working within the Code or other national standards, taking prompt action to tackle the causes of concern if you can*

17 Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection

To achieve this, you must:

> ***17.1*** *take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse*
>
> ***17.2*** *share information if you believe someone may be at risk of harm, in line with the laws relating to the disclosure of information*
>
> ***17.3*** *have knowledge of and keep to the relevant laws and policies about protecting and caring for vulnerable people*

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

To achieve this, you must:

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

20 Uphold the reputation of your profession at all times

To achieve this, you must:

> ***20.1*** *keep to and uphold the standards and values set out in the Code*
>
> ***20.2*** *act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment*

23 Cooperate with all investigations and audits

This includes investigations or audits either against you or relating to others, whether individuals or organisations. It also includes cooperating with requests to act as a witness in any hearing that forms part of an investigation, even after you have left the register.

To achieve this, you must:

***23.3** tell any employers you work for if you have had your practice restricted or had any other conditions imposed on you by us or any other relevant body*

Professional standards of practice and behaviour for nurses, midwives and nursing associates. All standards apply within your professional scope of practice.

***23.4** tell us and your employers at the first reasonable opportunity if you are or have been disciplined by any regulatory or licensing organisation, including those who operate outside of the professional health and care environment."*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. The panel took into account that the facts found proved include:

- Failure to document patients' information adequately or at all;
- Failure to follow Trust policy;
- Failure to complete adequately or at all, risk assessments for multiple patients;
- Failure to complete, adequately or at all, care plans for multiple patients;
- Dishonesty, in that you told colleagues that you had completed clinical tasks when you had not;
- Dishonesty, in that you sent a letter to a General Practitioner (GP) without the appropriate approval and then subsequently asked a colleague to conceal your actions;
- Dishonesty, in that you failed to disclose that you were subject to an NMC referral to mislead a prospective employer.

The panel determined that the facts found proved are numerous and wide-ranging involving both clinical concerns and dishonesty. The panel concluded that you failed to prioritise people, practise effectively, preserve safety and promote professionalism and trust. The panel took into account that the facts found proved occurred over an extended period of time and across three different employers. The clinical concerns were repeated despite having been identified by your first employer TEWV, and despite support having been provided by your second employer, Northumbria. The panel determined that your conduct would be considered deplorable by fellow practitioners.

The panel found that your actions did fall seriously short of the conduct and standards expected of a Registered Nurse and amounted to serious misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, your fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the NMC Guidance on *'Impairment',* reference *'DMA-1'* last updated 3 March 2025, in which the following is stated:

> *'The question that will help decide whether a professional's fitness to practise is impaired is:*
>
> > *"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"*
>
> *If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'*

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and

the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

> *'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'*

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

> *'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that S/He:*
>
> *a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
>
> *b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
>
> *c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

d) *has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel determined that patients were put at risk of harm as a result of your misconduct. The panel also concluded that there was evidence of actual harm having been caused in respect of Patient KW who self-harmed shortly after their discharge. The panel determined that your misconduct breached the fundamental tenets of the nursing profession and brought it into disrepute. The panel determined that you have acted dishonestly in the past in covering up your clinical failings and failing to disclose that you were subject to an NMC referral.

The panel had regard to the case of *Cohen v General Medical Council* [2008] EWHC 581.

> *"It must be highly relevant in determining if a* [registrant's] *fitness to practise is impaired that first his or her conduct which led to the charge is easily remediable, second that it has been remedied and third that it is highly unlikely to be repeated."*

The panel considered the serious nature of facts found proved, in that they are numerous and wide-ranging involving both clinical concerns and dishonesty. The panel took into account that dishonesty is indicative of attitudinal concerns which are inherently difficult to remediate. The panel had regard to the fact that clinical concerns were raised by your first employer, TEWV, in October/November 2021. Similar clinical concerns were then raised by your second employer, Northumbria, between October 2021 and April 2022, despite support having been provided. Northumbia also raised attitudinal concerns in relation to you having covered up your clinical failings. Furthermore, you failed to disclose that you were subject to an NMC referral relating to your clinical abilities, to your third employer, Leeds, in order to mislead them.

The panel determined that there may be some identifiable areas of your practice which are capable of remediation in relation to your clinical failings. However, due to the attitudinal

concerns identified and the repeated clinical failings which occurred over a prolonged period of time, with three different employers, your misconduct is not easily remediable.

The panel next considered whether your misconduct has been remedied and had regard to your insight and the evidence of remediation. The panel considered your reflective piece and oral evidence and determined that you have limited insight at this time. The panel took into account that you made admissions to all the facts found proved. The panel was of the view that, in relation to your clinical failings, you have demonstrated some understanding of your wrongdoing and how your actions put patients at risk of harm. Further you have demonstrated some understanding of how your clinical failings undermined public confidence in the profession.

However, the panel determined that you have not demonstrated a sufficient understanding of your wrongdoing in relation to the seriousness and extent of your dishonesty nor how it impacted negatively on the reputation of the nursing profession. Furthermore, the panel was not satisfied that, in relation to both the clinical and attitudinal concerns, you have sufficiently demonstrated how you would handle a similar situation differently in the future.

The panel took into account the training you have undertaken. However, the panel noted that you are not currently practising as a Registered Nurse, so you have not been able to demonstrate that you have implemented this training in your clinical practice. The panel noted that you are currently working as a Truster Assessor, however no testimonials were provided in respect of your current employment.

The panel determined that there was not sufficient evidence of strengthening of practice, remediation or insight. The panel therefore determined that the misconduct is likely to be repeated, especially given that there is already evidence of repetition, in that similar clinical concerns were raised by TEWV and Northumbria, and attitudinal concerns, namely dishonesty, were raised by both Northumbria and Leeds.

The panel therefore decided there is a risk of repetition and consequently a real risk of harm. Accordingly, a finding of impairment is necessary on the ground of public protection.

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

The panel determined that a finding of impairment on public interest grounds is required in order to maintain public confidence in the profession and to declare and uphold the standards of conduct expected of a Registered Nurse. The panel determined that the public's trust and confidence in the profession and the NMC, would be seriously undermined if a finding of current impairment was not made, given that the facts found proved are numerous and wide-ranging involving both clinical and attitudinal concerns.

In all the circumstances, the panel determined that you are not able to currently practice *'kindly safely and professionally'.*

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

Sanction

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

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

Professional Standards Authority for Health and Social Care v Health and Care Professions Council and Ajeneye [2016] EWHC 1237 (Admin).

Submissions on sanction

Mr Kabasinskas informed the panel that in the Notice of Hearing, dated 18 September 2025, the NMC had advised you that it would seek the imposition of a suspension order for 12 months if it found your fitness to practise currently impaired. Mr Kabasinskas informed the panel that the NMC has revised its sanction bid and is now seeking a striking-off order.

Mr Kabasinskas highlighted the aggravating and mitigating features of the case.

Mr Kabasinskas submitted that taking no further action or a caution order would not be appropriate or proportionate given the seriousness of the case and the public protection and public interest concerns identified.

Mr Kabasinskas submitted that a conditions of practice order would not be appropriate or proportionate given the attitudinal concerns identified. Furthermore, he submitted that a conditions of practice order would not be sufficient to protect the public and address the public interest concerns identified.

Mr Kabasinskas submitted that allegations of dishonesty will always be serious and a nurse who has acted dishonestly will always be at some risk of being removed from the register. He submitted that your dishonest conduct at charges 8, 9, 10 and 11 may be considered opportunistic however they also involved a deliberate breach of your professional duty of candour by covering up when things have gone wrong, especially when it could cause harm to people receiving care. Further Mr Kabasinskas submitted that in failing to disclose that you were subject to an NMC referral you gave a false picture to Leeds, your prospective employer. Mr Kabasinskas submitted that these features increase the seriousness of the case.

Mr Kabasinskas submitted that this is not a case of a single isolated incidence of misconduct. There is evidence of attitudinal concerns. He submitted that although there is no evidence of repetition of the behaviour since the concerns have arisen, you have not been practising as a Registered Nurse. Mr Kabasinskas also submitted that you have demonstrated limited insight and there is a risk of repetition.

Mr Kabasinskas submitted that the misconduct raises fundamental questions about your professionalism and is fundamentally incompatible with remaining on the register. He submitted that the only sanction which would be sufficient to protect the public and maintain public confidence in the profession and the NMC is a striking-off order.

Ms Maqboul, in relation to the NMC's change of sanction bid, submitted that it lacks rationale, in that you were informed in advance of the hearing that the NMC was seeking a suspension order for 12 months, on the basis of all the charges having been admitted. However, charge 14a and 15, in relation to 14a, have since been found not proved. Ms Maqboul submitted that it is at the discretion of the panel to determine what sanction is appropriate and proportionate.

Ms Maqboul submitted that you acknowledge and understand the severity of each charge individually and cumulatively. She submitted that the panel should look at the case holistically, in that the majority of the charges are capability and performance issues, which occurred in an acute setting when you were under pressure, which subsequently led to your dishonesty. Ms Maqboul submitted that you have admitted to all facts found proved. You accepted that the facts found proved amount to misconduct and that your fitness to practise is currently impaired.

Ms Maqboul submitted that your conduct is not fundamentally incompatible with remaining on the register. She submitted that you understand that your insight may be limited at this time, however reflection is an ongoing process, and you would ask for an opportunity to further reflect on your conduct. Ms Maqboul submitted that you acknowledge the fact that

you have not been able to demonstrate sufficient remediation given that you have not been practising as a Registered Nurse. She submitted that you would seek an opportunity to rectify the concerns raised.

Ms Maqboul submitted that you would comply with any conditions the panel deems appropriate. She submitted that a conditions of practice order would allow you to address the clinical concerns. She invited the panel to consider imposing the following conditions:

- Indirect supervision;
- Not to be nurse in charge of any shift;
- Regular meetings with your line manager and/or mentor to discuss the deficient areas of your practice;
- Undertake training in the deficient areas of your practice;
- Complete a reflection before any potential review hearing.

Ms Maqboul submitted that a suspension order and/or striking-off order would limit your ability to rectify your clinical errors, which are the primary concerns. She therefore invited the panel to impose a conditions of practice order.

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 had regard to the NMC guidance titled *'Sanctions for particularly serious cases',* reference *'SAN-2',* last updated 6 May 2025, which states that not all dishonesty is equally serious. The panel therefore considered the seriousness of your dishonest conduct.

The panel determined that your dishonest conduct was not a one-off incident, there were the following four separate instances of dishonesty, in that you:

- Sought to mislead Colleague A into believing that you had conducted a 1:1 assessment when you had not;
- Sought to mislead colleagues into believing that you had completed patients' records when you had not;
- Intentionally tried to conceal the fact that you sent a letter to a GP without the appropriate approval, by instructing colleagues to retract the letter and/or not tell anyone that the original letter had been sent;
- Intentionally sought to mislead Leeds, a prospective employer, about your clinical abilities, in failing to disclose that you were subject to an NMC referral.

The panel determined that you deliberately breached your duty of candour by covering up when you had failed to carry out clinical tasks. You asked colleagues to act dishonestly on your behalf. Additionally, you gave a false picture of your employment history when you hid the concerns raised about your clinical practice, by not telling Leeds that you were subject to an NMC referral. The panel concluded that your dishonesty involved a direct risk to vulnerable people receiving care. The panel was of the view that although the first instance of dishonesty may have been spontaneous and/or opportunistic, the subsequent instances of dishonesty were not. The panel determined that you also indirectly benefited from your dishonesty in that you covered up your mistakes in order to retain your employment.

The panel therefore determined that your dishonest conduct is at the high end of the spectrum of seriousness. However, the panel took into account that you admitted to your dishonesty at an early stage and have demonstrated remorse.

The panel took into account the following aggravating features:

- Abuse of a position of trust;
- Pattern of misconduct over a period of time;
- Conduct which put people receiving care at risk of suffering harm, and in relation to Patient KW actual harm was caused.

The panel also took into account the following mitigating features:

- Early admissions;
- Some evidence of insight/remorse.

The panel first considered whether to take no action but concluded that this would not be appropriate or proportionate in view of the seriousness of the case. The panel decided that taking no action would not sufficiently protect the public or adequately address the public interest concerns previously identified.

The panel then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where '*the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would not be appropriate or proportionate in view of the issues identified. The panel decided that a caution order would not sufficiently protect the public or adequately address the public interest concerns previously identified.

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

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel concluded that in light of the repeated instances of dishonesty, as outlined above, there is evidence of deep-seated attitudinal concerns. The panel determined that the clinical concerns could potentially be addressed through assessment/retraining. However, the panel took into account that clinical concerns were first raised by TEWV, and yet similar clinical concerns were raised again by Northumbria, despite a smaller case load and support having been provided. The panel noted that you have demonstrated a willingness to comply with conditions.

However, the panel determined that there were no practical or workable conditions that could be formulated which would sufficiently protect the public or adequately address the public interest concerns previously identified. In reaching this decision the panel had regard to the serious nature of the facts found proved, involving both repeated clinical concerns and deep-seated attitudinal concerns.

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 had regard to the fact that this was not a single instance of misconduct. There is evidence of deep-seated attitudinal concerns, namely dishonesty. There is no evidence of repetition since the concerns have been raised, however the panel noted that you have not been practising as a Registered Nurse. The panel also took into account that, as previously identified, the clinical concerns were first raised by TEWV and then repeated during your employment with Northumbria, despite support having been provided. Additionally attitudinal concerns were raised by both Northumbria and Leeds.

The panel took into account that you have made admissions to all the facts found proved. However, the panel determined that you pose a real risk of repeating the concerns identified, in light of the serious nature of the facts found proved and your limited insight and insufficient remediation.

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 your actions is fundamentally incompatible with you remaining on the register.

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

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

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*

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

The panel determined that your actions raise fundamental questions about professionalism. The panel was of the view that the findings 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. The panel concluded that a striking off order is the only sanction which would be sufficient to protect the public and maintain public confidence in the profession and uphold professional standards.

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

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

This will be confirmed to you 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 your own interests until the

striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

The panel took account of the submissions made by Mr Kabasinskas. He submitted that an interim suspension order is necessary in order to protect the public and address the public interest during the period of any appeal. He invited the panel to impose an interim suspension order for a period of 18 months to cover the period of any appeal.

The panel also took into account the submissions of Ms Maqboul. Ms Maqboul submitted that it is a matter for the panel.

Decision and reasons on interim order

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

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months to sufficiently protect the public and adequately address the public interest concerns previously identified, during the period of any appeal.

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

That concludes this determination.