Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday, 20 October- Tuesday, 28 October 2025

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

Name of Registrant:	**Joseph Rich**
NMC PIN:	01B1479O
Part(s) of the register:	Registered Nurse – Sub part 1 Adult Nursing (Level 1) – 9 February 2001
Relevant Location:	Bedfordshire
Type of case:	Misconduct
Panel members:	Clara Cheetham (Chair, Lay member) Sharon Peat (Registrant member) Chanelle Gibson-McGowan (Lay member)
Legal Assessor:	Jayne Salt
Hearings Coordinator:	Hanifah Choudhury Nicola Nicolaou (24 October 2025)
Nursing and Midwifery Council:	Represented by Eleanor Gwilym, Case Presenter
Mr Rich:	Not present and unrepresented
Facts proved:	Charges 1a, 1b, 1c, 1d and Charge 2
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mr Rich was not in attendance and that the Notice of Hearing letter had been sent to Mr Rich's registered email address by secure email on 17 September 2025.

Ms Gwilym, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegation, the time, dates and venue of the hearing and, amongst other things, information about Mr Rich's right to attend, be represented and call evidence, as well as the panel's power to proceed in his absence. The panel noted that Mr Rich had responded to the Notice of Hearing.

In the light of all of the information available, the panel was satisfied that Mr Rich has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Mr Rich

The panel next considered whether it should proceed in the absence of Mr Rich. It had regard to Rule 21 and heard the submissions of Ms Gwilym who invited the panel to continue in the absence of Mr Rich.

Ms Gwilym referred the panel to the email from Mr Rich, dated 8 October 2025, which said:

> *'I am no longer a member of the NMC therefore I no longer need to follow your rules and regulations and you can not legally submit me to a hearing.'*

Ms Gwilym submitted that it is in the interest of justice to proceed with the hearing. She also submitted that it is unlikely that an adjournment would secure Mr Rich's attendance in the future.

The panel accepted the advice of the legal assessor concerning the approach it should take to the exercise of its discretion to proceed in Mr Rich's absence.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised *'with the utmost care and caution'*.

The panel has decided to proceed in the absence of Mr Rich. In reaching this decision, the panel has considered the submissions of Ms Gwilym, the emails from Mr Rich, and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- Mr Rich has informed the NMC via email that he will not be attending the hearing;
- No application for an adjournment has been made by Mr Rich;
- Given Mr Rich's recent communication, there is no reason to suppose that adjourning would secure his attendance at some future date;
- Four witnesses are due to attend the hearing to give live evidence;
- Not proceeding may inconvenience the witnesses, their employer(s) and, for those involved in clinical practice, the clients who need their professional services;
- The charges relate to events that occurred in 2020;
- Further delay may have an adverse effect on the ability of witnesses accurately to recall events; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Mr Rich in proceeding in his absence. Although the evidence upon which the NMC relies will have been sent to him at his registered address, he will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on his own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, any disadvantage is the consequence of Mr Rich's decisions to absent himself from the hearing, waive his rights to attend, and/or be represented, and to not provide evidence or make submissions on his own behalf.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mr Rich. The panel will draw no adverse inference from Mr Rich's absence in its findings of fact.

Details of charge

That you, a registered nurse:

1) Breached your Interim Conditions of Practice Order which was imposed on 14 April 2020 on one or more of the following occasions:

    a) When applying for a role as a Senior Orthopaedic Practitioner you did not disclose that you were subject to restrictions on your practice.

    b) When applying for a nursing role you did not disclose that you were subject to restrictions on your practice.

    c) When attending an interview on 12 August 2020 for the role of a Senior Orthopaedic Practitioner, you did not disclose that you were subject to restrictions on your practice.

d) When attending an interview on 24 August 2020 for a nursing role you did not disclose that you were subject to restrictions on your practice.

2. Your actions in relation to charge 1 was dishonest in that you sought to conceal that you were subject to an interim conditions of practice order, in order to gain employment with the Trust.

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

Background

An interim order application hearing was held on 14 April 2020 with regard to Mr Rich's practice after a referral was received in March 2020 in relation to another matter. This culminated in Fitness to Practise proceedings that have since been resolved. At the interim order application hearing on 14 April 2020, another panel imposed an interim conditions of practice order on Mr Rich's registration for 18 months pending the NMC's investigation.

The NMC received a second referral (to which these proceedings relate) on 29 September 2020 from the Lead Learning and Development Facilitator at East Kent Hospitals University NHS Foundation Trust (the Trust), in respect of Mr Rich.

The NMC was advised that Mr Rich had been selected for interviews on two separate occasions for theatre departments in the Trust at two different hospital sites. The first interview was at Kent and Canterbury on 12 August 2020 for the Band 6 post of Senior Orthopaedic Practitioner. The second interview was at Queen Elizabeth the Queen Mother (QEQM) Margate on 24 August 2020 for the Band 5 role of Theatre Scrub Practitioner. Upon checking his registration, the Trust found that Mr Rich was subject to interim conditions of practice.

The NMC was advised that on his application form for both posts, Mr Rich indicated that he had current UK registration with the NMC but he failed to declare his interim conditions of practice order. The NMC was also told that Mr Rich did not declare his

interim conditions of practice order in person at either of his interviews. Mr Rich was not successful at either interview.

Decision and reasons on facts

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 Gwilym.

The panel also took into account documentation supplied by Mr Rich, mainly consisting of copies of email communications.

The panel has drawn no adverse inference from the non-attendance of Mr Rich.

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: Senior Operating Department Practitioner at East Kent Hospitals University Foundation NHS Trust at the time of the alleged incidents.

- Witness 2: Band 7 Theatre Coordinator and Orthopaedic Theatre Lead for Kent and Canterbury Hospital at the time of the alleged incidents.

- Witness 3: Theatre Coordinator at QEQM at the time of the alleged incidents.
- Witness 4: Deputy Head of People & Culture Services at the Trust at the time of the alleged incidents.

Before making any findings on the facts, the panel accepted the advice of the legal assessor who made reference to *Dutta v GMC* [2024] EWHC (Admin) 1217 and *Ivey v Genting Casinos UK Ltd* [2017] UKSC 67 in respect of the allegation of dishonesty. It considered the witness and documentary evidence provided by both the NMC and Mr Rich, including the completed Case Management Form dated 8 February 2025.

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

Charge 1a)

That you, a registered nurse:

1) Breached your Interim Conditions of Practice Order which was imposed on 14 April 2020 on one or more of the following occasions:

a) When applying for a role as a Senior Orthopaedic Practitioner you did not disclose that you were subject to restrictions on your practice.

This charge is found proved.

The panel began by establishing whether an interim conditions of practice order was placed upon Mr Rich's registration on 14 April 2020. It reviewed the Investigating Committee hearing decision letter for case reference 077242/2020 which confirmed

that a panel of the Investigating Committee had imposed an interim conditions of practice order upon Mr Rich's registration on 14 April 2020. The conditions imposed were as follows:

> *'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.*
>
> *1. You must ensure that you are supervised any time you are working. Your supervision must consist of working at all times while being directly observed by a registered nurse of band 5 or above.*
>
> *2. You must keep the NMC informed about anywhere you are working by:*
> *a) Telling your case officer within seven days of accepting or leaving any employment.*
> *b) Giving your case officer your employer's contact details.*
>
> *3. You must keep the NMC informed about anywhere you are studying by:*
> *a) Telling your case officer within seven days of accepting any course of study.*
> *b) Giving your case officer the name and contact details of the organisation offering that course of study*
>
> *4. You must immediately give a copy of these conditions to:*
> *a) Any organisation or person you work for.*
> *b) Any agency you apply to or are registered with for work.*
> *c) Any employers you apply to for work (at the time of application).*
> *d) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.*
> *e) Any current or prospective patients or clients you intend to see or care for when you are working independently.*

5. You must tell your case officer, within seven days of your becoming aware of:
a) Any clinical incident you are involved in.
b) Any investigation started against you.
c) Any disciplinary proceedings taken against you

6. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:
a) Any current or future employer.
b) Any educational establishment.
c) Any other person(s) involved in your retraining and/or supervision required by these conditions.'

The interim order was imposed for a period of 18 months. The panel also noted that Mr Rich had attended the interim order hearing on 14 April 2020. The panel was satisfied that an interim conditions of practice order had been placed on Mr Rich's registration and that the above conditions were still in place at the time of the incidents and were not reviewed and varied until October 2020.

The panel had sight of Mr Rich's application form for the role of Senior Orthopaedic Practitioner at the Trust. The panel noted the section of the application form entitled 'Membership of Professional Bodies' and the section that asks, *'please indicate your professional registration status'*. In answer to this, Mr Rich had only written:

'I have current UK professional registration relevant for this post.'

Mr Rich had not included that he had restrictions on his practice.

The panel also noted that although Mr Rich had included some information in the section of the form entitled 'Supporting Information', he did not mention the conditions placed on his practice. Further, the panel took into account that in the form Mr Rich had answered *'no'* to the question of:

‘Does the nmc require you to have a period of supervised practise [sic] …*’*

The documentary evidence of Mr Rich’s application form was supported by the evidence of Witness 2, one of the interviewers for the role of Senior Orthopaedic Practitioner, who confirmed in both her statement and oral evidence that she had no knowledge of the restrictions on Mr Rich’s practice and that he had not mentioned them in his interview.

The panel also had regard to the Case Management Form completed by Mr Rich, in which he stated that:

> *‘I have submitted my application form through an employment agency. I have disclosed my application in the forementioned* [sic] *application. The Trust decided to change service provider. The new service provider omitted the section where I declared my NMC restrictions.’*

However, the panel heard evidence from Witness 4, who said that there had never been a change in third-party recruitment agency and that all applications were completed and submitted through one platform, NHS Jobs and the accompanying TRAC system. Witness 4 said that although jobs may be advertised on different websites and platforms, the application will always take applicants to the NHS Jobs website to apply for any prospective role.

Further, Witness 4 said that applicants using the NHS Jobs website would be provided with a unique login code that would only be known to them and not available for third-party recruitment agencies. The panel preferred the evidence of Witness 4, and her explanation of the application form system, and rejected Mr Rich’s argument.

In light of Mr Rich’s application form containing no mention of the restrictions on his practice and the supporting witness evidence, the panel found this charge proved.

Charge 1b)

1) Breached your Interim Conditions of Practice Order which was imposed on 14 April 2020 on one or more of the following occasions:

b) When applying for a nursing role you did not disclose that you were subject to restrictions on your practice.

This charge is found proved.

In reaching this decision, the panel took into account that it had established that Mr Rich's practice was subject to restrictions by way of an interim conditions of practice order first imposed on 14 April 2020.

The panel had sight of Mr Rich's application form for the nursing role. The panel noted that within the form Mr Rich had failed to include any mention of the restrictions on his practice. In the section of the application form entitled 'Membership of Professional Bodies', and the section that asks *'please indicate your professional registration status'*. In answer to this, Mr Rich had had only written:

'I have current UK professional registration relevant for this post.'

The panel also noted that although Mr Rich had included some information in the section of the form entitled 'Supporting Information', he did not mention the conditions placed on his practice. Further, the panel took into account that in the form Mr Rich had answered *'no'* to the question of:

'Does the nmc require you to have a period of supervised practise [sic] *…'*

In addition, this evidence was supported by the statement of Witness 1, who interviewed Mr Rich for this post. Witness 1 repeated in her oral evidence that she had no knowledge of the restrictions on Mr Rich's practice and that he had not mentioned them in his interview.

The panel also had regard to the Case Management Form completed by Mr Rich, in which he stated that:

‘I have submitted my application form through an employment agency. I have disclosed my application in the forementioned [sic] *application. The Trust decided to change service provider. The new service provider omitted the section where I declared my NMC restrictions.’*

However, the panel heard evidence from Witness 4, who said that there had never been a change in third-party recruitment agency and that all applications were completed and submitted through one platform, NHS Jobs and the accompanying TRAC system. Witness 4 said that although jobs may be advertised on different websites and platforms, the application will always take applicants to the NHS Jobs website to apply for any prospective role.

Further, Witness 4 said that applicants using the NHS Jobs website would be provided with a unique login code that would only be known to them and not available for third-party recruitment agencies. The panel preferred the evidence of Witness 4, and her explanation of the application form system, and rejected Mr Rich’s argument.

Having had sight of Mr Rich’s application form and the supporting evidence of Witness 1, the panel was satisfied that Mr Rich had breached his interim conditions of practice order by failing to disclose this in the application. The panel therefore found this charge proved.

Charge 1c)

That you, a registered nurse:

1) Breached your Interim Conditions of Practice Order which was imposed on 14 April 2020 on one or more of the following occasions:

c) When attending an interview on 12 August 2020 for the role of a Senior Orthopaedic Practitioner, you did not disclose that you were subject to restrictions on your practice.

This charge is found proved.

In reaching this decision the panel took into account that it had found that Mr Rich had not disclosed the restrictions on his practice when applying for the role of Senior Orthopaedic Practitioner.

The panel also took into account the evidence of Witness 2. In her witness statement Witness 2 said:

> *'At no stage during the interview did the registrant mention the conditions on his practice or the NMC investigation. I have no knowledge of the referral to the NMC and the first time I knew there was an issue was when I was contacted by the NMC regarding this case.'*

In her oral evidence, Witness 2 confirmed that she had not been made aware by Mr Rich of the restrictions on his practice, despite stating that there had been ample opportunity for him to do so. Witness 2's evidence was supported by the interview notes from 12 August 2020, completed by Witness 2, in which there is no mention of conditions on Mr Rich's practice.

The panel also noted that within the decision letter of Mr Rich's interim order review hearing, dated 18 July 2023, it said:

> *'You informed the panel that the matter of the conditions of practice order was not brought up during your interview by you or the interviewer as you assumed they had the correct information and were fully informed.'*

Having considered the evidence from Witness 2 and supporting information, the panel was satisfied that there was sufficient and cogent evidence to find this charge proved. It therefore found this charge proved on the balance of probabilities.

Charge 1d)

That you, a registered nurse:

1) Breached your Interim Conditions of Practice Order which was imposed on 14 April 2020 on one or more of the following occasions:

   d) When attending an interview on 24 August 2020 for a nursing role you did not disclose that you were subject to restrictions on your practice.

This charge is found proved.

In reaching this decision the panel noted that it had found that Mr Rich had failed to disclose the restrictions on his practice in the application form for this role.

The panel took into account the witness statement of Witness 1, who interviewed Mr Rich for the role, which said:

> *'At no stage during the interview did the registrant mention the conditions on his practice or that he was the subject of an NMC investigation.'*

Witness 1 confirmed in her oral evidence that Mr Rich had not disclosed the restrictions on his practice at any point during the interview, despite having ample opportunity to do so.

The panel also took into account the witness statement of Witness 3 which said:

> *'Two of my colleagues, who was a Band 7 at the time and who was a senior ODP at the time came to speak to me about an interview they had just conducted. They said they had interviewed a gentleman and when they went to photocopy his personal identification – which was standard procedure, they noticed the name on his passport didn't match the name he had provided on the application form.*
>
> […]

I decided to search for him on the NMC register using his PIN, as I wanted to make sure he wasn't using an alias. I can't recall if [redacted] and Witness 1 were with me when I checked the public NMC register, but when I did, I could see he had conditions on his practice; he was undergoing some sort of hearing. My best recollection is that he did not disclose this information to my colleagues during the interview so it was a bit of a shock.'

The panel also noted that within the decision letter of Mr Rich's interim order review hearing dated 18 July 2023, it said:

'[…] *You informed the panel that the matter of the conditions of practice order was not brought up during your interview by you or the interviewer as you assumed they had the correct information and were fully informed.* […]'

The panel also noted that on the returned Case Management Form dated 8 February 2025, Mr Rich indicated that he admitted the facts alleged in this charge.

The panel was satisfied, on the basis of the documentary evidence and the oral evidence of Witness 1 and Witness 3, that Mr Rich did not disclose during his interview that he was subject to restrictions on his practice. The panel accordingly found this charge proved.

Charge 2

2. Your actions in relation to charge 1 was dishonest in that you sought to conceal that you were subject to an interim conditions of practice order, in order to gain employment with the Trust.

This charge is found proved.

The panel first considered whether Mr Rich was aware of the interim conditions of practice order.

The panel noted that Mr Rich had attended his interim order application hearing. The panel also was of the view that the conditions contained within the interim order were very clear on the obligations placed on Mr Rich, in particular:

> *'1. You must ensure that you are supervised any time you are working. Your supervision must consist of working at all times while being directly observed by a registered nurse of band 5 or above.*
>
> […]
>
> *4. You must immediately give a copy of these conditions to:*
>
> *a) …*
>
> *b) …*
>
> *c) Any employers you apply to for work (at the time of application)'*

The panel took into consideration the email Mr Rich sent to a recruitment agency, dated 9 May 2020, where he said:

> *'I'm a nurse who can only work under supervision- NMC registered-…'*

The panel was of the view that this email indicates that, prior to the time of these incidents (August 2020) Mr Rich understood the requirements of interim conditions of practice order and the necessity of disclosing this to prospective employers.

The panel noted that Mr Rich had said that he was not provided with the opportunity to disclose the restrictions on his practice during his interviews. However, in her witness statement, Witness 1, in relation to the interview on 24 August 2020, said:

> *'During the interview he said he had applied for a Band 6 position within the same Trust, in a hospital in Canterbury. He said he had applied for the position the previous week but was unsuccessful. He also said that the reason he had come down to Margate was because he and his girlfriend had been salsa dancing in Margate and they wanted to move there – he had no fixed*

abode at the time and was 'sofa surfing'. It thought it was a bit of an odd thing to say but people in interviews can get quite nervous.'

The panel noted that during this interview Mr Rich appeared to have been open in disclosing personal information to Witness 1. The panel determined that he had clearly been given the opportunity to talk about his personal circumstances and had therefore several opportunities to also disclose his interim conditions of practice order during this interview. Witness 1 said in her witness statement:

'At no stage in the interview did the registrant mention conditions on his practice or that he was the subject of a NMC investigation. […] *I would have expected him to declare this information at interview, when given the opportunity to discuss anything further or ask questions.'*

Witness 2, in relation to the interview on 12 August 2020, said in her witness statement:

'I would usually expect the registrant to state that he was subject to an interim order in the further information questions section. In an in person interview we usually ask the applicant if they have any further questions at the end of the interview questions.'

This is supported by Witness 2's oral evidence when she said, *"all applicants are given an opportunity to discuss anything additional they would like to raise."*

The panel determined that there had been ample opportunity during both interviews for Mr Rich to disclose his interim conditions of practice order.

The panel also took into account that in both application forms Mr Rich had not disclosed the restrictions on his practice. Having had sight of the application forms, the panel was of the view that Mr Rich had several opportunities within them to disclose his restrictions, particularly when asked about the 'status' of his registration but had failed to do so.

The panel noted that within Mr Rich's completed Case Management Form (CMF), he had said that the reason he did not disclose the restrictions was because he had submitted his applications through a third-party recruitment agency and that the Trust had changed recruitment agency providers who had omitted this information from his application forms.

However, the panel reminded itself of the evidence from Witness 4 who said that there had never been a change in third-party recruitment agency and that all application were completed and submitted through one platform (NHS Jobs and the accompanying TRAC system). The panel noted that Witness 4 said that, although jobs may be advertised on different websites and platforms, the application will always take applicants to the NHS Jobs website to apply for any prospective role.

Further, the panel reminded itself that Witness 4 said that applicants using the NHS Jobs website would be provided with a unique login code that would only be known to them and not available for third-party recruitment agencies. The panel had preferred the evidence of Witness 4 and her explanation of the application form system and had rejected Mr Rich's argument.

The panel determined that, as a professional, Mr Rich would have known it was his responsibility to ensure that the Trust received accurate and complete information from him.

In omitting information about the restrictions on his practice in his application forms and interviews, the panel determined that Mr Rich was being dishonest as he was aware of the conditions placed on his practice and the expectation that he should disclose this to any prospective employer at the time of application.

The panel considered that any ordinary, decent person would consider it to be dishonest if a nurse, aware of conditions placed upon his registration to protect the public and uphold confidence in the profession, decided not to inform prospective employers of this. The panel determined that that Mr Rich had deliberately breached the terms of those conditions.

Accordingly, the panel found this charge 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 Mr Rich's 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, Mr Rich's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct and impairment

Ms Gwilym invited the panel to take the view that the facts found proved amount to misconduct.

Ms Gwilym submitted that there have been a number of the NMC Codes breached by Mr Rich in this case. She identified the specific, relevant standards in 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015 (the Code)' where the NMC alleges that Mr Rich's actions amounted to misconduct.

Ms Gwilym submitted that Mr Rich has been found to have acted dishonestly by failing to disclose that he was subject to conditions of practice which demonstrates a deliberate concealment from prospective employers. She submitted that such

behaviour, when considered objectively and in light of the NMC Code, falls far below the standards expected of a registered nurse.

Ms Gwilym 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).

Ms Gwilym submitted that Mr Rich's conduct, as established by the proven charges, has brought the nursing profession into disrepute and demonstrates that his fitness to practise is currently impaired. She submitted that the concerns in this case are attitudinal in nature, involving deliberate dishonesty and concealment of the conditions of practice imposed upon him. She further submitted that by failing to disclose these restrictions to prospective employers, Mr Rich placed patients and the public at potential risk, as had he secured employment, he would have been practising outside the conditions deemed necessary by a previous panel. Ms Gwilym submitted that Mr Rich's actions were motivated by personal gain and demonstrated a disregard for patient safety and public protection.

Ms Gwilym submitted that Mr Rich has shown no insight into his behaviour. She submitted that Mr Rich provided a dishonest account to the NMC in response to the allegations that was inconsistent with the evidence of another witness. He has not engaged with these proceedings, thereby offering no explanation, reflection, or remorse for his actions. She also submitted that Mr Rich demonstrated a sustained and deliberate pattern of deception and continued this in his written explanation of his actions to the NMC, which was found to be inaccurate and misleading.

Ms Gwilym submitted that public confidence in the profession would be seriously undermined if a finding of impairment were not made. She submitted that a finding of current impairment is necessary in the public interest and to reflect the seriousness of Mr Rich's attitudinal failings.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Cheatle v GMC* [2009] EWHC 645 (Admin), *Remedy UK Ltd, R (on the application of) v The General Medical Council* [2010] EWHC 1245 (Admin), *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), and *Sawati v GMC* [2022] EWHC 283 (Admin).

Decision and reasons on misconduct

In coming to its decision, the panel had regard 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.'*

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 Mr Rich's actions did fall significantly short of the standards expected of a registered nurse, and that Mr Rich's actions amounted to a breach of the Code. Specifically:

> ***'20 Uphold the reputation of your profession at all times***
>
> *To achieve this, you must:*
>
> ***20.1*** *keep to and uphold the standards and values set out in the Code*
>
> ***20.2*** *act with honesty and integrity at all times,…*
>
> ***23 Cooperate with all investigations and audits***
>
> *To achieve this, you must:*
>
> ***23.1*** *cooperate with any audits of training records, registration records or other relevant audits that we may want to carry out to make sure you are still fit to practise*
>
> ***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.'

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

However, the panel determined that Mr Rich's conduct was sufficiently serious to amount to misconduct. The panel noted that Mr Rich engaged in a sustained course of dishonest behaviour, maintaining deception across two job application forms and two interviews; a total of four occasions. In the panel's view this was not a one-off lapse in judgment, but a pattern of deliberate and premeditated dishonesty motivated by personal gain. At the time, Mr Rich had been working as a bank nurse but had sought to obtain an NHS contract. The panel noted that such a contract would have carried employment benefits such as sick pay, holiday pay and pension entitlement. In the panel's view, Mr Rich's deliberate concealment from the Trust that he was subject to interim conditions on his practice was a serious departure from the standards expected of a registered nurse.

The panel further noted that, given Mr Rich's previous experience of the regulatory process and his prior engagement with proceedings, he would have been aware of the importance of honesty in order to ensure patient safety. Rather than concealing his restrictions, Mr Rich could have maintained his defence, but explained the nature and rationale of his conditions of practice to any prospective employer. This would have allowed the Trust to take appropriate steps to ensure patient safety, had it decided to employ him. His failure to act with honesty denied the Trust the opportunity to be aware of Mr Rich's regulatory proceedings and thus safeguard patients. The panel therefore concluded that Mr Rich's actions demonstrated a significant lack of integrity and honesty.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Mr Rich's 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: 03/03/2025) 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 noted that Mr Rich had restrictions placed on his practice because of previously identified risks to patient safety in relation to another matter. The fact that fitness to practise proceedings in relation to this other matter ultimately concluded with no case to answer was, in the panel's view, immaterial. At the time of the imposition of the interim conditions on Mr Rich's registration, a previous panel had assessed the information available to it at the time and determined that an interim order was necessary for public protection, pending further investigation by the NMC. In completely disregarding the regulatory process and deliberately choosing not to comply with the interim conditions placed on him, this panel is of the view that patients were put at an unwarranted risk of harm as a result of Mr Rich's actions.

The panel determined that Mr Rich's misconduct brought the nursing profession into disrepute. The panel noted the serious reputational risk to the Trust, had it employed Mr Rich in one of the roles to which he applied, if his deception was to be discovered at a later date. Mr Rich's misconduct constituted serious breaches of the

fundamental tenets of the nursing profession as he had been dishonest and failed to comply with directions from his regulator. The panel had also found that Mr Rich demonstrated repeated and conscious dishonesty for his own benefit.

The panel therefore determined that limbs a, b, c and d of the Grant test were engaged and, if the misconduct were to be repeated, would be engaged in the future.

The panel next considered whether the misconduct in this case was capable of being remediated. It took into account the NMC guidance on *Can the concern be addressed?* (FtP-15a) which states:

> *'Examples of conduct which may not be possible to address, and where steps such as training courses or supervision at work are unlikely to address the concerns include:*
>
> - *…*
> - *dishonesty, particularly if it was serious and sustained over a period of time, or is directly linked to the nurse, midwife or nursing associate's professional practice*
> - *…*

In light of this the panel determined that the misconduct in this case is not easily remediable.

The panel then went on to consider whether the concerns had been addressed by Mr Rich.

The panel considered that the concerns in this case are attitudinal rather than clinical, arising from deliberate and sustained dishonesty that undermines the regulatory process. Mr Rich was aware of the importance of his conditions of practice order, having attended the interim order hearings and having demonstrated an understanding of what was expected of him when communicating with another employment agency. Despite this, he chose to act dishonestly and conceal those

conditions when seeking employment at the Trust, undermining the function of the NMC as his regulator and the need to protect patients and maintain public confidence in the profession.

The panel noted Mr Rich's limited engagement with these proceedings and his non-attendance at the hearing. It also noted the absence of any documentary evidence of reflection, insight, or remediation. There was nothing before the panel to suggest that Mr Rich has recognised the seriousness of his conduct or considered how his actions may have affected the healthcare staff involved in his recruitment, his profession, patient safety or public trust in nursing. The repeated and deliberate nature of the dishonesty over a sustained period, combined with his continued disengagement and disingenuous explanations, demonstrate a blatant disregard for the regulatory process and the fundamental tenets of the profession. Given the attitudinal nature of these concerns and the absence of any evidence of change, the panel concluded that there remains a high risk of repetition. Mr Rich's behaviour has shown that he places his own interests above those of patients and the public, and his conduct represents a clear rejection of the authority of the NMC. The panel therefore determined that a finding of current impairment is necessary on the ground of public protection.

The panel had regard to the serious nature of Mr Rich's misconduct and determined that public confidence in the profession would be undermined if a finding of impairment were not made in this case, particularly as this misconduct related to deliberate dishonesty and indifference to the fitness to practise process of the NMC as his regulator. The panel was of the view that a fully informed member of the public, aware of the proven charges in this case, would be very concerned if Mr Rich were permitted to practise as a registered nurse without restrictions. For this reason, the panel determined that a finding of current impairment on public interest grounds is also required. It determined that this finding is necessary to mark the seriousness of the misconduct, the importance of maintaining public confidence in the nursing profession, and to uphold the proper professional standards for members of the nursing profession.

Having regard to all of the above, the panel was satisfied that Mr Rich's 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 Mr Rich off the register. The effect of this order is that the NMC register will show that Mr Rich has 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.

Submissions on sanction

Ms Gwilym invited the panel to impose a striking off order, noting that the panel has found Mr Rich's fitness to practise to be currently impaired. Ms Gwilym submitted that Mr Rich's dishonesty was deliberate and calculated and was maintained over a period of time. She also submitted that Mr Rich has failed to show any insight into his actions or to show a willingness to address the concerns raised.

Ms Gwilym provided the panel with submissions on the sanctions available to the panel, going through the appropriateness and proportionality of each sanction and highlighting the relevant NMC guidance to which the panel could refer. She submitted that a striking off order is the only order that would be sufficient to protect patients, address the public interest and maintain professional standards considering the severity of dishonesty in this case and Mr Rich's inability to demonstrate a fundamental level of professionalism.

Decision and reasons on sanction

Having found Mr Rich's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in

mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel accepted the advice of the legal assessor concerning the approach it should take to the question of sanction.

The panel took into account the following aggravating features:

- Mr Rich's actions in attempting to conceal the restrictions on his practice were fundamentally dishonest and lacked integrity.
- Mr Rich placed patients at a potential risk of harm as a result of his attempts at circumventing the regulatory process and failing to comply with the restrictions on his practice.
- Mr Rich's actions were a pattern of misconduct that took place over a period of time.
- Mr Rich has shown no insight into his actions.
- Mr Rich's dishonesty was persistent and premeditated, within a professional setting and for his own personal gain, making it particularly serious.
- Mr Rich's prior engagement with the fitness to practise proceedings meant he was fully aware of the need for honesty in regulatory proceedings. However, he failed to be honest and transparent on four occasions, demonstrating a deliberate disregard of the NMC as his regulator.

The panel next considered the mitigating features in this case. The panel noted that there had been no other concerns raised about Mr Rich's practice. However, in the panel's view, this did not amount to a mitigating feature. The panel therefore concluded that there were no mitigating features in this case.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case and the public protection issues

identified. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case and the public protection issues identified, an order that does not restrict Mr Rich's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Mr Rich's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate. 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 Mr Rich's registration would be a sufficient and appropriate response. The panel noted that Mr Rich had previously been under an interim conditions of practice order but had chosen to deliberately disregard it and had failed to comply with it. The panel had no information before it to suggest that Mr Rich would comply with a substantive conditions of practice order, given his failure to previously comply.

In the panel's judgement Mr Rich's repeated misconduct, lack of insight and disengagement with the NMC were too serious for conditions of practice to be an adequate or appropriate order. Also, the panel found that the misconduct identified in this case could not be easily remediated. In the panel's view Mr Rich's misconduct revealed deep-seated attitudinal problems including premeditated and sustained dishonesty. It determined that, given the seriousness of the concerns, the deep-seated attitudinal problems and Mr Rich's lack of insight into how his actions could affect patients, colleagues and public confidence in the profession and his disregard for the regulator, there were no proportionate and workable conditions that could be formulated.

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 considered that this was not a single instance of misconduct, but instead a calculated pattern of deception conducted over a period of time. It bore in mind its previous conclusion that such behaviour was indicative of a deep-seated attitudinal problem, given the repeated deliberate dishonesty. It considered that Mr Rich had sought to conceal the restrictions on his practice for personal gain.

The panel acknowledged that it had no evidence before it that suggested that the conduct had been repeated since 2020, but considered that this carried less weight, given that the behaviour had been repeated frequently until it was discovered by staff at the Trust following one of Mr Rich's interviews.

The panel also bore in mind that it had found Mr Rich to have demonstrated no insight and that it had previously found that there was a very real risk of repetition. The panel also took into account that in his most recent communications with the NMC, including his CMF, Mr Rich continued to reiterate a defence that the panel had determined was a manufactured lie and which sought to blame others. The panel had rejected this defence as it had found that his dishonesty was not a mistake but rather a premeditated course of action for his own personal gain.

Notwithstanding all of the above, the panel did give serious consideration to whether imposing a suspension order would offer Mr Rich a chance to remediate his misconduct and make steps towards returning to safe practice. However, it considered that Mr Rich's failure to engage with the hearing and to provide any real explanation for his behaviour meant that there was no basis upon which it could justify such an order. It bore in mind that Mr Rich has had some five years since the

referral to the NMC to reflect on his misconduct and demonstrate insight and remediation. He had elected not to do so and had instead stated in email communication dated 8 October 2025:

> *'I am no longer a member of the NMC therefore I no longer need to follow your rules and regulations and you can not legally submit me to a hearing.'*

In these circumstances, even had a suspension order been appropriate, the panel could see no useful purpose in such an order.

For all these reasons, the panel did not consider that a suspension order was appropriate either to protect the public or to uphold the public interest.

The panel therefore went on to consider a striking off order. In so doing it bore in mind the NMC Guidance: *SAN-2 Sanctions for particularly serious cases*. This guidance reminds panels that:

> *'Honesty is of central importance to a nurse, midwife or nursing associate's practice. Therefore allegations of dishonesty will always be serious and a nurse, midwife or nursing associate who has acted dishonestly will always be at some risk of being removed from the register.*
> *…panels will need to consider carefully the following factors:*
> - *there is a distinction to be drawn between an allegation of conduct which is intrinsically dishonest, like fraud or forgery, as opposed to an allegation which relates to conduct (record-keeping, for example) which is capable of being performed either honestly or dishonestly…'*

The panel determined that Mr Rich's actions were serious and persistent dishonesty. Mr Rich had shown no insight and no remorse for his actions and there remained a high risk of repetition of his misconduct. He had placed his own personal interests above the potential risk of harm to patients and colleagues. Mr Rich is therefore still a risk to public safety should he practise as a registered nurse.

Mr Rich's actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with him remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mr Rich's actions were so serious that to allow him to remain on the NMC register would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of Mr Rich's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct himself, 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 Mr Rich 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 Mr Rich's own interests until the striking-off sanction takes effect.

Submissions on interim order

The panel took account of the submissions made by Ms Gwilym. She submitted that an interim suspension order for a period of 28 days is necessary to cover any potential period of appeal.

The panel accepted the advice of the legal assessor.

Decision and reasons on interim order

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

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. The panel was satisfied that this was necessary in order to protect the public and that it was otherwise in the public interest. It was of the view that the length of the order is necessary to cover any possible delays during the appeal process. The panel determined that not to impose an interim suspension order would be inconsistent with its earlier decisions.

The panel had regard to the impact that an interim order will have on Mr Rich. It was satisfied that this order, for this period, was proportionate and fairly balanced the need to protect the public and the public interest with the effect on Mr Rich.

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

That concludes this determination.