Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Tuesday 16 September – Thursday 18 September 2025
&
Monday 22 September 2025

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

Name of Registrant:	Jariatu Bah
NMC PIN:	05I1487E
Part(s) of the register:	Registered Nurse – RNA Adult Nursing - 21 September 2005 Registered Midwife – 7 November 2009
Relevant Location:	Camden
Type of case:	Misconduct
Panel members:	David Hull (Chair, Lay member) Zoe Wernikowski (Registrant member) Peter Cowup (Lay member)
Legal Assessor:	Tracy Ayling
Hearings Coordinator:	Rene Aktar
Nursing and Midwifery Council:	Represented by Jayesh Jotangia, Case Presenter
Mrs Bah:	Present and represented at the hearing by Dr Abbey Akinoshun
Facts proved by admission:	All charges
Facts not proved:	N/A
Fitness to practise:	Impaired

Sanction:	**Suspension order (6 months)**
Interim order:	**Interim suspension order (18 months)**

Details of charge

‘That you a Registered Midwife:

1. On or around 22 January 2020, submitted to University College London Hospitals NHS Foundation Trust (“The Trust”), a false sickness certificate to cover the period 17 December 2019 to 2 January 2020.

2. On or around 22 January 2020, submitted to the Trust, a false sickness certificate to cover the period 2 January 2020 to 23 January 2020.

3. Your actions in charge 1, and or charge 2, above, were dishonest in that you sought to represent to the Trust that the sickness certificates you submitted were genuine when you knew they were falsified.

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

Background

You were referred to the NMC on 10 February 2021 by your former employer at University College London Hospitals (UCLH) who alleged that you had submitted falsified sick certificates from your General Practitioner (GP) covering the periods 17 December 2019 to 2 January 2020 and 2 January 2020 to 23 January 2021. This referral resulted in an investigation by the NMC, which identified the regulatory concerns set out below.

1. Dishonesty – in that you provided falsified sick notes to your employer on one or more occasions

Decision and reasons on facts

At the outset of the hearing, the panel heard from Dr Akinoshun, on your behalf, who informed the panel that you made full admissions to all the charges.

The panel therefore finds charges 1, 2 and 3 proved in their entirety, by way of your admissions.

Submissions

Mr Jotangia, on behalf of the Nursing and Midwifery Council (NMC), outlined the facts on behalf of the NMC. He submitted that the case involves dishonesty and a potential fraud case which concerned falsified sickness certificates.

Mr Jotangia submitted that these falsified certificates were knowingly submitted, as stated in the witness statements that the NMC rely on. He identified that whilst some of the sickness certificates provided by your GP were genuine, others had been tampered with which was evidenced by the unique identifying numbers on the certificates themselves. Mr Jotangia submitted that the sickness certificates were altered by you for a financial gain which constituted fraud.

Mr Jotangia submitted that this reflects the seriousness of the allegations where there is a breach of professional boundaries. He also submitted that there are aggravating factors in this case. He submitted that there was premeditation on your part. He submitted that in providing sickness and inaccurate notes, there has been a financial gain which further exacerbates the seriousness of the facts found proved.

Mr Jotangia submitted that despite being given multiple opportunities to provide original certificates, you did not provide these, and that you continued to maintain that the certificates were authentic.

Dr Akinoshun submitted that you have admitted to all the charges as you are being honest, transparent, and open in front of the panel. He submitted that the issue of the

financial benefit has already been addressed as the money paid through the period of sickness had already been deducted from your salary, due to a decision being made by the Trust's panel who dealt with the disciplinary hearing.

Dr Akinoshun submitted that you had intended to repay the money gained out of the dishonesty, prior to the Trust reclaiming the sum from your salary.

Dr Akinoshun submitted that you have acknowledged your feelings to all the charges, despite the seriousness of dishonesty.

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

During the hearing, Mr Akinoshun made a request that this case be held partly in private on the basis that proper exploration of your case involves reference to your health and family matters. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Mr Jotangia indicated that he supported the application to the extent that any reference to your health and family matters should be heard in private.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

The panel determined to rule on whether or not to go into private session in connection with your health and family matters as and when such issues are raised in order to preserve your privacy.

Fitness to practise

Having announced its findings on the facts, the panel then considered whether, on the basis of the facts found proved, your fitness to practise is currently impaired by reason of your misconduct in relation to charges 1, 2 and 3, and whether the facts found proved in relation to all the charges amount to misconduct, and, if so, whether your fitness to practise is also currently impaired on that basis. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

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, 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 and impairment

You gave evidence under affirmation.

You said that you qualified as a registered midwife in November 2009, and you qualified as a registered nurse in 2005. You said that you have been working as a midwife for around 16 years.

You said that you have not had any issues relating to dishonesty since the allegations occurred. You said that you have not acted dishonestly before in any form prior to the incident occurring. You said that since you had left the Trust, you have been working as a midwife for five years.

You said that there has not been any restriction from the NMC placed upon your practice for the last five years. You said that you are currently working as agency midwife and have been since 2020. You said that you have no issues in your current agency in relation to dishonesty.

You said that you decided to admit all the charges including dishonesty, as you did not want to keep lying and hiding behind untruths. You said that the incident took place in December 2019 and January 2020, at a time when you were experiencing work and stress related issues. You said that prior to this, you were having issues at work with your manager [PRIVATE]. [PRIVATE].

[PRIVATE]. You said that you then decided to go to Sierra Leone for complementary treatment after that.

You said that you had received advice and calls from family and friends back home to provide advice for conventional treatments to help you as you were still feeling the same way with no improvements and that you had decided to seek alternative treatment in Sierra Leone.

You said that whilst you were in Sierra Leone, you received emails and phone calls from both your line manager and your matron requesting sick certificates. You said that after you self-certified, you spoke to your GP, and you were presented with a sick certificate which was the original certificate. [PRIVATE].

As part of your evidence to the panel, you said that when you were in Sierra Leone, the internet and phone connection was really bad and that you could not directly call the GP. You said that you asked your partner to make the call and when you returned from Sierra Leone, your partner presented you with the original certificate which did not cover the period of your sickness, [PRIVATE]. You said that your partner’s friend then falsified the

certificate because you were panicking. You said the first you knew about the false certificates they had already been falsified.

You said that this was a poor decision made because your judgement was clouded by [PRIVATE]. You said that you were afraid, desperate and panicked. [PRIVATE]. You said that you had several opportunities to tell the truth but that your ‘personal and financial status’ clouded your judgement.

You said that you are the sole financial provider for your family and that you were not thinking about the consequences of your actions. You said that you were just focusing on your personal and financial considerations.

You said that by submitting the false sick certificates, you were dishonest. You said that you have failed to uphold the standards of the NMC and the trust that your employers had in you. You said that you deeply regret your actions and that you have been reflecting since it happened.

You said that you were not aware of the unique identification number on the certificates and that this was highlighted to you during the Trust investigation.

You said that you are continuing to improve on the qualities of upholding the standards of being a midwife. You said that you are sorry about what you did, that you were dishonest, and that your behaviour was unacceptable. You said that you cannot continue to lie and that you want to be a good midwife. You said that you fully accept responsibility for your actions.

You said that your actions were wrong and that you deeply regret them. You said that if you could go back, you would, and that you would never repeat the same mistakes again. You said that you are now committed to asking for help early and to always speak the truth. You said that honesty is the fundamental base for every profession. You said that

you cannot continue to be dishonest and that you have to uphold the standards of the NMC and of your profession.

You said that your actions amounted to dishonesty as you knew that the sick certificates were not legitimate and were not genuine and you still chose to submit them. You said that since the incident occurred, you had undertaken a reflection on what has happened.

You said that your behaviour has affected your employer's trust deeply as honesty and integrity is needed to be able to ensure safe care. You said that regaining trust is very difficult and that you are working very hard at this point. You said that you would like to apologise to your employer and that you would want to work harder and would like to continue reflecting to make sure this incident does not happen again.

You said that your actions in being dishonest have a really deep impact on your colleagues, the profession, the public, and the profession as a whole. You said that there would have been a lot of work pressure and lack of trust as a consequence. You said that you are doing your best to uphold the standards and to continue being the safe practitioner that you used to be before.

You said that looking back, you would have been truthful from the outset and that you would not have let your personal and emotional issues cloud your judgement. You said that you would have sought help from your line manager, from occupational health, and other professional support.

You said that you are now aware and that you should have been honest from the start. You said that if you want to continue practicing, you have to maintain honesty and integrity. You said that you deeply regret your actions and that you are remorseful about what happened. You said that you promise not to repeat this again.

You said that this incident has taught you painful, difficult, but very important lessons. You said that you know now that you should have asked for help in order to tackle situations under pressure. You said that you have learnt from your mistakes.

You said that you have completed an ethical course, a Continuing Professional Development (CPD) module on ethics which involves honesty, accountability and integrity. You said that you have learnt a lot from undergoing these modules from the experience you have gone through.

You said that you will handle difficult personal or professional situations differently by having open communications and you would have at least one person that you can trust at work where you would be able to ask for help and advice. You said that you have worked on ways of coping with your stress and that you would seek medical help when necessary.

You said that you let everybody down and that and that you are deeply apologetic about this. You said that your actions were completely wrong. You said that you are ashamed of your actions. You said that you are a trustworthy person and that if you were given the opportunity, you would uphold the standards, and you will continue to practice as a registered professional. You said that you request to the panel to have another chance to prove yourself.

[PRIVATE].

You said that you have been working as an agency midwife and that your sickness does not affect your work. You said that when you are sick, you do not go to work. You said that if you were to go off sick, you would go to the GP and submit the sickness certificates as required. You said that when you are sick, you call the agency and update your availability for this and if needed, you would inform them to cancel your shifts.

When answering the panel's questions, you said that you had submitted the sick certificates sometime around January 2020, and that management did not come back to you until around 20 April 2020 to point out that the certificates were not genuine. You said that you were not aware of any management concerns about the certificates before that date, and you were working as normal at the time.

You said that the days that you were off sick accounted for approximately £2000 salary, which you were willing to repay. You said you are not sure on how this was calculated but that this sum was deducted from your salary as stated in the dismissal letter.

You said that you knew from the outset that you were being dishonest and at that point, you were not thinking about the consequences or the impact that it would have on anyone. You said that your personal and financial status was the reason why you submitted the false certificates.

You said that at the time you felt pressurised by what you described as the constant emails and requests about the sick certificates. You said that you take full responsibility for your actions and that you were overwhelmed, desperate and really anxious about the situation. You said that it was your partner that decided to falsify them, and you simply handed the falsified sick certificates to the Trust.

You said that reflection is a part of your daily life and that since this incident, you have done nothing but reflect on what happened. You said that as a midwife, you have a duty to look after your students and that you have to be a set a good example for them. You said that you have spoken to your peers about this and that you have mentored them to always tell the truth and uphold proper professional standards.

Mr Jotangia invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015' (the Code) in making its decision. He invited the panel to consider part 20.2 of the Code.

Mr Jotangia identified the specific, relevant standards where your actions amounted to misconduct. He submitted that the case involves dishonesty or a potential fraud case which concerns falsified certificates.

Mr Jotangia submitted that this misconduct reflects the seriousness of the allegations amounting to deplorable behaviour that falls far below the standards expected of a registered nurse.

Mr Jotangia submitted that you have engaged in dishonest behaviour by falsifying two sickness certificates. He submitted that your misconduct had financial implications for the Trust.

Mr Jotangia submitted that a registrant should have an awareness to upkeep honesty, integrity and trustworthiness in the profession. He submitted that the dishonesty undermines public confidence and raised concerns about your ability to uphold those professional standards.

Mr Jotangia submitted that the misconduct in this case was premeditated and systematic as evidenced by the documented sick notes. He submitted that this type of behaviour is considered among the most serious forms of dishonesty as it involves deliberate deception and exploitation of a position of trust.

Mr Jotangia submitted that your actions do not align with the professional duty of candour, which requires transparency and accountability in all aspects of practice.

Mr Jotangia moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body.

Mr Jotangia submitted that there is nothing on practice or practicable steps in the reflective statement or in your verbal testimony. He submitted that your fitness to practice is currently impaired due to the seriousness of the misconduct. Mr Jotangia submitted that there is no evidence of strengthened practice.

Mr Jotangia submitted that although you have engaged with the NMC investigation, you have not demonstrated steps you have taken to address the concerns raised. He submitted that there is no evidence of strengthened practice.

Mr Jotangia submitted that other key factors would need to be considered by the panel in regard to remediation. He submitted that if the conduct is remediable, the panel must consider whether you have taken necessary steps to address the particular behaviour.

Mr Jotangia submitted that although some insight and reflection that has been provided, there is no evidence or detail about strengthening practice or improvement. He submitted that the dishonesty involved in the falsification of the sickness certificates may be difficult to remediate.

Mr Jotangia submitted that there is a risk of repetition. He submitted that the public must have confidence in the nursing profession. He submitted that all limbs of *Grant* [2011] EWHC 927 (Admin) are engaged.

Dr Akinoshun expressed to the panel the efforts made by you to strengthen your practice in relation to honesty and integrity. He submitted that you have admitted the charges of submitting the falsified sickness certificates. Dr Akinoshun submitted that you accept that this was dishonest conduct and that you recognise that such behaviour falls seriously short of the standards expected of a registered midwife.

Dr Akinoshun submitted that the dishonesty in the case falls within the category of behaviour which amounts to misconduct. He referred the panel to the case of *General*

Medical Council v Meadow [2007] and *Parkinson v Nursing and Midwifery Council* EWHC 1898 (Admin).

Dr Akinoshun submitted that in this case, although the misconduct was serious, it was an isolated incident of dishonesty. He submitted that this is a type of behaviour which is capable of remediation. Dr Akinoshun submitted that have taken steps to remedy it by undertaking training on law and ethics, probity, and honesty in professional practice. He further submitted that the panel were provided with a reflective statement.

Dr Akinoshun submitted that it had been five years since the incident without any further concerns in relation to honesty and integrity. He submitted that the conduct will not be repeated.

Dr Akinoshun submitted that since the incident, you demonstrated that you have worked in the clinical setting without any further concerns of dishonesty. He submitted that this was an isolated event and that there has been no evidence or a further referral to the NMC of any further concerns.

Dr Akinoshun submitted that you have shown insight and remediation into the allegations as you have admitted to the charges. He submitted that you have demonstrated to the panel that you have developed an insight into an act of dishonesty. He referred the panel to *Yeong v GMC* [2009] EWHC 1923 (Admin).

Dr Akinoshun submitted that the proven facts amount to misconduct. However, when considering impairment, the panel should consider that since the incident you have taken steps to remediate and gain a genuine level of insight through training courses and a reflective statement.

Dr Akinoshun submitted that the evidence demonstrates that the risk of repetition is negligible. He submitted that you are now a safe and trustworthy practitioner.

Decision and reasons on misconduct

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, *Professional Standards Authority v General Dental Council* and AB [2016] EWHC 1539, *Professional Standards Authority for Health and Social Care v General Medical Council* and *Uppal* [2015] EWHC 1304 (Admin), and *General Medical Council v Meadow* [2007] QB 462 (Admin).

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 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:

> ***'20 Uphold the reputation of your profession at all times***
> *To achieve this, you must:*
> *20.1 keep to and uphold the standards and values set out in the Code*
> *20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment*
> *20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people*
>
> ***21 Uphold your position as a registered nurse, midwife or nursing associate***
> *To achieve this, you must:*

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. The panel took into account that you made admissions to submitting the falsified sickness certificates.

The panel also took into account the seriousness of the conduct and decided that dishonesty is serious. The panel noted that you chose to cover up the gap in the sickness certificate provided by your GP by deliberately and intentionally submitting falsified certificates. The panel was of the view that the evidence of financial gain is unclear although the panel noted that you said offered to pay the money back. The panel took into account your conduct does not relate to clinical practice but relates to your contractual obligations to the Trust as a registered midwife.

The panel found that your actions were serious as you intended to mislead the Trust by furnishing records which you knew to be false. The panel decided that your actions did fall seriously short of the conduct and standards expected of a midwife and amounted to misconduct.

Decision and reasons on impairment

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

Midwives 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 midwives with their lives and the lives of their loved ones. To justify that trust, midwives 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 decided that limb *a)* was not engaged in this case. The panel noted that you do accept the substance of the regulatory concern and that your dishonesty would damage the reputation of the profession. The panel decided that your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty serious.

In relation to remediation, you told the panel that you have completed your mandatory training. It noted that you are currently working under a ‘zero-hours’ contract and that when you are ill, you simply cancel your shift and there is no specific absence policy you are required to follow. The panel noted that you did not provide any evidence of how the training undertaken has been applied to strengthen your practice. Nor did you provide any evidence of the reflective discussions that you told the panel you had with students, peers, and mentors. You did not provide the panel with any evidence of how you now manage external pressures so as to avoid a similar situation arising in the future.

Regarding insight, the panel took into account that you are genuinely remorseful and mortified by your actions. The panel accepted that you did not think about the consequences of your actions at the time as your judgement was affected by financial and emotional worries. The panel also accepted that your expressions of remorse and your apologies were sincere.

The panel took into account that although your evidence was genuine, it lacked support from other independent sources. The panel took into account that although this appears to be an isolated incident with no previous occurrence. The evidence presented before the panel was limited as you did not provide any testimonials from employers or a line manager, references, or evidence of additional training you have completed over the past five years. It also considered that you did not provide any evidence on the mentoring that you said you have undertaken. The panel noted that there is no evidence of any strengthened practice.

The panel was satisfied that the misconduct in this case is capable of being addressed. The panel took into account that this was a single instance of dishonesty, and it did not identify any deep-seated attitudinal concerns. However, the panel considered that due to the lack of evidence of training, testimonials and references presented, it has decided that your insight into your conduct is not fully developed. In addition, the panel decided it has no evidence that you have taken the necessary steps to strengthen your practice.

The panel is of the view that that although this was a one-off incident, it considered there to be a risk of repetition of your dishonesty if a finding of impairment was not found in this case. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect the wider public interest, which 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 considered there to be a public interest in the circumstances of this case. The panel found that the charges found proved are serious and include dishonesty. It was of the view that a fully informed member of the public would be concerned by its findings on misconduct. The panel concluded that public confidence in the nursing profession would be undermined if a finding of impairment was not made in this case. Therefore, the panel determined that a finding of impairment on public interest grounds was also required.

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

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of 6 months. The effect of this order is that the NMC register will show that your registration has been suspended.

In reaching this decision, the panel 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.

Submissions on sanction

Mr Jotangia informed the panel that in the Notice of Hearing, dated 18 August 2025, the NMC had advised you that it would seek the imposition of a striking-off order if it found your fitness to practise currently impaired. The NMC maintained its proposal that a striking-off order is appropriate sanction in this case.

Mr Jotangia submitted that the proven charges of dishonesty involving falsification of the sickness constitutes a serious breach of the fundamental tenets of the nursing and midwifery profession. He submitted that your actions fell significantly short of the standards expected of a registered nurse or midwife.

Mr Jotangia submitted that dishonesty is amongst the most serious forms of misconduct as it undermines public trust in the profession and compromises the integrity of a registrant. He submitted that the falsification of the sickness was premeditated and intended to mislead the employer for financial gain.

Mr Jotangia submitted that your misconduct poses a risk to public protection and undermines public confidence in the profession.

Mr Jotangia submitted that you have not provided sufficient evidence of remediation or strengthened practice. He submitted that given the seriousness of the misconduct and risk of repetition, the appropriate sanction in this case would be a striking-off order.

Dr Akinoshun submitted that you have provided evidence that you have been on the NMC register for the past 16 years as a registered midwife. He submitted that you had admitted to a serious act of dishonesty.

Dr Akinoshun submitted that the mitigating factors in this case involve your insight and remediation and that you admitted the charges at the start of the hearing. He submitted that you have provided a written reflection and described in your evidence how you have changed your practice and decision making since the incident. He further submitted that you have demonstrated safe practice over the past five years.

Dr Akinoshun submitted that you have never been placed on an interim order and that you have been consistently working as a midwife without any restrictions on your practice. He submitted that there has been no repetition since the events.

Dr Akinoshun submitted that you have provided evidence in relation to [PRIVATE]. Dr Akinoshun submitted that you have been engaging with the NMC process since the investigative stage.

Dr Akinoshun submitted that a suspension order for a fixed period would be the most appropriate order. He submitted that a suspension order may be appropriate where there is a serious incident of dishonesty. Dr Akinoshun submitted that there is evidence of remorse and developing insight and a low risk of repetition.

Dr Akinoshun submitted that a suspension order will provide an opportunity to address the concerns expressed. He referred the panel to *Atkinson v GMC* [2009] EWHC 3636 (Admin).

Dr Akinoshun submitted that there is no evidence of harmful, deep-seated personality or attitudinal problems. He told the panel about your position as the main breadwinner in the household and the number of dependents that you support. He submitted that you would

experience financial hardship, but he conceded that this should not outweigh the public interest.

Dr Akinoshun invited the panel to impose a suspension order.

Decision and reasons on sanction

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

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

The panel took into account the following aggravating features:

- Serious breach of the fundamental tenets of the Nursing and Midwifery profession
- Abuse of a position of trust

The panel also took into account the following mitigating features:

- [PRIVATE]
- Some developing insight into the concerns
- Isolated incident of dishonesty
- No long-standing deep-seated attitudinal behaviours
- No evidence of any repetition or a referral
- Been working as a midwife for the last five years with no repetition of the concerns

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where '*the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the 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;*
- *The nurse or midwife has insight into any health problems and is prepared to agree to abide by conditions on medical condition, treatment and supervision;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *…*
- *...*

The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case.

Furthermore, the panel concluded that the placing of conditions on your registration would not adequately address the seriousness of this case and would not protect the public.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- *In cases where the only issue relates to the nurse or midwife's health…*
- *...*

The panel had decided when considering the impairment of your fitness to practice, that the dishonesty in this case is limited. It is confined to the submission of of falsified sick certificates in circumstances where you were entitled to legitimate certificates as your GP has confirmed [PRIVATE]. The panel also noted that you had tried to obtain the certificates via the correct channels. The panel disagreed with the submission of the NMC that this was premeditated or systematic behaviour but was of the view that your response was based on your own 'clouded' judgement. The panel concluded that there was no evidence that you obtained any financial benefit from your actions. For the above reasons, the panel decided that this is a less serious case of dishonesty.

The panel decided that the conduct in this case is remediable, and it remains possible to further develop your insight and strengthen your practice. The panel noted that there has

been no repetition since the incident and that there is no evidence of any harmful, deep-seated attitudinal behaviours. The panel noted that although the conduct is serious, it can be remedied and put right. The panel was satisfied that in this case; the misconduct was not fundamentally incompatible with remaining on the register.

It did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.

The panel considered that this order is 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.

The panel noted the hardship such an order will inevitably cause you. However, this is outweighed by the public interest in this case.

In making this decision, the panel carefully considered the submissions of Mr Jotangia in relation to the sanction that the NMC was seeking in this case. However, the panel determined that a suspension order was appropriate in this case to mark the seriousness of the misconduct. The panel considered that a suspension order would enable allow you to provide further evidence of remediation and strengthened practice.

The panel determined that a suspension order for a period of 6 months is appropriate to mark the seriousness of the misconduct.

At the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- Evidence of workplace testimonials, particularly with reference to honesty and integrity
- Further relevant training
- How you have applied your learning to strengthening your practice
- A revised reflective statement
- Reflective practice examples demonstrating strengthened practice in your workplace

Interim order

As the suspension order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or is in your own interest until the suspension order takes effect.

Submissions on interim order

Mr Jotangia invited the panel to impose an interim suspension order for a period of 18 months. He submitted that this interim order is necessary on the grounds of public protection, and it is also in the public interest, having regard to the panel's findings.

Dr Akinoshun opposed this application. He submitted that there is no evidence of an imminent risk to patient safety that required immediate intervention before the substantive

order. He submitted that the substantive order deals with the public interest. He invited the panel to decline the application for an interim order.

Decision and reasons on interim order

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

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

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. Owing to the seriousness of the misconduct in this case it determined that your actions were sufficiently serious to justify the imposition of an interim suspension order until the substantive suspension order takes effect. In the panel's judgment, public confidence in the regulatory process would be undermined if you were permitted to practise as a registered nurse prior to the substantive order coming into effect.

The panel decided to impose an interim suspension order in the circumstances of this case. To conclude otherwise would be incompatible with its earlier findings.
The panel imposed an interim suspension order for a period of 18 months.

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

This will be confirmed to you in writing.

That concludes this determination.