Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday, 15 September 2025 – Thursday, 18 September 2025

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

Name of Registrant:	**Patricia Ann Dosdos**
NMC PIN	21I0780O
Part(s) of the register:	Registered Nurse - Sub part 1 Adult Nursing (Level 1) -14 September 2021
Relevant Location:	Ballymena
Type of case:	Misconduct
Panel members:	Paul Hepworth (Chair, lay member) Samuel Herbert (Registrant member) Joanna Bower (Lay member)
Legal Assessor:	Cyrus Katrak
Hearings Coordinator:	Stanley Udealor
Nursing and Midwifery Council:	Represented by Samprada Mukhia, Case Presenter
Ms Dosdos:	Present and represented by Rebecca Paterson, counsel instructed by the Royal College of Nursing (RCN)
Facts proved:	Charges 1a, 1b, 2, 3a and 3b (by admission)
Facts not proved:	None
Fitness to practise:	Impaired
Sanction:	**Suspension order (9 months)**

Interim order: **Interim suspension order (18 months)**

Details of charge

That you, a registered nurse:

1. On 20 December 2022:
    a. You administered Midazolam to Patient A via their intravenous canula rather than subcutaneously as prescribed;
    b. You incorrectly recorded that you had administered Midazolam to Patient A via their abdomen.

2. On or around 21 December 2022 you falsely informed Colleague A that the GP had stated that Midazolam could be given to Patient A by IV, when the GP had not said this.

3. Your conduct at one or more charges at 1b and 2 above, was dishonest in that you:
    a. Sought to conceal that you had administered Midazolam to Patient A by IV;
    b. You sought to give the misleading impression that you had authorisation from the GP to administer Midazolam to Patient A by IV.

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

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

At the outset of the hearing, Ms Paterson, on your behalf, made an application that this case should be held partly in private on the basis that proper exploration of this case involves references to your [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Mukhia, on behalf of the Nursing and Midwifery Council (NMC), did not oppose the application.

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

The panel accepted the advice of the legal assessor.

The panel determined to hold this hearing partly in private. It will go into private session as and when matters relating to your [PRIVATE] are raised in order to protect your privacy.

Background

The charges arose whilst you were employed as a registered nurse by [PRIVATE] (the Group) at [PRIVATE] (the Home). On 11 January 2023, you were referred to the NMC by the Group.

It was alleged that on 20 December 2022, you were seen by Patient A's family member to be administering Midazolam to Patient A via their Intravenous (IV) canula instead of subcutaneously as prescribed. Patient A was a resident within the dementia nursing unit of the Home and was on palliative care. He had an IV canula that had been put in his hand by the Acute Care team so that they could administer antibiotics through it. Patient A was prescribed morphine sulphate for pain and midazolam for distress and agitation on 20 December 2022. This was prescribed to be taken subcutaneously, via injection.

Following the alleged incident, it was alleged that you told Witness 1/Colleague A that you had contacted the General Practitioner (GP) on 20 December 2022 and they had stated that the Midazolam could be given via IV because Patient A was agitated. However, when contacted about the alleged incident, the GP stated that they had not had any conversation regarding administering Midazolam via IV with a nurse on 20 December

2022 and they reaffirmed that the Midazolam should be administered subcutaneously as set out in the prescription.

It was further alleged that when Witness 1/Colleague A examined Patient A's prescription and administration record, she noted that you had falsely recorded that you had administered the Midazolam to Patient A on 20 December 2022 subcutaneously. When queried about it, you told Witness 1/Colleague A that you had made a mistake, and you did not let anyone know because you had apologised and therefore thought it was '*ok*'.

As a result of the allegations, a local investigation meeting was conducted by the Group on 6 January 2023 where it was reported that you admitted that it was your own decision to administer the Midazolam via IV and you had not discussed administering the medication via IV with the GP. You further admitted to falsifying Patient A's prescription and administration record in relation to the incident.

Decision and reasons on facts

At the outset of the hearing, the panel heard from Ms Paterson, who informed the panel that you made admissions to charges 1a, 1b, 2, 3a, and 3b.

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

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether your fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise safely, kindly and professionally.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, your fitness to practise is currently impaired as a result of that misconduct.

The panel heard live evidence from the following witness called on your behalf:

- Witness 2: Nurse Manager of Castle view Nursing Home (your current employer).

The panel also heard evidence from you under oath.

Submissions on misconduct

Ms Mukhia reminded the panel that there is no burden of proof on the NMC to prove misconduct as it is a matter for the panel to decide based on its professional judgement. She referred the panel to the comments of Lord Clyde in *Roylance v General Medical Council* [1999] UKPC 16 in which misconduct was defined:

> *'[331B-E] Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rule and standards ordinarily required to be followed by a [nurse] practitioner in the particular circumstances'*

Ms Mukhia further referred the panel to the comments of Jackson J in *Calheam v GMC* [2007] EWHC 2606 (Admin) and Collins J in *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), respectively:

> *'[Misconduct] connotes a serious breach which indicates that the doctor's (nurse's) fitness to practise is impaired'.*

and

> *'The adjective "serious" must be given its proper weight, and in other contexts there has been reference to conduct which would be regarded as deplorable by fellow practitioner'.*

Ms Mukhia submitted that the following parts of the Code: Professional standards of practice and behaviour for nurses and midwives 2018 (the Code) are engaged in this case and have been breached. They are sections 8.1, 8.6, 10.2, 10.3, 14.3, 18.1, 20.1, 20.2, and 20.8.

In respect of charge 1a, Ms Mukhia submitted that although no harm was caused to Patient A, it should be noted that Witness 1/Colleague A stated that there was a risk in administering medication in a manner that has not been prescribed by the GP. Ms Mukhia highlighted that you had admitted in your reflective statement that your conduct created risk of serious harm including oversedation, respiratory failure and even death. She stated that you confirmed the same during your oral evidence and mentioned the risk of respiratory depression. Ms Mukhia submitted that given your conduct in not following the correct instructions, it could not be said that you satisfied yourself that you were prioritising Patient A's health needs, as required by section 18.1 of the Code.

In relation to charge 1b, Ms Mukhia highlighted that section 10 of the Code stressed the importance of keeping clear and accurate records relevant to a nurse's practice. She submitted that a potential consequence of your incorrect recordkeeping is that your colleagues would not have been aware of the error you had made as there was no record

of it in Patient A's notes and the records would not have all the information they would have needed.

In respect of charges 1b, 2, 3a and 3b, Ms Mukhia noted they were all dishonesty related. She highlighted that you altered the *Prescription and Admin Record of subcutaneously administered meds'* (the Prescription record) after having spoken with a community nurse who knew about the error you had made and after you had apologised to the family of Patient A. Ms Mukhia asserted that this shows that you premeditated your dishonest action and deliberately breached the professional duty of candour by covering up what you had done wrong. She submitted that although there was no harm to Patient A, it could not be said that there was no risk of harm from such an action where you administered medication in a manner that was not authorised by the GP to a patient who was vulnerable at the time of the incident.

Ms Mukhia noted that you then falsely first informed the community nurse after the incident that the GP had given you permission to administer Midazolam via IV when this was not the case and then, you repeated this lie twice afterwards when you informed Witness 1/Colleague A over the phone on 21 December 2022 and in your written statement dated 22 December 2022. Ms Mukhia submitted that this again shows that you deliberately breached the professional duty of candour by trying to cover up that you had not administered the Midazolam via the correct route. She asserted that the fact that you were dishonest about the GP authorising administration via IV repeatedly, shows that your action was premeditated and not just a one-off incident and it could not be said that they were opportunistic or spontaneous.

Ms Mukhia highlighted that the public expects registered nurses to demonstrate accuracy, vigilance, and accountability in the administration of medicines. She submitted that your behaviour was a serious departure from the fundamental tenets of the profession. She added that it also amounted to a breach of the professional standards and behaviour expected of a registered nurse.

In conclusion, Ms Mukhia invited the panel to find that your actions in the charges found proved amounted to misconduct.

Ms Paterson submitted that you accepted that your conduct in charges 1b, 2, 3a and 3b amount to misconduct. She however invited the panel to consider whether your conduct in charge 1a amounts to serious professional misconduct. She submitted that although your conduct in charge 1a could be considered as a departure from what was expected from you as a registered nurse, it should be noted that in the case of *Nandi v General Medical Council*, Collin J highlighted that for a finding of professional misconduct, '*The adjective "serious" must be given its proper weight, and in other contexts there has been reference to conduct which would be regarded as deplorable by fellow practitioners'.* Furthermore, Jackson J in the case of *Calhaem v GMC* noted that a single act of negligence or omission is less likely to cross the threshold of misconduct.

Ms Paterson submitted that, in applying these principles to charge 1a, your conduct was a single act, and it is therefore less likely to cross the threshold of misconduct. In considering whether your conduct in charge 1a would be viewed as deplorable by fellow practitioners, Ms Paterson submitted that the context is particularly relevant. She highlighted that Patient A was six feet tall; a large resident who was agitated, kicking and moving his arms. She stated that you had concerns that administering the medication could have led to injury to Patient A or yourself or could have broken the injection needle. It should be noted that you have had experience in administering Midazolam to patients in the Philippines where administration of medication via IV was the norm. Ms Paterson asserted that you therefore exercised your professional judgement, and you felt that the administration of the medication via IV would be more effective in calming Patient A faster. Ms Paterson submitted that you believed that you were acting in Patient A's interest at that moment.

Ms Paterson referred the panel to the email from the Deputy Manager to Witness 1/Colleague A dated 21 December 2022 in which it was stated that the GP confirmed that administering Midazolam via IV would not be toxic as it could also be administered in that manner. It also stated that there was no actual harm to Patient A as a result of your conduct

as Patient A was only '*slightly brighter in mood'*. Ms Paterson referred the panel to the website of the National Institute of Care Excellence (NICE) which stated that Midazolam could also be administered via IV.

Ms Paterson therefore invited the panel to find that your conduct in charge 1a did not cross the threshold of serious professional misconduct.

Submissions on impairment

Ms Mukhia highlighted that impairment is conceptually forward looking, and therefore the question for the panel is whether your fitness to practise is currently impaired as at today's date. She referred the panel to the NMC Guidance on Impairment (DMA-1) and highlighted that the Guidance invites the panel to consider this question:

> *'Can the nurse, midwife or nursing associate practise kindly, safely and professionally?'*

Ms Mukhia submitted that to answer this question would involve a consideration of both the nature of the concern and the public interest. She submitted that, in considering impairment, the panel should consider the test formulated by Dame Janet Smith in the *Fifth Shipman Report,* quoted in the case of *CHRE v NMC and Grant* [2011] EWHC 927 (Admin). She submitted that limbs a, b, c and d of the *Grant* test are engaged in this case when looking at past conduct, and also when looking forward to the future.

In relation to limb a of the Grant test, Ms Mukhia submitted that although the NMC acknowledges that there was no patient harm in this case, your actions were liable to put Patient A who was vulnerable and in palliative care at unwarranted risk of harm. She asserted that the fact that you tried to conceal what you had done and attempted to mislead your colleagues further aggravates the concerns as it shows that you chose to deliberately hide what had gone wrong than take ownership of your actions. She submitted that you did not take into account the potential consequences of your actions on Patient A's future care.

In respect of limb b of the Grant test, Ms Mukhia submitted that by the circumstances of your conduct, you have brought the reputation of the nursing profession into disrepute. She highlighted that nurses occupy a position of trust in society and are expected at all times to act with honesty and integrity in accordance with section 20.2 of the Code. She submitted that it is apparent in this case that you were dishonest on multiple occasions as you were not open and candid about your mistakes as required by section 14.3 of the Code. She submitted that your actions fell far short of that expected of a registered professional and this undermines public trust and confidence in the nursing profession.

In relation to limb c of the Grant test, Ms Mukhia reiterated that you had breached fundamental tenets of the profession as set out in sections 8.1, 8.6, 10.2, 10.3, 14.3, 18.1, 20.1, 20.2 and 20.8 of the Code. She submitted that your conduct demonstrates attitudinal concerns which are difficult to put right and therefore may be repeated in the future.

In respect of limb d of the Grant test, Ms Mukhia submitted that you had acted dishonestly by taking a number of steps to conceal what had gone wrong and to mislead your colleagues. She asserted that the dishonesty in this case was premeditated and deliberate, and you did not appear to have had regard to the potential consequences of your action on a vulnerable patient.

In considering whether you have demonstrated sufficient insight and strengthened your practice, Ms Mukhia referred the panel to the test set out in the case of *Cohen v General Medical Council* [2008] EWHC 581 (Admin). She submitted that the concerns in this case are not easily remediable, they have not been remedied and therefore, they are highly likely to be repeated.

Ms Mukhia submitted that the concerns are difficult to address as you had acted dishonestly and the dishonesty in this case was serious. She highlighted that your dishonest conduct was repeated on several occasions, it was premeditated and there were deliberate actions to cover up your mistake. She noted that your dishonesty was also

directly linked to your professional practice, and you did not have regard to Patient A's safety when you were being dishonest.

Ms Mukhia submitted that your insight and reflection is developing. She asserted that your dishonest actions raise attitudinal concerns which are difficult to address. She noted that you had multiple opportunities to take ownership of your actions, but you did not do so. She highlighted that you had stated that you adopted a faster and easier approach to administer the Midazolam by IV because Patient A was agitated instead of ensuring that the correct route of administration was followed. She noted that you also acknowledged during your oral evidence that you were aware of the protocols in place and you could have called for assistance if you were having issues with managing the resident alone. She further highlighted that, in your reflective statement, you had indicated that you were worried about getting dismissed as a result of your mistakes being discovered and the shame that would follow. Ms Mukhia submitted that this shows that you were more concerned about yourself and your status as a nurse than the fact that your action could have put a vulnerable patient at unwarranted risk of harm.

Ms Mukhia submitted that, as you were dishonest on multiple occasions in relation to the same incident and tried to deliberately cover up your mistake, it could not be stated that it is highly unlikely for such a behaviour to be repeated.

Ms Mukhia submitted that should the panel not make a finding of impairment, it would undermine the professional standards and the confidence the public places in the nursing profession. She invited the panel to consider what message would be sent to the public if a regulator does not mark the seriousness of your dishonest behaviour. Such behaviour can negatively impact public protection and the trust and confidence the public places in nurses, midwives, and nursing associates.

In conclusion, Ms Mukhia invited the panel to find that your fitness to practise is impaired on both public protection and public interest grounds.

Ms Paterson submitted that your fitness to practise is currently not impaired, however if the panel decides otherwise, it should be considered that your fitness to practise may be solely impaired on public interest grounds.

Ms Paterson referred the panel to the NMC Guidance on Impairment (DMA 1) which states:

> *'…The Fitness to Practise Committee's role is to consider whether the professional's fitness to practise is currently impaired. It's not the aim of fitness to practise proceedings to punish a professional for past events. Fitness to practise proceedings are a way for us to establish whether the professional is able to practise kindly, safely and professionally.'*

Ms Paterson submitted that the panel can be confident that you are currently able to practise kindly, safely and professionally. She asserted that this was on the basis that your conduct was a one-off incident early in your nursing career, there is evidence that you have developed sufficient insight into the concerns, and you have been practising as a registered nurse for nearly three years without any concern raised about your nursing practice.

Ms Paterson highlighted that Witness 2, your line manager, had stated during her oral evidence that there had been no concerns raised about your practice for the past two years, you are an asset to the team, and you have become a role model at your current workplace. Ms Paterson also referred the panel to the various positive references made on your behalf. She highlighted that Witness 2 had supervised your practice, acted as a role model and provided mentorship to you. Ms Paterson submitted that you have further strengthened your nursing practice through the various training courses you had undertaken in the relevant areas of concern. She referred the panel to your training certificates contained in the Registrant Bundle.

[PRIVATE]

Ms Paterson submitted that your actions in the charges found proved stemmed from a single incident and your singular desire to conceal your error from your colleagues. She submitted that it should be noted that as soon as you were made aware of your medication administration error, you immediately informed and apologised to the patient's family. Furthermore, you admitted your errors at the local investigation meeting, and you have been open and transparent about them since the incident. Ms Paterson highlighted that you had also disclosed your errors including your dismissal letter from the Home to your current employer and there have been no concerns about your honesty and integrity at your current workplace. She submitted that you made early admissions to the charges in these proceedings, and you have actively engaged with the NMC.

Ms Paterson asserted that there was no evidence to indicate that the concerns are deep-seated nor entrenched in your nursing practice. She submitted that they occurred at a time when you were clearly open to learning and mentorship in your career. She submitted that you have demonstrated sufficient insight into the concerns including in the seriousness of the concerns as well as the importance of honesty and integrity. Ms Paterson referred the panel to your reflective statement, and she highlighted that your oral evidence further demonstrated your deep understanding of the seriousness of the concerns, why they occurred and steps you would take if you were faced in a similar situation in future. [PRIVATE]

In conclusion, Ms Paterson submitted that notwithstanding the seriousness of the concerns, there is sufficient evidence to demonstrate that it is highly unlikely for your conduct to be repeated in the future, and you are now able to practise safely, kindly and professionally.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments.

Decision and reasons on misconduct

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel was of the view that your actions did fall significantly short of the standards expected of a registered nurse, and that your actions amounted to a breach of the Code. Specifically, the following sections of the Code:

> ***'Practise effectively***
>
> ***8 Work cooperatively***
> *To achieve this, you must:*
>
> ***8.1*** *respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate*
> ***8.6*** *share information to identify and reduce risk*
>
> ***10 Keep clear and accurate records relevant to your practice***
> *This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.*
> *To achieve this, you must:*
>
> ***10.2*** *identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need*
> ***10.3*** *complete all records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements*
>
> ***Preserve safety***

14 Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place

To achieve this, you must:

14.3 *document all these events formally and take further action (escalate) if appropriate so they can be dealt with quickly*

18 Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations

To achieve this, you must:

18.1 *prescribe, advise on, or provide medicines or treatment, including repeat prescriptions (only if you are suitably qualified) if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs*

18.2 *keep to appropriate guidelines when giving advice on using controlled drugs and recording the prescribing, supply, dispensing or administration of controlled drugs*

Promote professionalism and trust

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*

20.8 *act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to*

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

Charge 1a

The panel noted that it was clear from the Prescription record and the instruction from the GP that Midazolam should be administered subcutaneously to Patient A. The panel was of the view that your conduct in administering Midazolam to Patient A via IV was therefore a deliberate departure from the instructions of the GP.

The panel considered your rationale for your conduct in which you stated that it was as a result of Patient A's uncontrolled agitation and your fear that this could lead to harm to him or yourself. However, the panel considered that you could and should have contacted the GP to inform them about the situation or sought the assistance of a colleague or you could have waited until Patient A was less agitated.

Although there was no evidence of actual harm caused to Patient A, the panel was of the view that your failure to follow the prescription chart placed Patient A at risk of harm. The panel noted that you acknowledged in your reflective statement and oral evidence that your conduct '*created the risk of serious harm, including oversedation, respiratory failure, and even death'*.

The panel therefore determined that your conduct fell short of the standard of nursing care expected from a registered nurse and amounted to a breach of fundamental duty of care to Patient A. Consequently, the panel determined that your actions in charge 1a was sufficiently serious and amounts to misconduct.

Charge 1b

The panel noted that you had initially recorded that you administered Midazolam via IV on the prescription record for Patient A, however, when you were made aware about your medication administration error by the District Nurse, you altered your entry to indicate that you administered medication via Patient A's abdomen. The panel was of the view that your conduct was a deliberate attempt to conceal your medication administration error.

The panel considered accurate record-keeping as one of the fundamental tenets of the nursing profession. It noted that your conduct would have deprived your colleagues and the appropriate health professionals from being appraised with the relevant information pertaining to your medication administration error. The panel determined that this could have had a consequent impact on Patient A's continuity of care and therefore posed a risk of harm to him.

The panel therefore found your conduct to be serious and that it constituted a serious breach of fundamental standards of professional conduct and behaviour that a registered nurse is expected to maintain.

Accordingly, the panel determined that your behaviour in charge 1b amounts to misconduct.

Charge 2

The panel found your conduct in falsely informing Colleague A that you had authorisation from the GP to administer Midazolam via IV, to be a serious breach of the fundamental standards of professional conduct and behaviour that a registered nurse is expected to maintain. The panel noted that you made such false representation on more than one occasion to Colleague A despite several opportunities to provide the accurate situation.

The panel was of the view that that your conduct amounted to a serious breach of the fundamental tenets of the nursing profession and posed a risk of harm to Patient A. Accordingly, the panel determined that your behaviour in charge 2 amounts to misconduct.

Charges 3a and 3b

The panel considered your dishonest conduct in charges 3a and 3b to be deliberate. The panel noted that your dishonest conduct was related to a single incident but was repeated. It was of the view that your dishonest conduct demonstrated an abuse of your position of trust as a registered nurse in which you placed your personal interest over your duty to ensure patient safety.

The panel considered honesty, integrity and trustworthiness to be the bedrock of the nursing profession and, in being dishonest, it found you to have breached a fundamental tenet of the nursing profession. It noted that your dishonest conduct posed a risk of harm to Patient A and demonstrated a lack of accountability and transparency on your part. The panel considered your dishonest behaviour to be unprofessional and would be seen as deplorable by other members of the profession and the public. Therefore, the panel was in no doubt that your dishonest behaviour in charges 3a and 3b amounts to misconduct.

Consequently, having considered the proven charges individually, the panel determined that your actions in the charges found proved, did fall seriously short of the conduct and standards expected of a nurse 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.

Registered 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.

The panel had regard to the NMC Guidance on Impairment (DMA-1) especially the question which states:

> '*Can the nurse, midwife or nursing associate practise kindly, safely and professionally?'*

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 first considered whether any of the limbs of the Grant test were engaged as to your past conduct. The panel was of the view that your misconduct in incorrectly administering a medication to Patient A, inaccurate record-keeping, your dishonest conduct in concealing your medication administration error and falsely representing that you had authorisation from the GP, placed Patient A at unwarranted risk of harm.

The panel found that your misconduct constituted a serious breach of fundamental tenets of the nursing profession in that you failed to practise effectively, preserve safety and promote professionalism and trust. It determined that you failed to uphold the standards and values of the nursing profession, thereby bringing the reputation of the nursing profession into disrepute. The panel also found you to have acted dishonestly.

The panel therefore concluded that limbs a, b, c and d of the Grant test are engaged in respect of your past conduct.

The panel next considered whether the limbs of the *Grant* test are engaged as to the future. In this regard, the panel considered the case of *Cohen v GMC* in which the Court addressed the issue of impairment with regard to the following three considerations:

a. *Is the conduct that led to the charge easily remediable?*

b. *Has it in fact been remedied?*

c. *Is it highly unlikely to be repeated?'*

In this regard, the panel also considered the factors set out in the NMC Guidance on Insight and strengthened practice (FTP-15).

The panel first considered whether your misconduct is capable of being addressed. In the NMC Guidance – Can the concern be addressed (FTP-15a), the panel noted the following paragraph:

> *'In cases like this, and in cases where the behaviour suggests underlying problems with the nurse, midwife or nursing associate's attitude, it is less likely the nurse, midwife or nursing associate will be able to address their conduct by taking steps, such as completing training courses or supervised practice.*
>
> *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*
>
> *Generally, issues about the safety of clinical practice are easier to address, particularly where they involve isolated incidents. Examples of such concerns include:*
>
> - *medication administration errors*
> - *poor record keeping*
> - *failings in a discrete and easily identifiable area of clinical practice'*

The panel was of the view that your misconduct with respect to medication administration error and inaccurate record-keeping could be addressed through a process of insightful reflections, retraining in the areas of concern and evidence of good practice. Therefore, the panel determined that although difficult, it is capable of remediation.

In respect of your dishonest conduct, the panel noted that the NMC Guidance set out that dishonesty was generally difficult to address. The panel noted that your dishonest conduct of falsifying records and falsely stating that you had GP authority was serious, and you repeated the false statement on at least two occasions. Having considered these factors, the panel decided that your dishonest conduct might be capable of remediation, but it is more difficult to remediate due to its serious and attitudinal nature.

The panel then went on to consider whether the concerns have been addressed and remediated. It had regard to the NMC Guidance – Has the concern been addressed (FTP-15b). The panel took into account your oral evidence, Witness 2's oral evidence, your reflective account, your training certificates, your curriculum vitae and the various testimonials made on your behalf.

Regarding insight, the panel considered that you made early admissions to the charges, shown genuine remorse and apologised for your actions. The panel took into account that you have demonstrated some insight into the seriousness of your medication administration error as well as your dishonest behaviour and their impact on Patient A, your colleagues, the nursing profession and the wider public. You have further set out how you would act differently if a similar situation should occur in the future or to prevent such a situation from re-occurring.

The panel considered that you had completed various training courses in the relevant areas of concern. The panel also noted that you have been practising as a registered nurse for the past two and half years since the incident, without any further concerns raised about your nursing practice. In this regard, it had sight of the various positive

references made on your behalf. The panel also took into account that Witness 2, your line manager, has provided you with close supervision, coaching and mentorship.

However, with respect to your dishonest conduct, the panel considered that your actions prioritised your interests over those of Patient A.

The panel acknowledged that there was evidence that you had demonstrated candour by disclosing the regulatory concerns to your prospective employers and your current employer. Nevertheless, the panel still felt that, in your oral evidence, you still failed to recognise the importance of prioritising your patients' interest above your interest and you are yet to demonstrate full insight into the impact of your dishonest conduct on Patient A and its attendant risk of harm it posed to him, the impact of your dishonesty on your colleagues, the nursing profession and the wider public. The panel considered that your journey of remediation requires you to step back more fully and objectively reflect on your dishonest conduct. The panel therefore determined that your insight is still developing.

In light of this, the panel was not satisfied that your misconduct has been fully remediated. Accordingly, the panel determined that your misconduct is not highly unlikely to be repeated. Therefore, limbs a, b, c and d of the *Grant* test are engaged as to the future.

The panel therefore concluded 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 and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel had regard to the serious nature of your misconduct and the public protection issues it had identified. It determined that public confidence in the profession, particularly

as the misconduct involved dishonesty, would be undermined if a finding of impairment were not made in this case. For these reasons, the panel determined that a finding of current impairment on public interest grounds is required. It decided 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 proper professional standards for members of the nursing profession.

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

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of nine 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.

Submissions on sanction

Ms Mukhia submitted that, given the panel's findings on misconduct and impairment, the most appropriate and proportionate sanction would therefore be a striking-off order. She referred the panel to the NMC Guidance on Factors to consider before deciding on sanctions (SAN-1). She submitted that the aggravating features of this case are:

- Your misconduct posed an unwarranted risk of harm to Patient A.

- Your deliberate attempt to conceal the medication error repeatedly and false representation on more than one occasion that the GP had authorised administration of Midazolam via IV when they had not.
- Your abuse of your position of trust as a registered nurse.
- Your lack of accountability and transparency.
- Your repeated dishonesty.
- The attitudinal concerns in this case.
- Your limited insight into the importance of prioritising patients' interest above your interest, the impact of your dishonest conduct on Patient A and the risk of harm it posed to him, the impact of your dishonesty on your colleagues, the nursing profession and the wider public.

Ms Mukhia submitted that the only mitigating feature in this case is your early admissions at the local level and your admission of the charges in these proceedings.

Ms Mukhia referred the panel to the NMC Guidance on Sanctions for particularly serious cases (SAN-2). She stated that the Guidance provides that some concerns that come before a panel are particularly serious and are likely to attract the most serious sanctions and this includes dishonest behaviour particularly if it was serious and sustained over a period of time or is directly linked to the nurse's professional practice. She submitted that this applies in this case.

Ms Mukhia highlighted that the NMC Guidance further states 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.*'

Ms Mukhia noted that the NMC Guidance also provides that there are forms of dishonesty which are most likely to call into question whether a nurse, midwife or nursing associate should be allowed to remain on the register. This includes conduct that is deliberately

breaching the professional duty of candour by covering up when things have gone wrong especially if it could cause harm to people receiving care. She asserted that this applies in this case as the panel had found that your misconduct placed Patient A at unwarranted risk of harm and that you deliberately attempted to conceal your medication error repeatedly by falsifying records and falsely stated on more than one occasion that the GP had authorised administration of Midazolam via IV when they had not.

Ms Mukhia submitted that, in considering the available sanctions from the least restrictive order, taking no action would not be appropriate on the basis that the panel had found that you present a continuing risk to patients in that it is not highly unlikely that your misconduct would be repeated; your dishonest conduct undermines the public's trust in nurses; and your misconduct constituted a serious breach of fundamental tenets of the professions.

Ms Mukhia submitted that a caution order would not be appropriate as it could not be said that this case is at the lower end of the spectrum of impaired fitness to practise and the panel had found that there remains a risk to patients and the public.

Ms Mukhia submitted that conditions of practice order would not be appropriate on the basis that your behaviour demonstrated attitudinal concerns arising from your dishonest conduct. She highlighted that your insight into the impact of your dishonest conduct on Patient A and the risk of harm it posed to him as well as the impact of your dishonesty on your colleagues, the nursing profession and the wider public remains limited. She asserted that, given the serious nature of your dishonest conduct, a conditions of practice order would not be appropriate or proportionate as such order would not mark the seriousness of your misconduct.

Ms Mukhia submitted that a suspension order would neither be appropriate nor proportionate in this case. She highlighted that your dishonest conduct raises attitudinal concerns, you have shown limited insight into the impact of your dishonest conduct, and the panel had found that there is a risk of repetition in this case.

Ms Mukhia argued that a suspension order would not be sufficient to send a message to the professions that it is wholly unacceptable for a registered nurse to be involved in deliberate dishonest conduct. She asserted that a suspension order would not address the public interest in the particular circumstances of this case. She highlighted that the NMC Guidance on Suspension order (SAN-3d) provides that a suspension order would be most appropriate where the behaviour is not fundamentally incompatible with continuing registration. She asserted that your misconduct is fundamentally incompatible with continuing registration and a temporary removal from the register is therefore insufficient to mark the seriousness of your misconduct and to meet the wider public interest.

Ms Mukhia submitted that a striking-off order is the most appropriate and proportionate sanction necessary to protect the public and maintain public confidence in the professions. She referred the panel to the NMC Guidance on Striking-off order (SAN-3e) which includes the key considerations that a panel should take into account when making its decision on sanction. She submitted that the regulatory concerns in this case raises fundamental questions about your professionalism given that your dishonesty was deliberate and attitudinal in nature.

Ms Mukhia submitted that public confidence in nurses cannot be maintained if you were not removed from the register. She highlighted that the NMC Guidance on Striking-off order states that:

> *'The courts have supported decisions to strike off healthcare professional where there has been lack of probity, honesty or trustworthiness, notwithstanding that in other regards there were no concerns around the professional's clinical skills or any risk of harm to the public. Striking-off orders have been upheld on the basis that they have been justified for reasons of maintaining trust and confidence in the professions.'*

Ms Mukhia submitted that it is clear in this case that there has been a lack of honesty and trustworthiness as your dishonest conduct was deliberate, repeated and placed Patient A at unwarranted risk of harm. She asserted that a striking-off order would mark the seriousness of your misconduct.

Ms Mukhia submitted that a striking-off order is the only sanction which will be sufficient to protect patients, members of the public, and maintain professional standards. She argued that your behaviour is fundamentally incompatible with being a registered professional as it raises fundamental questions about your professionalism. She asserted that the nature of your dishonest conduct would have an extremely negative impact on the public confidence in the nursing profession and a lesser sanction would not adequately address this public interest. She therefore invited the panel to impose a striking-off order as the most appropriate and proportion sanction in this case.

Ms Paterson submitted that the most appropriate and proportionate sanction in this case is a conditions of practice order, however, if the panel is not minded to impose such an order, a suspension order for a short period of time would provide you with the opportunity to demonstrate that you have fully developed your insight into the concerns.

Ms Paterson highlighted that sanctions are not designed to be punitive and the panel, in making its decision, should consider a sanction that achieves the overarching objective with the least impact on you. She submitted that the panel should also consider that there is a public interest in nurses being allowed to practise their profession in a safe manner. She noted that you have been practising for over two years, and it is in the public interest to allow you to continue to practise in a safe manner.

Ms Paterson submitted that, in terms of the aggravating features in this case, it is not appropriate to find that there is a lack of insight given that the panel had recognised that you had demonstrated some insight into the concerns. She noted that the NMC Guidance on Factors to consider before deciding on sanctions (SAN-1) states that it is rare for insight to be found to be both an aggravating and mitigating feature.

Ms Paterson submitted that, in terms of mitigating features, there has been early admissions to the charges; you have actively engaged with these proceedings; you have demonstrated remorse and apologised for your actions; you have also taken extra steps to

ensure that your work is checked in order to restore trust and confidence in your work; [PRIVATE]; you have practised for over two years since the incidents occurred without any concerns raised about your practice; you have also undertaken relevant training and had supervision under Witness 2.

Ms Paterson submitted that, in terms of personal mitigation, [PRIVATE]; the incident occurred at an early stage of your career; you were not provided with sufficient training, supervision and support at the Home.

Ms Paterson submitted that, in consideration of the seriousness of your dishonesty, it should be noted that it was an isolated incident as there was no evidence that this had occurred in respect to any other matters. She submitted that this is in accordance with the decision of the Court in *Professional Standards Authority for Health and Social Care (PSA) v General Medical Council & Uppal* [2015] EWHC 1304 (Admin). She submitted that the facts of that case are similar to these proceedings. She asserted that the dishonesty in this case was a spontaneous panic reaction which was corrected when you made admissions to your dishonest conduct during the local investigation meeting with Witness 1/Colleague A. She submitted that there was no actual harm caused to Patient A as a result of your conduct, despite your reflection on the risk of harm, it should be noted that the risk was limited to the extent that Witness 1/Colleague A had stated in her witness statement that if it would have been a different medication, there could have been a more serious risk of harm.

Ms Paterson referred the panel to the NMC Guidance on Sanctions for particularly serious cases (SAN-2) which states:

> *'It is not the case that the Fitness to Practise Committee only has a choice between suspending a nurse, midwife or nursing associate or removing them from the register in cases about dishonesty. It's vital that, like any other case, the Fitness to Practise Committee should*

consider the sanctions in ascending order of seriousness, and work upwards to the next most serious sanction if it needs to.'

Ms Paterson submitted that in light of the decision of the Court in the case of *PSA v GMC & Uppal,* it is good authority that a warning or caution order could be sufficient to mark the seriousness of the type of dishonesty in this case. She reiterated that a conditions of practice order would be appropriate and proportionate in this case. She submitted that there are workable conditions which could address the concerns in this case and they may include indirect supervision of your practice; not being allowed to be the sole nurse in a shift; having regular supervision meetings which involves consideration of any errors that have occurred in your practice, the importance of prioritising patient safety and how you have done so, [PRIVATE]; a reflective diary to demonstrate that you have considered such matters.

Ms Paterson submitted that although the NMC Guidance on Conditions of practice order states that conditions of practice order is appropriate where there is no evidence of harmful deep-seated or attitudinal problems, there has not been any evidence in this case that your dishonest conduct is a deep-seated attitudinal concern given that it was an isolated incident. She submitted that there are identifiable areas of your practice in need of retraining in terms of coping with stressful situations and escalating concerns. She asserted that there was no evidence of general incompetence in this case, and you have demonstrated the potential and willingness to respond positively to retraining given the training courses you have undertaken.

Ms Paterson submitted that if the panel is not minded to impose a conditions of practice order, a suspension order for a short period would be appropriate to enable you to demonstrate sufficient insight into the concerns. She submitted that such suspension order should not be longer than necessary given that you have been practising for over two years without any concerns, [PRIVATE]. She submitted that the checklist as provided in the NMC Guidance on Suspension order also applies in this case. She highlighted that your behaviour was a single instance of misconduct, there was no evidence of harmful

deep-seated personality or attitudinal problems, there was no evidence of repetition of behaviour since the incident, and the panel had found that you have shown some insight into the concerns. Ms Paterson submitted that you therefore do not pose a significant risk of repeating behaviour.

Ms Paterson submitted that an informed member of the public, aware of the facts in this case would consider a striking-off order to be disproportionate. She submitted that the public would be assured with the positive reference made on your behalf by Witness 2, your line manager. She argued that the cases mentioned in the NMC Guidance on Striking-off order do not apply in this case as their facts are remarkably different and the concerns in those cases were extremely serious.

The panel accepted the advice of the legal assessor.

Decision and reasons on sanction

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

The panel identified the following aggravating features:

- Your misconduct placed Patient A at unwarranted risk of harm.
- Patient A was a vulnerable resident under your care.
- Your two acts of dishonesty arising from a single incident.
- Your misconduct amounted to an abuse of your position of trust as a registered nurse in charge of the ward.

The panel also identified the following mitigating features:

- Early admission to the charges.
- You have shown genuine remorse and apologised for your actions
- Developing insight into your misconduct.
- You have practised unrestricted by the NMC as a registered nurse for two and half years since the incident without any further concerns.
- Evidence of continued remediation and strengthened practice through training courses and being mentored by your current line manager.
- Various positive testimonials on your behalf including from your current line manager who gave oral evidence.
- [PRIVATE].
- The concerns occurred at an early stage in your nursing career in the UK.
- There was some evidence of inadequate support and training at the Home.
- [PRIVATE].

The panel had regard to the NMC Guidance on Considering sanctions for serious cases, in particular, Cases involving dishonesty (SAN-2). The panel noted that your dishonest conduct amounted to a breach of your professional duty of candour as you had sought to conceal your medication administration error and you falsely represented that you had authorisation from the GP.

However, the panel was of the view that whilst your dishonest conduct in relation to charge 2 was a calculated attempt to give the misleading impression that you had authorisation from the GP, your dishonest conduct in charge 1b was not pre-meditated but a spontaneous panic reaction to your medication administration error. It was not longstanding but a series of repeated acts over a single incident and has not been repeated since the incident occurred.

Having balanced these factors, the panel found the dishonesty, albeit serious in this case, not to be at the most serious end of the spectrum.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. It had found that there remains a risk of repetition.

The panel formed that view because, from your oral evidence, it was concerned that your main focus was the impact of the incident on you rather than the increased risk to your patient, the impact on your colleagues and the public confidence. It felt that until you had demonstrated a better understanding of this important issue, there would remain a risk of repetition.

In addition, the panel had determined that you had breached fundamental tenets of the nursing profession, and your misconduct would undermine the public's confidence in the profession if you were allowed to practise without restriction. The panel therefore determined that it would neither protect the public nor be in the public interest to take no further action.

The panel then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your nursing 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 decided that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness of the case. The panel therefore determined that a caution order would neither protect the public nor be in the public interest.

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 relevant, proportionate, measurable and workable. The panel took into account the NMC Sanctions Guidance on Conditions of practice order (SAN-3c), in particular:

'Conditions may be appropriate when some or all of the following factors are apparent:

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

The panel was of the view that your dishonest conduct and the attitudinal concerns identified in this case (though not deep-seated) could not be addressed through retraining and are difficult to remediate with conditions of practice. The panel therefore determined that given the seriousness of the misconduct, the attitudinal concerns and your still developing insight into the concerns, there were no relevant, proportionate, workable and measurable conditions that could be formulated. Accordingly, a conditions of practice order would not address the risk of repetition, and this poses a risk of harm to patients' safety and the public. Consequently, the panel decided that a conditions of practice order would not protect the public, would not reflect the seriousness of your misconduct nor be in the public interest.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The NMC Sanctions Guidance on Suspension order SG (SAN-3d) 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 took into account that your misconduct involved two acts of dishonesty arising from a single incident. The panel was of the view that although your dishonest conduct is attitudinal in nature, there was no evidence before it to indicate any harmful deep-seated attitudinal problems in this case. It took into account that you have been practising unrestricted by the NMC as a registered nurse for the past two and half years and there was no evidence of repetition of the concerns nor were there any further concerns raised about your nursing practice. It noted that you have actively engaged with the NMC and these proceedings. The panel considered that you had demonstrated some developing insight into your misconduct, had apologised and shown remorse for your actions. The panel considered that you had taken steps to strengthen your nursing practice through training courses in the areas of concern, [PRIVATE]. The panel was provided with various positive references made on your behalf and it noted that Witness 2, your line manager, has provided you with close supervision, coaching and mentorship.

The panel carefully considered the submissions of Ms Mukhia in relation to the imposition of a striking-off order in this case. It also considered following paragraphs of the SG (SAN-3e) with respect to imposing a striking-off order:

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

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

The panel gave serious consideration to the imposition of a striking-off order given the serious nature of your misconduct. However, in taking account of all the evidence before it, including the evidence of your current good practice including testimonials, the steps you had taken to strengthen your nursing practice, and your developing insight, the panel concluded that a striking-off order would be disproportionate. It noted that there was also some personal mitigation, at the time of the incident, that may have served as an underlying contributing factor to your dishonest conduct.

Although your misconduct raises questions about your professionalism, it was, in the panel's view, not to the extent that required your removal from the register. The panel was not satisfied that a striking-off order was the only sanction sufficient to protect the public and to address the public interest considerations in this case. Whilst the panel acknowledges that a suspension order may have a punitive effect, it would be unduly punitive and disproportionate in this case to impose a striking-off order at this time. It was of the view that a striking-off order could deprive the public of a registered nurse who had practised for the past two and half years without any further concerns, has the potential to further reflect and strengthen her nursing practice as well as return to safe and effective practice in the future. Therefore, a striking-off order would not serve the public interest considerations in this case.

Consequently, the panel was satisfied that, in this case, the misconduct is not fundamentally incompatible with remaining on the register and that public confidence in the nursing profession could be maintained if you were not removed from the register. In particular, the panel noted the testimonial from your current line manager dated 11 September 2025 in which she stated:

'There are people who would make mistake (sic), *but that mistakes become a learning ground for them, and once they are supported, properly trained and supervised, they become a role model and I would say Patricia is one of them'*

Balancing all of these factors, the panel concluded that a suspension order would be the appropriate and proportionate sanction to protect the public and address the public interest in this case. It was satisfied that a suspension order for a period of nine months is necessary in order to provide you with an adequate opportunity to reflect and thereafter demonstrate evidence of sufficient insight into your misconduct, and that your fitness to practise is no longer impaired. The panel determined that this order is necessary to protect the public, mark the seriousness of the misconduct, maintain public confidence in the profession, and send to the public and the profession, a clear message about the standard of behaviour required of a registered nurse. The panel concluded that a period of nine-month suspension would be sufficient to uphold public confidence and mark the seriousness of your dishonest conduct.

The panel noted the hardship a suspension order will inevitably cause you, however, this is outweighed by the public interest in this case.

The panel decided that a review of this order should be held before the end of the period of the suspension order.

Before 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:

- An updated reflective statement:
    a) demonstrating sufficient insight into the gravity of the concerns.

b) demonstrating an objective reflection into the impact of the concerns on Patient A, your colleagues, the nursing profession and the public.

c) demonstrating sufficient insight into the importance of honesty and integrity at the workplace.

- Any updated references or testimonials attesting to your capability to perform your duties, in whatever role, professionally in any paid or unpaid work, following this hearing.

- Evidence of up-to-date relevant training courses undertaken in the areas of concern including on duty of candour, and honesty in the workplace.

- Your continued engagement and attendance at any future review hearing.

This will be confirmed to you in writing.

Interim order

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

Submissions on interim order

The panel took account of the submissions made by Ms Mukhia. She submitted that given the panel's earlier decisions, an interim suspension order for a period of 18 months is necessary in order to protect the public and otherwise in the public interest, to cover the 28-day appeal period before the substantive order becomes effective. She submitted that not to impose an interim suspension order would be inconsistent with the panel's earlier decisions.

Ms Paterson stated that she did not have any submission to make in relation to the application.

The panel accepted the advice of the legal assessor.

Decision and reasons on interim order

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 was therefore 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 in order to protect the public and is otherwise in the public interest, during any potential appeal period. The panel determined that not to impose an interim order would be inconsistent with its earlier decisions.

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.

That concludes this determination.