

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

**Substantive Order Review Hearing
Thursday, 2 April 2026**

Virtual Hearing

Name of Registrant: Miss Marie Louise Fiske

NMC PIN: 01A0289E

Part(s) of the register: Registered Nurse – Sub part 1
Mental Health Nursing – January 2004

Relevant Location: Middlesbrough

Type of case: Misconduct

Panel members: Isabelle Parasram (Chair, Lay member)
Radica Hardyal (Registrant member)
Michaela McAleer (Lay member)

Legal Assessor: Oliver Wise

Hearings Coordinator: Anya Sharma

Nursing and Midwifery Council: Represented by Naa-Adjeley Barnor, Case Presenter

Miss Fiske: Not present, represented by Simon Holborn, instructed by NMC Watch

Order being reviewed: Suspension order (6 months)

Fitness to practise: Impaired

Outcome: **Conditions of practice order (6 months) to come into effect on 6 April 2026 in accordance with Article 30(1)**

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

At the outset of the hearing, Mr Holborn made a request that this case be held partly in private on the basis that proper exploration of Miss Fiske's case involves reference to her private life. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Barnor indicated that she supported the application to the extent that any reference to Miss Fiske's private life 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 go into private session in connection with Miss Fiske's private life as and when such issues are raised.

Decision and reasons on review of the substantive order

The panel decided to replace the current suspension order with a conditions of practice order.

This order will come into effect at the end of 6 April 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order originally imposed for a period of six months by a Fitness to Practise Committee panel on 3 September 2026.

The current order is due to expire at the end of 6 April 2026.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charge found proved which resulted in the imposition of the substantive order was as follows:

1) *On 23 January 2024 whilst dealing with Patient A:*

c) attempted to kick them

The original panel determined the following with regard to impairment:

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

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

'The question that will help decide whether a professional's fitness to practise is impaired is:

"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"

If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'

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. Nurses 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. At 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.'

At 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;'*

The panel concluded that limbs a), b) and c) of the Grant test were engaged in this case. Your misconduct, namely attempting to kick Patient A, put Patient A, your colleagues, and yourself at unwarranted risk of harm. By attempting to kick Patient A, your misconduct breached fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

The panel went on to consider whether the misconduct is remediable. It was of the view that it is remediable but concluded that you have not provided strong enough evidence of remediation and reflection to mitigate the risk of harm and repetition.

The panel considered the reflective piece provided by you, in which you demonstrate remorse for your conduct. However, the panel concluded that your insight into your actions was limited. You did not demonstrate how you can prevent the conduct in the sub charge found proved from recurrence in the future. In particular, the panel noted an absence of supporting evidence regarding the impact of the therapy you report to have undertaken, and the development of appropriate coping mechanisms to prevent recurrence of your misconduct. The panel also noted that you did not provide character references from current employers or testimonials.

As you outlined in your live evidence, incidents like these occur often given the nature of your role as a mental health nurse, and the nature of the ward on which you work. Therefore, withdrawing may not always be an option, and there may be scenarios where you are the senior nurse in charge during similar type incidents. While you indicated that this was the first time you reacted in this way, a crisis situation that evokes this level of emotion is likely to happen again. The panel was not satisfied that [PRIVATE], and as such, due to a lack of supporting evidence, could not be reassured that you will not respond the same way in the future.

The panel therefore determined 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; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery

professions and upholding the proper professional standards for members of those professions.

The panel determined that a finding of impairment on public interest grounds is also required. Members of the public would be very concerned to learn that a finding of impairment were not made in this case, given the nature of the misconduct. Attempting to kick a vulnerable mental health patient is very serious, and public confidence in the profession would be undermined if a finding of impairment were not made. The panel therefore also finds your fitness to practise impaired on the grounds of public interest.

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

The original panel determined the following with regard to 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 took into account the following aggravating features:

- *Physical act of attempted violence against a patient which put the patient at risk of suffering physical and psychological harm.*
- *Conduct involving a vulnerable mental health patient who was in a state of crisis.*
- *[PRIVATE].*

Whilst the panel acknowledges that your account of the incident has changed, it concluded that this was not an attitudinal issue, as this was a short, stressful incident about which you immediately sought to be candid and forthcoming.

The panel also took into account the following mitigating features:

- *Single, one-off incident of misconduct against a lengthy period working as a mental health nurse.*
- *Some insight and understanding of the misconduct.*
- *Reported the incident immediately.*
- *Demonstrated remorse and duty of candour at an early stage.*
- *[PRIVATE]*

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, and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where ‘the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.’ The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would 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;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions; and*
- *The conditions will protect patients during the period they are in force.*

The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the misconduct in this case. The panel concluded that, as you have not provided supporting evidence that you are able to manage [PRIVATE] in a way that reduces the risk of repetition, there are no conditions that can be formulated to protect the public and meet the public interest.

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; and*
- *No evidence of repetition of behaviour since the incident.*

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

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 determined that a suspension order for a period of 6 months with review was appropriate in this case to give you time to further reflect and develop your insight. A suspension order of 6 months would also give you time [PRIVATE].

At the end of the six month period of suspension, another Fitness to Practise panel will review the order. At the review hearing, the panel may revoke the order, it may continue the order, or it may replace this suspension order with another substantive order.

The panel acknowledged the positive testimonials provided by you at the sanction stage of the hearing. It also acknowledged that this was an isolated incident in an otherwise unblemished career. The positive testimonials speak to your abilities, and that you are a good nurse. [PRIVATE]. [PRIVATE]. [PRIVATE].

The panel also acknowledged your reflections, which did not sufficiently address the impact that your misconduct had on public confidence in the nursing profession, and your colleagues. The panel determined that the six-month suspension order would allow you to obtain and provide this evidence in advance of a review hearing. Therefore, any future panel reviewing this case would be assisted by:

- *A fully insightful and reflective piece which addresses how your actions impacted the nursing profession.*
- *[PRIVATE].'*

Decision and reasons on current impairment

The panel has considered carefully whether Miss Fiske's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as the ability of a professional on our register to practise as a nurse, midwife or nursing associate safely and effectively without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle, and the responses from Miss Fiske within her registrant bundle. It has taken account of the submissions made by Ms Barnor on behalf of the NMC and Mr Holborn made on behalf of Miss Fiske.

Ms Barnor provided the panel with a background to the case and referred it to the relevant parts of the bundles, including the written decision of the original panel at the substantive hearing. Mr Barnor also invited the panel to take into account the NMC Guidance Standard reviews of substantive orders before they expire (reference REV-2a) and Removal from the register when there is a substantive order in place (reference REV-2h) in its consideration of whether Miss Fiske remains impaired.

Ms Barnor also referred the panel to the case of *Abrahaem v General Medical Council [2008] EWHC 183 (Admin)*, which sets out that there is a persuasive burden today on Miss Fiske to demonstrate that her past failings have been remedied, which for example can be done through compliance with the last panel's recommendations, namely the provision of a fully insightful reflective piece which addresses how her actions impacted the nursing profession, [PRIVATE].

Ms Barnor submitted that it is for Miss Fiske to satisfy the panel that she had addressed the findings of the original substantive panel. She informed the panel that on 9 March 2026, Miss Fiske informed the panel that she wished to be removed from the NMC register and felt that the suspension order was a punishment. Ms Barnor submitted no agreed removal application has been received from Miss Fiske since the e-mail was received. Miss Fiske has subsequently submitted a reflective piece dated 25 March 2026 which is before this panel.

Ms Barnor submitted that at the substantive hearing, the panel recommended that Miss Fiske provides a future panel with a fully insightful, reflective piece that addresses how her actions impacted the nursing profession. Ms Barnor submitted that today's panel will need to consider whether the reflective piece that Miss Fiske has provided today satisfies this recommendation. Ms Barnor submitted that the panel may find that it is missing how Miss Fiske's actions could have impacted the way in which the care that her colleagues provided to patients moving forward, or the consequences of the public trust in the profession being undermined. Ms Barnor submitted that whilst Miss Fiske has acknowledged that those things existed, the panel may find her understanding or demonstrating an understanding of the impact to be lacking.

Ms Barnor then referred the panel to the documents within Miss Fiske's registrant's bundle. She submitted that the panel may take the view that these documents broadly focus on the impact of the proceedings on her thus far, as opposed to the impact on the profession or patient.

Ms Barnor submitted that Miss Fiske is currently suspended so she cannot work as a nurse. The panel at the substantive hearing also recommended that Miss Fiske

provides [PRIVATE]. Ms Barnor submitted that whilst Miss Fiske sets out the position from her personal level within her written reflection, there is no independent evidence before this panel today to corroborate this.

Ms Barnor submitted that Miss Fiske has informed the panel in her written reflection that she is volunteering as a support coordinator with Home Group in Hartlepool. She has described that she is working with extremely vulnerable members of society with complex needs, and her caseload can at times present with challenging and aggressive behaviour. Ms Barnor submitted that despite this, this panel does not have any evidence from Miss Fiske's line manager to confirm how Miss Fiske has appropriately managed those situations. Miss Fiske had also not provided proof of the training that she said she completed or details of the papers that she says that she has read as part of the research she says she has completed.

Ms Barnor submitted that taking all of this into account, along with her email dated 9 March 2026 where Miss Fiske informed the panel that she wished to be removed from the NMC register and felt that the suspension order was a punishment, the panel may be minded to find that Miss Fiske's insight remains incomplete and the deficiencies in her practice are yet to be remediated.

Ms Barnor submitted that the concerns in this case are serious, and it is the NMC's case that the position today has not changed much since the substantive hearing which concluded in September 2025. She submitted that in the absence of full insight and remediation before the panel today, the risk of harm and repetition remains, and Miss Fiske's fitness to practise remains impaired on the grounds of public protection and public interest.

Ms Barnor submitted that given the seriousness of the case and the risk presented, and in the absence of sufficient remediation insight, the panel may take the view that revoking the order or allowing it to expire or imposing a caution order would be inappropriate. She submitted that the issues in this case are not on the lower end of the spectrum and involve serious misconduct that could have seriously injured a patient and also breach fundamental tenets of the profession.

Ms Barnor submitted that the panel may take the view that a conditions of practice order is neither proportionate or appropriate when considering the NMC Guidance on Conditions of practice orders (Reference SAN-2c). She submitted that with no supporting evidence from Miss Fiske [PRIVATE], the panel may come to the same conclusion that the original panel did, which is that there are no practical or workable conditions that could be formulated to address the public interest and public protection concerns in this case.

Ms Barnor submitted that the panel may also be concerned by Miss Fiske's email dated 9 March 2026, which is at odds with what is included within her registrant bundle.

Mr Barnor submitted that it is open to the panel to impose a period of further suspension, and when considering the NMC's Guidance at SAN-2d, it may take the view that this is the appropriate and proportionate sanction. She submitted that there is an ongoing risk to the public given the lack of sufficient remediation and insight, and in the circumstances, temporary removal is the only way to manage the risk in this case.

Ms Barnor submitted that Miss Fiske has been clear in her written reflections that she wants to return to practice, and given her current role, it is feasible that she could return to unrestricted practice in the near future. She submitted that to be fit to practise, Miss Fiske would need to fully address the recommendations made by the original panel and it is realistic that she will be able to do this.

Ms Barnor submitted that the panel may come to the conclusion that it is not unreasonable to allow Miss Fiske a little bit more time to fully strengthen her practice through reflection and obtain the independent evidence that the panel need to be reassured that the risk in this case has been reduced. Ms Barnor submitted that in her reflections, Miss Fiske has set out that the suspension order has caused her significant financial hardship, and whilst the NMC is sympathetic, it is submitted that even severe hardship cannot override the public protection and public interest considerations that substantive orders exist to safeguard against.

Ms Barnor submitted that the misconduct in this case raises core public protection concerns and involves a real significant risk of harm to the public. She submitted that the next option available to the panel is a striking-off order, which would not be appropriate. Ms Barnor submitted that public confidence in the profession can be maintained if Miss Fiske is allowed to remain on the register, and the panel may come to the conclusion that there is a realistic possibility that after a further period of suspension, Miss Fiske will be fit to practise unrestricted. Ms Barnor submitted that there is nothing to suggest that the risk has increased since the last hearing.

Ms Barnor submitted that given that Miss Fiske wishes to remain on the register, it would not be appropriate to allow her registration to lapse with a finding of impairment. She submitted that if the panel were to take into account all of the evidence before it, it may come to the conclusion that the position has not really much changed since the last hearing.

The panel also had regard to Mr Holborn's submissions. Mr Holborn on behalf of Miss Fiske offered her apologies for her non-attendance at the hearing. He explained to the panel that Miss Fiske is not currently volunteering but is currently employed in a role supporting homeless individuals and unable to attend her hearing today due to a pre-existing case management commitment. Mr Holborn submitted that Miss Fiske takes her professional standing seriously and has sought to engage with the regulatory process appropriately.

Mr Holborn submitted that Miss Fiske has engaged and cooperated fully with the proceedings to the best of her ability. He submitted that at the substantive hearing, Miss Fiske made early and appropriate admissions, accepted responsibility for her actions, and has taken steps to address the concerns identified. He further submitted that Miss Fiske has demonstrated insight and has made genuine efforts to remediate her practice.

Mr Holborn then addressed the panel in relation to sanction. He submitted that a further period of suspension would be disproportionate and would serve no additional purpose. Mr Holborn submitted that there is no evidence before this panel to suggest that Miss Fiske currently poses a risk to the public. He submitted that Miss Fiske has complied

with the original panel's directions and has demonstrated safe practice over a period of approximately 16 months.

Mr Holborn reminded the panel that Miss Fiske is a nurse of over 20 years' experience who has already served a period of suspension imposed on 3 September 2025 for six months. He invited the panel to consider the findings of the original substantive panel carefully, noting that whilst the allegation of kicking was found proved, there was discussion as to whether the act was voluntary or involuntary. He submitted that the original panel did not find that the act was intentional, and therefore this was not a case of deliberate harm to a patient.

Mr Holborn submitted that no actual harm was caused to the patient and that Miss Fiske has reflected on the incident and its impact. He submitted that it is acknowledged that the original panel had identified the need for a fully insightful and reflective piece addressing the impact of Miss Fiske's actions and submitted that Miss Fiske has now provided such a reflection. Mr Holborn submitted that whilst it 'may not be perfect', perfection is not required and Miss Fiske has done her best in difficult personal circumstances.

Mr Holborn invited the panel to take into account Miss Fiske's personal circumstances. He submitted that she has experienced significant financial hardship as a result of the suspension, lives alone with a mortgage, and has had to rely on support from her family. Mr Holborn explained that Miss Fiske is seeking to reduce her financial burden by relocating closer to her workplace. He submitted that these contextual factors are relevant for the panel when considering both Miss Fiske's remediation and the proportionality of any further sanction.

In relation to insight, Mr Holborn submitted that Miss Fiske has demonstrated a clear understanding of the impact of her actions on the patient, her colleagues, and the wider nursing profession. He highlighted that Miss Fiske has acknowledged the potential impact on public confidence, including recognising that members of the public may question the safety of care provided by an experienced nurse. Mr Holborn submitted that this demonstrates meaningful and developing insight.

Mr Holborn submitted that the key issue for the panel today is whether the risk of repetition has been addressed. He submitted that there is no evidence to suggest that the incident was likely to be repeated, and that Miss Fiske has developed and implemented coping strategies to prevent a repetition of her conduct. Mr Holborn submitted that these strategies are not just theoretical but have been applied in Miss Fiske's current role working with vulnerable individuals with complex needs, including mental health issues, substance misuse, and [PRIVATE]. He submitted that Miss Fiske has undertaken and continues to undertake this work safely and without incident.

Mr Holborn also addressed the panel in respect of Miss Fiske's attempts to engage in therapeutic support, including cognitive behavioural therapy. He submitted that Miss Fiske's attendance was limited due to practical difficulties, including work commitments and financial constraints. Mr Holborn submitted that Miss Fiske's willingness to engage demonstrates insight and a commitment to improvement. He further submitted that the financial impact of the suspension has also been a barrier for Miss Fiske accessing further therapy.

Mr Holborn submitted that Miss Fiske has made continued efforts to maintain her professional competence. He informed the panel that Miss Fiske has remained in a role closely aligned to nursing practice as a support coordinator, where she manages complex caseloads and applies professional skills on a daily basis. Mr Holborn set out that Miss Fiske has also undertaken relevant training and is seeking to take on additional responsibilities, including a safeguarding champion role, which demonstrate forward planning and her commitment to professional development.

Mr Holborn then addressed the panel in relation to Miss Fiske's previous expression of a desire to be removed from the register, as set out in an email to the NMC on 9 March 2026. He submitted that this arose during a period of significant personal distress for Miss Fiske. Mr Holborn told the panel that having now discussed this with Miss Fiske, she now wishes to remain in the profession and return to nursing, which she has practised for over 20 years.

In relation to current impairment, Mr Holborn submitted that whilst it is accepted that concerns were previously identified, Miss Fiske has taken meaningful steps to address them. Mr Holborn submitted that Miss Fiske has now developed insight, implemented coping strategies, and demonstrated resilience in challenging circumstances. He submitted that taking all of this into account, the public can be confident that Miss Fiske is on the right path.

Mr Holborn submitted that public protection can be adequately achieved without the need for a further period of suspension. He submitted that a suspension order would be punitive and would not serve any additional regulatory purpose.

Mr Holborn submitted that a conditions of practice order would be a more appropriate and proportionate outcome and suggested conditions could include clinical supervision, training requirements, and ongoing therapeutic support, which would allow Miss Fiske to demonstrate her professionalism and continue her remediation in nursing practice.

Mr Holborn submitted that Miss Fiske has engaged with the process, complied with previous directions, and demonstrated safe practice over a sustained period. He submitted that this was a one-off incident in the context of a long and otherwise unblemished career, and that she should now be permitted to return to practice, subject to appropriate conditions of practice.

In response to questions from the panel regarding therapy undertaken by Miss Fiske, Mr Holborn explained that Miss Fiske had commenced an eight-week course following the substantive hearing in September 2025. He told the panel that Miss Fiske completed approximately three weeks before practical difficulties prevented completion, including cancelled sessions and work commitments. Mr Holborn submitted that Miss Fiske found the training beneficial and intends to resume it when possible.

When asked by the panel about the appropriate length of any conditions of practice order, Mr Holborn did not propose a specific duration. He submitted that Miss Fiske is motivated to return to practice and would comply with any conditions imposed by the panel. Mr Holborn suggested that, with appropriate supervision, training, and monitoring

in place, Miss Fiske would be able to reintegrate into nursing practice effectively and safely.

The panel accepted the advice of the legal assessor.

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether Miss Fiske's fitness to practise remains impaired.

The panel noted that the original panel found that Miss Fiske had limited insight. It noted that the original panel at the substantive hearing had identified the need for Miss Fiske to provide a fully insightful and reflective piece which addresses how her actions impacted the nursing profession, as well as [PRIVATE] In relation to this, the panel at this hearing carefully considered the reflective material provided by Miss Fiske. The panel was of the view based on the information before it that Miss Fiske had demonstrated some insight into the impact of the incident upon herself and has also made some attempt to reflect on the wider consequences of her actions. The panel also accepted that Miss Fiske has undertaken some relevant work during her period of suspension, namely by working for a charity that seeks to provide support and housing for people with complex needs, and that she has sought to outline coping strategies and steps she would take differently in future.

Despite this, the panel considered that it had no independent evidence before it to demonstrate that Miss Fiske had completed the [PRIVATE] training or therapy which had been identified by the original panel at the substantive hearing. The panel noted from Mr Holborn's submissions that Miss Fiske had only completed the CBT therapy in part. The panel determined that whilst difficulties may have arisen which prevented Miss Fiske from completing the course, it had insufficient evidence before it to be satisfied that the underlying issues in relation to Miss Fiske's practice had been fully addressed.

The panel also considered the email sent by Miss Fiske to the NMC on 9 March 2026. It accepted Mr Holborn's submission that this email may have been written at a time of personal distress and that Miss Fiske may have been reacting to difficult personal circumstances. However, the panel was of the view that the tone and timing of the email, alongside the limited independent evidence of remediation, reinforced its concern that Miss Fiske's insight and emotional processing of the incident are not yet sufficiently developed.

The panel was of the view that whilst Miss Fiske has shown some developing insight, her reflection is not yet sufficient to demonstrate that the risk of repetition has been adequately addressed. The panel was not satisfied that there has been complete remediation of the concerns which led to the finding of impairment. In these circumstances, the panel concluded that there remains a risk that Miss Fiske could in future place patients at an unwarranted risk of harm. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. Now that Miss Fiske has been subject to a sanction of six months suspension, no finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that Miss Fiske's fitness to practise remains impaired.

Decision and reasons on sanction

Having found Miss Fiske's fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

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, and the public protection issues identified, an order that does not restrict Miss Fiske's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'* The panel considered that Miss Fiske's 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 considered substituting the current suspension order with a conditions of practice order. The panel had careful regard to the serious nature of the misconduct found proved, the extent of Miss Fiske's insight and remediation and the risk identified. The panel was of the view that despite the seriousness of Miss Fiske's misconduct, Miss Fiske had made admissions at the substantive hearing, has demonstrated some insight, has remained engaged with this process, has shown a willingness to undertake further work to remediate and has indicated that she wishes to return to nursing practice.

The panel considered that a conditions of practice order would provide a structured and proportionate means by which Miss Fiske could return to practice safely, whilst being subject to oversight and support. The panel considered that such an order would allow Miss Fiske to undertake further remediation, including therapy and professional development work, within a professional setting. The panel was of the view that this would provide a more realistic opportunity for remediation for Miss Fiske, rather than a further period of suspension.

The panel was satisfied that it would be possible to formulate practicable and workable conditions that, if complied with, may lead to Miss Fiske's unrestricted return to practice and would serve to protect the public and the reputation of the profession in the meantime.

The panel decided that the public would be suitably protected as would the reputation of the profession by the implementation of the following conditions of practice:

'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.'

1. [PRIVATE]
2. a) You must keep a reflective practice profile. The profile will:
 - Consist of a monthly review of cases where you are involved with a patient behaving violently
 - Set out the nature of your response/your reaction to a patient behaving violently
 - Each review must contain feedback and be signed by your line manager or equivalent.

b) You must send your NMC case officer a copy of the profile 7 days before the next review of this order.
3. You must keep us informed about anywhere you are working by:
 - a) Telling your case officer within seven days of accepting or leaving any employment.
 - b) Giving your case officer your employer's contact details.

4. You must keep us informed about anywhere you are studying by:
 - a) Telling your case officer within seven days of accepting any course of study.
 - b) Giving your case officer the name and contact details of the organisation offering that course of study.

5. You must immediately give a copy of these conditions to:
 - a) Any organisation or person you work for.
 - b) Any agency you apply to or are registered with for work.
 - c) Any employers you apply to for work (at the time of application).
 - d) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.
 - e) Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity.

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

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

The period of this order is for 6 months.

This conditions of practice order will take effect upon the expiry of the current suspension order, namely the end of 6 April 2026 in accordance with Article 30(1).

Before the end of the period of the order, a panel will hold a review hearing to see how well Miss Fiske has complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- Miss Fiske's compliance with the conditions of practice order
- Miss Fiske's attendance at a future review hearing of this order
- Miss Fiske's continued engagement with the NMC.

This will be confirmed to Miss Fiske in writing.

That concludes this determination.