

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

**Substantive Hearing  
Monday, 27 April 2026 – Thursday, 30 April 2026**

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

<b>Name of Registrant:</b>	<b>Rashida John</b>
<b>NMC PIN:</b>	06L0111O
<b>Part(s) of the register:</b>	Registered Nurse – Adult RN1 – 19 December 2006
<b>Relevant Location:</b>	Slough
<b>Type of case:</b>	Misconduct
<b>Panel members:</b>	Anne Ng (Chair, Lay member) Richard Curtin (Registrant member) Fulata Shawa-Siyunyi (Lay member)
<b>Legal Assessor:</b>	Graeme Dalglish
<b>Hearings Coordinator:</b>	Hamizah Sukiman
<b>Nursing and Midwifery Council:</b>	Represented by Emily Timcke, Case Presenter
<b>Mrs John:</b>	Present and unrepresented
<b>Facts proved by admission:</b>	Charges 1 (in its entirety) and 2
<b>Facts not proved:</b>	None
<b>Fitness to practise:</b>	<b>Impaired</b>
<b>Sanction:</b>	<b>Suspension order (3 months)</b>
<b>Interim order:</b>	<b>No order</b>

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

At the outset of the hearing, Ms Timcke, on behalf of the Nursing and Midwifery Council ('NMC'), made an application for this case be held partly in private as references may be made to your health, family and 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').

You supported the application.

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

Having heard that there will be reference to your health, family and private life, the panel determined to go into private session as and when such issues are raised in order to protect your privacy.

### **Details of charge**

That you, a registered nurse,

1. On the nightshift commencing 28 June 2023, in relation to six residents,
  - a) Failed to check,
    - i. Blood pressure.
    - ii. Pulse.
    - iii. Temperature.
    - iv. Oxygen saturations.
  - b) Inaccurately recorded,
    - i. Blood pressure.
    - ii. Pulse.
    - iii. Temperature.

iv. Oxygen saturations.

2. Your conduct at charge 1(b) was dishonest in that you knew you had not conducted resident observations and you intended to mislead anyone reading the resident records to believe that you had.

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

## **Background**

The charges arose whilst you were employed as a registered nurse at Oxford House Nursing Home ('the Home'). You were in post between June 2018 and July 2023, and you entered the NMC register in December 2006.

These charges relate to incidents which are alleged to have occurred on a night shift on 28 June 2023 (which ended on the morning of 29 June 2023). It is alleged that your responsibilities included taking observations for several residents in preparation for a visiting General Practitioners ('GP') ward round the following day. These observations include their blood pressure, pulse, temperature and oxygen saturation.

It is alleged that the Home Manager discovered, through discussions with another member of staff, that residents had reported that observations had not been undertaken, but were recorded and put under the door of the office. The Home alleged that, upon further enquiries, six residents had not had their observations taken, but their observations were recorded.

The Home commenced a local investigation, and, at a meeting on 4 July 2023, it was alleged that you entered false data on the residents' charts. It is further alleged that you admitted that you had not undertaken the observations for the six residents, albeit you initially provided a different explanation as to where the recorded observations had come from. A disciplinary meeting was scheduled, but you resigned from your position before this meeting took place.

The NMC received the referral on 27 July 2023.

### **Decision and reasons on facts**

You had an interpreter throughout the hearing.

At the outset of the hearing, the charges were read out to you, and the panel asked for your response to them. Following your response, the panel was unclear as to your position in respect of the charges, as you appeared to indicate a position, but you resiled from the position when asked further questions. The charges were read to you three times on record across Days 1 and 2, and your position in respect of each of the charges changed. You appeared to make some equivocal admittance to some of the charges, but you also indicated, at different times, that you admitted to these charges as you are not intending on calling any live witnesses, or because you do not have “*evidence*” to be brought. The legal assessor advised that you do not need to call witnesses or provide evidence, and that the burden of proof lies with the NMC. You indicated that you understood, but you maintained your position that you are admitting to some of the charges on account of having no “*evidence*” of your own to prove your case.

Based on your responses to the panel’s questions regarding your understanding of these proceedings, the panel expressed concern that you did not have a full grasp of the proceedings or the charges you face, and consequently, your response to them. In fairness to you, the panel recommended that you seek legal representation, which you indicated you would benefit from. The panel further considered adjourning the hearing in its entirety to allow you to obtain legal representation, pursuant to Rule 32 of the Rules. The panel took a brief adjournment to allow you the opportunity to consider your position and for the NMC to establish its position on any longer adjournment.

Following the brief adjournment and after Ms Timcke’s submissions opposing the longer adjournment (per Rule 32), you indicated that you do not wish to adjourn the hearing and you have sought and received initial, informal advice from a lawyer. You told the panel that, based on this advice, you wish to admit to all of the charges. You

indicated to the panel that the six residents outlined in the charge were not named, but that you were content that “*it happened*”. When asked what you understood “*it happened*” to mean, you told the panel that you “*accept*” the charges. You confirmed that you understand “*accept*” to mean “*admit*”, in this context. When asked by the panel if your admissions included an admission to charge 2 (which you have consistently denied in both written communication to the NMC and at this hearing thus far), you confirmed that your admissions were for all charges, including charge 2.

You were asked by the panel as to whether you were now admitting these charges as the lawyer you approached advised you to do so. You told the panel that you were now admitting these charges of your own accord. When asked by the panel as to whether you are acting under pressure from anyone else, you told the panel that you were not, and you “*accept*” the allegations made against you with no pressure from others. You indicated that you understand that “*accepting*”, in this context, means admitting to the charges.

The panel bore in mind that Rule 24(5) of the Rules states:

*‘24. –(5) Where facts have been admitted by the registrant, the Chair shall announce that such facts have been found proved.’*

The panel considered whether your admissions, at this stage, were unequivocal and whether, consequently, the facts can be found proved by way of your admissions. The panel noted the earlier lack of clarity surrounding your position on these charges throughout days 1 and 2 of the hearing, and it bore in mind that you have consistently denied the charge alleging dishonesty (charge 2), including in the Case Management Form you completed and returned to the NMC.

However, the panel also considered that you have been supported by the legal assessor as well as your interpreter in the understanding and following of these proceedings, and that time has been given to you on Day 2 to seek legal advice from a representative. The panel considered that you have sought preliminary advice from a lawyer, and you have confirmed that you are not making these admissions out of

pressure from any other party. The panel also bore in mind that you have indicated that you understand your position in respect of these charges.

In these circumstances, the panel was satisfied that your admissions to the charges, at this stage, are unequivocal. The panel therefore found all the charges proved, by way of your admissions on Day 2.

The panel did not go on to consider the longer adjournment (Rule 32) application, in light of your indication that you have sought legal advice and do not wish for the hearing to be adjourned.

### **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 and effectively without restriction.

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

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

### **Submissions on misconduct**

Ms Timcke invited the panel to take the view that the facts found proved amount to misconduct. She referred the panel to the decisions in, and principles derived from,

the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311, *R (on the application of Calhaem) v General Medical Council* [2007] EWHC 2606 (Admin) and *Nandi v General Medical Council* [2004] EWHC 2317 (Admin) in respect of misconduct.

Ms Timcke submitted that your actions fell significantly short of the standards expected of a registered nurse. She further submitted that paragraphs 10.1, 10.3, 19.4 and 20.1 of The Code: Professional standards of practice and behaviour for nurses and midwives 2015 ('the Code') are engaged in this case.

Ms Timcke submitted that you falsified observation records for six residents which, had it not been spotted and the incorrect observations were relied upon by other practitioners, could have led to potential harm to the patients. She further submitted that, when you were asked as to whether you had undertaken the observations, you tried to cover up your actions by stating that they were based on previous observations undertaken for those residents. This was proven to be false when the previous observations were checked by the Home Manager. Ms Timcke submitted that only when this falsehood was raised by the Home Manager did you accept you were being dishonest. She reminded the panel that you resigned before any formal action could be considered by the Home.

Ms Timcke further submitted that, whilst not every breach of the Code will amount to misconduct, your actions are serious and represents a serious departure from the standards expected of a registered nurse. In these circumstances, she invited the panel to find that your actions did amount to misconduct.

You told the panel that you accept and take full responsibility for your actions. You acknowledged that you made a mistake and you were dishonest, and you submitted that you fully regret your conduct and behaviour. You submitted that you understood your actions were not in accordance with the professional standards expected of you, and that you have broken the trust that your profession and colleagues had in you.

Further, you told the panel that you acknowledge the seriousness of your actions,

and you wholeheartedly apologise if anyone was hurt, disappointed or upset as a result of your actions. You accepted that being a responsible and honest professional is important. You expressed remorse that you did not uphold the standards expected of you, and you are now in the process of understanding the impact of your error, so you will not repeat it in the future.

You told the panel that, since the incident, you have been working for two and a half years as a registered nurse without any restriction and with no further concerns. You said that you are now more careful in your work, and you expressed that you will uphold the nursing principles and standards expected of you in future as to rebuild the public's trust in you. You told the panel that you are determined to demonstrate that you have learnt from this incident, and you should be given a second opportunity to do so.

You submitted that this is the first mistake you have ever made in your nursing career, and you began work in 2004. You referred the panel to the testimonial form your current employer, as to your current work.

In respect of the incidents themselves, you told the panel that you informed the Home Manager at 14:00 that you were unwell, and unable to attend work. You explained that shifts were cancellable if you informed by 18:00 on the same day. However, you told the panel that you were made to come into your shift as no other members of staff were available, and that you were told to '*take paracetamol*' and come to work.

The panel accepted the advice of the legal assessor. In respect of misconduct, he referred the panel to the case of *Roylance*, which defines misconduct as '*a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances*'. He further advised the panel to consider the decisions in, and principles derived from, the cases of *Calhaem* and *Nandi* as well as *R (on the application of Remedy UK Ltd) v General Medical Council* [2010] EWHC 1245 (Admin). He reminded the panel that misconduct is a matter for the panel's professional judgement.

## **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:

**'10 Keep clear and accurate records relevant to your practice**

*This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.*

*To achieve this, you must:*

- 10.1 complete records at the time or as soon as possible after an event, recording if the notes are written some time after the event.*
- 10.3 complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements.*

**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.'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. The panel therefore considered each of the charges in turn.

In respect of charges 1a and 1b (and its accompanying sub-charges), the panel bore in mind the witness statement from Amanda McMahan, the Home Manager. She stated:

*'If we do not have accurate readings for the GP lists, then the GP cannot review a resident properly due to the false information. The GP relies on the GP list of observations unless a reading was extremely high or low then the*

*GP would check again but they generally rely on nurses to provide them with accurate readings for the residents' observations, the nurses are trusted to do so.'*

The panel considered that, whilst the incident was isolated to one night shift, it related to six residents throughout the evening. The panel also took into account that charge 1a alleges a failure, and so, outlines a duty for you to conduct the observations. Despite your knowledge of this duty on you (given your admission), you failed to conduct the observations and subsequently inaccurately recorded the residents' observations. The panel was of the view that not conducting observations on six residents, when you were aware of your duty to do so, is serious.

Further, the panel was of the view that conducting observations, particularly when residents were due to see other practitioners, and accurately recording those observations are fundamental areas of nursing practice. The panel noted that the residents were due to see the GP the following day, and it was essential for their health and wellbeing that the observations were conducted and recorded in accordance with the Home's procedure.

In these circumstances, the panel determined that your actions in charge 1 were sufficiently serious to amount to misconduct. The panel was of the view that your failure to conduct observations when you were under a duty to do so and your subsequent inaccurate recording of the observations fell far below the standards expected of a registered nurse.

In respect of charge 2, the panel considered that honesty and integrity are fundamental elements of nursing, and it bore in mind that your dishonesty related to your clinical practice. The panel noted Ms McMahon's statement regarding your account of the observations when asked, which were:

*'Rashida explained that a carer, [REDACTED] had checked some of the resident observations. I asked Rashida which residents specifically were checked and she listed them. One of the residents that Rashida named, Rashida had said she did not check them as they were unwell due to their medical condition. This did not*

*match what she was now saying that the resident was checked when she previously said that she did not check them. I realised that Rashida [REDACTED] was telling me two different things. I asked Rashida to be honest with me and I asked her if she checked any of the residents' observations and she said no. I then asked Rashida if she made the residents' observations up and she confirmed that she did make them up. Rashida's changing accounts of what had happened was all during this conversation we had on 30 June 2023. [REDACTED] I investigated all the sources where Rashida said she got the observations from and nothing matched, Rashida then admitted to having not conducted the observations.'*

The panel considered that, whilst you knew you had not conducted the observations and you had inaccurately recorded observations, you were elusive in response to Ms McMahon's questions. The panel determined that registered nurses are expected not to falsify clinical records and mislead others, and consequently, your actions in this regard fall significantly short of the standards expected of you as a registered nurse. The panel further noted that you accepted this in your submissions today. The panel was satisfied, in all the circumstances, that your actions in charge 2 were sufficiently serious to amount to misconduct.

Accordingly, the panel found that your actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

### **Submissions on impairment**

In respect of impairment, Ms Timcke outlined the NMC Guidance on Impairment, as well as the four "limbs" as outlined in *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin). She submitted that all four of the limbs are engaged. In respect of limb (a), on whether you placed or are liable to place patients at unwarranted risk of harm, she submitted that this is tied to limb (d), on dishonesty, in that your actions reflected an underlying attitudinal concern which creates a risk of patient safety. She further submitted that, whilst there is no indication of actual harm coming to any of the residents, your actions of not undertaking the observations indicated that you put your own needs

above those of patients. She submitted that, if the toothache you say you were suffering from impacted your ability to work, you could have refused to attend work.

Ms Timcke further submitted that it is fundamental for safe and effective practice that you can be relied upon to be open and honest. She submitted that, whilst mistakes do occur, these mistakes need to be identified immediately so that they can be addressed. She submitted that, instead of acknowledging your errors, you sought to cover up your actions. She submitted that, prior to your submissions on misconduct today, you did not substantively reflect or demonstrate insight which would demonstrate that you have addressed your past actions and the underlying attitudinal concerns which underpin them.

In these circumstances, Ms Timcke submitted that there remains a real risk that you could repeat your conduct, which would place patients at a serious risk of harm. She submitted that the panel may wish to consider the communication and understanding issues you have demonstrated at this hearing, whether these may have contributed to the issues which occurred in the charges, and whether this could pose risk to patients in the future.

Ms Timcke referred the panel to the testimonial provided by your current employer. This addressed areas of improvement for you, which included communication. Bearing all this in mind, she invited the panel to find that your fitness to practise is impaired on public protection grounds.

Ms Timcke also submitted that a finding of impairment is necessary on public interest grounds. She submitted that honesty and integrity are fundamental tenets of nursing practice, and your lying and telling of different accounts to Ms McMahon represents a departure from these tenets. She submitted that your actions have brought the profession into disrepute, as members of the public place their trust in nurses to act in their best interest and to not lie to cover up the fact that you had not undertaken the work entrusted to you. She submitted that there would be a loss of faith in the nursing profession, should impairment not be found.

You told the panel that, at the time of the incidents, you were experiencing health difficulties which impacted your judgement and behaviour. You submitted that, nonetheless, you take full responsibility for what has happened, and you acknowledge that this does not meet the professional standards expected of you.

You submitted that you have since addressed the issues. You reflected on how your “*condition*” during the shift impacted your professional responsibilities, and you are committed to managing your health and wellbeing to ensure that similar incidents do not occur again. You acknowledged that this was a mistake, and you submitted that this is the first and last mistake you will make. You submitted that you will continue to maintain professional standards, and you apologise for what has happened.

You referred the panel to the letter from your employer regarding your current practice. In response to panel’s questions, you confirmed that your employer is aware of these proceedings and of the charges you are facing.

The panel accepted the advice of the legal assessor. In respect of impairment, he referred the panel to the case of *Grant* as well as *Cohen v GMC* (2008) EWHC 581 (Admin). He reminded the panel that impairment is a matter for the panel’s professional judgement.

### **Decision and reasons on impairment**

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

In coming to its decision, the panel had regard to the NMC Guidance on ‘*Impairment*’ (DMA-1) in which the following is stated:

*‘Being fit to practise is not defined in our legislation but for us it means that a professional on our register can practise as a nurse midwife or nursing associate safely and effectively without restriction.’*

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

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

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

*'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ fitness to practise is impaired in the sense that S/He:*

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

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

In relation to limb (a), on whether patients were put at unwarranted risk of harm, in the past, as a result of your misconduct, the panel noted Ms McMahon's statement that no actual harm was caused to any resident as a result of your actions. However, the panel considered that your actions did place residents at an unwarranted risk of harm. The panel considered that, by falsifying observations, other practitioners (such as GPs) would rely on these observations, and these records would inform them in determining the correct medical approach to the residents. The panel determined that, by falsifying these records, you placed residents at an unwarranted risk of harm.

In relation to limbs (b) and (c), in respect of the past, the panel considered that honesty and integrity are fundamental elements of nursing practice, and your misconduct in these areas did bring the nursing profession into disrepute.

In respect of limb (d), concerning dishonesty, the panel was satisfied that this limb is engaged, given its findings on facts.

The panel took into account that impairment is a forward-looking exercise, and it considered whether your fitness to practise is currently impaired.

The panel next considered whether you are liable, in the future, to place patients at unwarranted risk of harm, to bring the nursing profession into disrepute or breach one of the fundamental tenets of the nursing profession, following *Grant*. In reaching its decision, the panel also considered the principles derived from *Cohen*, namely:

- Whether the concern is easily remediable;

- Whether it has in fact been remedied; and
- Whether it is highly unlikely to be repeated.

On whether the concerns are easily remediable, the panel considered that some of your misconduct concerned your clinical practice, but some of the concerns were also attitudinal in nature (such as dishonesty). The panel was satisfied that the clinical concerns were remediable, with sufficient training. In respect of the dishonesty, the panel considered the NMC Guidance, '*Sanctions for the highest risk cases*' (SAN-4). Within it, under the header, '*Cases involving dishonesty*', the guidance stated:

*'Not all dishonesty is equally serious. Generally, the forms of dishonesty which are most likely to require consideration of striking-off will involve (but are not limited to):*

- *deliberately breaching the professional duty of candour by covering up when things have gone wrong, especially if this could cause harm to people receiving care*
- *misuse of power*
- *personal or financial gain from a breach of trust*
- *direct risk to people receiving care*
- *premeditated, systematic or longstanding deception.*

*Dishonest conduct will generally be less serious in cases of:*

- *one-off incidents*
- *spontaneous conduct*
- *no direct personal gain*
- *incidents outside professional practice.'*

Based on the guidance above, the panel was satisfied that, whilst your dishonesty did relate to your clinical practice, it is on the lower end of seriousness. The panel bore in mind that the dishonesty related to your conduct over one night shift, and did

not involve direct personal gain, misuse of power or breach of trust. The panel was satisfied that the dishonesty concerns are remediable in this case.

In relation to whether the concerns have, in fact, been remedied, the panel considered your apology made throughout this hearing, and the remorse you have expressed. The panel considered that you made full admissions to the charges, and you have acknowledged the impact your actions had on patients, colleagues and upon the wider nursing profession. The panel also considered that you indicated that you have addressed the underlying issues regarding your health, and that you continue to be aware of your general wellbeing. The panel also bore in mind that you were open with your employer regarding these proceedings and the charges you were facing.

The panel also had sight of the relevant training you have undertaken since the incidents, which included:

- Communication, dated 18 October 2024;
- Lone Working, dated 24 April 2025;
- Recording Information, which included record keeping, dated 16 November 2024; and
- Wellbeing in the Workplace, dated 16 November 2024.

Further, the panel had sight of the Performance Review, dated 1 May 2025, as well as the Performance Management Review, dated 1 April 2025, provided by your current employer, which indicated that you are currently practising safely as a registered nurse. The review referred to you as a *'dedicated and professional nurse, who demonstrates a clear passion for her role'* and that you are *'open to learning and consistently seeks guidance when uncertain'*. The panel also noted the reference from your employer, dated 17 June 2024, which referred to you being well spoken of, and that you are a *'well-respected and honest individual who maintains professional conduct in the workplace'*. The panel noted that there have been no further concerns raised regarding your practice since the incidents.

Taking all the above into account, the panel was satisfied that you have sufficiently remediated the clinical concerns identified. The panel considered that you have undertaken relevant training in the clinical areas of concern, and you have since been working unrestricted for a period of almost three years with no further issues.

In respect of dishonesty, the panel considered that you are open and honest regarding these proceedings to your employer, and it bore in mind your submissions, which detailed your apology and recognition of the impact of your actions on patients, colleagues and the wider nursing profession. The panel considered that you fully accept your misconduct, and you have not sought to blame others for your actions. The panel also considered that no further concerns have been raised regarding your honesty and integrity, and you appear committed to the management of your health and wellbeing, and to maintaining professional standards in your practice more generally. The panel also noted that your insight further developed throughout this hearing, and it considered that the Fitness to Practise process has allowed you to further reflect on your misconduct. The panel considered that there has been no evidence of any repetition of the misconduct.

Based on the above, the panel next considered whether your misconduct is likely to be repeated. The panel bore in mind that you have sufficiently remediated the concerns, and you have since been practising with no further issues. In these circumstances, the panel was satisfied that there is a low risk of you repeating your misconduct.

Accordingly, the panel determined that you are not liable to repeat your misconduct. The panel found that your fitness to practise is not impaired on public protection grounds.

The panel next considered whether a finding of impairment is necessary on public interest grounds. The panel bore in mind that the overarching objectives of the NMC, namely 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 well-informed member of the public, apprised with the information before this panel, would expect the misconduct, which involved dishonesty in a clinical setting, to make finding of impairment. Whilst the panel acknowledged that the dishonesty in these circumstances is on the lower end of seriousness, it determined that public confidence in the nursing profession would be seriously undermined if no finding of impairment was made to mark your misconduct. The panel therefore determined that a finding of impairment on public interest grounds is also necessary, to maintain public confidence in the nursing profession and uphold the proper professional standards for members of those professions.

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

### **Sanction**

The panel determined to make a suspension order for a period of three months. The effect of this order is that the NMC register will show that your registration has been suspended.

### **Submissions on sanction**

Ms Timcke reminded the panel of its powers as outlined in the NMC Sanctions Guidance ('SG'), and invited the panel to consider, in ascending order, the appropriate sanction to impose in light of its decision on impairment.

Ms Timcke submitted that the attitudinal concerns and the dishonesty element of your misconduct are aggravating factors present in this case. In respect of mitigating factors, she invited the panel to consider your reflection given via your submissions in this hearing, as well as the evidence of your insight and understanding of your misconduct. She also invited the panel to consider that you have kept up to date with your practice, as demonstrated through your training certificates.

In the circumstances of this case, Ms Timcke submitted that a suspension order for a period of six months would be the appropriate order, in light of the seriousness of your misconduct.

Ms Timcke addressed the panel on all the sanctions available before it in ascending order. She submitted that to impose no order or to impose a caution order would not be appropriate in these circumstances, given the seriousness of your misconduct, which involved dishonesty.

In respect of a conditions of practice order, Ms Timcke submitted that workable conditions could not be formulated as the concerns relate to underlying attitudinal issues. She referred the panel to the SG, and reminded the panel that a conditions of practice order is only appropriate where there is no evidence of harmful, deep-seated attitudinal concerns. She submitted that there are deep-seated attitudinal concerns in this case, as it relates to dishonest conduct. She further submitted that, whilst you have shown some insight, this was only demonstrated at this hearing. Ms Timcke further submitted that conditions to address dishonesty would not be workable in a busy care home setting.

Ms Timcke submitted that a suspension order can be appropriate where there is a single instance of misconduct, but where a lesser sanction is not sufficient, which are the circumstances of this case. She invited the panel to therefore impose a suspension order for a period of six months.

You told the panel that you sincerely apologise for the misunderstanding you caused throughout the hearing, and you understand the decisions the panel has made. You told the panel that you have been working in the nursing profession for 35 years, and you deeply regret the mistake you made.

You further told the panel that you have carried this regret for two and a half years, but you have also worked to better yourself in your career. You acknowledged that your actions were serious, but that you have learnt from it. You submitted that this conduct will not happen again, as you are two years away from your retirement. You

further invited the panel to consider your unblemished service, and you submitted that you wish to retire as a hardworking nurse. You expressed remorse for your actions.

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. 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 decision on sanction is a matter for the panel independently exercising its own judgement. In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had regard to the NMC Guidance on *'The sanctions available'* (SAN-2).

The panel took into account the following aggravating feature:

- Misconduct related to dishonesty in a clinical setting, indicating some attitudinal concern.

The panel considered Ms Timcke's submissions in relation to your attitudinal concern being *'deep-seated'*, and it bore in mind the NMC Guidance, *'Impairment'* (DMA-1). Under the header, *'What do we mean by a 'deep seated attitudinal issue'?'*, the guidance indicates that deep-seated attitudinal issues refer to:

*'... an ingrained mindset or belief system that is contrary to these values and behaviours, Deep-seated attitudinal issues are resistant to change and pose risks to the safety and wellbeing of people receiving care and to the public's confidence in the professions generally and to professional standards.'*

The panel reminded itself of its findings on impairment above, as well as all the evidence before it. The panel considered that, whilst your misconduct did involve

dishonesty, it found that your dishonesty was on the lower end of the seriousness spectrum, and that you have begun to demonstrate insight and made apologies for your actions. In these circumstances, the panel was not satisfied that you were resistant to change, or that you demonstrate a deep-seated attitudinal concern.

The panel also took into account the following mitigating features:

- Full admission of the facts, albeit this was made at a later stage;
- Sufficient insight shown in respect of the clinical concerns, yet developing insight in respect of dishonesty.

The panel noted that your demonstration of insight has been developing throughout this hearing, albeit the panel bore in mind that you gave submissions throughout this hearing, and there was no opportunity for the panel to fully explore your insight under oath. Whilst the panel was satisfied that you have demonstrated sufficient insight to render you no longer a risk to the public, it was of the view that your insight is not yet fully developed at this stage.

Bearing all the above in mind, the panel moved on to consider the appropriate sanction, if any, to impose.

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 determined that imposing no order would not meet the public interest, as it would not mark the seriousness of your misconduct. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

The panel next considered a caution order and had regard to the NMC Guidance on 'Caution order' (SAN-2b) in which the following is stated:

*'A caution is only appropriate if the Committee has decided there's no risk to the public or to people using services that requires the professional's practice to be restricted. This means 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 guidance further stated:

*'A caution may be appropriate when any of the following factors are apparent (this list is not exhaustive):*

- *significant evidence of re-training and reflection*
- *significant insight which makes repetition highly unlikely*
- *a sanction is necessary to uphold professional standards and public confidence in the profession, but the professional is able to practise safely and a more restrictive sanction would be disproportionate'*

The panel reminded itself of its decision in respect of impairment, and that your fitness to practise was found impaired on public interest grounds only. The panel was therefore satisfied that a caution order may be appropriate, in light of the lack of public protection concerns. The panel considered that a sanction nonetheless is necessary to uphold professional standards and public confidence in the profession.

However, bearing in mind the guidance above, the panel was not satisfied that you have demonstrated significant insight into your misconduct. The insight you have shown this panel has been developing throughout this hearing and it is presently at a stage where you no longer pose any risk to the public, the panel was of the view that the level of insight demonstrated thus far is not yet significant. The panel considered that, whilst you have made apologies and accepted your actions, your understanding of your dishonest conduct was developed at a late stage and was not yet significant. The panel considered that you referred to your dishonest conduct as a "*mistake*". The panel therefore concluded that, whilst you do demonstrate sufficient insight into your clinical concerns to no longer pose a risk to the public, this level of insight into your dishonesty is not yet significant.

In these circumstances, the panel determined that it would not be appropriate to impose a caution order.

The panel next considered whether placing conditions of practice on your registration would be appropriate. The panel is mindful that any conditions imposed must be relevant, proportionate, workable and measurable. The panel had regard to the NMC Guidance on *'Conditions of practice order'* (SAN-2c) and had regard to the following factors:

- *'no evidence of deep-seated personality or attitudinal problems*
- *identifiable areas of the professional's practice in need of assessment and/or retraining*
- ...
- *potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*
- ...
- *people using services will not be put at risk either directly or indirectly as a result of the conditions*
- *conditions can be created that can be monitored and assessed.'*

The panel considered that, whilst this is a case of dishonesty, you have not demonstrated any evidence of deep-seated personality or attitudinal problems. The panel bore in mind Ms Timcke's submissions that workable conditions could not be formulated in cases of dishonesty, as it relates to your professionalism as opposed to your clinical competence.

The panel determined that this case does not relate to your clinical competence, but rather your dishonest conduct within your practice. The panel also noted that you are currently working as an agency nurse, and there were no workable and feasible conditions which would address your dishonest conduct.

The panel also determined that a conditions of practice order would not address the public interest concerns, as it would not send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on '*Suspension order*' (SAN-2d) in which the following factors on when a suspension order may be appropriate are set out:

- *'the impairment is very serious but not fundamentally incompatible with continuing to be a registered professional*
- *an outcome less severe than strike-off would still satisfy the over-arching objective.'*

The panel also had regard to the key considerations as set out in the NMC Guidance to weigh up before imposing a suspension. It noted the following list of circumstances that may make a suspension order an appropriate sanction:

- ...
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation*
- ...
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.'*

Bearing in mind the guidance above, the panel considered that it is possible for you to be fit to practise in the future, and a time period out of practice would allow you time to fully reflect and develop your insight into your dishonest conduct.

Further, the panel was satisfied that dishonest conduct, whilst on the lower end of seriousness, is still sufficiently serious that the public confidence in the profession

could only be maintained if your practice was temporarily restricted. The panel bore in mind that you no longer pose a risk to the public, but it considered that a temporary restriction on your practice 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.

In considering this, the panel was also satisfied that the misconduct was not fundamentally incompatible with you remaining on the register, and the panel concluded that a striking-off order would be disproportionate and punitive in light of your engagement and developing insight.

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 may cause you, particularly in light of you currently working as a registered nurse. However, this is outweighed by the public interest in this case. The panel determined that a suspension order for a period of three months was appropriate in this case to mark the seriousness of the misconduct.

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:

- Your continued engagement with the NMC and attendance at a future hearing;
- Written reflective piece evidencing your full insight into your dishonest conduct and its impact on the public interest and the profession; and
- Evidence of up-to-date and relevant training, including training on professional ethics and record keeping.

This will be confirmed to you in writing.

No application for interim order was made by Ms Timcke. The panel therefore did not consider whether an interim order was necessary.

The substantive suspension order cannot take effect until the end of the 28-day appeal period. If no appeal is made, the substantive suspension order will come into effect 28 days after you are sent the decision of this hearing in writing.

That concludes this determination.