

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

**Substantive Hearing  
Tuesday, 7 April 2026 – Thursday, 16 April 2026**

Virtual Hearing

**Name of Registrant:** Juliet Sunny Johnson

**NMC PIN:** 07B3489E

**Part(s) of the register:** Registered Nurse – Mental Health Nursing  
RNMH – (13 December 2007)

**Relevant Location:** Sutton

**Type of case:** Misconduct

**Panel members:** Des McMorrow (Chair, Registrant member)  
Elizabeth Coles (Registrant member)  
Cerys Jones (Lay member)

**Legal Assessor:** Juliet Gibbon

**Hearings Coordinator:** Teige Gardner

**Nursing and Midwifery Council:** Represented by Mohsin Malik, Case Presenter

**Ms Johnson:** Present and represented by Richard Conteh

**Facts proved:** Charges 1(a), 2(a), 2(b), 3(a), 3(b) and 3(c)

**Facts not proved:** Charges 1(b)

**Fitness to practise:** **Impaired**

**Sanction:** **Suspension Order (12 months)**

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

## Details of charge

That you, a registered nurse:

1. On 10 September 2023:
  - a. on one or more occasions hit Patient A with a plastic bottle
  - b. shouted 'shut your mouth' or words to that effect
  
2. In an application for employment with South London and Maudsley NHS Foundation Trust ('the Trust') dated 11 April 2024, gave incorrect information in that you:
  - a. Answered 'no' to the question '*Are you currently the subject of any investigation by an employer or proceedings by anybody having regulatory functions relating to health/social care professionals including such a body in another country?*'
  - b. Answered 'no' to the question '*Have you ever been disqualified from the practice of a profession or required to practice it subject to specified limitations following fitness to practice proceedings by a regulatory body in the UK or in another country?*'
  
3. Your conduct at charge 2a and/or 2b was dishonest in that you:
  - a. knew you were subject to an investigation by the NMC
  - b. knew you were subject to an Interim Conditions of Practice Order
  - c. intended to mislead the Trust

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, Mr Malik, on behalf of the Nursing and Midwifery Council (NMC), made a request that this case be held partly in private on the basis that proper exploration of your case involves reference to your health and personal matters. The

application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Mr Conteh, on your behalf, 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 determined to rule to go into private session as and when matters relating to your health and personal matters are raised.

#### **Decision and reasons on application to admit written statement and exhibits of Beth Dawkin and Badru Kaddu**

The panel heard an application made by Mr Malik under Rule 31 to allow the written statements and exhibits of Ms Dawkin and Mr Kaddu into evidence.

Mr Malik submitted that both Mr Kaddu and Ms Dawkin speak to charges 1(a) and 1(b), which are serious charges, as they relate to the abuse of a vulnerable patient. He submitted that the evidence provided by Mr Kaddu and Ms Dawkin is consistent with each other and there is no reason why they would fabricate their evidence. Further, he submitted that this evidence provides a contemporaneous account of the events that occurred on the day of the incident.

Mr Malik informed the panel that both Mr Kaddu and Ms Dawkin were not present at this hearing and, whilst the NMC had made sufficient efforts to ensure that these witnesses were present, they had not attended the hearing. [PRIVATE]

Mr Conteh supported this application.

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included that Rule 31 provides that, so far as it is 'fair and relevant', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings.

The panel gave the application in regard to the statements and exhibits of Ms Dawkin and Mr Kaddu serious consideration. The panel noted that the hearsay evidence provided by Ms Dawkin and Mr Kaddu was relevant as it speaks to charges 1(a) and 1(b). The panel was of the view that the hearsay evidence could be tested by examining other evidence provided within the exhibits bundle and witnesses due to give evidence. The panel considered whether you would be disadvantaged by the change in the NMC's position of moving from reliance upon the live testimony of Ms Dawkin and Mr Kaddu, however it noted that your representative, Mr Conteh, was content for the hearsay evidence to be admitted.

In these circumstances, the panel came to the view that it would be fair and relevant to accept into evidence the written statement and exhibits of Ms Dawkin and Mr Kaddu but would give what it deemed appropriate weight to the hearsay statements once the panel had heard and evaluated all the evidence before it.

## **Background**

Ms Johnson was referred to the NMC on 12 September 2023 from Care First 24 (the Company), where she worked as a complex home care nurse. On 10 September 2023, Ms Johnson was assigned to work with a child patient who had a number of complex mental health needs and was on 3:1 care as a result. There was an escalation in the child's difficult and aggressive behaviour. Colleagues allege that they witnessed Ms Johnson hit the child patient over the head with a soft drink bottle and shouted at them to "*shut up*". The child fell over as a result of the incident and was reported to have hit their head on a cupboard. [PRIVATE]

Further, it is alleged that on 11 April 2024 you were dishonest during a job application process with South London and Maudsley NHS Trust (the Trust), by not disclosing that you were under an interim conditions of practice order at the time.

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

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Mr Malik and by Mr Conteh.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

The panel heard live evidence from the following witnesses called on behalf of the NMC:

- Lynn James-Welling: Managing Director at the Company
- Witness 1: Patient A's mother
- Clair Simons: Nurse Manager at the Company
- Fatima-Zohra Allali: Head of Nursing and Quality at the Trust
- Aishat Sode: Ward Manager at the Trust
- Chukwudike Ngwu: Clinical Charge Nurse at the Trust

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the witness and documentary evidence provided by both the NMC and you.

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

**Charge 1(a)**

*“On 10 September 2023:*

*a. on one or more occasions hit Patient A with a plastic bottle”*

**This charge is found proved.**

In reaching this decision, the panel took into account the contemporaneous statements from Ms Kaddu and Ms Dawkin, Patient A's communication log, the Agency's incident form and your documentary evidence.

The panel first took into consideration Mr Conteh's submission that you did not hit Patient A with a plastic bottle. He submitted that the evidence surrounding this charge is inconsistent and, therefore, unreliable.

The panel then considered the contemporaneous statements of both Ms Dawkin and Mr Kaddu. The panel noted that, in her statement dated 10 September 2023, Ms Dawkin stated that:

*“Juliet then came running towards her and grabbed the bottle out of her hand and wacked her around the head with it violently so Pt A fell to the floor”*

Further, the panel noted that Mr Kaddu corroborated this event taking place in his statement, dated 11 September 2023, in which he stated:

*“Juliet then came running towards A and grabbed the bottle out of her hand and wacked her around the head with the bottle violently so Pt A fell to the floor.”*

The panel did not place great weight on this evidence, as neither Ms Dawkin nor Mr Kaddu were able to attend the hearing to provide live evidence regarding these statements. The panel also noted Witness 1’s oral evidence that Patient A had texted her saying she had been hit on the head with a plastic bottle, and Patient A had also told her verbally the following day. The panel also took into account other contemporaneous documents including Patient A’s communication logs and hospital records. The panel noted that there is a clear theme throughout the documentation before it that highlights that an incident with a plastic bottle did occur between you and Patient A.

The panel then considered Patient A’s communication log, in which it is recorded that:

*“Earlier on Pt A went to go and throw Dr pepper on Juliet both beth and badru tried to chase after her and stop her doing it by chasing her and trying to grab the bottle of Dr pepper out her hand , Juliet then grabbed the Dr pepper of and wacked her over the head with it around 5 times until Pt A was laying on the floor with Dr pepper all over her she always screamed in Pt A face telling her to shut her mouth reported to Teri at the time of the incident as staff members should not turn around and attack a client . Witnessed by badru and beth”*

Furthermore, the panel noted the Agency’s incident form, provided by the clinical lead at the Agency, which states:

*“Patient A came on the phone, she said Juliet had thrown Dr Pepper over her and she had hit her head.”*

The panel also noted the evidence of Witness 1 who stated, during live evidence, that in her opinion, Patient A would not lie about an event like this occurring.

The panel noted Patient A’s Hospital Records, which states:

*“Pt A states a staff member ‘Juliet Johnson’ was being mean to her, telling her she did not have PTSDs and putting her down. Pt A said earlier in the day she had shaken a can of drink so it sprayed on Juliet, but that did not work so she got a 2l bottle of Dr Pepper and poured it over Juliet, ... In response Pt A says Juliet pushed her to the floor and Pt A hit her head on the wall as she fell. She also sustained 2 scratches to her left hand from Juliet’s nails, these wounds bled for some time. She then states Juliet took the bottle and started to beat her over the head with it telling her she didn’t know what she was capable of doing. This was witnessed by 2 other care staff, B and B who are currently with Pt A now.”*

The panel took into consideration all the evidence before it, and was of the view that there is clear evidence before it that you did hit Patient A with a bottle. The panel determined that, on the balance of probabilities, it is more likely than not that you did hit Patient A over the head with a plastic bottle on one or more occasions, therefore this charge is found proved.

#### **Charge 1(b)**

*“shouted ‘shut your mouth’ or words to that effect”*

**This charge is found not proved.**

In reaching this decision, the panel took into account the hearsay evidence from Ms Dawkin and Mr Kaddu.

The panel noted that the only evidence in relation to this charge comes from the hearsay evidence provided by Ms Dawkin and Mr Kaddu. The panel noted that both made specific reference to you shouting *“shut your mouth”* at Patient A in their contemporaneous statements. However, the panel did not place great weight on this evidence as it was not tested during live evidence.

The panel considered other evidence before it surrounding the incident on 10 September 2023, including the Hospital Records and the Agency's incident report. The only other mention of you shouting at Patient A was in Patient A's communication log but the panel noted that this was direct copy and paste from Ms Dawkins initial statement. Whilst there was evidence of a heated exchange between you and Patient A, there is a conflict regarding what you had said to her. In particular, the panel noted that Patient A had not stated that you shouted '*shut your mouth*' at her.

Therefore, the panel determined that, as the only evidence for this charge comes from the hearsay evidence provided by Ms Dawkin and Mr Kaddu and there is no supporting evidence provided by any other source, there is not sufficient evidence before it to find this charge proved. The panel determined that, on the balance of probabilities, this charge is not proved.

#### **Charge 2(a)**

*"In an application for employment with South London and Maudsley NHS Foundation Trust ('the Trust') dated 11 April 2024, gave incorrect information in that you:*

- a. Answered 'no' to the question 'Are you currently the subject of any investigation by an employer or proceedings by anybody having regulatory functions relating to health/social care professionals including such a body in another country?'"*

**This charge is found proved.**

In reaching this decision, the panel took into account your admission that you ticked "*no*" to the question on the model declaration form dated 11 April 2024.

The panel noted that you had made admissions to this charge in your statement and Mr Conteh confirmed this during his closing submissions. Further, the panel noted that you had answered "*no*" on the model declaration form when asked about being the subject of any investigation by an employer.

Therefore, the panel finds this charge proved.

### **Charge 2(b)**

*“Answered ‘no’ to the question ‘Have you ever been disqualified from the practice of a profession or required to practice it subject to specified limitations following fitness to practice proceedings by a regulatory body in the UK or in another country?”*

**This charge is found proved.**

In reaching this decision, the panel took into account your admission that you ticked “no” to the question on the model declaration form dated 11 April 2024.

The panel noted that you had answered “no” on the model declaration form when asked about being disqualified from the practice of a profession or required to practice it subject to specified limitations following fitness to practise proceedings by a regulatory body in the UK or in another country.

Therefore, the panel finds this charge proved.

### **Charges 3(a), (b) and (c)**

*“Your conduct at charge 2a and/or 2b was dishonest in that you:*

- a. knew you were subject to an investigation by the NMC*
- b. knew you were subject to an Interim Conditions of Practice Order*
- c. intended to mislead the Trust”*

**These charges are found proved.**

In reaching this decision, the panel took into account your statement, the interview notes and the live oral evidence of Fatima-Zohra Allali, Aishat Sode and Chukwudike Ngwu.

The panel first looked at the timeline of the events leading up to this interview.

Timeline:

- March 2024 - you completed an application for a job at the Trust after you had your interim suspension order changed to an interim conditions of practice order. The panel noted that you did not disclose your interim conditions of practice order on this form as required by the interim order.
- 28 March 2024 – you interviewed for the role at the Trust, and informed the interviewing panel that you needed to be supported by a line manager for a period of three months.
- 10 April 2024 – you received a conditional offer for the role you interviewed for at the Trust.
- 11 April 2024 – you completed the model declaration form and answered “no” to questions 5 and 6, which asked about whether you were currently being investigated or had restrictions on your practice.

The panel then established whether you knew about the interim conditions of practice order when you applied for the job at the Trust. The panel noted that, in your statement, you said that you were aware of the interim conditions of practice order and had “*mistakenly*” ticked the no box instead of the yes box. Therefore, the panel was satisfied that you were aware of the NMC investigation and the interim conditions of practice order when you applied for this job.

The panel further noted the reason that not ticked yes in relation to question 5 on the model declaration form. In your statement, you say:

*“I believe the words in question- “a body in another Country” got stuck in my head, and I innocently answered “no” instead of a “yes” answer.”*

The panel noted that you said that once you had recognised this mistake you tried to rectify it during the interview:

*“During the interview, I corrected my innocent mistake and disclosed by Conditions of Practice order from the NMC to the interviewers... Further they asked me if I had any disclosures to make. I answered “yes” and explained to the interviewers that I have an ongoing investigation with the NMC which has given me a Conditions of Practice order. I continued explaining that this Conditions of Practice order required me to be supervised for three months.”*

The panel noted that you state that you tried to rectify your mistake during your interview on 28 March 2024, however the model declaration form was completed on 11 April 2024 following your interview.

Mr Conteh, during his closing submissions, referred the panel to a note made during the interview by the interviewers, which referenced you needing NMC support as evidence of you trying to rectify this mistake. He suggested to the panel that you had not received this role because the Trust did not want to hire anyone who had an interim conditions of practice order.

The panel noted that, despite your claim that you had informed the interviewers about your ongoing NMC investigation, you still failed to answer “yes” to the questions about any ongoing investigations in the model declaration form some two weeks after the interview.

Further, the panel considered the evidence of Ms Aishat Sode and Mr Ngwu, two of the interviewers who interviewed you for the job at the Trust. Both witnesses, during live oral evidence, said that during the interview you did not directly tell them that you were currently being investigated by the NMC or that you were subject to an interim conditions of practice order. Ms Sode said during live oral evidence that you only informed the interviewing panel that you needed to be supported by a line manager for a period of three months.

Further, Ms Allali told the panel during her oral evidence that the Trust has several members of staff subject to interim conditions of practice orders and the Trust is willing to support nurses with conditions imposed on their practice. The panel was of the view that the evidence provided by Ms Allali, Mr Ngwu and Ms Sode was cogent and reliable, and they did not have any reason to fabricate their evidence.

The panel noted the interim conditions of practice order that was in place at the time of the application. In condition 7(b) it clearly stated that you needed to provide a copy of your conditions to any potential employer at the time of application. The panel noted that it would have been clear to you that you needed to inform the Trust that you were currently under an interim conditions of practice order. Therefore, the panel was not satisfied that you had been proactive in declaring your conditions of practice order to the Trust during the application process. In addition, the panel noted that you failed again to disclose your ongoing NMC investigation when you completed the model declaration form some two weeks after the interview.

In light of all the evidence above, the panel was of the view that, at the time of this application, you were aware of the NMC investigation and the interim conditions of practice order imposed and you failed to inform the Trust of the investigation and the interim conditions of practice order. The panel was of the view that the only reason you would not declare your conditions of practice order was to improve your chances of securing a role at the Trust. The panel did take into consideration your good character, however it did not sway its decision in regard to these charges.

The panel therefore determined that, in relation to these charges, on the balance of probabilities it is more likely than not that you were dishonest in that you were aware of the NMC investigation and the interim conditions of practice order and you intended to mislead the Trust during the job application process when you answered no to both questions on the model declaration form. The panel finds these charges proved.

### **Fitness to practise**

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether 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**

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a '*word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.*'

Mr Malik invited the panel to take the view that the facts found proved amount to misconduct. He referred the panel to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code).

Mr Malik identified the specific, relevant standards, in his submission, where your actions amounted to misconduct. He submitted that, in relation to charge 1(a), your actions fell short of the standards expected of a registered nurse and amounted to serious professional misconduct. He submitted that the abuse of a vulnerable patient goes against fundamental nursing practices. Further, he submitted that physical and

psychological harm had been caused to Patient A as a result of your actions. Therefore, he submitted that this charge amounts to serious misconduct.

Further, he submitted that your actions in charges 2 and 3 amount to serious misconduct. He submitted that dishonesty is serious and goes against fundamental nursing practices. He invited the panel to find misconduct in relation to these charges.

Mr Conteh made no submissions on misconduct.

### **Submissions on impairment**

Mr Malik moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Mr Malik submitted that you caused physical and emotional harm to Patient A and emotional harm to Witness 1. He submitted that the abuse of a vulnerable patient goes against fundamental nursing practices. He referred the panel to the evidence surrounding Patient A's health and submitted that she has not recovered from the effects of your actions. Further, he submitted that Patient A's mother has now lost confidence in agency nurses caring for her daughter as a result of this incident. He also submitted that your actions put your colleagues at a real risk of harm. He submitted that there remains a risk of repetition in relation to this incident, as you have not provided any insight into your actions.

Mr Malik submitted that dishonesty is also a fundamental breach of the nursing tenets. He submitted that you being dishonest on your job application is not the behaviour expected of a registered nurse. He submitted that, due to your lack of insight into your dishonesty, there is a risk of repetition in relation to both charges found proved. He submitted that your dishonesty highlights a deep-seated attitudinal problem.

Mr Malik submitted that you have offered no reflections, no apology and no remorse in relation to these charges. He submitted that you have not strengthened your practice in relation to your dishonesty and your nursing practice when treating vulnerable patients with complex mental health needs. Therefore, for the reasons listed above, a finding of impairment is necessary on the grounds of public protection.

Mr Malik submitted that an order is otherwise necessary in the wider public interest, as a well-informed member of the public would be concerned to find that you have not been found impaired considering the seriousness of the charges found proved. He invited the panel to make a finding of impairment in relation to your practice.

Mr Conteh submitted that you had a lack of judgement when not avoiding contact with Patient A. He informed the panel that, at the time of the incident, you had been provoked by Patient A as she had thrown a drink on you, and that is why you reacted the way you did. He submitted that you have learned from your mistake and would never do it again. He submitted that this is the first time in your 17 years of nursing that an incident like this had ever occurred. He submitted that you acknowledge that you ticked the wrong boxes on the model declaration form. He submitted that you are willing to undertake any training recommended by the panel to remediate your actions.

Mr Conteh submitted that you are of good character and have never been dishonest before in your 17-year nursing career. He referred the panel to the several character references that speak to your honesty.

Mr Conteh informed the panel about the [PRIVATE].

Mr Conteh submitted that you are an excellent nurse, and the community would be deprived of your skills if you are to be found impaired. He submitted that it is not in the public interest to find you impaired.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council*, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), and *General Medical Council v Meadow* [2007] QB 462 (Admin).

## **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 breaches of the Code. Specifically:

### **1 Treat people as individuals and uphold their dignity**

To achieve this, you must:

- 1.1** treat people with kindness, respect and compassion
- 1.2** make sure you deliver the fundamentals of care effectively
- 1.5** respect and uphold people's human rights

### **2 Listen to people and respond to their preferences and concerns**

To achieve this, you must:

- 2.1** work in partnership with people to make sure you deliver care effectively
- 2.6** recognise when people are anxious or in distress and respond compassionately and politely

### **17 Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection**

To achieve this, you must:

- 17.1** take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse

### **20 Uphold the reputation of your profession at all times**

To achieve this, you must:

**20.1** keep to and uphold the standards and values set out in the Code

**20.2** act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment

**20.3** be aware at all times of how your behaviour can affect and influence the behaviour of other people

**20.5** treat people in a way that does not take advantage of their vulnerability or cause them upset or distress

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

**23 Cooperate with all investigations and audits This includes investigations or audits either against you or relating to others, whether individuals or organisations. It also includes cooperating with requests to act as a witness in any hearing that forms part of an investigation, even after you have left the register.**

To achieve this, you must:

**23.3** tell any employers you work for if you have had your practice restricted or had any other conditions imposed on you by us or any other relevant body

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that the charges found proved amount to serious misconduct. In regards to charge 1(a), the panel was of the view that this is a serious charge, as it relates to the abuse of a vulnerable child patient. The panel found that your actions in charge 1(a) fell below the standards expected of a registered nurse. The panel noted that you had struck Patient A, and both Patient A and Witness 1 were caused longstanding emotional harm as a result of your actions. The panel was of the view that your actions in relation to charge 1(a) undermine the safety standards expected of a registered nurse.

In relation to charges 2(a) and 2(b), your actions did not amount to serious misconduct when considering the charges on their own. However, when coupled with charges 3(a), 3(b) and 3(c), the panel was of the view that your actions did fall seriously below the standards expected of a registered nurse. The panel was of the view that dishonesty is

always serious and your dishonesty in relation to the charges listed above fell seriously below the standards expected of a registered nurse.

For the reasons listed above, the panel determined that your actions did fall seriously short of the conduct and standards expected of a nurse and amounted to serious 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.

In coming to its decision, the panel had regard to the NMC Guidance on '*Impairment*' (Reference: DMA-1 Last Updated:28/01/2026) 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 and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

*'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold*

*proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'*

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

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

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel finds that the charges found proved are serious, as they relate to the abuse of a vulnerable patient and dishonesty.

The panel was of the view that, as a result of your misconduct, patients were put at risk of harm. The panel noted that you caused physical and longstanding emotional harm to Patient A as a result of your actions. Further, the panel noted Witness 1's oral evidence that she no longer trusts agency nurses to care for her daughter following this incident.

In relation to your dishonesty, the panel was of the view there was a risk of potential harm to patients. The panel noted that if you had practised as a registered nurse at the Trust without the support you required as a result of the interim conditions of practice order imposed, patients could have been harmed.

Your misconduct had breached the fundamental tenets of the nursing profession, namely prioritising people, preserving safety and promoting professionalism and trust. Therefore, you brought the nursing profession's reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious. The panel noted that you had three opportunities to inform the Trust about your interim conditions of practice order, in the initial application, during your interview and then on the model declaration form. However, you failed to provide them with a copy of your interim conditions of practice order on all three occasions.

The panel considered whether your actions could be remediated and whether you could strengthen your actions in the areas of concern identified. The panel was of the view that your misconduct could be remediated, for example, by providing a reflective piece, which addresses the impact your misconduct had on patients, colleagues, the reputation of the professions and the public, and showing remorse and insight into charge 1(a) and how you would manage the situation differently in the future. Further, the panel noted that you could undertake further training in the areas of concern identified, such as anger management training or training related to managing difficult patients, to remediate your actions in relation to charge 1(a).

The panel noted in particular that this was a one-off incident of dishonesty and noted your previous good character. It found that your dishonesty was on the lower end of the spectrum in regard to how serious it was. It considered that providing a reflective piece, which addresses the impact your actions had on patients, colleagues, the reputation of the professions and the public, and showing remorse and insight into your dishonesty would assist in showing your remediation.

The panel had regard to all the evidence before it, and determined that currently you have not shown any evidence of remediation, strengthening your practice nor sufficient insight into your actions. The panel noted the training certificates you provided, however it determined that these did not relate to any of the areas of concern identified by the charges found proved. The panel also noted Mr Conteh's submission that you acknowledge that your actions were wrong, however it was of the view that you did not sufficiently address the impact of your actions, nor did you show remorse for your actions. Therefore, the panel was of the view that you currently have limited insight into your actions.

The panel was of the view that there is no evidence before it to suggest that you have a deep-seated attitudinal problem. The panel noted that there is no evidence of sustained dishonesty and noted that this is a one-off incident of dishonesty. The panel also noted your previous good character. Further, in relation to charge 1(a), the panel was of the view that your violence was not premeditated, rather it was in reaction to the situation you were in.

Despite not finding that you had a deep-seated attitudinal issue, the panel is of the view that there is a risk of repetition in this case. The panel was of the view that, in light of your lack of insight and relevant training in the areas of concern identified, it cannot be satisfied that it is highly unlikely that you would repeat the actions as set out in the charges found proved. In light of the reasons listed above, the panel 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 required because the professions would be brought into disrepute if you are allowed to practice without a finding of impairment. The panel concluded that public confidence in the

profession would be undermined if a finding of impairment were not made in this case and 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.

## **Sanction**

The panel has considered this case very carefully and has decided to make a suspension order for a period of one year. 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 regard to the NMC Guidance on '*The sanctions available*' (Reference: SAN-2 Last Updated: 28/01/2026).

The panel accepted the advice of the legal assessor.

## **Submissions on sanction**

Mr Malik informed the panel that in the Notice of Hearing, dated 9 March 2026, the NMC had advised you that it would seek the imposition of a striking-off order if the panel found your fitness to practise currently impaired. He invited the panel to impose a striking-off order.

The panel also bore in mind Mr Conteh's submissions. He submitted that you are a good nurse with a previously unblemished career, and these incidents found proved were one-off lapses in your judgement. He submitted that you have tried to remediate and have shown insight into your actions. He submitted that you understand the impact of your actions and you would not repeat them. He referred the panel to your character references and training certificates. Therefore, he submitted that a striking-off order was

inappropriate and disproportionate at this stage. He submitted that a caution order or a less onerous conditions of practice order would be more appropriate and proportionate.

### **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.

The panel took into account the following aggravating features:

- vulnerability of the patient receiving care
- abuse of a position of trust

The panel also took into account the following mitigating features:

- personal circumstances
- limited insight

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.

The panel next considered a caution order and had regard to the NMC Guidance on 'Caution order' (Reference: SAN-2b Last Updated: 28/01/2026) 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 panel considered that your actions were not at the lower end of the spectrum, and it found that there is a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict your practise would not protect the public. The panel also determined 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 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*' (Reference: SAN-2c Last Updated: 28/01/2026) 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*
- *competence cases where there is a realistic likelihood that the concerns about their practice can be resolved*
- *potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*
- *insight into any health problems, alongside willingness to abide by conditions relating to a medical condition, treatment and supervision*
- *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 is of the view that there are currently no relevant, proportionate, workable or measurable conditions that could be formulated, given your limited insight together with the lack of relevant training and evidence of remediation in relation to the charges found proved. Furthermore, the panel concluded that the placing of conditions on your

registration would not adequately address the seriousness of this case and would not protect the public.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on ‘*Suspension order*’ (Reference: SAN-1 to 4 Last Updated: 28/01/2026) 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:

- *‘the charges found proved are at the most serious end of the spectrum and call into question the professional’s suitability to continue practising, either currently or at all*
- *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*
- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- *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.’*

The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with you remaining on the register. In particular, the panel noted your actions, as set out in charges 1(a) and 3 were remediable. It was of the view that the charges found proved were two one-off incidents in a 17-year career. It noted that you had cared for Patient A prior to this incident and you had not had any complaints. The panel also noted the positive character references you had provided. Further, it noted that you had shown some insight through the submissions of Mr Conteh. It was of the view that you giving evidence to the panel regarding your insight would have been more helpful, as you would have been able to demonstrate your developing insight into the matters found proved. The panel noted that you had undertaken training, albeit not in the relevant areas of concern identified, and that you had attended this hearing with Mr Conteh. It was of the view that this highlights that you are willing to engage with the NMC.

The panel 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 at this time. 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.

In making this decision, the panel carefully considered the submissions of Mr Malik in relation to the sanction that the NMC was seeking in this case. However, the panel

considered that that this was two one-off incidents, you have shown developing insight and you have engaged with the NMC proceedings. Therefore, it was of the view that a striking-off order, as requested by the NMC, would be inappropriate and disproportionate at this time.

The panel determined that a suspension order for a period of one year was appropriate in this case to mark the seriousness of the misconduct.

At the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may extend 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 process and your attendance at any future review of your order
- You providing live evidence of your insight into the charges found proved
- A reflective piece that sufficiently addresses your remorse, the impact your actions had on patients, colleagues, the public and the nursing profession, and how you would act differently if placed in a similar situation in the future
- Evidence of training you have undertaken in the relevant areas of concern identified, for example anger management or managing vulnerable patients
- References or testimonials from colleagues in any paid or unpaid work you undertake during this year of suspension

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

## **Submissions on interim order**

The panel took account of the submissions made by Mr Malik. He invited the panel to impose an interim suspension order for a period of 18 months. He submitted that an interim suspension order for a period of 18 months would ensure that the public are protected and would cover the appeal period, if you choose to appeal the panel's decision.

Mr Conteh did not oppose the application.

## **Decision and reasons on interim order**

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

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months in order to protect the public if you choose to appeal the panel's decision.

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.