Nursing and Midwifery Council

Fitness to Practise Committee

Substantive Hearing
Monday 29 September 2025 – Friday 3 October 2025,
Monday 27 April 2026 – Wednesday 29 April 2026

Virtual Hearing

Name of Registrant:	**Samantha Jane Pickering**
NMC PIN:	13H4865E
Part(s) of the register:	Registered Nurse – RNA Adult Nursing - (Level 1) 30 September 2013
Relevant Location:	York
Type of case:	Misconduct
Panel members:	Janet Fisher (Chair, lay member) Karan Sheppard (Lay member) Sara Morgan (Registrant member)
Legal Assessor:	Graeme Henderson (Monday 29 September – Friday 3 October 2025) Neil Fielding (Monday 27 April – Wednesday 29 April 2026)
Hearings Coordinator:	Salima Begum (Monday 29 September 2025 – Friday 3 October 2025, Tuesday 28 April 2026 – Wednesday 29 April 2026) Petra Bernard (Monday 27 April 2026)
Nursing and Midwifery Council:	Represented by Andrew Molloy, Case Presenter
Ms Pickering:	Present and represented by Deepan Jaddoo, of UNISON
Facts proved by admission:	Charges 1, 3, 4, 5, 6, 8, 9 and 11
Facts proved:	Charge 12

Facts not proved:	Charges 2, 7 and 10
Fitness to practise:	Impaired
Sanction:	**Suspension order (6 months)**
Interim order:	**Interim suspension order (18 months)**

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

At the outset of the hearing, Mr Molloy, on behalf of the Nursing and Midwifery Council (NMC), made a request that this case be held partially in private on the basis that proper exploration of your case involves discussions of Patient C. In respect of Patient C, there may be issues regarding privacy, as their identity is likely to become known during the course of the hearing. He therefore submitted that any matters relating to Patient C, are dealt with in private discussion to protect their confidentiality. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Mr Jaddo, on your behalf, indicated that he 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.

The panel accepted that issues of privacy arise in respect of Patient C and that their identity is likely to become known during the course of the hearing. In order to protect their privacy and confidentiality, the panel decided that it would be appropriate to proceed partially in private as and when such issues are raised.

Details of charge (unamended)

'That you, a registered nurse:

1. On or around the 12 April 2022, without clinical justification accessed the clinical records of Patient A.

2. On or around the 12 April 2021, without clinical justification accessed the clinical records of Patient B.

3. On or around 06 May 2022, without clinical justification accessed the clinical records of Patient C using a colleague’s login on a Ward computer.

4. On or around the 7 April 2022, without clinical justification accessed the clinical records of Patient C.

5. On or around the 11 April 2022, without clinical justification accessed the clinical records of Patient C.

6. On or around 12 April 2022, you contacted Patient A after accessing her clinical records.

7. On or around 12 April 2021, you used confidential information which resulted in you meeting Patient B whilst he was in recovery.

8. On or around 27 July 2022, you denied contacting Patient A after accessing her clinical records.

9. On or around 15 July 2022, you stated that you did not recall accessing Patient B’s clinical records.

10. Your conduct at charge 3 was dishonest in that you sought to conceal that you had accessed patient records without clinical justification.

11. Your conduct at charge 8 was dishonest in that you sought to conceal that you had accessed patient records without clinical justification.

12. You conduct at charge 9 was dishonest in that you sought to conceal that you had accessed patient records without clinical justification.

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

Background

You were referred to the NMC on 15 September 2022 by your former employer, [PRIVATE] (the Trust). The referral led to an investigation by the NMC, which identified regulatory concerns relating to your conduct while employed as an [PRIVATE] at the Trust between April 2021 and May 2022.

The concerns first arose in April 2022 when two patients raised a query about potential breaches of information governance at [PRIVATE]. Patient A reported that after attending A&E and leaving without treatment, you contacted her the following day by text message to ask if she was well. This raised suspicion that you may have accessed her records. Patient B, also raised concerns, recalling that during a hospital admission in April 2021, you appeared aware of his presence on Early Assessment Unit (EAU) despite having had no prior interaction with him, prompting the Trust to review his records as well.

Following this contact from Patient A and B, the Trust initiated a fact finding exercise which led to a disciplinary investigation. You initially denied accessing the records of Patient A and B but later acknowledged doing so after the Trust presented evidence. In May 2022, a further incident occurred in which it was alleged that you accessed the records of Patient C.

Decision and reasons on application to amend the Charge 12

The panel, of its own volition, proposed to amend the wording of charge 12 in order to more accurately reflect the nature of the allegation against you. The panel were concerned that charge 9 did not include the words *'without clinical justification'*. There was no logical reason for adding these words to qualify the scope of the charge of dishonesty. The NMC's case was that you said that you could not remember accessing Patient B's records. Charge 9 was presented on the basis that it did not matter whether this access was clinically justified or not.

The proposed amendment reads as follows:

"That you, a registered nurse:

…

12. You conduct at charge 9 was dishonest in that you sought to conceal that you had accessed patient records ~~without clinical justification~~."

Mr Molloy and Mr Jaddoo raised no objections and indicated their agreement with the proposed amendments.

The panel accepted the advice of the legal assessor and had regard to Rule 28 of 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel considered the proposed amendments and determined that they were in the interests of justice. The panel was satisfied that there would be no prejudice, or injustice caused to either party by the proposed amendment being allowed.

Decision and reasons on facts

At the outset of the hearing, the panel heard from Mr Jaddoo, who informed the panel that you made admissions to charges 1, 3, 4, 5, 6, 8, 9, and 11.

The panel therefore finds charges 1, 3, 4, 5, 6, 8, 9, and 11 proved in their entirety, by way of your admissions.

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 Molloy and Mr Jaddoo.

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:

- Witness 1: Patient B
- Witness 2: Patient A
- Joy Oyebanji: Registered Nurse
- Steph Williams: Head of Nursing, Cancer Specialist and Clinical Support Services

The panel also heard evidence from you under affirmation.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. The Legal assessor referred to the case of *Dutta v GMC* [2020] EWHC 1974 (Admin). The panel had to consider contemporary documentary evidence and known or probable facts before considering the evidence of what the witnesses recalled several years after the events. The legal assessor also referred the case of *Ivey v Genting Casinos (UK) Ltd (t/a Crockfords Club)* [2017] UKSC 67 which involves a two stage process in determining dishonesty.

It considered the witness and documentary evidence provided by both the NMC and Mr Jaddoo.

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

Charge 2

> "On or around the 12 April 2021, without clinical justification accessed the clinical records of Patient B."

This charge is found NOT proved.

In this case the NMC relied on an investigation carried out by Ms Steph Williams who was assisted by a member of the IT Team. It was not enough that the NMC proved that you accessed the records of Patient B. The panel had to be satisfied that you accessed these records without clinical justification.

In reaching this decision, the panel took into account Ms Williams' and your oral evidence. The panel carefully considered Ms Williams' evidence and found her to be assessed as honest, helpful, and fair in her testimony. Ms Williams was clear about the limits of her knowledge and was candid in acknowledging what she did not know. The panel was of the view that Ms Williams accepted that she was not an expert in the IT system in question; she did not train others in its use, nor did she use it on a regular basis. Her understanding of the system was based on information provided by a member of the IT team, who did not provide a statement for the NMC investigation and therefore could not assist in clarifying the technical operation of the system. When it was put to Ms Williams that it was possible to access Patient B's records when conducting a location search which would produce a list of patients in that location, she was not able to conclusively answer.

The panel took into account your oral evidence and determined that you gave a credible explanation of your actions. [PRIVATE]. At the start of the shift, you were informed that there was a patient who required orthopaedic care but that the consultant had forgotten the name of the patient. You and a junior doctor were tasked with finding that patient in the computer records and therefore you had been screening a list of patients in order to identify that patient. It was during that search that you came across the records of Patient B. You immediately informed the consultant and moved on to the next patient. The panel considered that if this explanation was accepted there would have been clinical justification for your short visit to the records of Patient B.

The panel considered that your explanation of what happened was corroborated by the system records which showed that you accessed the entry for Patient B for less than 30 seconds before moving on to another patient. This short duration of access

was consistent with your account that you were acting quickly to identify the correct patient, rather than engaging in an improper or deliberate misuse of the records. The panel also took into account the fact that, at the material time, you were making diary entries in support of a bullying claim against the consultant. You provided the panel with a copy of the entry for the relevant date which corroborates your account of discovering Patient B’s records by accident.

The panel was satisfied that your account was credible and consistent with the contemporaneous evidence available. The panel therefore found charge 2 not proved.

Charge 7

> “On or around 12 April 2021, you used confidential information which resulted in you meeting Patient B whilst he was in recovery”

This charge is found NOT proved.

In reaching this decision, the panel took into account your oral evidence. The panel accepted your explanation that you met with Patient B whilst they were in EAU because you were accompanying the consultant that you worked for, in order to assess another patient. It is not in dispute that you met Patient B, nor that Patient B was unhappy that this meeting took place. However, the panel accepted your evidence that the Consultant insisted that you attended EAU despite the fact that, due to covid lockdown restrictions only the Consultant and the junior doctor could actually approach the patient. The panel was satisfied that you were present on EAU as part of your legitimate clinical role.

The panel did not accept that your presence was the result of *‘using confidential information’* to ascertain Patient B’s location. The panel accepted that this may have appeared to have been the case as far as Patient B was concerned. However, the panel determined that the evidence supported your explanation that your attendance arose naturally from your clinical duties. The panel found the charge not proved.

Charge 10

> "Your conduct at charge 3 was dishonest in that you sought to conceal that you had accessed patient records without clinical justification."

This charge is found NOT proved.

In reaching this decision, the panel took into account the NMC documentation, Ms Joy Oyebanji's original local statement and oral evidence. The panel also had regard to your evidence. It also took into account the fact that you admitted charge 3.

The panel noted that Ms Oyebanji provided an NMC witness statement dated 13 March 2025 which provided a version of events which was at odds with her local statement dated 6 May 2022.

The panel noted that Ms Oyebanji exhibited the local statement in her NMC witness statement. When cross examined by Mr Jaddoo, she explained that the local statement was more likely to be accurate and was to be preferred because of the long delay between the events and her formulation of her NMC witness statement. The panel agreed with Ms Oyebanji and therefore only had regard to the local statement.

The panel accepted that the behaviour alleged took place and that you did access the records in question without proper authorisation.

Local statement of Ms Oyebanji dated 6 May 2022 stated:

> *"I had logged on to EPMA to do morning drug round. I had left the computer to discard items from the drug trolley. I came back to the computer and Sam was looking at EPMA on the computer.*
>
> *At first I was not sure what she was doing. I then noticed that she was looking at patient c EPMA chart. Sam said patient c was due pain relief. I did not left*

EPMA open on patient C record and thought she has open the record when I was still logged in."

However, the panel found no evidence that you did so with the intention of concealing the fact that you accessed the information. Although you made improper use of a computer which had been signed in by Ms Oyebanji and therefore used her login details to access confidential information, that was not enough for the NMC to prove its case. The fact that you had accessed the information was seen by Ms Oyebanji as well as the ward clerk. When Ms Oyebanji returned Patient C's information was seen on the screen.

In your statement dated 6 May 2022, you stated:

"I looked to see if she was due anymore meds and that was all."

The panel found that apart from using Ms Oyebanji's login details, you made no effort to conceal what you had done, in fact you immediately spoke to the staff about what you had found out. Therefore, the panel found the charge not proved.

Charge 12

"You conduct at charge 9 was dishonest in that you sought to conceal that you had accessed patient records."

This charge is found proved.

In reaching this decision, the panel took into account your oral evidence and Ms Williams' evidence. It also took into account the fact that you admitted charge 9. The panel considered that it had to determine whether you genuinely could not remember the incident when confronted about it.

The panel did not accept your explanation that you could not remember the incident in question. You accessed Patient B’s records on 12 April 2021 and were asked about this on 15 July 2022.

Although there was a significant passage of time, the panel considered that the events on 12 April 2021 were too memorable to forget. You described the incident, on 12 April 2021, in vivid detail. You were looking for a patient on the instruction of the consultant when you came across Patient B’s records. You recall turning your chair around immediately so you could no longer see the screen because you were so concerned about Patient B’s privacy, and informing the consultant of this issue, the consultant invaded your space, checking the Patient’s records, and was dismissive of your concerns. The panel considered that such an event would have been memorable. This was particularly so as you had complained about this incident in your bullying diary. Your recorded complaint was that when you advised the consultant that you had seen Patient B’s records you were told to *“get on with it and be professional.”*

It is highly likely that you would have later scrutinised this diary entry as part of your concerns against the consultant during the grievance process. In any event the events of 12 April 2021 would have been highly memorable.

The panel determined that you were asked an open question about whether you had accessed any other [PRIVATE] records, you stated that you did not recall doing so. Given the specificity of the question, and the detailed recollection you now display, the panel did not find it credible that you genuinely could not remember at the time.

The panel identified a marked inconsistency between the clarity of your current recollection and the complete lack of recollection on 15 July 2022. Therefore, the panel concluded the answer you gave on that date was a lie, intended to avoid you getting in trouble for accessing the records. The panel considered by telling a lie in these circumstances your actions would be regarded as dishonest in the minds of ordinary decent people. Therefore, the panel found the charge proved.

Submissions on interim order

Following the determination of the facts, the panel adjourned this hearing until Monday 27 April 2026, when it would proceed to the next stage of the hearing.

It was mandatory for the panel to consider whether to make an interim order, in terms of Rule 32 (5) of the Rules. In the event that it considered an interim order was appropriate, it then had to consider whether that order should be for interim conditions of practise or interim suspension.

The panel took account of the submissions made by Mr Molloy. He submitted that an interim suspension order is necessary for public protection and in the wider public interest. He said an interim conditions of practice order would not be appropriate given the dishonesty charges, which reflect deep-seated attitudinal issues that cannot be addressed or monitored through conditions.

Mr Molloy submitted that the order should be for 12 months which would cover the period until the hearing concludes, as it is currently relisted for April 2026, and in any event would fall away if the hearing ended sooner. He told the panel that you have admitted most of the charges, with a further dishonesty allegation found proved.

Mr Molloy further submitted that these matters amount to serious breaches of fundamental tenets of the profession, undermining honesty, integrity, and respect for confidentiality. There is evidence of actual harm in the form of distress caused to Patient A, and the risk of repetition remains. Mr Molloy concluded that members of the public would be shocked if you were allowed to practise unrestricted, and that an interim suspension order is necessary.

The panel also took into account the submissions of Mr Jaddoo. He submitted that no interim order is required. He told the panel that no interim order had been imposed at any stage of the NMC investigation, and you have accepted the panel's findings, including dishonesty, showing insight through your admissions, reflections, and acceptance of impairment.

Mr Jaddoo said the incidents date back to 2021 - 2022, and since then you have practised safely and without concern, supported by positive training evidence and strong testimonials from your current manager, who describes you as professional,

trustworthy, and competent to lead shifts. He submitted that there is no current risk to patients, and while the seriousness of dishonesty engages the public interest, the threshold for an interim order is not met. Public confidence would not be undermined if you continued unrestricted practice, particularly in light of the recent and consistent evidence of safe performance.

Mr Jaddoo invited the panel to [PRIVATE] of an order, noting your [PRIVATE] and submitted that an interim order is neither necessary nor proportionate.

Decision and reasons on interim order

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

The panel could only make an interim order if such an order was necessary for the protection of the public, otherwise in the public interest or in your own interest. The panel considered the submissions from Mr Molloy and Mr Jaddoo.

When considering the risk of repetition, the panel accepted that there has been no suggestion of any repetition in the two and a half years since the incidents and took account of the references provided by your current employer. In light of this, the panel considered that, in the context of an interim order application, the risk of repetition was not sufficient to clear the high bar of necessity for the protection of the public. it also did not consider that the high bar of public interest had been cleared. The panel determined such an order was not in your own interest.

An interim order is therefore not necessary on the grounds of public protection or in the wider public interest.

The hearing resumed on Monday 27 April 2026.

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 Molloy invited the panel to take the view that the facts admitted by you and those found proved amount to misconduct. He submitted that all of your actions occurred in the course of your professional practice and fell below the standards expected of a registered nurse.

Mr Molloy referred the panel to the *'The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates 2015'* (the Code) and to the NMC guidance on Misconduct reference FTP-2a. He submitted that it is the NMC's position that each of the charges found proved amount to serious professional misconduct.

Mr Jaddoo told the panel that you fully accept that your actions fell far short of the standards of conduct expected of you as a nurse and amounted to misconduct. However, he submitted that your fitness to practise is not currently impaired.

Mr Jaddoo referred to the Code. He submitted that you accept that your actions amounted to a breach of the following provisions of the Code:

> ‘***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…’*

Submissions on impairment

Mr Molloy referred the panel to the cases of *General Medical Council v Chaudhary* [2017] EWHC 2561 (Admin); *Cohen v General Medical Council* [2008] EWHC 581 (Admin), *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin) and NMC Impairment guidance DMA-1 (Last updated 28/1/2026).

Mr Molloy submitted that these matters are aggravated by the fact that there has been, in each case, a breach of trust, abuse of position, repetition of the misconduct, limited insight shown by you and breaches of the fundamental tenets of the profession.

He submitted that although it is accepted that no harm was caused and there are no other clinical concerns in terms of risk of harm to patients, Patient A and Patient B may have, as a result of these proceedings, or as a result of your actions, have had their confidence in the profession damaged to an extent where they and others may refrain from seeking full medical assistance for fear of similar issues arising in the future.

In relation to seriousness, Mr Molloy referred the panel to the case of *Nandi v GMC* [2004] EWHC 2317 (Admin) where it refers to conduct which would be regarded as '*deplorable'* by fellow practitioners.

Mr Molloy submitted that where behaviour suggests deep-seated attitudinal issues of this kind, it is less likely that you will be able to remediate and take steps to address the underlying concerns.

Mr Molloy submitted that whilst there is some insight provided by you, it is limited in nature, particularly in relation to the dishonesty element in charges 11 and 12.

Mr Molloy referred the panel to the test set out in *Grant*. He submitted that all four limbs of the test in *Grant* are relevant to this case in light of the facts that have been found proved. He submitted that your behaviour was not isolated and not a single incident of misconduct. He submitted that there was repetition of your misconduct on three separate occasions in a one-year period relating to three separate patients.

In terms of the gravity of the concerns, Mr Molloy submitted that your behaviour has been incompatible with the Code. He submitted that during the investigation into these matters, you initially provided some dishonest responses, particularly seeking to blame [PRIVATE] as a contributory factor to them having initially made complaints to the Trust.

In relation to risk of harm or potential harm to patients, he submitted that confidence in the profession has been affected, which could have an impact on those patients and or others not fully and frankly engaging with the medical profession in the future.

Mr Molloy submitted that it is the NMC's position that if a finding of impairment were not made, then there could be significant damage to public confidence in the profession.

Mr Molloy submitted that your conduct and professional practice by and of themselves in this case, are so serious that a finding of impairment is necessary to protect the public, to maintain the public's confidence in the profession generally, and

also to declare and maintain those professional standards. He invited the panel to find that your fitness to practise is currently impaired.

Mr Jaddoo submitted that you are fit to practise as a registered nurse without restriction. He submitted that you have been working as a registered nurse without issue or concern for almost four years since the last incident took place in July 2022. He further submitted that there have been no subsequent concerns or complaints associated with your practice, which include no issues being raised about your honesty, integrity or trustworthiness.

Mr Jaddoo referred the panel to the two reflective statements you have provided, one dated 22 July 2024 and the most recent one dated 6 March 2026. He submitted that you have been extremely sincere in accepting full responsibility for your actions and dishonest conduct. In the latter reflective statement, you stated:

> *'I understand that my reasons for doing so at the time were wrong and inexcusable. There is no justifiable reason for accessing her records in the manner that I did at the time'.*

Mr Jaddoo referred the panel to several positive testimonials you have provided, including from the home manager and senior nurse where you currently work. He submitted that they further demonstrate that you are a highly respected and well-regarded registered nurse and that you are practising safely and effectively.

Mr Jaddoo submitted that you have demonstrated an understanding from a public protection and a public interest point of view of the impact and the implications of your misconduct. He submitted that you have remedied and remediated your conduct and continue to do so to address the concerns identified. He submitted that you have meaningfully strengthened your practice as evidenced by the testimonials from your employers and evidenced by your ongoing, safe and effective practice.

Mr Jaddoo submitted that the question of public protection is not live in your particular case. He submitted that this panel determined that the high threshold for

imposing an interim order for both public protection and public interest was not met when this hearing adjourned on the last occasion.

Mr Jaddoo submitted that whilst it is conceded that your actions may have exposed patients to a risk of harm, there is no evidence before this panel that any actual harm occurred. He submitted that even if a risk to the public is identified, in these circumstances, any risk is negligible. He submitted therefore, that impairment should only be considered on public interest grounds in this case.

In relation to public interest, Mr Jaddoo submitted that you acknowledge that in cases involving dishonesty, a finding of no impairment could lead to a breakdown in trust, and the public could take this to mean that it is acceptable to act in this way. However, there is evidence provided by you and from the NMC that you have full insight into your conduct.

He submitted that you recognise that your actions have breached trust however you have learned from your mistakes and if faced with a similar situation in future you would act differently. You would consult with your manager or supervisor if you faced any difficulties and would not make decisions in isolation or without appropriate authorisation.

He submitted that you have fully cooperated and engaged with the NMC from the very outset of this investigation since your referral in September 2022, and it is now April 2026.

He submitted that there is cogent evidence before this panel today from your colleagues and peers, all of whom work or have worked very closely with you on a daily basis. He submitted that this attests not only to your professionalism but your character, honesty, integrity, and also your excellent clinical ability.

Mr Jaddoo submitted that the public interest has already been served by the length of time you have been made subject to proceedings. He submitted that prolonged exposure to an investigation and uncertainty is itself a form of burden which the panel is entitled to weigh in the balance. He submitted that three and a half years

from the date of the initial referral, an active investigation by the NMC is a period which is well outside of the norm for regulatory investigations and should be characterised as a significant delay.

Mr Jaddoo submitted that you have learnt a salutary lesson from these lengthy proceedings. He submitted that members of the public would not be shocked or alarmed to learn that a nurse with a previously unblemished career, who has been working exceptionally well since the allegations with no further issues, were to be found not impaired, particularly when they have been subject to an investigation for such a considerable amount of time, without restrictions on their practice.

Mr Jaddoo submitted that in the particular and unique circumstances of this case, he invites the panel to find that impairment is not required on public protection or on public interest grounds.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments in the cases of: *Roylance v General Medical Council*, *Cheatle v GMC* [2009] EWHC 645 (Admin); *Calhaem v GMC* [2007] EWHC 2606 (Admin), *CHRE v NMC and Grant; Nandi and Cohen*. He also referred the panel to the following NMC guidance: FTP-15; DMA-1 on impairment; and SAN-2 in relation to dishonesty.

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:

> ***'1 Treat people as individuals and uphold their dignity***
> *1.1 treat people with kindness, respect and compassion*
> *1.5 respect and uphold people's human rights*

5 Respect people's right to privacy and confidentiality
5.1 respect a person's right to privacy in all aspects of their care

10 Keep clear and accurate records relevant to your practice
10.6 collect, treat and store all data and research findings appropriately

20 Uphold the reputation of your profession at all times
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'

The panel was aware of the guidance given in FTP-2a that not all breaches of the Code or issues with practice will be a matter of regulatory concern.

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 your actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

The panel considered the seriousness of your behaviour and the dishonesty element. It took into account that you had not provided any explanation as to why you accessed and looked at Patient A's medical records. Irrespective of the reasons why you accessed Patient A's records you breached their confidentiality when you accessed their records without clinical justification. Further that when asked about accessing Patient A's records by your employer, you dishonestly stated you had not done so. In respect to Patient B although the panel found that you did have a clinical justification for accessing their records, when asked about this by your employer, you dishonestly stated that you had not done so. In respect to Patient C, you have explained why you accessed their records in that you were concerned about the level of care they were receiving; however, you accessed these records on three occasions which included using another colleague's login. As an experienced nurse, you have acknowledged that this was unacceptable and that you should have

pursued this issue through appropriate channels. The panel was of the view that your misconduct was directly related to your nursing practice and consequently found to be serious.

The panel considered the NMC guidance DMA-8 on dishonesty. The panel was of the view that you have accepted that your conduct amounted to misconduct and that you breached professional boundaries. The panel determined that your actions amounted to an abuse of trust and that your actions were not an isolated incident, rather they involved multiple occurrences of accessing and looking at patient records of more than one patient. The panel noted that Patient A and Patient B expressed that their confidence in their local hospital has been shaken as a result of your actions. The panel determined that ordinary members of the public would find your actions to be totally unacceptable.

Accordingly, the panel finds that your actions amount to misconduct.

Decision and reasons on impairment

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

In coming to its decision, the panel had regard to the NMC Guidance on *'Impairment'* Reference: DMA-1 (Last Updated: 28/01/2026) which states:

> *'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.'*

Having regard to the conduct admitted and found proved in relation to the charges, the panel is satisfied that all four limbs of the test in *Grant* are engaged in this case.

The panel considered the following factors as set out in the case of *Cohen:*

- Is the behaviour easily remediable?

The panel took account that you have had the opportunity to remediate some of the concerns as you have been and are currently working as a nurse without restriction.

The panel considered the element of dishonesty in particular in respect of charge 12, your initial denial and recent acceptance that you were dishonest, after the panel's findings on facts. The panel acknowledged your right to defend yourself and that the burden of proof rests with the NMC. Nevertheless, your denial of dishonesty in relation to charge 12 is a relevant consideration.

In assessing whether the aspects of your dishonesty indicate an attitudinal issue, the panel took into account various issues. This included your otherwise unblemished practice since the charges were brought; your denial of charge 12, and the evidence you gave during the hearing which was rejected by the panel; and your subsequent acceptance of the dishonest conduct set out in that charge, as set out in your March 2026 reflective statement. While the panel accepted that you have demonstrated developing insight, it concluded that this insight remains incomplete, as you have not yet fully identified or addressed the motivations and triggers that led to your dishonest behaviour when challenged. The panel was of the view that this behaviour was attitudinal and that dishonest conduct is more difficult to remediate.

However, the panel was satisfied that the steps you have recently taken indicate that this is not necessarily deep seated attitudinal problem and therefore your misconduct is capable of remediation.

- Has it already been remedied?

In its consideration of this factor, the panel had regard to your expressions of remorse and the extent to which you have reflected and shown insight into your past conduct. The panel considered your reflective piece dated 6 March 2026, which states:

> *'I understand how serious the consequences are and I would not want any of my colleagues to have their trust and integrity scrutinised. Once this has been questioned, it will be questioned forever and have a long and lasting impact on the public's confidence in them (as with my situation), which is something I have told them is not worth jeopardising.'*

The panel was of the view that whilst it is a thoughtful and recent reflection, you have only accepted some of your behaviour after the panel had made its findings on the facts of your case. The panel therefore determined that your insight needs more time to further develop.

In its consideration of whether or not you have taken steps to strengthen your practice. The panel had regard to the positive testimonial dated 2 March 2026 from the home manager where you currently work and noted it included '*I would employ Sam tomorrow and I will offer her my full support'.*

The panel also had sight of several training certificates you provided, as follows:

- Understanding GDPR dated 1 February 2026;
- Information Governance and Data Security – Level 1 dated 2 February 2026;
- Care Certificate Standard 3 - Duty of Care dated 2 February 2026;
- Statutory Duty of Candour in Health and Social Care – Level 3 dated 5 February 2026.

The panel determined these to be recent, relevant and pertinent.

In your reflective statement you stated:

‘I have personally written to Patient A and B and have said sorry and apologised for the distress I have caused them. I appreciate the impact my actions have had on both Patient A and B [PRIVATE], including having them attend the hearing as witnesses, as I understand that this in itself would have been extremely stressful and distressing for them.

I also accept and take full responsibility for breaching Patient C’s confidentiality, by accessing her patient records without clinical justification. I understand that my reasons for doing so at the time were wrong and inexcusable. There is no justifiable reason for accessing her records in the manner that I did at the time.’

- Is it highly unlikely to be repeated?

The panel considered your reflective statement which includes:

‘I completely accept the panel’s findings and understand the seriousness of the findings, for all allegations, and in particular for the allegations of dishonesty: allegation 11 proved by way of admission and allegation 12, that my actions in stating that I did not recall accessing Patient’s B clinical records were dishonest. I accept all of the panel’s findings in full and I am deeply sorry for my actions at the time which I accept were wrong and which I will never repeat in the future.’

The panel took account of what you stated you would do differently in the future, that you would escalate any concerns about potential risk or access sensitive patient information. The panel noted that you have personally written to Patient A and Patient B and apologised for the distress you caused.

The panel considered the likelihood of your misconduct being repeated in the future.

However, the panel was not satisfied that you have remediated your misconduct to the extent that you are now capable of safe and effective practice. The panel considered that a risk of repetition remains until you have fully addressed the

underlying reasons for your misconduct and (based on that understanding) demonstrated how you would mitigate against similar behaviour in the future. Accordingly, the panel was unable to exclude the possibility of a recurrence in comparable circumstances, and therefore future risks remain applicable under all four limbs of the *Grant* test.

Dishonesty (particularly with regards to patient confidentiality) in a patient facing environment can directly impact patient safety, it has the potential to bring the profession into disrepute, and it breaches the fundamental tenets of the profession.

The panel was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious and therefore finds that your fitness to practise is currently impaired on the ground of public protection.

The panel bore in mind 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 current impairment was also in the public interest. The panel took into account the seriousness of the conduct found proved including repeated breaches of patient confidentiality and the dishonesty element of lying to your employer during their investigation. The panel considered that this behaviour had the potential to put patients at risk of harm. Firstly, if patients cannot be sure that their medical records are held confidentially, then they may be hesitant to access medical care or to disclose sensitive medical information when seeking treatment. Secondly, given that a colleague’s login details were used, this behaviour has a potential to undermine trust between colleagues which can impact the standard of care. The panel concluded that public confidence in the profession would be undermined if a finding of current 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 on the grounds of public protection and the wider public interest.

Sanction

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

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had regard to the NMC Guidance on *'The sanctions available'* (Reference: SAN-2 Last Updated: 28/01/2026).

Submissions on sanction

Mr Molloy submitted that sanctions are not intended to be punitive, although they may have that effect, and must be proportionate and the least restrictive necessary to address the risk identified. He reminded the panel that the reputation of the profession is of central importance, referring the panel to the case of *Bolton v Law Society* [1994] 1 WLR 512.

Mr Molloy submitted that the panel has already identified significant aggravating features and found all four limbs of the test in *Grant* to be engaged, with ongoing risk remaining. In considering the questions posed in *Cohen*, the panel has determined that the misconduct, particularly the dishonesty, is not easily remediable, has not yet been remedied, and that there remains a risk of repetition. He submitted that you have incomplete insight, limited remediation, and attitudinal concerns, particularly in relation to dishonest conduct.

Mr Molloy referred the panel to the case of *PSA v NMC & Judge* [2017] EWHC 817 (Admin) and submitted that even where conduct is isolated and a registrant has a long, unblemished career, a panel may still properly conclude that attitudinal concerns exist and that insight, remorse and risk of repetition are central to sanction.

He submitted that the public confidence would be undermined given the seriousness of the dishonesty.

Turning to the appropriate sanction, Mr Molloy submitted that a striking off order is both appropriate and proportionate. He reminded the panel that this case does not concern a single incident but multiple incidents over a protracted period involving more than one patient. He submitted that the misconduct included breaches of confidentiality, invasions of privacy, abuse of position, and dishonest denials amounting to a breach of the duty of candour. He further submitted that insight remains limited and remediation insufficient.

Mr Molloy submitted that these are fundamental concerns going to the core of professionalism and that public confidence cannot be maintained if you remain on the register. He submitted that the charges raise fundamental questions about your professionalism and that public confidence would not be maintained if you remained on the register. He further submitted that there is no realistic prospect that a suspension order, limited to a maximum of 12 months, would allow you to develop sufficient insight and remediation, particularly given that four years have already elapsed and concerns remain.

Mr Molloy submitted that dishonesty and breaches of the duty of candour are specifically identified in the guidance as cases likely to require striking off. In all the circumstances, Mr Molloy submitted that lesser sanctions would be insufficient and that the only appropriate and proportionate sanction is a striking off order.

Mr Jaddoo submitted that the NMC's invitation to impose a striking off order is wholly disproportionate in the circumstances of this case. He referred the panel to the case of *Lucinda v Nursing and Midwifery Council* [2017] EWHC 1458 (Admin) and submitted that not all dishonesty is the same, and that the panel must undertake a careful and detailed assessment of the particular facts, including the mitigating and contextual factors.

Mr Jaddoo submitted that the dishonesty in this case comprises two isolated incidents, both of which you have now fully accepted. He submitted that both

instances were spontaneous and opportunistic, arising in stressful and unexpected circumstances when matters were first put to you. In relation to the first incident, he referred the panel to the evidence of Ms Williams and submitted that this was an informal and unexpected telephone call, which took you by surprise. Mr Jaddoo submitted that although there was an initial denial (in respect of Patient A), this was corrected within a short period of time of approximately one hour when you contacted Ms Williams again to accept that you had contacted Patient A. He further submitted that this demonstrated that the dishonesty was brief, not sustained, and quickly remedied.

In relation to the second incident (in respect of Patient B), Mr Jaddoo submitted that whilst this was more serious, it nonetheless arose from a moment of panic and poor judgement. He submitted that you have accepted that you were dishonest in stating that you did not recall accessing Patient B’s records and have acknowledged that this was wrong. He told the panel that this conduct was not premeditated but arose from fear of the consequences of earlier actions and therefore falls at the lower end of the spectrum of dishonesty.

Mr Jaddoo invited the panel to take into account that you have demonstrated genuine remorse and developing insight, both in oral evidence and written reflections. He submitted that you have accepted responsibility for your actions without seeking to excuse them and have reflected on the underlying causes of your behaviour. He further submitted that you have had a long and previously unblemished career, have fully engaged with both the employer’s investigation and the regulatory process, and have cooperated throughout. Mr Jaddoo submitted that you gave evidence before the panel in order to assist its decision-making and to express remorse.

Mr Jaddoo told the panel that there is a significant body of positive testimonial evidence before the panel which attests to your honesty, integrity and professionalism in the workplace. He submitted that this evidence is highly relevant to the assessment of current risk. He submitted that there has been no repetition of the misconduct in the nearly four years since the incidents, during which time you have practised without restriction. There is strong evidence of remediation and

current fitness to practise, and that there have been no further concerns raised about your conduct or practice.

Mr Jaddoo submitted that the risk of repetition is low, that there are no deep-seated attitudinal concerns, and that the misconduct is capable of remediation and has largely been remedied. He invited the panel to take into account [PRIVATE], whilst acknowledging that these do not excuse the conduct. In those circumstances, Mr Jaddoo submitted that a caution order would be the appropriate and proportionate sanction. He referred the panel to the sanctions guidance and submitted that a caution is suitable where the conduct is at the lower end of the spectrum, where there is insight, remediation, and a low risk of repetition.

He submitted that a caution order would appropriately mark the seriousness of the misconduct, uphold professional standards, and maintain public confidence, whilst remaining the least restrictive option. He noted that such an order would remain on your registration for between one and five years and would have ongoing professional consequences, including the requirement to declare it.

Mr Jaddoo submitted that a suspension order would be disproportionate and would have a punitive effect, particularly in light of your sustained period of safe and effective practice. He further submitted that suspension would have a significant impact on you and those who depend on you and would not serve the wider public interest. In conclusion, Mr Jaddoo invited the panel to impose a caution order of between one and five years as the least restrictive sanction that adequately addresses public protection and the public interest in this case.

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.

The panel took into account the following aggravating features:

- The dishonesty occurred twice during your employer's investigation process and in evidence before the panel.
- Abuse of position of trust in accessing confidential information without clinical justification.
- A deliberate breach of the professional duty of confidentiality and the standards set out in the Code.
- The misconduct created a risk of harm to patients, in particular emotional harm arising from misuse of private information and the wider issue of a potential loss of public confidence.
- The misconduct demonstrates attitudinal concerns in relation to professional boundaries and probity.
- A pattern of misconduct over a period of four months, involving repeated inappropriate access to the confidential patient records of two patients.

The panel considered the dishonesty carefully and in line with the NMC guidance on *'Sanctions for the highest risk cases'* (Reference: SAN-4 Last Updated: 28/01/2026) and recognised any dishonesty in a professional context is extremely serious.

It determined that the dishonesty which led to charges 11 and 12 arose in the context of being questioned by an investigator and was impulsive, resulting from panic rather than premeditated. In respect of Patient A, the panel noted that the initial denial was corrected within the hour, when you took the initiative to contact the witness and provide an accurate account. It also noted that there was no evidence of personal gain or systemic or a longstanding course of conduct.

The panel found that the dishonesty remained serious, particularly as it occurred within a professional context and included a dishonest account given to the panel in relation to charge 12. However, in your most recent reflection you have clearly stated that you accept the panel's findings and acknowledge your dishonesty. The panel

therefore determined that your misconduct falls towards the lower end of the range of dishonesty but nonetheless represents a significant breach of professional standards.

The panel also took into account the following mitigating features:

- Early admissions to a number of the charges and apologies made directly to the patients concerned.
- Recent and more developed reflection dated 6 March 2026 submitted after the panel's findings of facts in October 2025, which includes an account of you sharing your learning experiences with colleagues to prevent similar incidents occurring and a situation where you had to admit a mistake and disclose it to a patient, [PRIVATE] and other members of the medical team.
- No clinical concerns have been raised at any stage, and you have worked safely and effectively in a similar role for a prolonged period following the incidents, without restriction and without repetition.
- Positive testimonials and references attesting to your professionalism and integrity.
- Relevant training undertaken to address identified concerns.
- [PRIVATE].

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case and the continuing risk identified. 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 a caution order but determined that it would not be appropriate in this case. It was not satisfied that the misconduct falls at the lower end of the spectrum as it included breaches of confidentiality and dishonesty. The panel identified ongoing attitudinal concerns, particularly in relation to honesty and professional boundaries, and was not persuaded that there is sufficient evidence of fully developed insight to make the risk of repetition highly unlikely. In those circumstances, the panel concluded that a sanction which does not restrict practice would not adequately protect the public or address the public interest. It therefore determined that a caution order would be insufficient and not proportionate with the ongoing risks.

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*
- *…*
- *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 is of the view that there are no relevant, proportionate, workable or measurable conditions that could be formulated, given the nature and seriousness of the misconduct in this case. The panel determined that the concerns identified are

attitudinal in nature, particularly in relation to probity and professional boundaries, and are not matters that can be readily addressed through retraining or supervision.

Furthermore, the panel concluded that placing conditions on your registration would not adequately address the seriousness of the misconduct and would not sufficiently protect the public or uphold public confidence in the profession.

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-2d 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 the misconduct in this case is serious, involving breaches of confidentiality and dishonesty, and that it raises significant concerns about professionalism and probity. However, the panel was not satisfied that the misconduct is fundamentally incompatible with continued registration. Despite the nature of the misconduct and the associated attitudinal concerns, the panel determined it is remediable.

The panel considered that the concerns identified are attitudinal in nature, particularly in relation to professional boundaries and probity, but are not deep-seated or fixed. It noted that Mr Molloy submitted that your insight has had nearly four years to develop and is still insufficient to alleviate the risks. However, the panel find that whilst the development of insight has been gradual, there has been recent and meaningful progress. In particular, the panel had regard to the more developed reflective material provided, following the panel's findings of facts in October 2025, which demonstrated an increased level of acceptance, understanding and acknowledgement of the misconduct. The panel considered that you had fully engaged and responded positively to the fitness to practice hearing, accepting and responding to the panel's findings. The panel considered that this recent progress provides a realistic prospect that insight will continue to develop and that the concerns identified can be addressed.

The panel also took into account the testimonials submitted on your behalf and the relevant training you have undertaken when assessing your efforts to strengthen your practise and the likelihood of successful remediation. It was of the view that a period away from practice is required to allow for that development, including further reflection and consolidation of professional judgement.

The panel also considered that, given the seriousness of the misconduct, a period of removal from practice is necessary to mark that seriousness, uphold proper professional standards and maintain public confidence in the profession. It

determined that permitting a return to unrestricted practice at this stage would not adequately address the public interest or maintain confidence in the regulatory process.

Before reaching its final conclusion, the panel considered whether a striking-off order would be proportionate. Having taken into account all the information before it, including the mitigation provided, and recognising the public interest in skilled nurses returning safely to practice where possible, the panel concluded that a striking-off order would not be a proportionate response in the circumstances of this case, for the reasons set out above. Whilst the panel acknowledges that a suspension order may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order. The panel determined that the risks identified can be addressed through the development of insight and remediation, and that there is a realistic prospect that you will be able to return to safe practice. It considered that the concerns, whilst serious, are not so fundamentally incompatible with continued registration that removal from the register is required.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction. The panel considered that this order is necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

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

The panel determined that a suspension order for a period of 6 months was appropriate in this case to mark the seriousness of the misconduct and to allow you adequate time to develop insight and produce detailed reflections on your misconduct.

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

Any future panel reviewing this case would be assisted by:

- Detailed evidence of developed insight into the dishonesty, including your motivations and triggers at the time, what has changed to prevent repetition and how you would respond differently in similar circumstances.
- Focused and detailed reflection pieces on the breaches of confidentiality, including why the records were accessed, the decision-making behind those actions and how you would respond differently in similar circumstances.
- Detailed reflection on the impact of your actions on patients, the public, and the reputation of the profession.
- Evidence of any work since the order was imposed.
- Any relevant testimonials or references from colleagues or supervisors addressing your honesty, integrity, and professionalism in the workplace.

This will be confirmed to you in writing.

Interim order

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

Submissions on interim order

The panel took account of the submissions made by Mr Molloy. He submitted that as the suspension order cannot take effect until the expiry of the 28-day appeal period, he invited the panel to impose an interim suspension order.

Mr Molloy submitted that such an order is necessary to protect the public and to maintain confidence in the profession, covering any appeal period and any subsequent appeal proceedings. He also reminded the panel that, in the event no

appeal is lodged, the interim suspension order would be replaced by the substantive order 28 days after notification of the decision has been sent to you.

Mr Jaddoo submitted that he would not repeat the submissions already made in relation to your circumstances, of which the panel is aware, particularly in respect of your current employment. He submitted that you have a number of shifts already booked over the next three weeks, all of which fall on weekends, amounting to approximately five days of work.

He further submitted that these shifts are important to assist you financially and to ensure continuity of care for the patients with whom you have developed established relationships. Mr Jaddoo told the panel that the imposition of an interim order would have a practical impact on your employer, who would need to make alternative arrangements for patient care at short notice. In those circumstances, Mr Jaddoo invited the panel to consider not imposing an interim order at this stage.

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

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 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 was of the view that it was necessary to protect the public and maintain public confidence, given the seriousness of the findings which led to your suspension from the register. It determined that it would be inappropriate to allow you to practise during the 28 day appeal window given the risks identified. The panel noted that if

you do not appeal, the interim order will fall away once the substantive suspension order takes effect after 28 days. If you do appeal, the interim order will remain in place to ensure ongoing public protection.

The panel therefore imposed an interim suspension order for a period of 18 months as this was a realistic time to allow for any possible appeal to be concluded.

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

That concludes this determination.