

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

**Substantive Hearing
Monday, 1 December – Friday, 12 December 2025
Tuesday, 7 April– Friday, 10 April 2026**

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

Name of Registrant: Felicity Rachel Smith

NMC PIN: 96D0148W

Part(s) of the register: Registered Nurse – Sub Part 1
Adult Nursing – 24 April 1999

Nurse Independent / Supplementary Prescriber
(V300) – 30 September 2016

Relevant Location: Wrexham

Type of case: Misconduct

Panel members: Museji Ahmed Takolia (Chair, lay member)
Patricia Ford (Registrant member)
Matthew Clarkson (Lay member)

Legal Assessor: Ian Ashford-Thom (1 –12 December 2025)
Cyrus Katrak (7 – 10 April 2026)

Hearings Coordinator: Tyra Andrews

Nursing and Midwifery Council: Represented by Stephen Page, Case Presenter
(1 –12 December 2025)
Represented by Stephanie Stevens, Case
Presenter (7 – 10 April 2026)

Miss Smith:	Present and represented by Arthur Lo, Royal College of Nursing (RCN)
No Case to Answer:	Charge 1, with the exception of 10 June 2021 listed in Schedule 1, Charge 2, Charge 3, Charge 4, Charge 5 and Charge 6
Facts proved:	Charge 7, Schedules 7(1), 7(2) and 7(3)
Facts not proved:	Charge 1
Fitness to practise:	Impaired
Sanction:	Caution Order (18 months)
Interim order:	No order

Details of charge

That you, a registered nurse:

1. On one or more dates in Schedule 1, accessed Patient A's records without clinical justification.
2. On one or more dates in Schedule 2 accessed Patient B's records without clinical justification.
3. On one or more dates in Schedule 3 accessed Patient C's records without clinical justification.
4. On one or more dates in Schedule 4 accessed Patient D's records without clinical justification
5. On one or more dates in Schedule 5 accessed Patient E's records without clinical justification
6. On one or more dates in Schedule 6 accessed Patient F's records without clinical justification
7. On one or more occasions as set out in Schedule 7, acted in a manner which was aggressive and/or intimidating and/or bullying towards colleagues.

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

Schedule 1

15 August 2019
6 September 2019
4 October 2019
24 October 2019
1 November 2019
6 November 2019
13 November 2019
22 November 2019
3 December 2019
20 December 2019
17 April 2020
4 May 2020
10 June 2020
16 October 2020

Schedule 2

2 September 2021
9 September 2021
10 September 2021

Schedule 3

10 August 2020
17 August 2020
18 September 2020
25 May 2022

Schedule 4

23 August 2019
27 August 2019
28 August 2019
19 September 2019
25 September 2019
1 November 2019
7 November 2019

14 November 2019
4 December 2019
12 December 2019
31 January 2020
6 February 2020
11 March 2020
12 March 2020
8 April 2020
14 April 2020
24 April 2020
28 April 2020
29 April 2020
30 April 2020
1 May 2020
29 June 2020
30 June 2020
7 July 2020
15 July 2020
6 August 2020
2 March 2021
23 March 2021
9 April 2021
23 April 2021
4 February 2022
27 July 2022

Schedule 5

8 July 2020
12 August 2020

Schedule 6

10 May 2019
8 August 2019
10 January 2020

20 February 2020
21 February 2020
2 June 2021
8 September 2021
14 December 2021
11 May 2023
12 May 2023

Schedule 7

1. On an unknown date in June 2021 told Colleague A to 'get out of my face before I do something to you' or words to that effect.
2. On 27 August 2021 raised your hand at Colleague A and used words to the effect 'if you don't get out of my face, I will hurt you'
3. On more than one unknown dates would refer to Colleague A as Ron or moron.

Partial admission

At the outset of the hearing, the panel heard from Mr Lo, on your behalf, who informed it that you made partial admissions to paragraph 3 of Schedule 7, but you did not admit the stem of Charge 7:

'...acted in a manner which was aggressive and/or intimidating and/or bullying towards colleagues.'

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

On day 3 of the hearing, Mr Page, 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 and oral evidence from witnesses involves reference to health and private 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 Lo indicated that he supported the application to the extent that any reference to health and private matters should be heard in private.

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

The panel determined to go into private session in connection with health and personal matters as and when such issues are raised in order to protect the right to privacy.

Background

You joined the GP practice as a Registered Nurse at Gardden Road Surgery (the Surgery). The referral and underlying regulatory concerns arose during the Covid-19 pandemic period. On 4 February 2022, the NMC received a referral from the former Practice Manager of the Surgery, Patient A / Witness 4 (and the mother of Patient C/ Witness 3) who said that you had accessed her patient records, also without clinical justification.

The NMC also received a referral on 25 July 2022, from Patient C/ Witness 3 who at the time was also an employee of the surgery. She said that you had breached confidentiality on a number of occasions by accessing her, her relatives' and other patients' records without clinical justification. Concerns were also raised in relation to bullying and harassment.

**Decision and reasons on application to admit Exhibits 7 and 8 into evidence;
in particular Exhibits: FS-03, FS-05 and an independent HR investigation report**

The panel heard an application made by Mr Lo under Rule 31 to allow the above into evidence. Mr Lo submitted that all three elements of the evidence highlighted is relevant and fair to admit into evidence and should go before the panel.

Mr Lo submitted that adducing the above evidence would allow the panel to address broader aspects of the allegations raised against you. He submitted that the NMC chose to take a broad approach to presenting the case which set out the context in respect of the wider working environment you were subject to at the time of the allegations. He submitted that the evidence before the panel, were it to be adduced, will give it further context regarding your working relationships and relates specifically to the written statements of Witnesses 3 and Witness 4. He submitted that adducing the Instagram evidence in particular goes to the heart of fairness in these proceedings.

Furthermore, Mr Lo submitted that the evidence in question rebuts the points raised in evidence by the NMC. He referred to the witness statements of Witnesses 3 and Witness 4 which made reference to '*moving on*' and '*burying the hatchet*' (with you) which could directly contradict their evidence.

Mr Lo also stated that the witness statements were signed with statements of truth and proceeded to his next submission regarding the credibility of the Witnesses 3 and Witness 4. He referred to the Instagram evidence and drew the panel's attention to the following statements:

'...I will fight for what is right..'

'...She needs to stand accountable for her mistakes the nurse needs striking off..'

'... but the rats need exterminating xx...'

Mr Lo submitted that there is clear reason for at least Witness 3 to lie to procure the result of strike off. He stated that it would be unfair for you not to have the

opportunity to confront these issues, and that the panel should give no credence to the evidence of Witnesses 3 and Witness 4.

Mr Lo next turned to the Instagram posts and the phrases and terminology used within them, that commented on your character. He stated that the evidence sought to be adduced also provides the panel with context surrounding bullying attitudes towards you at the surgery and that, it would be unfair if you were unable to provide evidence in support of this. He stated that it is only fair that these witnesses be confronted with evidence that they created and contributed to.

Mr Lo submitted that the evidence contained in the police report and the external HR investigation report provides further context surrounding your work environment at the time of the allegations and it would be unfair for the panel not to have sight of these documents. He submitted that the evidence within these two reports further provides information regarding the alleged data breaches. He noted in particular the general attitude of staff to matters of privacy and confidentiality when it comes to handling of patient data. All of which is relevant to these proceedings and would therefore be fair to adduce into evidence.

Mr Page disagreed and submitted that the issues in the case mainly concern your access to patient records, whether this was without clinical justification and whether you acted in a manner that was aggressive as outlined in the schedules at Charge 7. He directed the panel to NMC guidance DMA-6, which highlights that only evidence that is relevant and fair should be provided to the panel for their review. He further asked the panel to have regard to the case of *Enemuwe v NMC* [2015] EWHC 2081 (Admin).

Mr Page submitted that the application should be refused on the basis that particular evidence is not relevant and unfair. He submitted that the Instagram post evidence is irrelevant when considering the narrow issues relating to the circumstances of this case and allows material into the hearing which does not impact on matters before the panel. He submitted that the social media evidence detracts from the questions raised within the charges which the panel needs to address.

Mr Page further submitted it is clear that your working relationship with Witnesses 3 and Witness 4 appears to be irretrievably broken down, and this is reflected in some of the responses provided by witnesses through their oral evidence at this hearing. He stated that the evidence you seek to adduce will not assist the panel to address the narrow issues outlined in the allegations brought against you. Similarly, he said that the police and external HR investigation reports do not outline how rigorous the investigation was. Mr Page submitted that adducing this evidence would further bring into question matters of a private nature which may require further redaction. He submitted that the evidence should not be adduced on this basis.

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 serious consideration to the application to adduce the Instagram post evidence dated 30 January 2022 from Witness 3 (FS-03), email correspondence related to a copy of a police report from an investigation into allegations made by you against Witness 3, dated 22 November 2022 (FS-05) and finally, a copy of an independent external HR investigation report commissioned by a new Practice Manager.

The panel considered whether you would be disadvantaged by the inclusion of this evidence in these proceedings. The panel was of the view that there are aspects of this case and the allegations before it that unquestionably impinge on workplace culture and relationships. It therefore determined that matters related to the charges, viewed broadly, are relevant to these proceedings. The relationships in question involve family members working at the Surgery, one of whom a Practice Manager was also and was the mother of Witness 3. At this stage in the proceedings, the panel concludes that it is difficult to disentangle the matters completely and the evidence requires further scrutiny.

The panel went on to consider the three parts of evidence: Instagram post evidence dated 30 January 2022 from Witness 3 (FS-03), email correspondence related to a copy of your police report dated 22 November 2022 (FS-05) and a copy of an independent external HR investigation report.

The panel found that the evidence sought to be adduced is relevant to the charges and refers to the wider context of issues surrounding lack of data protection protocols at the Surgery which were lax and part of a wider culture of behaviour amongst colleagues (including GPs) that added a further dimension to understanding the charges before it.

In reaching its decisions, the panel noted the content and wording of the individual social media messages as exhibited by you. It considered the phrases and terminology used by Witness 3 in the Instagram posts to be relevant to considerations about workplace relationships at the Surgery.

The panel also had regard to the case of *Enemuwe v NMC* in which it was held that it will not normally be appropriate for the findings of investigations by other bodies to be put before a panel in this jurisdiction. However, it is clear that this general rule will not necessarily apply in every case and that each case must, as is emphasised in DMA-6, be considered on its own particular facts. Given the highly unusual circumstances of this case, as identified by Mr Lo in his submissions, the panel was satisfied that it would be inappropriate and unfair for that general rule to be applied in this case and thereby to exclude evidence which is clearly relevant.

On this basis the panel found that it is relevant evidence, which should all be subjected to closer examination because it is contested and provide the parties, as well as the panel, with a fair opportunity to scrutinise and challenge the evidence.

The panel therefore determined that it would be relevant and fair to accept into evidence the Instagram post evidence dated 30 January 2022 from Witness 3 (FS-03), email correspondence related to a copy of a police report dated 22 November 2022 (FS-05) and a copy of an independent external HR investigation report. As a professional and experienced panel, it would give what it deemed appropriate weight

once it has heard and evaluated all the evidence before it, before arriving at any conclusions of fact.

Decision and reasons on application for a short adjournment to locate additional information from the Surgery

On day 5 of the hearing Mr Lo advised the panel that he would be making a half-time no case to answer application. The panel resumed the hearing on Day 6 on the understanding that submissions were to be heard regarding your no case to answer application. Mr Page, on Day 6 of the hearing, however, made an application to the panel to adjourn until 4pm because he was still making enquiries in order to provide it with the unredacted audit information and documents requested by the RCN in an email to the NMC dated 5 November 2025. A copy of this email had been presented by Mr Lo to the panel in support of his proposed no case to answer application.

Mr Page submitted that the NMC should continue to make disclosure requests so the underlying issue of whether there is raw data which produced the audit can be provided to assist the panel. He submitted that further time would allow the NMC to secure contact with Rachel Barnes (Ms Barnes) and advised that she was in and out of clinic at the time his enquiries were made that morning. Mr Page stated that the evidence is relevant, and its proportionality is a matter for the panel to consider under Rule 22(5).

Mr Lo did not object to a brief adjournment but submitted that a deadline should be set with regards to the application for additional time. He highlighted that the request for this information was made by the RCN on 5 November 2025 and that therefore, sufficient time had already been provided to obtain this information.

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

The panel decided to allow the brief adjournment in the interests of fairness to both parties.

Decision and reasons on application to re-open NMC case

On Day 7 of the hearing, the panel obtained the unredacted audit information which had been requested from the NMC by the RCN, in addition to email correspondence from Ms Barnes providing written responses to the questions asked by the NMC. On provision of this evidence, Mr Page made an application to re-open the NMC case and adduce the newly obtained evidence.

Mr Page submitted that the additional evidence should be adduced on the basis that it is relevant to proceedings and would provide the panel with a well-rounded view of the case before it. He further submitted that re-opening the case would enable Ms Barnes to return before the panel and answer any further questions regarding the evidence she had provided and which the NMC is seeking to adduce.

In response, Mr Lo submitted that the information presented is of limited value and does not answer the questions initially raised by the RCN in the email correspondence dated 5 November 2025 and therefore would not be appropriate to adduce it and thereby further delay proceedings. That original request was seeking information about the underlying reasons for accessing patient records that you had allegedly accessed '*without clinical justification*'. He further submitted that it would not be appropriate for the NMC to re-open their case in light of this no case to answer application in respect of which written submissions had already been provided to the panel.

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

In reaching its decision, the panel carefully considered the evidence before it in addition to the evidence sought to be adduced by Mr Page. It noted that there must be good reason to re-open the NMC's case and considered the administration of justice and the potential impact a further delay could have on you should the NMC's case be re-opened at this stage.

The panel found that the evidence sought to be adduced was of limited value and adds little, if anything, to assist these proceedings. The panel was of the view that this latest disclosure appeared to be the same audits but presented in a different format. In particular the panel noted that it failed to address the questions put by the RCN at the time of the disclosure request on 5 November 2025. Notably:

'...I request the following disclosure that may support the Registrant's case:

- Records held by the Gardden Road Surgery as to the access of data of Patients A, B, C, D, E and F on the dates outlined in Schedule 1 of the charges which shows reasons for access for example, blood sample, medicine provision etc. Further, the records that were compiled into the audit (i.e. the underlying records)*
- Phone records in relation to the allegations contained in [Colleague B]'s witness statement. I understand that there ought to have been recordings on these calls.*
- In relation to exhibits [Ms Barnes]02, 04 and 06, please can you obtain and provide the audits without annotations, the underlying raw data to produce the audits and the unedited truncated audits...'*

The panel therefore determined that the information sought to be adduced by the NMC will not assist it in the way suggested by the NMC for the following reason. The panel noted the similarities between the new disclosures and the previous audit evidence provided by the NMC and concluded that this audit of patient records had already been tested earlier in proceedings when Ms Barnes was asked questions concerning the evidence she had provided. In light of this, it determined that adducing the new disclosures and re-opening the NMC's case would not assist

proceedings, rather it would disadvantage you by introducing considerable further delays in proceedings and would not be in the interests of justice.

In these circumstances the panel found that it would not be appropriate or proportionate to allow the NMC to re-open its case.

Decision and reasons on application of no case to answer

When making its decision, the panel carefully considered the documentary and oral evidence provided at this hearing. By way of context the panel identified several aspects about the Surgery and its management that had so far, in the mind of the panel, produced some fundamental questions about governance and leadership that may be relevant to this case.

There were apparent weaknesses in governance arrangements, a relatively small number (24) of employees with a number of them also being members of the same family. A workplace culture had developed such that managers and GP partners appear not to have taken regard of these relationships and their consequent impact on good governance all of which had been further complicated by the fact that the employees in this Surgery were both patients at the Surgery and members of the same family. This has presented the panel with challenges when considering the provenance of information, and the role of individuals in leading certain management actions.

The panel further noted that at the time the allegations arose you were an Advanced Nurse Practitioner (ANP) who had many different roles, including Triage Nurse, all of which required you to have access to patients' clinical records. The panel noted that its obligation is to consider your application which at its core requires it to determine whether the evidence provided by the NMC proves anything positive regarding the allegations that you had accessed patient records without clinical justification on 67 different occasions.

The panel considered an application from Mr Lo that there is no case to answer in relation to the following charges:

- (a) In relation to Charge 1, all the listed dates within Schedule 1 with the exception of 10 June 2021.
- (b) In relation to Charges 2-6, the entirety of those Charges.

This application was made under Rule 24(7).

In relation to his application, Mr Lo provided both oral and written submissions. He submitted that the evidence the NMC has provided is so tenuous that it could not properly sustain an adverse finding of fact against you in relation to the above charges.

Mr Lo submitted that the audit evidence provided by the NMC does not show reasons for access even if they were originally logged in the primary clinical records. Mr Lo submitted that the panel cannot properly assess the existence of clinical reason or lack thereof without access to the underlying clinical records.

Mr Lo further submitted that even if the primary clinical records were made available, they would need to be compared against the audit evidence, and the factfinder would need to attempt to reconstruct or reverse-engineer a potential clinical reason. He stated that this would have been a highly speculative exercise, and that this was also confirmed in the oral evidence of Ms Barnes.

Mr Lo drew the panel's attention to NMC Guidance DMA-6 which references *R v Galbraith* [1981] 2 All ER 1060. In respect of the second part of the *Galbraith* test, the formulation adopted by the Guidance is that there is:

"...some evidence, but evidence which, when taken at its highest, could not properly result in a fact being found proved against the nurse, midwife or nursing associate, or the nurse, midwife or nursing associate's fitness to practise being found to be impaired."

Mr Lo further stated that it is the NMC's burden to prove that you had accessed clinical records without clinical justification and not for you to have to prove your innocence. He highlighted that the burden of proof rests with the NMC and referenced Hamer's Professional Conduct Casebook (4th Ed) which stated:

"...care must be taken by the tribunal not to reverse the burden, for example by accepting the regulator's case and calling on the practitioner to explain matters: Dutta v GMC."

Mr Lo submitted that NMC has not provided any positive evidence to show that you had accessed any patient records without clinical justification. Mr Lo then drew the panel's attention to the fact that you had provided three potential alternative explanations as to why the audit evidence may show you had accessed patient records, namely:

- (1) *'In the course of legitimate clinical work, for example, if [you] were asked by a GP in passing to check a certain patient's file;*
- (2) *By the automatic operation of the computer system; and*
- (3) *By mistake, which were reported to [Ms Barnes]...'*

Mr Lo further submitted that these three potential reasons were further supported by the oral evidence of Witnesses 1 and Witness 4. He stated that the burden of proof cannot be reversed such that it is for you to prove your own innocence, and that your explanations behind the three reasons you have provided are more than sufficient to show that the NMC has not provided positive evidence to support the allegations.

Mr Lo submitted that the panel cannot safely make the inference suggested by the NMC, which requires a leap. That is to say there would have to be positive evidence that you had accessed the relevant records without clinical justification, in order to show that you were motivated by a personal dislike of Witnesses 3 and Witness 4.

Mr Lo submitted that for the reasons set out above, the panel is respectfully invited to determine that there is no case to answer in respect of the relevant charges on the basis that, taken at its highest, no reasonable factfinding tribunal would find guilt on the basis of the evidence adduced by the NMC. He stated that it is simply too incoherent and tenuous for those allegations to be sustained.

In response to the application, Mr Page provided written submissions. Firstly, he drew the panels attention to the NMC's Guidance DMA-6 (the Guidance) which also sets out the test identified in *Galbraith* namely:

- a. *'There will be no case for a nurse, midwife or nursing associate to answer where, at the close of our case, there is:*
 - i. *No evidence*
 - ii. *Some evidence, but evidence which, when taken at its highest, could not properly result in a fact being found proved against the nurse, midwife or nursing associate or the nurse, midwife or nursing associate's fitness to practise being found to be impaired.'*

Mr Page further invited the panel to take into account the Guidance that:

"where the strength or weakness of our evidence depends on the weight it should be given, a submission that there is no case to answer is likely to fail. That issue is best considered after all of the evidence has been heard"

Mr Page also invited the panel to consider the credibility of the NMC's witnesses in accordance with NMC Guidance DMA-6. He further highlighted the case of *R v Dutta v General Medical Council* [2020] EWHC 1974, where the panel is required to start with the objective facts as shown by authentic, contemporaneous documents, independent of the person giving evidence, and use oral evidence to test the facts.

Mr Page went on to draw the panel's attention to email correspondence between Ms Barnes and the NMC dated 9 December 2025 which stated:

- a. *"I have sent the audits for the dates requested to your colleague".*
- b. *"I have discussed with our Practice Manager- that she conducted all the audit with the date requested from the NMC when previously requested two years ago"*
- c. *"I am not quite sure what you are asking here- the records are all electronic- we can conduct an audit on the computer system for any of our registered patients on any of the dates- for any member of staff who has accessed the computer records"*

Mr Page in his submission then took the panel through the evidence the NMC had provided. He submitted that it showed that Witness 4 felt you had *'an unhealthy interest in [her] health'* and *'spreading gossip about [her] family'*. Mr Page suggested that these remarks serve to illustrate that you had a personal reason to access Witness 4's family's patient records.

Mr Page further invited the panel to consider the other evidence presented by Witness 4 advising that you were not involved in her care when you had accessed her medical records and her oral evidence where she stated that none of the access records shown in the audit evidence was accidental. He further drew the panel's attention to Witness 4's statement in which she states:

"it shows that [you] accessed my notes as part of [your] accusation that my family and I were abusing the system".

Mr Page then addressed the three alternative possibilities you have provided and suggested that these possibilities were hypothetical which is not based upon any real facts before the panel. He submitted that although Witness 4 had provided oral evidence regarding the three possibilities, she was unable to comment upon any of the possibilities with any real weight because they were hypothetical and speculative situations.

Mr Page further outlined the evidence of Ms Barnes and drew the panel's attention to her statement:

“following further audits and discussions, I’m concerned that on several occasions, it appears that Felicity had accessed several individuals’ patient record without justification”

Mr Page invited the panel to consider the contextual factors surrounding the allegations raised against you. He reminded the panel of the social media posts adduced into evidence outlining the breakdown in relationship between you and Witnesses 3 and Witness 4.

In conclusion, Mr Page submitted that in accordance with Rule 24(7), the NMC have produced sufficient evidence for the charges that are before the panel.

The panel took account of the submissions made and heard and accepted the advice of the legal assessor.

In reaching its decision, the panel has made an initial assessment of all the evidence that had been presented to it at this stage. The panel also took into account the guidance and relevant authorities cited by both Mr Lo and Mr Page as part of their submissions. It was solely concerned with considering whether sufficient evidence had been presented, or whether as per *Galbraith*, the evidence was so weak or tenuous that the panel, properly directed, could not find the facts proved.

The panel noted that the NMC has provided evidence that the individual records were accessed by you but, there appears to be little or no evidence before the panel to support the allegation that you did so without clinical justification.

The panel has accepted Mr Lo’s submission that the burden of proof lies with the NMC, and you are not required to prove your innocence. He further submitted that despite this you have provided the panel with 3 possible reasons for accessing patient records.

In reaching its conclusion, the panel first took into account a statement provided by your current practice manager about eMIS, which stated:

'I can confirm that when you finish on one patient's records, it will automatically load the next patient in the queue. eMIS does not ask for a reason for going into the record unless there is a restriction on that file.'

It further took into account email correspondence between you and the IT department of the company that operates eMIS in their response they stated:

'...Unfortunately we do not have any documentation stating that when completing a task this will automatically load the next patient but I can confirm this is correct when you complete a task in workflow this moves to the next task and if the task is patient specific this will load the patient's record...'

Finally, the panel took into account the oral evidence of Ms Barnes in which she accepted that, upon the three potential reasons being put to her during cross examination, she was now satisfied that you have now provided a "*cogent explanation*" for those audit entries.

The panel had regard to Mr Page's submissions, in particular it acknowledged that he had referred to and relied upon questions of character, workplace culture and personal relationships that in his submission had provided a motivation for you to search for personal information. Whilst the panel considered this context carefully, it concluded that it is unsupported by any tangible evidence.

Critically, the panel determined that the NMC has failed to provide sufficient evidence to refute the three alternative explanations you have provided. It found that the evidence provided by the NMC is so tenuous that when taken at its highest it could not properly sustain an adverse finding of fact in respect of the charges in your application.

The panel has examined matters carefully and reached the conclusion that the case put by the NMC lacks sufficient evidence. It has also considered the three alternative explanations made by you and taken alongside the other evidence before it, is of the view, that there is no realistic prospect that it could find the facts of charge 1,

including schedule 1 with the exception of the date 10 June 2020, and charges 2 to 6 in addition to the attached schedules proved.

In consideration of the points raised, the panel found there is insufficient positive evidence before it to find that you had accessed these records without clinical justification. In light of this the panel therefore accepts your no case to answer application.

Submissions on interim order

The panel took account of the submissions made by Mr Page that there has been no material change in circumstances, and an interim order is not necessary.

Mr Lo did not object to this.

The panel determined that an interim order is not necessary on this basis.

This hearing resumed on Tuesday 7 April 2026

Decision and reasons on application to amend the charge

The panel proposed an application to amend the wording of charge 7.

The proposed amendment was to accurately reflect the remaining charges in consideration of the previously accepted no case to answer application. It was proposed that amendment would provide clarity and more accurately reflect the evidence.

Both Mr Page and Mr Lo accepted the proposed amendment.

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).

“That you, a registered nurse:

...

*14. On one or more occasions as set out in Schedule 7, acted in a manner which was aggressive and/or intimidating and/or bullying towards colleagues a **colleague.***

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

The panel was of the view that such an amendment, as applied for, was in the interest of justice. The panel was satisfied that there would be no prejudice to you and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment, as applied for, to ensure clarity and accuracy.

Decision and reasons on application to admit written statement of Georgina Williams (Ms Williams) as hearsay evidence

The panel heard an application made by Mr Lo under Rule 31 to allow the written statement of Ms Williams into evidence. Ms Williams was not present at this hearing and, whilst Mr Lo had made sufficient efforts to ensure that this witness was present, she was unable to attend today due to her attendance at this hearing directly conflicting with her work requirements as a doctor in a GP Surgery.

Mr Lo submitted that Ms Williams’ statement is relevant as her statement goes towards Charge 7 and discusses whether the incident that occurred between you and Witness 4 was reported at the relevant time. He further submitted that Ms Williams’ statement discusses the use of the word ‘Ron’ to refer to Witness 2/Colleague A highlighted in Schedule 7 of the charge.

Mr Lo further submitted that Ms Williams' evidence is not sole or decisive. He submitted that the evidence can be challenged as you have provided supportive documentary and oral evidence which has been tested by the panel at this hearing. He therefore submitted that it would be fair and relevant to adduce this into evidence.

Mr Page objected to the admittance of Ms Williams' statement as hearsay evidence. He referred the panel to the case of *Thorneycroft v Nursing and Midwifery Council* [2014] EWHC 1565 (Admin) and NMC guidance DMA-6.

Mr Page submitted that there has been no real evidence provided to support that Ms Williams was unable to attend this hearing due to work commitments. Mr Page further submitted that Ms Williams did not have direct involvement with regards to the events highlighted in Charge 7. He invited the panel to consider the fairness in adducing Ms Williams' statement into evidence and submitted that she cannot provide any direct evidence upon what had taken place in relation to the specific concern of the charges before the panel. He invited that panel to consider that minimal to no weight should be placed on this evidence and it should therefore not be admitted as hearsay evidence.

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 Ms Williams serious consideration. The panel noted that Ms Williams' statement had been prepared in anticipation of being used in these proceedings and contained the paragraph, '*This statement ... is true to the best of my information, knowledge and belief*' and signed by her.

The panel considered whether the NMC would be disadvantaged by the change in the position of moving from reliance upon the live testimony of Ms Williams to that of a written statement and allowing hearsay testimony into evidence.

The panel found that Ms Williams' statement is relevant to proceedings and could provide it with context and corroboration in relation to Charge 7. The panel noted that Mr Lo has not provided evidence to support Ms Williams' non-attendance at this hearing being due to existing work obligations. Despite this, the panel were satisfied with the explanation provided and acknowledged that Miss Williams is a responsible professional person in the role of a GP within the Surgery. It therefore determined that there were satisfactory reasons for her non-attendance at this hearing and reasonable efforts had been made to secure her attendance.

The panel noted that Ms Williams' statement is based on what other people have told her about the incident occurring in relation to Charge 7 and therefore is truly hearsay. After consideration it determined that the evidence presented is not sole or decisive and found that this evidence had been tested through the written and oral evidence of other witnesses present throughout proceedings.

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

Decision and reasons on facts

Following the panel's acceptance of your no case to answer application, charges 2-6 have fallen away in their entirety. The panel next went on to consider the remaining disputed 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 Page on behalf of the NMC and by Mr Lo on your behalf.

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 whose roles at the time of the alleged incidents are:

- Rachel Barnes (Ms Barnes): Advanced Nurse Practitioner and Clinical Lead at Gardden Road Surgery (The Practice);
- Witness 2: Receptionist at The Practice;
- Witness 3: Medical Secretary at The Practice;
- Witness 4: Former Practice Manager at The Practice.

The panel also heard live evidence from the following witnesses called by you at this hearing, whose roles at the time of the alleged incidents are:

- Claire Lloyd: Receptionist at Gardden Road Surgery
- John Williams: Practice Manager and Partner of Alyn Family Doctors

The panel also heard evidence from you under oath.

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 yourself.

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

Charge 1

1. On one or more dates in Schedule 1, accessed Patient A's records without clinical justification.

Schedule 1

10 June 2020

This charge is found NOT proved.

In reaching this decision, the panel took into account the oral and written evidence of Witness 4, audit evidence from Witnesses 1 and 4, social media evidence, email evidence of Witness 4, your Witness statement and oral evidence.

The panel understood the NMC's position to be that you had accessed patient records without clinical justification once the contextual factors and relationship breakdown between yourself and Witness 4 (Patient A) had been established. In his submission Mr Page referred the panel to the audit records provided by Witnesses 1 and 4 which show that you had accessed patient records. Mr Page further drew the panel's attention to your oral evidence where you had stated that you accessed the records.

Mr Page then submitted that your account was not consistent and invited the panel to consider the differences between your initial statement and the subsequent account you had provided in another written statement and during oral evidence at this hearing.

Mr Page next emphasised the social media evidence and submitted that you had a toxic relationship with Witness 4 and her family which indicated you had no clinical justification to access her clinical records. He highlighted the official complaint

Witness 4 made against you and your response provided on 28 August 2020 which stated:

'...With regard to my comments in the staff meeting on 18/8/20, I am sorry that you felt that the comments that I made were inappropriate...'

The email also stated:

'...I apologise for the comment about the 'weaker' GP. This was an unfair comment; and one that I remember before I said -for want of a better word. I do not see any of my GP colleagues as being weaker, and this was totally the wrong word to use...'

Mr Page submitted that you had accessed Patient A's records and in consideration of the strained relationship you had with her, as established through social media evidence and your apology in response to her complaint, there was no clinical justification for you to access her records on 10 June 2020.

The panel next considered your evidence and the submissions made by Mr Lo.

Mr Lo in his submissions referred to your email response in relation to the complaint made against you by Witness 4 dated 28 August 2020. He drew the panel's attention to the following statement:

'Thank you for presenting a named patient's [PRIVATE] list of times and dates where I have accessed their records. I look at this list as a patient and not a specific member of staff. These records show that I have accessed records, but given that this is one patient and there is no justifiable reason to access the records now to check why I have been into them I am unable to remember these events to provide reasons as to why. It also shows that there has been no access for nearly 3 months and I would suggest that I have potentially accessed thousands of records since this date.'

It then considered another undated email you had written to address these concerns and had particular regard to the following statement:

‘..What I can advise you is that on the day that you have questioned- the 10 June 202(sic)- my reason for accessing them was because there had been no triage through the system. I was triaging with restricted appointments and one had disappeared- with [Patient A/ Witness 4] booked into it. I accessed to look what was needed-or if I could have dealt with the issue without the need for an appointment- as I would anyone other patient who I have concerns for...’

The panel considered your oral evidence where you stated that the GP was relatively new to the practice and did not have the full history of some of the patients including the medical history of Witness 4/Patient A and would not have had time to review it fully in the ten-minute consultation scheduled.

The panel further noted that in your oral evidence you stated that there had been a history of nurses abusing the triage system and you had accessed the records to prevent harm and protect the patients and GP’s.

Within your oral evidence you further stated that you did not have a toxic relationship with Witness 4 on 10 June 2020 and that the breakdown in relationship occurred in August following a staff meeting.

The panel also noted Mr Lo’s submission that the local investigatory process was tainted by apparent bias. He emphasised that there was actual bias and concrete evidence that in the social media posts Witness 4 had suggested her dislike for you at the time was ongoing and described the local disciplinary process as a ‘kangaroo court’.

In its deliberations, the panel acknowledged the significance of your witness statement in which you said:

'...I remember when I started that there were a number of issues resulting from pharmacy audits. The issues were predominantly the overprescribing of benzodiazepines and antibiotics..'

To the panel, this established a reason for you to investigate anomalies as and when they arose.

The panel also heard about the effects of these medications in your oral evidence in addition to you stating that you had previously prescribed medication to Witness 4/Patient A in line with your role at the Surgery. This was also supported in your written statement:

'..I was also involved in [Patient A/ Witness 4's] care and on other occasions had been requested by [Patient A/ Witness 4] to issue medications for her or her family...'

Whilst the panel understood that you had a strained relationship with Witness 4/Patient A, it accepted your evidence that the breakdown in relationship did not occur prior to 10 June 2020.

The panel determined that your reasons for accessing Patient A's clinical records was plausible and consistent with other evidence before it. Notably, the fact that the triage process for which you had responsibility which allowed you to check where patients had moved in or out of the appointment slot, and in this case, there were some anomalies which needed investigating.

In consideration of the entirety of the evidence before it, the panel found that you had a clinical justification and reasons to access patient records.

The panel is therefore satisfied that you had a reasonable and legitimate clinical justification to access the records and therefore finds this charge not proved.

Charge 7

7. On one or more occasions as set out in Schedule 7, acted in a manner which was aggressive and/or intimidating and/or bullying towards a colleague.

Schedules 7

4. On an unknown date in June 2021 told Colleague A to 'get out of my face before I do something to you' or words to that effect.
5. On 27 August 2021 raised your hand at Colleague A and used words to the effect 'if you don't get out of my face, I will hurt you'
6. On more than one unknown dates would refer to Colleague A as Ron or moron.

This charge is found proved.

In reaching this decision, the panel took into account all the evidence including witness statements and oral evidence of Witness 2, your oral and written statements in addition to documentary evidence from Witness 4.

The panel first considered the NMC's case. Mr Page submitted that your account was not credible and referred to Witness 2's written statement dated 18 October 2021 where she stated that you:

'...continued to pick on [her] for quite some time, shouting at [her] in work and on the phone... undermining [her] by continuously and repeatedly purposely picking out things I had done to make a point as though I had made mistakes undermining everything I do...'

She further stated:

'...The other occasion was June she first threatened me she and I had a dispute about something in reception and she again said to get out of my face before I do something to you I then walked away in shock...'

In her oral evidence Witness 2 further stated that she felt picked on by you during the covid period at the Surgery.

In relation to Schedule 7 (1) the panel understood your position to be that you did not say the phrase 'get out of my face before I do something to you' or words to that effect.

The panel noted your witness statement in which you said:

'I do know that I was abrupt with Colleague A when I would speak to her at times, but I do not recall ever being aggressive or threatening.'

The panel further noted in your oral evidence you stated this was a passing comment.

In relation to Schedule 7(2) and the events that occurred on 27 August 2021 Mr Page on behalf of the NMC referred the panel to Witness 2's witness statement:

'[you] were shouting at [Witness 2] with such anticipation that she was going to hit me...'

Witness 2 further stated:

'...Friday 27th August where I felt physically threatened and unsafe by [you] if it wasn't for the fact that [Person C] was there I don't know what [you] would've done...'

He then referred to a disciplinary letter written by Witness 4 outlining the incident:

'...[Witness 2] raised two separate incidents when she felt scared (sic) for her safety... 27th August 2021 where she states [that you] had [your] arms raised "you better get out of my face before I hurt you". [Witness 2 stated that she feared that if there had been any witnesses on this day that [you] would have physically attacked her'

You stated in your oral evidence that there were competing accounts of the events. You further stated that you are known to be 'to the point', 'straightforward', 'call a spade a spade' and this can be interpreted as abrupt sometimes. You stated that you may have said something along the lines of 'you need to go now' to Witness 2 and said that you raised your voice towards her, but you did not shout, you said it was a raised tone, but you never meant to be aggressive.

In your witness statement you further said:

'I admit I snapped... I was angry and frustrated and tired of her continual abuse of the system and don't care attitude...'

You further stated:

'I explained to her what had happened during that afternoon, and then the altercation with [Witness 2]. I explained that I was annoyed with myself for blowing up with her in the way that I did and that it was an accumulation of frustrations over her incompetence and inability to follow directions over a long period of time;...'

Mr Lo submitted that Witness 2 and Witness 4 were friends and therefore had motivation to fabricate the events which then lead to Witness 4 raising a formal complaint against you.

In relation to schedule 7 (3) alleging that you referred to Witness 2/Colleague A as 'Ron' or 'moron', the NMC noted your partial admission to using the phrase 'Ron' or 'moron' which is supported in the witness statements of Witness 4 and Ms Barnes.

You stated in oral evidence that the nickname came about from Ms Williams and they had used it on a number of occasions to which you should not have gotten involved. You further stated that it was not meant to be bullying and in your oral evidence you referred to Witness 2 as 'Dippy [Witness 2]'. You acknowledged that the phrase most likely upset and belittled Witness 2 and stated that you did apologise and the behaviour stopped.

When making its decision, the panel reviewed all the evidence before it and considered the schedules. It noted that these incidents took place over a period of time and found that your conduct towards Witness 2 had fallen below the professional standards expected of a registered nurse.

When looking at the totality of your evidence the panel considered that it was likely that you had acted in an intimidating and bullying attitude in June 2021 when you told Witness 2/Colleague A to *'get out of my face before I do something to you'* or words to that effect. Your evidence was that these words had been said and were a product of your frustration with her lack of response to feedback regarding the standard of her work. The panel did not accept Mr Lo's submission that Witness 2/Colleague A was colluding with Witness 4, rather it found Witness 2/Colleague A to be a credible, reliable and consistent across her initial statement dated October 2023 and evidence provided at this hearing. Accordingly, the panel accepted the evidence of Witness 2/Colleague A and therefore schedule 7 (1) is found proved.

In relation to charge 7 schedule 7 (2), the panel again accepted the evidence of Witness 2/ Colleague A and as described by her in her witness statement at paragraph 7 when she said:

'on one occasion, she was shouting at me with such aggression that I anticipated that she was going to hit me when she raised her hand. I managed to move out of the way, but I believe she is capable of losing her temper to that degree.'

As was the case in relation to the panel's finding in schedule 7(1), it found Witness 2 to be credible and consistent in her evidence. It accepted Mr Lo's submissions in relation to the potential bias in the disciplinary proceedings and therefore did not place weight on them. In reaching its conclusion the panel determined that there is evidence of intimidating and bullying behaviour and found that these events more than likely occurred.

The panel also found that the phrase *'if you don't get out of my face, I will hurt you'* is capable of being interpreted and being seen by others as intimidating and bullying behaviour, which is consistent with other accounts provided. In your oral evidence you said that at times your manner with Witness 2/Colleague A had been abrupt. In reviewing all of the evidence provided in relation to this charge, the panel found that on the balance of probabilities that you likely did raise your hand and said *'if you don't get out of my face I will hurt you'* or words to that effect.

In relation to schedule 7(3), the panel referred to the ordinary definition of 'bullying' and took into account the NMC code which states this as:

'..unwanted behaviour that can be humiliating or causing physical or emotional harm, regular pattern of behaviour or one incident..'

The panel considered your oral evidence in which you stated at the time that you thought the comments, when you called Witness 2/Colleague A 'Ron' or 'moron' were funny and considered them banter. In your oral evidence you accepted that these comments could be seen as unacceptable even though you did not mean them to be aggressive. Taken together the behaviour and findings in the schedules outlined above, the panel found your behaviour was intimidating and bullying. It therefore finds Charge 7 in relation to Schedules 7 (1), (2) and (3) proved on the balance of probabilities.

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.*'

The panel had regard to the terms of '*The Code: Professional standards of practice and behaviour for nurses and midwives 2015*' (the Code) in making its decision.

Ms Stevens, on behalf of the NMC, invited the panel to take the view that the fact found proved amount to misconduct. She identified the specific, relevant standards in the NMC code where your actions amounted to misconduct. Namely NMC Codes: 1.1, 8.2, 20.1, 20.2, 20.3 and 20.5. Ms Stevens submitted that your actions towards Witness 2/Colleague A were serious, aggressive, intimidating and presented a clear unequivocal threat of violence. She submitted that your repeated use of the term 'ron' or 'moron' towards Witness 2/Colleague A was disrespectful, abusive and amounted to bullying. Ms Stevens further submitted that the combination of a verbal threat and the act of raising your hand is behaviour that responsible members of the profession would regard as deplorable.

Ms Stevens further submitted that your behaviour demonstrated a broader pattern of escalating misconduct which undermines trust and creates a hostile and unsafe working environment. She further stated that your actions show a fundamental

disregard for the professional standards and values in the NMC Code and fell far below the standards reasonably expected of a registered nurse.

Ms Stevens submitted that the regulatory concerns identified in the charge found proved demonstrate serious and persistent failing that is incompatible with unrestricted practice. She therefore invited the panel to consider that the fact found proved amounts to misconduct.

Mr Lo invited the panel to consider that there is no misconduct identified in this case. He drew the panel's attention to the contextual factors identified concerning the extremely stressful Covid-19 pandemic period. Mr Lo submitted that you are passionate about patient care and experienced severe stress during the Covid-19 period where it was crucial that patients were being seen as quickly and safely as possible.

Mr Lo submitted that there is no evidence to suggest that the behaviour identified in the charge found proved is widespread or had occurred with any other colleagues. Mr Lo further stated that it is undisputed that the 'ron' comment was started by another colleague, and you had continued to use the term and have since acknowledged that this was wrong.

Mr Lo invited the panel to consider its findings on fact, in particular that it found that the GP Surgery was ill-managed and not operating smoothly. He asked the panel to take the contextual factors surrounding Covid-19 and the stressful environment of the GP Surgery into consideration and further invited the panel to consider that the charge found proved did not amount to serious misconduct.

Submissions on impairment

Ms Stevens 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).

Ms Stevens invited the panel to consider that you are not fit to practice without any restriction. She submitted that limbs a, b and c of the *Grant* test are engaged.

Ms Stevens submitted that your actions were intimidating, aggressive, violent and deliberate which caused psychological harm to Witness 2/Colleague A, which was supported in her evidence where she stated she felt scared, unsafe and was suffering from stress and anxiety as a result of your actions. Ms Stevens further submitted that such behaviour has the potential to place patients at a risk of harm where there is a breakdown in communication with colleagues. She therefore submitted that your conduct demonstrated a potential ongoing risk to patient safety and emotional and psychological harm to colleagues, therefore satisfying limb a of the *Grant* test.

Ms Stevens then went on to consider the second limb of the *Grant* test. She stated that the public expects nurses to be kind and compassionate, to work alongside colleagues and deliver safe and effective care. She submitted that your poor treatment of Witness 2/Colleague A weakens the trust that members of the public have in the profession. She submitted that the seriousness of your actions as set out in the charges, brought the profession into disrepute and had the potential to undermine trust and confidence in the profession.

Ms Stevens then addressed limb c of the *Grant* test. She submitted that you have breached the fundamental tenets of the nursing profession by failing to prioritise people, bullying and intimidating staff, failing to practice effectively, failing to address concerns or issues with respect with your colleagues and by failing to promote professionalism and trust by acting with disregard for your colleagues.

Ms Stevens submitted that the conduct found proved relates to behaviour and attitudes that are harmful. She outlined that the threat of violence coupled with the ongoing bullying created an intimidating atmosphere for Witness 2/Colleague A,

where she felt picked on and targeted by you. Ms Stevens submitted that the conduct found proved is more difficult to remediate.

Ms Stevens drew the panel's attention to the testimonials and reflective piece that you have provided at this hearing. She submitted that this evidence does not address the core concerns in this case. She submitted that the testimonials are of limited weight in this context as they address your general character but do not provide evidence of specific behaviours namely, treatment of a colleague. Ms Stevens further stated that in your reflective piece you focus on your experience of bullying rather than the effect your behaviour had on Witness 2/Colleague A and its potential impact on others.

Ms Stevens submitted that you continue to lack meaningful insight into your actions and invited the panel to find that there is a lack of insight and so a finding of impairment is appropriate and necessary on both public protection and public interest grounds.

Mr Lo reminded the panel of the poorly managed and stressful environment you were working under at the time of the incidents. He submitted that your relationship with Witness 2/Colleague A was not good and the stressful environment of the GP Surgery due to the Covid-19 pandemic further strained this relationship which led to the actions outlined in the charge found proved. Mr Lo further submitted that there is no evidence before the panel to demonstrate that you have acted this way with any other colleague.

Mr Lo drew the panel's attention to the numerous positive testimonials you have provided at this hearing. He highlighted that co-workers have described you as being 'supportive' and going 'above and beyond' in the workplace. He outlined the positive feedback provided by your practice manager who stated that you support your team and work in a collaborative approach with others in addition to handling situations calmly.

Mr Lo next referred to your reflective piece where you had shared that you were a victim of bullying during your school years, and your mental and physical wellbeing

was harmed as a result. He stated that you had acknowledged that your actions outlined in the charge led to threatening behaviour and you are disappointed that it escalated to this stage. He stated that you now understand that your way of communication can be considered abrupt and direct and have since developed an understanding of how this could impact other people.

Mr Lo submitted that you have seen this experience as a learning opportunity and have now had a chance to work in a positive environment and have learned techniques to manage your stress. He further submitted that you acknowledge that bullying affects staff performance which would also have a negative impact on patient safety and you realise that it is your responsibility to treat others with kindness and respect.

Mr Lo referred the panel to the training certificate documentation you have provided at this hearing and submitted that you have demonstrated comprehensive insight into bullying and why it affects colleagues, and how to prevent such conduct from occurring again in the future. He further submitted that this is not a case concerning dishonesty and there is no evidence to suggest a high risk that the actions outlined in the charge would be repeated.

Mr Lo submitted that there is no evidence to suggest you would be unable to work appropriately without restriction and invited the panel to consider that a finding of impairment is not necessary.

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 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

To achieve this, you must:

1.1 treat people with kindness, respect and compassion

8 Work co-operatively

To achieve this, you must:

8.1 respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate

8 Work co-operatively

To achieve this, you must:

8.2 maintain effective communication with colleagues

8 Work co-operatively

To achieve this, you must:

8.7 be supportive of colleagues who are encountering health or performance problems. However, this support must never compromise or be at the expense of patient or public safety

9 Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues

To achieve this, you must:

9.4 support students' and colleagues' learning to help them develop their professional competence and confidence

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 Uphold the reputation of your profession at all times

To achieve this, you must:

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

20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

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 nurses are expected to act with integrity; which calls for respect, kindness, acting collaboratively and giving support when situations require at all times. It was the panel's view that your actions and behaviour towards Witness 2/Colleague A was compounded by the fact that you held a position of seniority over another colleague in a junior role. As a result, the panel concluded that your conduct falls short of what is expected of a registered nurse.

The panel had regard to NMC guidance FtP 2-a which states:

'The NMC takes concerns about bullying, harassment, discrimination and victimisation very seriously. Although bullying is not included as a prohibited behaviour under the Equality Act, it can have a serious effect on workplace culture, and therefore the safety of people receiving care, if it is not dealt with.'

In its deliberations the panel also had regard to Witness 2/Colleague A's evidence where she stated that she was upset and suffered from anxiety as a result of your actions. In her oral evidence Witness 2/Colleague A stated that she felt scared,

intimidated and bullied by the pattern of behaviour you exhibited at the time of the incidents.

The panel noted that at the time of the incidents Witness 2/Colleague A was working in a frontline receptionist role during the stressful Covid-19 pandemic period when your role had changed from frontline clinical patient care to triaging all patients. This taken alongside your intimidating and bullying behaviour, contributed to creating a stressful and unhealthy working relationship.

The panel found Witness 2/Colleague A to be a credible and reliable witness. It also noted that the distress your actions caused to her were referred to in her oral evidence. The panel therefore determined that your actions in the charge found proved had caused Witness 2/Colleague A distress and anxiety.

The panel therefore concluded that your actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

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

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. 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 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;*
- d) ...'*

The panel having found that you had caused Witness 2/Colleague A distress and anxiety as a result of your misconduct, determined that you have breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

The panel also took into account the following statement within your reflective piece:

'... As a senior nurse, I recognise that I had a professional responsibility to identify the impact that this environment was having on me and to take appropriate action sooner...'

The panel found that your reflective piece tended to focus more on the impact these events had on you and did not adequately address the negative impact your misconduct had on Witness 2/Colleague A, the potential impact on other colleagues within the GP Surgery and the wider public. Upon review of the evidence before it the panel noted however, that you did apologise to Witness 2/Colleague A regarding the 'ron' or 'moron' comments.

The panel considered the following statement in your reflective piece:

'Since then, I have had the opportunity to work in a more supportive environment, where leadership is both structured and understanding. This has had a positive impact on my wellbeing and has allowed me to reflect more clearly on my previous experiences. I feel fortunate to now be part of a workplace that promotes a positive and respectful culture.'

The panel was of the view that you considered the stressful working environment and strained relationship with Witness 2/Colleague A to be a reason for your behaviour. That is to say, you acted out of frustration because of Witness 2/Colleague A's apparent failure to respond to feedback and the advice that you had given.

The panel also took into account the following statement in your reflective piece:

‘.I tend to speak directly. While this is not intended to cause harm, I understand that it can sometimes be perceived as abrupt or insensitive. I have never intentionally set out to hurt someone’s feelings; however, I now appreciate that intent does not negate impact...’

The panel found that in your most recent reflection piece you have shown developing insight and understanding of your behaviour but, it fails to fully demonstrate that you have addressed the underlying concerns in the charge found proved.

It noted that these incidents involved one colleague with whom you had an increasingly difficult working relationship and that they occurred over a period of three months. The panel was therefore satisfied that the misconduct in this case does not reflect a deep-seated attitudinal concern and is capable of being addressed.

The panel went on to carefully consider the evidence before it in determining whether or not you have taken steps to remedy your behaviour with work colleagues. It took into account the relevant training certificates and positive testimonials you have provided. It acknowledged that you had completed the appropriate courses in relation to the misconduct identified. The panel further acknowledged that the recent testimonials provided were from colleagues that have worked with you over a number of years, some of whom knew of the concerns and were able to attest to your workplace conduct.

The panel next turned its attention to assessing whether there is a future risk of repetition. Based on its earlier conclusion regarding developing insight, its finding that there are no deep-seated attitudinal concerns identified and the recent positive testimonials provided, it was satisfied that there is a risk of repetition but considered this to be low.

The panel noted that while no evidence has been provided to suggest that patients suffered any actual harm, the situation and working environment had the potential to impact negatively on patient care and therefore indirectly could have caused harm

due to your misconduct. Nonetheless, given the references and lack of any further concerns since these events, the chances of a repeat of this behaviour occurring again were in the opinion of the panel, so remote, that a finding of impairment is not 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 found that misconduct involving intimidation and bullying of a colleague poses a risk to professional standards and public confidence. Your misconduct involved multiple breaches of the NMC Code where you failed to treat others with kindness, fairness and professionalism, maintain effective communication and work supportively with colleagues.

The panel concluded that public confidence in the profession and professional standards would be undermined if a finding of impairment were not made in this case. It therefore determined that a finding of impairment on the grounds of public confidence and professional standards is required.

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

Sanction

The panel considered this case very carefully and decided to make a caution order for a period of 18 months. The effect of this order is that your name on the NMC register will show that you are subject to a caution order and anyone who enquires about your registration will be informed of this order.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and 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

Ms Stevens informed the panel that the NMC is seeking a suspension order for a period of 9 months. Ms Stevens submitted that this sanction is appropriate in light of the panel's findings.

Ms Stevens invited the panel to consider the following aggravating features:

- Pattern of misconduct over a period of three months
- You failed to work collaboratively with colleagues
- You deliberately used derogatory language
- The abuse of power you had over a junior member of staff

She also invited the panel to consider the following mitigating features:

- The apology you made to Witness 2/Colleague A at a late stage
- Developing insight
- Completion of relevant training courses
- Limited support and strained working environment due to the Covid-19 pandemic

Ms Stevens submitted that making no order or imposing a caution order would not be appropriate to sufficiently meet the concerns identified. She stated that you have not fully remediated and there remains a low but continuing risk of repetition.

Ms Stevens further submitted that a conditions of practice order is unlikely to be appropriate where public confidence and professional standards are the established grounds for impairment. She stated that the charge does not relate to your clinical

practice and therefore workable conditions cannot be formulated to satisfy the public confidence and address professional standards.

Ms Stevens then submitted that a suspension order for a period of 9 months is appropriate. She stated that the charge found proved involves aggressive comments and bullying towards your colleague. Ms Stevens submitted that you failed to treat your colleague with kindness, respect or compassion therefore falling short of the professional standards expected of you as a nurse. She invited the panel to consider its previous finding that you have developing insight and had not fully remediated your actions. Ms Stevens submitted that there is a risk posed to public confidence and the professional standard of nurses should a sanction not be imposed at this stage.

Ms Stevens acknowledged that you have engaged with the NMC process and you are willing to learn and correct your past actions. She stated that a period of 9 months would allow you sufficient time to make a meaningful change and invited the panel to consider a suspension order appropriate in the circumstances of this case.

The panel also had regard to Mr Lo's submissions made on your behalf. Mr Lo outlined NMC guidance SAN-1, and invited the panel to consider that sanctions should not be intended to punish the registrant. He submitted that the least restrictive sanction is proportionate in this case because you have taken the appropriate training courses in relation to the misconduct identified and produced positive testimonials which address your current professional conduct in the workplace.

Mr Lo reminded the panel that the conduct took place in a high-pressured and badly managed GP Surgery during the Covid-19 pandemic period. He submitted that you have since recognised the root causes of your behaviour and how you will manage your work going forward to ensure that these events will not occur again.

Mr Lo submitted that there have been no deep-seated attitudinal concerns found and despite the panel finding you are currently impaired, no further action is required to maintain public confidence or maintain professionalism in the workplace. He further

submitted that you have since changed workplace and have been working with colleagues effectively since 2021, with no further issues or complaints.

Mr Lo submitted that should the panel consider a sanction is necessary at this stage a caution order may be appropriate. He referred to the panel's previous decision and submitted the risk of repetition is low and remote, and that a finding of impairment has not been made on the grounds of public protection in light of this; therefore, the public has not been placed at risk as a result of your misconduct. Mr Lo submitted that a caution order is appropriate in the circumstances as you have demonstrated that you are able to practice safely and professionally since the incidents.

Mr Lo stated that should the panel be of the view that further reflection is required then a conditions of practice order may be suitable. He invited the panel to consider conditions such as keeping the NMC informed where you are working, providing your NMC case officer with updates of remediation including an updated reflective piece and training certificates in addition to creating a personal development plan. He submitted that you have engaged with the NMC process and the proposed conditions would be suitable in the circumstances of this case.

Mr Lo submitted that a suspension order is not appropriate in this case. He outlined that your misconduct took place over a period of three months and you have had no issues raised before or since the stressful Covid-19 pandemic period. Mr Lo submitted that the misconduct identified is not at a high level of seriousness where a suspension order should be considered.

Mr Lo invited the panel to consider that a caution order is appropriate having regard to the circumstances of this case.

Decision and reasons on sanction

Having found your fitness to practise is currently impaired only on the grounds of public confidence and professional standards, 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:

- Nurse practitioner in a senior position within the GP Surgery
- Intimidating and bullying behaviour, including the use of an inappropriate nickname
- A pattern of misconduct
- Failure to work collaboratively with colleagues
- Failure to fully accept the impact of your behaviour

The panel also took into account the following mitigating features:

- Developing insight
- An apology to Witness 2/Colleague A related to charge 7 schedule 7(3)
- Evidence that you have worked professionally in the same or similar role since the events in 2021, without concern
- Completion of relevant training courses over a period of 2 years
- Numerous positive testimonials
- The misconduct took place over a period of roughly 3 months
- These events occurred during the Covid-19 pandemic and the workplace was a highly pressured, frustrating and badly managed environment

The panel first considered whether to take no action and had regard to NMC guidance SAN-2a:

'Before deciding to take no further action, the Committee should carefully identify the information that supports its approach, even though they have found the professional's fitness to practise to be impaired. An example may be where the Committee has found impairment solely to uphold professional standards, but the remediation and insight shown by the professional are so

exceptional that a sanction is not necessary to uphold public confidence in the profession.'

The panel found impairment solely on the grounds of public confidence and professional standards. In your case, however, the panel did not consider you had demonstrated exceptional insight into your misconduct, despite the panel finding a low and remote risk of repetition.

The panel therefore concluded that the public interest would not be satisfied in this case if no further action was taken.

The panel next deliberated about the suitability of a caution order as against a conditions of practice order. In considering whether a caution order would be appropriate in the circumstances, the panel had regard to the NMC Guidance on 'Caution order' (Reference: SAN-2b) in which the following is set out:

'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 has determined there to be no need to protect the public and noted that you have shown developing insight into your conduct. In relation to charge 7 schedule 7(3) it noted that you made an admission to using the terms 'ron' or 'moron' when referring to Witness 2/Colleague A and apologised to her for this. The panel further noted that you have engaged with the NMC since referral, and there have been no adverse findings in relation to your practice either before or since these incidents.

The panel paid careful attention to the seriousness of the charge found proved, especially as it involved intimidation and bullying and paid heed to guidance [FTP-2a]:

'The NMC takes concerns about bullying, harassment, discrimination and victimisation very seriously. Although bullying is not included as a prohibited behaviour under the Equality Act, it can have a serious effect on workplace culture, and therefore the safety of people receiving care, if it is not dealt with.'

It considered this a somewhat atypical case in that the charge related to one other colleague covering a period of around 3 months. Further since the incidents in 2021 you have worked without any further issues and have produced a number of positive testimonials.

Notwithstanding the proven charge of bullying and intimidation, the panel nonetheless considered this case to be at the lower end of the spectrum. The panel found that despite having developing insight, the risk of repetition posed is so low and remote that it is of the view that public confidence in the profession and the professional standards would be upheld with a caution order.

The panel also had regard to the positive testimonials and training certificates you have provided.

In a reference dated 22 September 2025 provided by the current Practice Manager and Partner at your current GP Surgery who at the time was aware of the allegations made against you, wrote the following:

'...[you] treat both patients and colleagues with kindness, respect and dignity...'

'...[you] have worked collaboratively with your nursing colleagues...'

The same Practice Manager and Partner provided an updated reference on 25 March 2026 which included the following statements:

'...[You] consistently demonstrate a strong work ethic and [you are] always willing to support your colleagues. [Your] professionalism, reliability and collaborative approach make [you] a highly regarded member of staff...'

The panel had sight of 3 further references from close colleagues who knew of the concerns and who also commented with similar praise.

It noted that the testimonials positively attested to your professionalism in the workplace and acknowledged that your further training was relevant to the misconduct identified.

The panel noted that the charge found proved is in relation to comments made to one colleague and were not widespread to others within the GP Surgery. It further noted that you have since been working in a different workplace and have developed positive relationships with members of staff, and there is no evidence before it that concerns of a similar nature have been raised.

Finally, the panel considered the relevant training certificates you have provided. These demonstrated that you have prioritised training that relates specifically to the underlying regulatory concerns, the contents of which you provided more details about in your updated reflective piece:

- Understanding bullying
- The impact of bullying
- Recognising the signs [of bullying]
- How to respond [to bullying]
- Communication skills
- Prevention: building a positive respectful environment

Taking all of this into account, it is the panel's view that a caution order would be appropriate as it would send out a strong message to the profession and to the public that conduct of this nature, even at the lower end of the spectrum, is wholly unacceptable.

The panel also considered the suitability of imposing a more restrictive sanction and looked at a conditions of practice order. The panel carefully considered NMC guidance SAN-1:

'Where the Committee has found impairment to uphold public confidence and professional standards, it is unlikely that a conditions of practice order will be an appropriate sanction. This is because conditions of practice are intended to allow a professional to practise safely while they strengthen their practice. However in cases where the impairment relates only to upholding standards or public confidence, the panel has already found that there are no concerns about the professional's clinical practice. As such, conditions are unlikely to have any impact on the professional's practice or upholding public confidence and professional standards.'

The panel found that the charge found proved does not relate to your clinical practice and only relates to upholding the professional standards and public confidence in the profession.

The panel therefore concluded that no useful purpose would be served by a conditions of practice order. It is not necessary to protect the public and would not assist your return to nursing practice.

The panel further concluded that a suspension order would be disproportionate in this case. It accepts that the incidents took place over the period of 3 months during a stressful Covid-19 pandemic period in a badly managed GP Surgery. The panel further acknowledged that you have since changed workplace and are no longer working with Witness 2/Colleague A thereby decreasing further the risk that your behaviour will be repeated because you no longer work together in the same Surgery.

Having considered the totality of this case, the panel has determined that to impose a caution order for a period of 18 months would be the appropriate and proportionate response in order to mark the seriousness of your misconduct, and the public

confidence and professional standards concerns identified. The panel was satisfied that the public confidence in nurses, midwives and nursing associates could be maintained with a caution order.

For the next 18 months, your employer - or any prospective employer - will be on notice that your fitness to practise had been found to be impaired and that your practice is subject to this sanction.

At the end of this period the note on your entry in the register will be removed. However, the NMC will keep a record of the panel's finding that your fitness to practise had been found impaired. If the NMC receives a further allegation that your fitness to practise is impaired, the record of this panel's finding and decision will be made available to any practice committee that considers the further allegation.

This decision will be confirmed to you in writing.

That concludes this determination.