Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Friday 21 August 2026

Virtual Hearing

Name of Registrant:	**James Josh Hartley**
NMC PIN:	19D1554E
Part(s) of the register:	Registered Nurse – Adult (11 June 2019)
Relevant Location:	Tyne and Wear
Type of case:	Misconduct
Panel members:	Joanne Creasy (Chair, lay member) Sarah Jane Freeman (Registrant member) Beverley Blythe (Lay member)
Legal Assessor:	Ben Stephenson
Hearings Coordinator:	Yvonne Temah
Nursing and Midwifery Council:	Represented by Honor Fitzgerald, Case Presenter
Mr Hartley:	Present and represented by Alejandra Tascon, instructed by Thompson Solicitors
Order being reviewed:	Suspension order (9 months)
Fitness to practise:	Impaired
Outcome:	**Conditions of practice order (12 months) to come into effect on 30 September 2026 in accordance with Article 30 (1)**

Decision and reasons on review of the substantive order

The panel decided to replace the current suspension order with a conditions of practice order for period of 12 months.

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

This is the first review of a substantive suspension order originally imposed for a period of nine months by a Fitness to Practise Committee panel on 27 November 2025.

The current order is due to expire at the end of 30 September 2026.

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

The charges found proved by way of admission which resulted in the imposition of the substantive order were as follows:

> *'That you, a registered nurse:*
>
> *1) On or around 21 February 2020:*
>
> *a) …*
>
> *b) Filled a syringe with unprescribed saline solution and left it within the reach of Person A for self-administration.*
>
> *c) Obstructed the parents of Person A from attending to him.*
>
> *AND in light of the above, your fitness to practise is impaired by reason of your misconduct.'*

The substantive panel determined the following with regard to impairment:

‘The panel determined that limbs (a), (b) and (c) are engaged in this case. The panel determined that your actions in the past put Person A at risk of harm by enabling him to be injected with an unprescribed saline solution and subsequently failing to act in his best interests. Your actions may have caused psychological harm to Person A’s parents. It determined that your actions breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

The panel considered the factors set out in the case of Ronald Jack Cohen v General Medical Council [2008] EWHC 581 (Admin) and determined that the misconduct is such that it can be addressed. The panel had regard to the bundle of documents supplied by you and your oral evidence in determining whether you had in fact addressed your misconduct.

While the panel acknowledged your reflections, it noted that these lacked depth and you failed to recognise the gravity of the incident and through your counsel have not even recognised that your actions amount to misconduct, which demonstrates a significant shortcoming in your insight. Although you demonstrated some insight regarding the issues with your medical bag and the parents, you made no reference to the potential risk of providing Person A with a syringe or its impact on Person A. It noted your evidence that appeared to prioritise the importance of reporting the incident to your employer, rather than the importance of reporting exactly what had happened to the emergency services on the night or how you could have ensured better care for Person A, raising concerns about your ability to prioritise in situations like this.

Furthermore, the panel noted an ongoing reluctance to accept responsibility on your part. Your responses lacked substance and clarity, suggesting a circular reasoning that failed to provide any meaningful insight.

The panel noted that you would now seek guidance as to where to keep a medical bag at home and yet the position of the bag on the night of the incident was not the issue. The issue was that you took a syringe from it,

and filled it with saline in response to a vulnerable and intoxicated young man asking for drugs. While you acknowledged immaturity at the time of the incident, stating that you were previously irresponsible and had made poor lifestyle choices, you told the panel that you have matured since then. However, the panel noted that your insight did not extend to taking any personal responsibility for the proven actions. During your evidence, when asked about those impacted by your actions, you identified yourself and your friend first, which further illustrated a lack of awareness regarding the real and potential consequences for Person A, his parents and the wider implications for trust and confidence in the profession.

While the panel acknowledged the steps you have taken so far to reflect and learn from this experience, it was felt that this process is incomplete and you have not yet fully developed insight into the full impact of your actions. The panel also noted that you have been working without concern and have provided positive references.

However, the panel found that there was significant evidence to indicate attitudinal concerns on your part at the time of the incident and during the subsequent investigation. The panel accepted that while these have been addressed to some degree, your evasive and self-serving responses during your oral evidence at the hearing, rather than accepting personal responsibility for your actions, shows that such concerns have yet to be fully remediated. The panel was concerned that due to your limited insight and incomplete remediation, that in future challenging situations you would continue to put your own interests above those of others at the expense of integrity, openness and transparency.

The panel determined that there is a risk of repetition. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the

public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel was of the view that due to the seriousness of the misconduct found proved, public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore finds your fitness to practise impaired on the grounds of public interest.

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

The substantive panel determined the following with regard to sanction:

'The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*

The panel concluded that while this case involves a single instance of misconduct, it comprises a series of behaviours occurring over an extended period during one night. The panel determined that your actions were attitudinal in nature and found your insight to be superficial, failing to address the impact your actions had and could have had on Person A, his parents and the wider trust and confidence in the nursing profession. The panel found that there was a risk of repeating this behaviour. However, the

panel acknowledged that you are a competent clinician and it noted that there have been no concerns regarding your performance at work, and that the positive testimonials you have supplied do not indicate any further issues.

Considering all of these factors, the panel concluded that imposing a suspension order would mark the seriousness of your misconduct whilst allowing you the opportunity to reflect and further develop your insight and provide evidence to reassure a future panel that there is no risk of repetition of this behaviour. The panel considered that a period of suspension would be sufficient to protect patients, maintain public confidence in the nursing profession and uphold professional standards and public confidence in the regulator.

The panel was satisfied that in this case, your misconduct, whilst serious, was not fundamentally incompatible with remaining on the register should you be able to develop full insight. The panel balanced the public interest of marking the seriousness of the misconduct with a striking-off order with the effect of denying the public the services of an otherwise competent nurse. A well-informed member of the public would consider the public confidence in the profession is maintained as a suspension from the register is a significant and proportionate sanction.

The panel did go on to consider whether a striking-off order would be proportionate and seriously considered such sanction. However, taking account of all the information before it, the panel concluded that at this stage, without giving you the further opportunity to further reflect in light of the panel's findings, it would be disproportionate. It determined that it would be unduly punitive in your case to impose a striking-off order at this stage.

Taking into account all of the information before it, the panel concluded that a suspension order is appropriate and the least sanction necessary to protect the public and satisfy the public interest. Whilst the panel acknowledges that a suspension may have a punitive effect, this is

outweighed by the public protection and public interest concerns as described above.

The panel considered that this order is necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

The panel determined that a suspension order for a period of nine months was appropriate in this case to mark the seriousness of the misconduct. This will provide an adequate opportunity for you to fully develop your insight.

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

Any future panel reviewing this case would be assisted by:

- *A comprehensive written reflection on the incidents that occurred that night, detailing the impact on Person A and his parents, as well as the public's perception of the profession and its reputation.*
- *Demonstrate a clear understanding of the factors that contributed to the incident, including insight into how and why it unfolded and what alternative actions you could have taken.*
- *Your full engagement and in person participation in these proceedings.*
- *Up-to-date testimonials from your employer.'*

Decision and reasons on current impairment

Today's panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the Nursing and Midwifery Council (NMC) has defined fitness to practise as the ability of a professional on our

register to practise as a nurse, midwife or nursing associate safely and effectively without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle, and your bundle. It has taken account of the submissions made by Ms Fitzgerald on behalf of the NMC. She reminded the panel that this was the first review of a substantive suspension order and that the persuasive burden rested on you to demonstrate that your fitness to practise is no longer impaired.

Ms Fitzgerald referred the panel to the findings of the substantive panel, which found impairment on both public protection and public interest grounds. That panel considered that a future panel would be assisted by a comprehensive written reflection, including the impact of the incident on Person A and his parents, the reputation of the profession, and a clear understanding of the factors that contributed to the incident, including why it happened and what you would have done differently. They also wanted continued engagement with the regulatory process and up-to-date employer testimonials.

Ms Fitzgerald submitted that you had made considerable progress in your insight and had complied with most of the recommendations of the substantive panel. In that, you provided a detailed reflection, participated in the hearing, provided up to date testimonials and identified what you should have done differently.

However, Ms Fitzgerald considered that there remained some gaps in your insight, particularly as you did not appear to accept having contact with Person A's parents that night. She submitted that this is potentially indicative of some minimisation of responsibility. Ms Fitzgerald also submitted that you had not fully explained what contributed to your actions beyond [PRIVATE].

Ms Fitzgerald accepted that you had been unable to demonstrate safe nursing practice because of the suspension, although you have worked as a Community Wellbeing Officer without reported concerns.

Ms Fitzgerald submitted that you may remain impaired because further insight was required. If impairment remained, she submitted that an extension of the suspension order as the most appropriate sanction. Given the non-clinical nature of the concerns, conditions of practice would be considered difficult to formulate, while a strike-off would be considered potentially unduly punitive given your developing insight and remorse.

The panel also had regard to submissions from your representative Ms Tascon. She submitted that you have now developed significant insight and taken meaningful steps to remediate your misconduct, such that a finding of ongoing impairment was no longer necessary.

Ms Tascon submitted that your reflective statement demonstrated an understanding of what happened, the factors contributing to the incident, the vulnerabilities of Person A, [PRIVATE], the seriousness of your conduct and what you would do differently in future. She submitted that this showed a clear understanding of where your behaviour fell short of the NMC Code and reduced the risk of repetition to a minimal level.

Ms Tascon submitted that you have used your suspension productively, undertaking reflection, CPD and working as a Community Wellbeing Officer, where you have gained further experience of safeguarding, vulnerable adults and professional responsibility. The positive employer and independent service user feedback demonstrates that you are professional, empathetic and well regarded by service users and colleagues.

Ms Tascon submitted that you accepted responsibility for your actions and that your comments regarding Person A's parents reflected a lack of recollection rather than an attempt to minimise responsibility.

Ms Tascon submitted that you have addressed the concerns identified by the substantive panel and that a finding of impairment was no longer necessary. She invited the panel to allow the suspension order to lapse.

In the alternative, if impairment remained, Ms Tascon submitted that any residual risk could be managed by a conditions of practice order, and that a further suspension would be disproportionate given the progress you have made.

When asked about the training you had undertaken and how you selected it, you explained that you selected the training relevant to your current role in adult social care, including safeguarding, mental capacity and the Care Act, but you had also considered how this learning could support your return to nursing and develop your understanding of vulnerability and professional responsibility.

The panel also asked about the employment reference and Healthwatch feedback you provided. You explained that the reference was provided by your team manager and that the Healthwatch feedback was independent feedback from service users. You said you submitted the feedback you had received rather than selecting only favourable comments.

In relation to preventing a recurrence, you identified the importance of [PRIVATE], continued reflection, being open and honest, and seeking advice when unsure. You recognised the importance of involving the appropriate people and not minimising concerns.

The panel also explored how you would maintain professional boundaries. You explained that you now understood the importance of keeping your personal and professional life separate, maintaining appropriate boundaries with patients and colleagues and ensuring that personal relationships or emotions did not interfere with your professional responsibilities. You emphasised that your focus must remain on the patient or service user and their best interests.

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

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

The panel considered whether your fitness to practise remains impaired.

The panel noted that the substantive panel found that you had limited insight, incomplete remediation and an ongoing reluctance to accept responsibility, particularly in relation to your conduct following the incident.

Today's panel considered whether you had demonstrated sufficient insight, strengthened practice and remediation since the substantive hearing. It noted that you had engaged with these proceedings, attended the hearing and provided detailed reflective statement and training certificates in your bundle. Although it recognised that you had developed insight, matured and undertaken some remediation, there remained concerns about your ability to demonstrate safe and effective nursing practice following the significant period away from nursing.

The panel noted that your current role in adult social care had provided relevant experience working directly with the public. However, it did not provide direct evidence of your ability to practise as a registered nurse, particularly given your limited experience as a nurse at the time of the incident.

The panel therefore considered that the concerns identified by the previous panel had not yet been fully addressed to the extent that a finding of current impairment could be removed.

In its consideration of whether you have taken steps to strengthen your practice, the panel noted that you had undertaken some training, submitted a detailed reflection on the incident and developing your understanding of the factors that contributed to your behaviour and how you should have acted differently.

The panel also noted your work in adult social care, where you have gained further experience of working with vulnerable adults, safeguarding, risk assessment and reflective practice. It considered that these steps demonstrated developing insight and meaningful remediation, although they did not provide direct evidence of your ability to return to nursing practice safely and effectively.

The substantive panel determined that you were liable to repeat matters of the kind found proved.

Today's panel has received your reflective statement, training certificates and feedback from the service users and testimonials from your current employer. The panel noted that the evidential burden is upon you to persuade it that your fitness to practice is no longer currently impaired. The panel decided that you have not discharged that burden and there is insufficient evidence that you can now practise safely and effectively as a nurse without restriction.

This panel determined that you present a low risk of repetition to repeat matters of the kind found proved. The panel assessed there is risk associated with patient safety due to the period of time you have been out of nursing practice compounded by the fact that you were relatively newly qualified when the incident occurred. The panel therefore decided that a finding of continuing impairment is necessary on the ground of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on the public interest ground is also required.

For these reasons, the panel finds that your fitness to practise remains impaired.

Decision and reasons on sanction

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

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where '*the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'* The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel considered substituting the current suspension order with a conditions of practice order. Despite the seriousness of your misconduct, there has been evidence produced to show that you have developed insight and demonstrated remorse. Furthermore, this would allow you to return to nursing in a supported environment, while providing an opportunity to further develop your insight, maintain your professional skills and demonstrate safe practice.

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

The panel did not consider a further suspension order to be proportionate, given the progress you have made, the significant period since the incident and the fact that continued suspension would prevent you from demonstrating your ability to practise safely.

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

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

1. You must limit your nursing practice to one employer and not undertake any agency work or independent practice.

2. You must ensure that you are indirectly supervised any time you are working. Your supervision must consist of working at all times on the same shift as, but not always directly observed by, another registered nurse.

3. You must provide evidence of monthly clinical supervision discussions with your supervisor to your case officer every three months.

4. You must work with your supervisor to create a personal development plan (PDP) which must be shared with your case officer within two months of commencing employment. Your PDP must demonstrate your safe reintroduction to practice.

5. You must provide evidence that you have undertaken training around professionalism, ethics and effective communication and support this with a written reflection on your learning prior to your next review.

6. You must obtain a report from your supervisor every three months regarding your professional practice which should be shared with your case officer.

7. You must keep us informed about anywhere you are working by:
    a) Telling your case officer within seven days of accepting or leaving any employment.
    b) Giving your case officer your employer's contact details.

8. You must immediately give a copy of these conditions to:
    a) Any organisation or person you work for.
    b) Any employers you apply to for work (at the time of application).

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

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

The period of this order is for 12 months.

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

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

This will be confirmed to you in writing.

That concludes this determination.