Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Meeting
Monday, 17 August 2026

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

Name of Registrant:	**Michelle Louise Tanner**
NMC PIN:	18B0222E
Part(s) of the register:	Registered Midwife - 13 June 2018
Relevant Location:	Surrey
Type of case:	Misconduct
Panel members:	Geraldine O'Hare (Chair, Lay member) Michelle Wells-Braithwaite (Registrant member) Raj Chauhan (Lay member)
Legal Assessor:	Nigel Ingram
Hearings Coordinator:	Priyam Jain
Order being reviewed:	Suspension order (12 months)
Fitness to practise:	Impaired
Outcome:	**Striking-Off order to come into effect on 22 September 2026 in accordance with Article 30 (1)**

Decision and reasons on service of Notice of Meeting

The panel noted at the start of this meeting that the Notice of Meeting had been sent to Mrs Tanner's registered email address by secure email on 17 June 2026.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the review and that the review meeting would be held no sooner than 10 August 2026, inviting Mrs Tanner to provide any written evidence seven days before this date.

In the light of all of the information available, the panel was satisfied that Mrs Tanner has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (as amended) (the Rules).

Decision and reasons on review of the current order

The panel decided to impose a striking-off order. This order will come into effect at the end of 22 September 2026 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is the first review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 21 August 2025.

The current order is due to expire at the end of 22 September 2026.

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

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

'That you, a registered midwife

1) *On 15 October 2023,*
    a) *In relation to Colleague 1, accessed private and confidential medical records with no clinical justification to do so.*
    b) *Searched medical record for names of midwives you worked with when you had no clinical justification to do this.*

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

The original panel determined the following with regard to impairment:

'The panel was of the view that Mrs Tanner's actions did fall significantly short of the standards expected of a registered midwife, and that her actions amounted to a breach of the Code. The panel determined the following sections of the Code to be engaged:

***'5 Respect people's right to privacy and confidentiality**.*
To achieve this, you must:
***5.1** respect a person's right to privacy in all aspects of their care.*
***5.2** make sure that people are informed about how and why information is used*
and shared by those who will be providing care.
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.*
***20.8** act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to.*
***20.10** use all forms of spoken, written and digital communication (including social*
media and networking sites) responsibly, respecting the right to privacy of others
at all times.'

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 Mrs Tanner's actions amounted to serious misconduct. Her repeated failures to promote professionalism and trust represented a serious departure from the standards expected of a registered midwife.

The panel considered Mrs Tanner's actions of viewing Colleague 1's records that contained sensitive social history and becoming aware of her pregnancy was a breach professional boundaries. The panel determined that Mrs Tanner had abused her position as a professional breached the trust placed in her as professional.

The panel determined that accessing clinical records without the necessary authority or clinical justification to do so has the potential to create a risk of harm to patients. Patients may be less likely to seek care and treatment if they are concerned that their personal clinical information would not remain confidential. Therefore, Mrs Tanner's actions have the potential to undermine the confidence placed in the profession. Members of the public have to be confident that their private and personal information is only accessed when it is clinically needed to be.

The panel found that Mrs Tanner's actions did fall seriously short of the conduct and standards expected of a midwife and amounted to misconduct.

The panel determined that Mrs Tanner was in a privileged position of trust and had no clinical justification to access the records of Colleague 1 and other midwives who worked at her workplace. The panel determined that Colleague 1 was also a patient and was entitled to have trust and confidence that her private clinical records would not be accessed by those not involved in her clinical care. The panel determined that
there is a consequent risk that breaches of confidentiality and professional boundaries can create a risk of harm to patients.

The panel finds that patients were put at risk as a result of Mrs Tanner's misconduct. Mrs Tanner's misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

Regarding insight, the panel determined that it has not been provided with any evidence of insight from Mrs Tanner, how her actions put the patients at a risk of harm, shown any understanding of what she did was wrong and how this impacted negatively on the reputation of the midwifery profession.

The panel was satisfied that the misconduct in this case is capable of being addressed. The panel therefore carefully considered the evidence before it in determining whether or not Mrs Tanner has taken steps to strengthen her practice. The panel was of the view that it had no evidence before it of any relevant training undertaken or reflective piece written by Mrs Tanner, furthermore her employment status is unknown. The panel determined that there is a risk of repetition. It therefore concluded that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that members of the public would find Mrs Tanner's actions to be deplorable if it were to learn that a midwife not involved in a colleague and patients' care can access private clinical records and go into notes containing information not known to the wider team. The panel concluded that failing to mark such misconduct with a finding of impairment would undermine public confidence in the profession and the NMC as its regulator. The panel, therefore, concluded that a finding of impairment was also in the wider public interest.

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

The original panel determined the following with regard to sanction:

‘The panel took into account the following aggravating features:

- *Mrs Tanner’s lack of insight*
- *Mrs Tanner’s abuse of position of trust through her unauthorised access of highly sensitive patient data without justification*

The panel could not identify any mitigating features.

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 misconduct in this case, and the public protection issues identified, an order that does not restrict Mrs Tanner’s 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 and the panel wishes to mark that the behaviour was unacceptable and must not happen again.’ The panel considered that Mrs Tanner’s 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 next considered whether placing conditions of practice on Mrs Tanner’s registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife’s practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*

- *The nurse or midwife has insight into any health problems and is prepared to agree to abide by conditions on medical condition, treatment and supervision;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel is of the view that there are no practical or workable conditions that could be formulated, given the concerns highlighted by Mrs Tanner's misconduct in this case. Furthermore, the panel concluded that the placing of conditions on Mrs Tanner's registration would not adequately address the seriousness of this case and would not protect the public.

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;*
- *In cases where the only issue relates to the nurse or midwife's health, there is a risk to patient safety if they were allowed to continue to practise even with conditions; and*
- *In cases where the only issue relates to the nurse or midwife's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.*

The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register. The panel was of the view that Mrs Tanner's actions was a single act involving a course of conduct accessing multiple colleagues' clinical patient records. The panel determined that Mrs Tanner's actions were serious in nature and warrants the imposition of a suspension order.

The panel did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, the panel concluded that it would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Mrs Tanner's case to impose a striking-off order.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.

The panel noted the potential hardship such an order may inevitably cause Mrs Tanner. However, the panel determined that this is outweighed by the public interest in this case.

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

The panel determined that a suspension order for a period of 12 months with review was appropriate in this case to mark the seriousness of the misconduct in this case.

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:

- *Mrs Tanner's reflective piece*

- *Mrs Tanner's engagement with the NMC*
- *Mrs Tanner's evidence of General Data Protection Regulation (GDPR) training.'*

Decision and reasons on current impairment

The panel has considered carefully whether Mrs Tanner's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the 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.

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 Mrs Tanner's fitness to practise remains impaired.

The panel took into account the findings of the previous panel and considered whether there had been any material change in circumstances since the substantive meeting. The panel noted that the previous panel found Mrs Tanner's fitness to practise impaired on both public protection and public interest grounds. The previous panel determined that Mrs Tanner had demonstrated no insight into her misconduct, had provided no evidence of relevant training or reflection and that there remained a risk of repetition.

The panel noted that the previous panel considered Mrs Tanner's misconduct to be capable of remediation and imposed a suspension order for a period of 12 months. The previous panel indicated that a future reviewing panel would be assisted by a reflective piece from Mrs Tanner, her engagement with the NMC and evidence of GDPR training.

The panel took into account that it had received no reflective piece from Mrs Tanner demonstrating that she had developed insight into the seriousness of her misconduct or its impact on patients, colleagues, the profession and the wider public. The panel also had no evidence before it that Mrs Tanner had undertaken the GDPR training suggested by the previous panel or any other relevant training to address the concerns identified.

The panel acknowledged Mrs Tanner's previous indication that she did not intend to continue working in the United Kingdom. The panel determined that it had received no further evidence of meaningful engagement with the NMC or any evidence demonstrating that Mrs Tanner had taken steps to reflect upon and remediate the misconduct found proved.

The panel determined that Mrs Tanner had been afforded a period of 12 months to demonstrate insight, reflection and remediation. In the absence of any evidence that she had taken such steps, the panel was unable to conclude that the concerns identified by the previous panel had been addressed or that Mrs Tanner had strengthened her practice and developed sufficient insight.

The panel therefore determined that there remained a risk of repetition. The panel considered that Mrs Tanner had not demonstrated an understanding of the seriousness of accessing confidential clinical records without clinical justification or taken steps to address the failures which resulted in the original finding of misconduct. The panel consequently determined that there remained a risk to the public if Mrs Tanner were permitted to return to unrestricted practice.

The panel therefore determined that Mrs Tanner's fitness to practise remains impaired on public protection grounds.

The panel also considered the wider public interest. The panel noted the serious nature of the misconduct, which involved Mrs Tanner accessing confidential clinical records of colleagues without clinical justification while occupying a privileged position of trust. The panel considered that maintaining confidentiality and respecting the privacy of patients and colleagues are fundamental professional obligations and that members of the public are entitled to expect registered professionals to safeguard confidential information.

The panel determined that there was no evidence of developing insight, reflection or remediation since the previous panel's decision. In these circumstances, the panel

determined that a finding that Mrs Tanner's fitness to practise was no longer impaired would undermine public confidence in the midwifery profession and in the NMC as its regulator and would fail to uphold proper professional standards.

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 midwifery profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

The panel therefore determined that Mrs Tanner's fitness to practise remains impaired on both public protection and public interest grounds.

For these reasons, the panel finds that Mrs Tanner's fitness to practise remains impaired.

Decision and reasons on sanction

Having found Mrs Tanner's 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 taking no further action. The panel determined that this would be inappropriate given the seriousness of the misconduct, the continuing risk of repetition and it's finding that Mrs Tanner's fitness to practise remains impaired on both public protection and public interest grounds.

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 Mrs Tanner's 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 Mrs Tanner's 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 next considered whether a conditions of practice on Mrs Tanner's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel bore in mind the seriousness of the facts found proved at the original meeting and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel considered that the concerns related to Mrs Tanner's conduct, insight and adherence to fundamental professional obligations concerning confidentiality, rather than an identifiable area of clinical practice which could appropriately be addressed through conditions. The panel was therefore not able to formulate conditions of practice that would adequately address the concerns relating to Mrs Tanner's misconduct.

The panel next considered imposing a further suspension order. The panel noted that Mrs Tanner has not shown remorse for her misconduct. Further, Mrs Tanner has not demonstrated any insight into her previous failings. The panel was of the view that considerable evidence would be required to show that Mrs Tanner no longer posed a risk to the public.

The panel determined that Mrs Tanner has not addressed the concerns identified by the previous panel since the original hearing. However, there was no reflective piece before the panel, no evidence of relevant GDPR training and no evidence demonstrating that Mrs Tanner had developed insight or taken steps to remediate the misconduct. The panel considered that there was no evidence before it to indicate that a further period of suspension would result in Mrs Tanner addressing the outstanding concerns or facilitate a safe return to unrestricted practice.

The panel determined that a further period of suspension would not serve any useful purpose in all of the circumstances. The panel determined that it was necessary to take action to prevent Mrs Tanner from practising in the future and concluded that the only sanction that would adequately protect the public and serve the public interest was a striking-off order.

The panel then considered a striking-off order. The panel was mindful that the previous panel had considered striking off but determined that it would have been disproportionate at that stage. The previous panel instead afforded Mrs Tanner an opportunity, through a 12-month suspension order, to demonstrate insight and remediation.

The panel considered that the position was now different. Mrs Tanner had been afforded that opportunity, but there was no evidence before the panel that she had engaged with the steps identified by the previous panel. There remained no evidence of insight, reflection, remediation or relevant training, and the panel had determined that there continued to be a risk of repetition.

The panel considered that, in these circumstances, there was no evidence to demonstrate that Mrs Tanner was likely to return to safe and unrestricted practice within a reasonable period of time. The panel therefore consequently determined that the professional should be removed from the register.

The panel therefore determined that a striking-off order was the appropriate and proportionate sanction. The panel considered that this was necessary to protect the public, maintain public confidence in the profession and the NMC as its regulator, and declare and uphold proper professional standards.

This striking-off order will take effect upon the expiry of the current suspension order, namely the end of 22 September 2026 in accordance with Article 30(1).

The panel therefore directs the registrar to strike Mrs Tanner's name off the register upon the expiry of the current suspension order.

This decision will be confirmed to Mrs Tanner in writing.

That concludes this determination.