Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Thursday, 6 August 2026

Virtual Meeting

Name of Registrant:	**Asha Thomas Thoppram**
NMC PIN:	05C0768O
Part(s) of the register:	Nursing, Sub part 1 RN 1, Registered Nurse – Adult 30 March 2005
Relevant Location:	Derbyshire
Type of case:	Conviction
Panel members:	Penelope Titterington (Chair, Lay member) Janet Fitzpatrick (Registrant member) Dora Waitt (Lay member)
Legal Assessor:	Oliver Wise
Hearings Coordinator:	Khatra Ibrahim
Facts proved:	Charge 1
Facts not proved:	N/A
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Ms Thoppram's registered email address by secure email on 29 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 allegation, the time, date and the fact that this meeting was heard virtually.

In light of all of the information available, the panel was satisfied that Ms Thoppram 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).

Details of charge

That you, a registered nurse:

1. On 16 July 2025 were convicted of:
Common assault, contrary to s.39 of the Criminal Justice Act 1988.

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

Background

Ms Thoppram was referred to the NMC on 20 January 2025 by Jibin Mathew (Mr Mathew), who was the Manager of Elderflower Nursing and Residential Home (the Home). Ms Thoppram was the nurse in charge and on the night shift of 24 November 2024 – 25 November 2024, Ms Thoppram was witnessed shouting and striking Resident A's leg with a mop, and Resident A was visibly distressed.

The Home conducted an internal investigation, and the matter was referred to the Police. Following a disciplinary hearing at the Home, Ms Thoppram was dismissed for gross misconduct. Ms Thoppram was charged with common assault, and pleaded guilty on 16 July 2025.

Decision and reasons on facts

The charge concerns Ms Thoppram's conviction and, having been provided with a copy of the certificate of conviction, the panel finds that the facts are found proved in accordance with Rule 31(2) and (3). These state:

*'**31.**— (2) Where a registrant has been convicted of a criminal offence—*

(a) a copy of the certificate of conviction, certified by a competent officer of a Court in the United Kingdom (or, in Scotland, an extract conviction) shall be conclusive proof of the conviction; and

(b) the findings of fact upon which the conviction is based shall be admissible as proof of those facts.

(3) The only evidence which may be adduced by the registrant in rebuttal of a conviction certified or extracted in accordance with paragraph (2)(a) is evidence for the purpose of proving that she is not the person referred to in the certificate or extract.'

Fitness to practise

The panel next considered whether, on the basis of the facts found proved, Ms Thoppram's fitness to practise is currently impaired by reason of her convictions. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

Representations on impairment

Neither the NMC nor Ms Thoppram provided any submissions to the panel.

The panel accepted the advice of the legal assessor, who referred the panel to the case of *CHRE v NMC and Grant.*

Decision and reasons on impairment

The panel next went on to decide if as a result of the conviction, Ms Thoppram's fitness to practise is currently impaired.

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

> *'Being fit to practise is not defined in our legislation but for us it means that a professional on our register can practise as a nurse midwife or nursing associate safely and effectively without restriction.'*

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. 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. At 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.'*

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

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

a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or

b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or

c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or

d) …'

The panel finds limbs a – c of the *Grant* test engaged. The panel found that the resident was harmed and put at risk of harm, Resident A was subjected to physical force and was distressed as a result. Ms Thoppram has received a criminal conviction for physically assaulting a particularly vulnerable patient in her care. The panel was in no doubt that this breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute and would undermine public confidence in the profession.

The panel considered the NMC guidance on '*criminal convictions and cautions*' (FTP-2c) and determined that Ms Thoppram's conviction raised fundamental concerns about her ability to uphold the standards and values set out in the Code.

The panel went on to consider insight. It noted that Ms Thoppram has indicated some understanding as part of the disciplinary process as to why her conduct was wrong, but she has not provided any response to the concerns and there is very limited evidence that she has demonstrated insight or remorse. The panel considered that Ms Thoppram has not demonstrated sufficient reflection on why the offence took place, and therefore how

she would avoid any repetition. Consequently, the panel concluded that Ms Thoppram has failed to demonstrate sufficient insight. Additionally, the panel considered that it has no evidence that Ms Thoppram has taken any steps to strengthen her practice. In light of this, the panel was of the view that there is a risk of repetition, and in turn, a risk of harm to residents and patients. The panel therefore determined that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect the wider public interest, which 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, in this case, a finding of impairment on public interest grounds is required. The panel concluded that nurses are in a position of trust, and that if a member of the public would lose faith in the nursing profession and the NMC as its regulator, if a finding of current impairment was not made in the case of a nurse receiving a criminal conviction for assaulting a vulnerable resident.

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

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Ms Thoppram off the register. The effect of this order is that the NMC register will show that Ms Thoppram has been struck off the register.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC.

The panel accepted the advice of the legal assessor.

Representations on sanction

Neither the NMC nor Ms Thoppram provided any submissions in relation to sanction.

Decisions and reasons on sanction

Having found Ms Thoppram's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. 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 panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- A vulnerable patient was harmed;
- Lack of insight; and
- Lack of remorse.

The panel has taken into consideration that Ms Thoppram pleaded guilty, and made admissions during the Home's disciplinary process.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case and the public protection risk identified. 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 risk identified, an order that does not restrict Ms Thoppram'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 Ms Thoppram's misconduct was not at the lower end of the spectrum and that a caution order 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 impose a caution order.

The panel next considered whether placing conditions of practice on Ms Thoppram's registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated to protect the public, given the nature of the charge in this case. Furthermore, the panel concluded that the placing of conditions on Ms Thoppram's registration would not adequately address the seriousness of this case and would not protect the public. The panel determined that only temporary or permanent removal from the register would protect the public in this case, as there is a risk of repetition and therefore harm to residents and/or patients.

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

- *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 had regard to the fact that Ms Thoppram has not made any representations in relation to the concerns and had only shown very limited insight, and had not demonstrated any reflection, remorse, or strengthening of practice. The panel noted that Ms Thoppram applied for an Agreed Removal from the register, but this was refused by the Assistant Registrar on 14 July 2025.

The panel considered that although this was a single incident, this offending was fundamentally at odds with the tenets of nursing as a caring profession. Resident A was particularly vulnerable and Ms Thoppram reacting to him with the use of physical force indicates an attitude that has no place in the profession. In the absence of accompanying reflection and remorse in the last two years, the panel concluded that Ms Thoppram has demonstrated an attitudinal issue, that at this stage, is unlikely to be remediable.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*
- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

In the panel's judgement, striking off is the only sanction which will be sufficient to protect patients and maintain professional standards, for the reasons set out above. The panel considered that this order was 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.

This will be confirmed to Ms Thoppram in writing.

Interim order

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

The panel accepted the advice of the legal assessor, who referred the panel to the guidance headed '*Decision making factors for interim orders'.*

Representations on interim order

Neither the NMC nor Ms Thoppram provided any submissions in relation to an interim order.

Decision and reasons on interim order

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

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months in order to protect the public and maintain the public's trust and confidence in the profession during the 28-day appeal period.

If no appeal is made, then the interim suspension order will be replaced by the striking off order 28 days after Ms Thoppram is sent the decision of this meeting in writing.

That concludes this determination.