

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

**Substantive Hearing  
Monday, 20 October 2025 – Friday, 24 October 2025  
Thursday, 5 February 2026 – Friday, 6 February 2026**

Virtual Hearing

<b>Name of Registrant:</b>	<b>Olivia Phillips</b>
<b>NMC PIN:</b>	18E0233E
<b>Part(s) of the register:</b>	Nurses part of the register Sub part 1 RNA: Adult nurse, level 1 (26 September 2019)
<b>Relevant Location:</b>	England
<b>Type of case:</b>	Misconduct
<b>Panel members:</b>	Graham Gardner (Chair, Lay member) Hazel Walsh (Registrant member) Kitty Grant (Lay member)
<b>Legal Assessor:</b>	Hala Helmi
<b>Hearings Coordinator:</b>	Hazel Ahmet
<b>Nursing and Midwifery Council:</b>	Represented by Leesha Whawell, (20 – 24 October 2026) Case Presenter  Mohsin Malik (5 – 6 February 2026) Case Presenter
<b>Ms Phillips:</b>	Present and represented by Mr Geering, counsel instructed by MDDUS
<b>Facts proved:</b>	Charges 1a, 1b, 2
<b>Facts not proved:</b>	N/A
<b>Fitness to practise:</b>	Impaired

**Sanction:**

Suspension Order (6 months)

**Interim order:**

No order

## **Details of charge**

That you, a Registered Nurse:

- 1) Whilst employed at Spencer Street Surgery between February and April 2024:
  - a) did not carry out Diabetic Foot Assessments (“DFA”) adequately or at all in respect of one or more of the patients set out in Schedule 1:
  - b) Recorded that DFAs had been completed in respect of one or more of the patients set out in Schedule 1 when they had not;
- 2) Your conduct at charge 1 (b) was dishonest in that you sought to mislead others that you had undertaken appropriate DFAs when you had not done so.

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

### **Schedule 1**

- i. Patient A
- ii. Patient B
- iii. Patient D
- iv. Patient E
- v. Patient G
- vi. Patient H
- vii. Patient J
- viii. Patient L
- ix. Patient M
- x. Patient N
- xi. Patient O

- xii. Patient P
- xiii. Patient Q
- xiv. Patient R
- xv. Patient S

### **Decision and reasons on application to admit hearsay evidence**

The panel heard an application made by Ms Whawell under Rule 31. The first aspect of the application was for hearsay evidence to be admitted in the form of 19 separate telephone call transcripts with patients, who were contacted by Nurse 1 and Witness 2, in the week following 16 April 2024. The second aspect relates to a conversation held between Patient A and Witness 2 surrounding his visit to Spencer Street surgery for a diabetic foot examination by the registrant on the 19 March 2024.

Neither Nurse 1 nor Patient A attended this hearing.

Ms Whawell submitted that these documented conversations are relevant and fair to go before the panel in this case. Ms Whawell submitted that the evidence is not sole and decisive due to your admissions to Charge 1a and 1b, and also, this evidence can be challenged through other witnesses who will be present to give live evidence. Ms Whawell submitted that the evidence is clearly relevant as it goes to the “*heart*” of this case; they are conversations with patients about their diabetic consultations, relevant to Charge 1 and as a consequence, relevant to Charge 2; the dishonesty matter.

Ms Whawell noted that you have admitted to Charges 1a and 1b and noted that this is an important consideration in relation to this hearsay application. The panel must consider whether it is fair to admit the hearsay of patients confirming they did not have foot checks conducted during their assessments. Overall, Ms Whawell submitted that it would be fair for this hearsay application to be accepted, given the principles as set out in *Thorneycroft v Nursing and Midwifery Council* [2014] EWHC 1565 (Admin).

Mr Geering on your behalf, submitted that he did not oppose the application for the hearsay evidence. He submitted that it is fair for this evidence to be put before the panel.

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 '*relevant and fair*', 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 the telephone conversation records of Nurse 1 and Witness 2 and conversations with Patient A, serious consideration.

In these circumstances, the panel came to the view that it would be relevant and fair to accept this hearsay evidence to be placed before them. The panel noted that this evidence is not the sole and decisive evidence due to your admissions for Charges 1a and 1b. The panel highlighted that the evidence as applied for is not the sole evidence in this case as there are other witnesses who can corroborate what the hearsay evidence, as applied for, presents. The panel further noted that this evidence is not inherently challenged as you have admitted to Charge 1 in its entirety. Furthermore, there is no evidence that this material has been fabricated, although the panel did note that they would have preferred to have known the identity of the person who had undertaken the transcription of the phone calls.

Consequently, the panel determined that it would be relevant and fair to all parties, to place the evidence as applied for, before the panel for its consideration.

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

Mr Geering made a request that this case be held partly in private on the basis that proper exploration of your case involves matters relating to [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Whawell indicated that she did not oppose the application to the extent that any reference [PRIVATE] 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 [PRIVATE] as and when such issues are raised in order to protect your privacy.

**NMC's application to adduce the supplementary witness statement and exhibit provided by Witness 2**

Ms Whawell submitted that a further witness statement provided and signed by Witness 2 on 20 October 2025 should be placed before the panel. She submitted that it would be fair and relevant to also introduce a further exhibit which was the online course materials for the Foot Risk Awareness and Management Education (FRAME) Diabetes Foot Screening. Ms Whawell noted that you have admitted Charge 1 in its entirety, but said that in your witness statement, your admission is only a qualified admission, as you are only now claiming to understand the fact that you should have undertaken a physical foot examination every time you were completing a Diabetic Foot Assessment on each patient. Therefore, your new statement suggests that at the relevant time, you were unaware of the need to check your patients' feet physically. Previously, reference to a web page, with no further material provided to the panel had been contained within the evidence. The NMC therefore invite the panel to explore this issue relating to your state of knowledge through the newly introduced material in the form of Witness 2's evidence and the exhibit including the FRAME Diabetes Foot Assessment.

Ms Whawell submitted that the responsibilities of your role, and the importance of foot checks, what medical problems may be observed by conducting physical checks, and how to go about such checks, are all important factors which the NMC say you would have, having received FRAME training, known you were responsible for at the relevant time. Ms Whawell submitted that although the material introduced within the exhibit was served late; it has now been served and is relevant and fair to go before the panel; it is fundamental and relevant to the allegations made in Charge 1 in this case.

Mr Geering submitted that he did not object to the statement of Witness 2 being admitted before the panel but did object to the 40 pages of training material which was also proposed.

Mr Geering submitted that this exhibit was served at an extraordinarily late stage. He highlighted that this case has been through a number of different reviews, with a considerable amount of time having passed, until the NMC had updated you and your counsel that this new exhibit would be introduced and relied upon.

Mr Geering submitted that there is an expectation of the NMC to serve its case at least 28 days in advance of a hearing, which is only fair. He submitted further that the application to submit this exhibit was unfair, having only been introduced a matter of hours before the hearing was due to begin.

Mr Geering submitted that you had made clear to the NMC that you did not understand the diabetic training provided to you as it was inadequate and did not feel confident when seeing diabetic patients. You were not a diabetic nurse and were not observed conducting diabetic foot assessments. He said that training in respect of foot care is only relevant and can only be fairly adduced if it reflects the training received at the time. He stated that the new exhibit of the training programme being introduced today, and the front sheet of the information about the training which was the original exhibit to Witness 2's statement, show on the face of it, some differences.

Consequently, Mr Geering submitted that it cannot possibly be fair for a registrant in these proceedings, on the second day of the hearing, to give evidence and turn their mind back to what training they had received in 2022. He submitted that this would be unfair and should not be admitted.

In response, Ms Whawell noted that you had not within your original responses stated that you 'now' recognise you should have undertaken patient physical foot assessments. This is a statement which was only made by you recently.

**Panel's decision on admitting the supplementary witness statement and exhibit provided by Witness 2**

The panel determined that it would agree to the supplementary witness statement of Witness 2 being placed before it as this material is fair, relevant and uncontested.

The panel also considered that the exhibit containing the FRAME Diabetic Foot Screening Document, is highly relevant, and also fair to be adduced.

The panel acknowledged the fact that the NMC had had ample time to produce and provide this information to you but noted the exhibit was only provided at a very late stage of this hearing; this is not ideal. The panel further noted the disparity in the two documents from the one originally disclosed, and the one delivered to the panel on the morning of 21 October 2025. However, it concluded that on the balance of probabilities, any differences on the face of the two exhibits did not suggest that the course contents were substantially different and therefore, it would be fair to admit this.

Consequently, the panel considered in view of public protection and in the wider public interest that it would be fair to also admit the exhibit including the FRAME Diabetic Foot Screening Training.

**Background**

You were originally referred to the NMC on 26 April 2024 by Spencer Street Surgery ('the Surgery') where you had worked as a Practice Nurse, having started your role on 22 November 2022. The misconduct alleged in this case, is that you failed to undertake diabetic foot assessments on 15 different patients, over a period of two months, yet that you recorded in the patients' clinical records that you *had* undertaken the diabetic foot assessments.

### **Decision and reasons on facts**

The panel heard from Mr Geering, who informed it that you made full admissions to Charges 1a and 1b. The panel therefore finds these charges proved in their entirety, by way of your admissions. You however did not make any admissions on whether or not this resulted in an impairment to your ability to practice safely.

In reaching its decisions on the disputed facts, namely Charge 2, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Ms Whawell on behalf of the NMC and by Mr Geering 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:

- Witness 1: Managing Partner of Spencer Street Surgery.
- Witness 2: Practice Nurse Manager at Spencer Street Surgery.

The panel also heard live evidence from you under oath. You also provided a written witness statement and a bundle including testimonials.

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 you.

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

**Charge 1a)** Whilst employed at Spencer Street Surgery between February and April 2024 [...] Did not carry out Diabetic Foot Assessments (“DFA”) adequately or at all in respect of one or more of the patients set out in Schedule 1.

**This charge is found proved by way of your admission.**

**Charge 1b)** Whilst employed at Spencer Street Surgery between February and April 2024 [...] Recorded that DFAs had been completed in respect of one or more of the patients set out in Schedule 1 when they had not.

**This charge is found proved by way of your admission.**

**Charge 2)** Your conduct at charge 1 (b) was dishonest in that you sought to mislead others that you had undertaken appropriate DFAs when you had not done so.

**The panel determined that your actions at Charge 1b were dishonest and therefore find Charge 2 proved.**

The panel were mindful of the legal advice that it received, taking into account the following cases: *Lavis v NMC* [2014] EWHC 4083 (Admin) and *Ivey v Genting Casinos* [2017] UKSC 67.

The panel initially considered the contextual factors surrounding Charge 2.

[PRIVATE].

The panel also took into account your good character in relation to your credibility and the likelihood of you acting dishonestly as alleged.

The panel was of the view that despite some evidence to the contrary, at the time of the alleged events, it is very likely that you did feel marginalised and unsupported by some work colleagues. You did state that you had a good relationship with the administration and doctor teams, but less so with the immediate nursing team; you felt bullied and isolated. The panel also determined that you felt you had a poor relationship with your immediate line manager: Witness 2.

The panel then went on to consider the evidence before it.

The panel accepted submissions surrounding hearsay evidence, specifically the 15 telephone transcriptions and evidence from Nurse 1 and Patient A. This evidence was not disputed to any degree, and the panel afforded it a level of weight. Much as the panel did not hear a great deal of evidence surrounding the securing of the transcriptions, it was satisfied that they had been conducted in a consistent and methodical manner. The panel also took into account that the evidence of Nurse 1 and Patient A was hearsay, however, was clear enough to be provided with some weight.

The panel also heard substantial evidence from Witness 1, Witness 2, and yourself, surrounding Quality and Outcome Framework (QOF) targets. It heard the importance of targets being achieved in respect of both patient safety and additional funding to the practice. It noted that QOF targets are measured by the population of boxes within assessment forms in the Electronic Medical Information System (EMIS) system, following diabetic foot assessments. The panel heard from you, that you were under considerable

pressure to achieve QOF targets and that this expectation was reiterated at several Performance Meetings with Witness 2.

The panel was of the view that after undertaking the FRAME Training in November 2022, you would have been in no doubt as to the importance of undertaking the diabetic physical foot assessments as part of a diabetic examination with patients. You accepted in your oral evidence to the panel that after the training, you understood that visual checks of feet were important and that the removal of a patients' shoes and socks were essential in order to perform the assessment.

The panel took into account your admissions at Charge 1b, that on 15 separate occasions, across a two-month period, you inputted false information suggesting diabetic foot assessments had taken place, into the EMIS System. This false information would lead anyone reading the system to believe that diabetic foot assessments had been conducted as they should.

The panel heard and acknowledged your explanation as to why you, on 15 separate occasions, chose to not conduct diabetic foot assessments and why you inputted false records into the EMIS system. The panel heard your explanation that you '*misunderstood the task*' after a performance meeting with Witness 2, in that you felt you should simply '*tick boxes*' irrespective of whether you had completed physical diabetic foot assessments or not. The panel determined that this explanation was not credible. The panel noted that you did in fact properly perform these physical examinations on several other occasions in the same period, and without incident. The panel also took into account that the content of the FRAME Training and your evidence that you understood that this training had made it clear that physical foot examination was essential, and you understood why it was required. The panel therefore did not accept your account that you were performing your clinical tasks on an '*autopilot*' mode as there were no other examples of poor practice elsewhere and the panel was not able to accept as credible that you were on '*autopilot*' over a prolonged period on different days, over two months.

You told the panel that you felt '*lured*' into a meeting with practice management on 16 April 2024 and '*ambushed*' with unexpected allegations around your nursing practice. You also said that you were not afforded the benefit of any support, including legal or Union representation, at that meeting. Nonetheless, the panel find that you missed an early opportunity to disclose the full extent of your omissions and false recordings and in fact, only admitted to the immediate issue presented to you, surrounding one single patient. The panel determined that someone who acts honestly and in good faith, would have immediately disclosed the full extent of their shortcomings and this indicates a continuing desire to mislead relating to the charges. The panel heard your explanation that you did not disclose your shortcomings during this meeting, as you did not wish to cause trouble for Witness 2; it found this explanation to be at odds with your poor relationship with Witness 2, and not credible.

The panel was of the view that failing to conduct diabetic foot assessments on multiple occasions, and similarly, falsifying associated documents on multiple occasions, was not an isolated incident, or aberration of thought. The panel determined that each of these occasions necessitated a conscious thought and a subsequent decision to do so, and indicated a deliberate intention to mislead.

The panel determined that despite [PRIVATE], you were clear in the moment and during each of the 15 occasions that fraudulent EMIS records were documented. The panel were of the view that you were able to conduct your duties and keep records without issue in all other areas of your practice. This included four separate occasions regarding diabetic foot assessments within this same period, yet on 15 separate occasions, you failed to do so. The panel were of the view that, had this inconsistent practice been beyond your control, it would have also reflected in other records and other areas of your practice on the same days, which there was no evidence of. Therefore, the panel finds your actions on those occasions were considered, deliberate, and sought to deceive.

The panel determined that your motivation for falsifying records can be seen in your explanations contained within the Regulatory Concerns Response Form dated 23 July 2024 and returned to the NMC some 3 months after these matters were first reported;

*'Since I have reflected a huge amount on this situation. I have discussed with friends and family and seen my error and what I could of done to change the outcome, such as speaking up and refusing to conduct assessments I did not feel comfortable doing'.*

*'I feel that my decision making at the time were not great and I was doing all I could to keep out of trouble including making sure I ticked out target boxes as this was something I had already been in trouble for after seeing diabetic patients and not making sure, I'd hit the targets.'*

The panel determined therefore, that your desire to mislead others that you had undertaken the diabetic foot assessments, most likely centred on a reluctance to do all the diabetic foot assessments required of you, set against an increasing pressure to achieve diabetic foot assessments related QOF targets. The panel determine you acted dishonestly in order to be seen to achieve QOF targets and thus to relieve the undoubted management pressure you felt you were under.

Taking into account your desire to actively mislead others who would read your records into believing that you had undertaken the diabetic foot assessments, and in the context of the pressures you were facing in the workplace, the panel applied the objective standards of ordinary, decent people. On the balance of probabilities, the panel concluded that, having applied these standards, your conduct was dishonest.

### **Application to proceed with the stage of misconduct alone**

At the conclusion of the facts stage, the panel invited submissions from both parties as to how to proceed with the remainder of the final stages of this hearing.

Ms Whawell submitted that it would be appropriate to continue with the case in the time remaining and that an appropriate way forward would be for the panel to make a decision on misconduct separately from the question of impairment, which could be dealt with when the hearing resumed.

Mr Geering submitted that it would be sensible to adjourn now, rather than to be in a position where further evidence would be heard today, which may then be stale at the resuming hearing. In addition, there would be an unhelpful disconnect between matters surrounding misconduct, which you would decide on today and matters of impairment, when ordinarily, those matters are considered together with continuity and that would be fair for you.

### **Panel's decision and reason to adjourn at this stage**

The panel accepted the advice of the legal assessor and had in mind Rule 32 of the 2004 Rules which asks it to consider the public interest in expeditious disposal, any potential inconvenience to a party or any witnesses and fairness to the registrant when considering the request to adjourn.

The panel considered the matter and decided that the fairness to you outweighed the benefits of pressing on with the remaining hours of today and that it would therefore be fair to hear matters of misconduct and impairment together, allowing for continuity of consideration of all matters at the resuming hearing.

At the resuming date of this hearing, 05 February 2026, the case presenter for the NMC changed from Ms Whawell to Mr Malik. Your counsel remained the same at the resuming date.

### **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 kindly, safely and professionally.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, your fitness to practise is currently impaired as a result of that misconduct.

### **Submissions on misconduct**

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a '*word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.*'

Mr Malik invited the panel to take the view that the facts found proved amount to misconduct. 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.

Mr Malik submitted that your actions amounted to serious professional misconduct. He submitted that it was your professional duty to ensure that you acted in a manner that was appropriate for a nursing professional. Mr Malik submitted that your dishonesty raises fundamental concerns about your trustworthiness as a registered professional. He stated

that your actions demonstrate a pattern of sustained dishonesty and unprofessional behaviour, with the charges found proved relating to fifteen separate occasions across a two-month period. He submitted that dishonest conduct can be difficult to remediate and goes against the *'spirit'* of the NMC Code of Conduct. He submitted that your misconduct was deplorable; honesty and integrity are fundamental tenets of the nursing profession.

Mr Malik identified the specific, relevant standards where your actions amounted to misconduct, highlighting the following areas of the Code: 1.2, 1.4, 10.3, 20.1, 20.2, 20.3.

Mr Geering submitted that you accept the panel's finding and that you do not contest that your actions do amount to misconduct.

Mr Geering submitted the following in written form in relation to misconduct:

*'Ms Phillips respects your findings. She concedes misconduct. She also concedes that it is right and proper for this Tribunal to find him [sic] impaired. Such a finding is appropriate and necessary to mark the seriousness of her conduct, and to maintain the reputation of the profession.'*

### **Submissions on impairment**

Mr Malik 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).

Mr Malik submitted that all four limbs of the Grant test are engaged in the circumstances of this case. He submitted that your fitness to practice is impaired *'particularly by way'* of the fourth limb of Grant; dishonesty.

Mr Malik submitted that your actions put patients at an unwarranted risk of harm, and that it is *'sheer luck'* that Patient A had attended the surgery and that the lack of a pulse in this patients' foot was identified.

Mr Malik submitted that there is a risk of repetition and future harm, given your absence of *full* insight and remediation. He acknowledged that you have presented remorse and responsibility into your actions, however, you fail to address what you would do differently in the future. He therefore submitted that your insight remains *'developing'*. Mr Malik submitted that your actions have brought the nursing profession into disrepute, and you have failed to promote professionalism and trust. Mr Malik submitted that your actions directly link to your clinical practice.

Consequently, given the reasons identified, Mr Malik submitted that there is a continuing risk to the public and a real risk of repetition, and therefore, a finding of impairment is required on the ground of public protection.

Further, Mr Malik submitted that a finding of impairment is required in your case, to mark the unacceptability of your behaviour, emphasise the importance of the fundamental tenets breached, and to reaffirm proper standards of behaviour. He therefore submitted that your fitness to practise should also be found impaired in the wider public interest.

Mr Geering submitted the following in written form in relation to impairment:

*'... in making such a finding we invite the panel to find Ms Phillips has shown remorse, has reflected, and he [sic] has shown insight. She has moreover demonstrated her integrity and character in the years since she left Spencer Street. As a consequence, we submit that there is no real risk of repetition and no basis for finding impairment in order to protect the public.'*

*I deal first with the issue of insight. Ms Phillips, of course, admitted the underlying facts in this case. But it is right to say she contested dishonesty. It is easy to say and superficially attractive to say: “well, she denied dishonesty, therefore she lacks insight.” But it is well recognised insight is not simply synonymous with admissions to allegations – it is far broader and more nuanced than that. Moreover, as Awan observed, a practitioner ordinarily should not face the prospect of a higher sanction because they have exercised their right to defend themselves.*

*Notwithstanding her denial, Ms Phillips has shown insight. There is no doubt she has reflected on the consequences of her actions for the patients involved. She gave compelling evidence on this issue in October:*

*“Q: ...how do you feel about fact your actions exposed to read risk of harm ?*

*A: I am disappointed in myself. I am ashamed. I feel like ‘ve [sic] let not just me down but the reason that I wanted to become a nurse down – I was inspired an awful event and in this I’ve let myself down [PRIVATE]... I feel awful and I feel like a really awful person”*

*Her reflections go further. She comments:*

*“If I could speak to the patient, I would express my deep remorse for betraying their trust, acknowledge the responsibility I failed to uphold, and commit to acting with honesty, compassion, and integrity in all aspects of my practice.*

*...*

*I know that I failed my patients and for that I don’t think I will ever forgive myself”  
That remorse is profound and genuine.*

*Moreover, her reflections address the gravity of her failings. She is fully aware of what your findings mean. That is to her credit. She does not stand here and simply repeat her denial. She understands and has reflected on the seriousness of the misconduct, as proved. She has shown a profound understanding of why honesty is fundamental in healthcare and why dishonesty impacts on patient care*

*and the reputation of profession. She understands why it is your [the panel's] findings may well spell the end of her career, before it has even really begun:*

*“Dishonesty also impacts colleagues and the wider team. It undermines professional relationships and weakens the culture of openness that is essential for safe practice. When staff cannot rely on each other’s honesty... this can compromise the quality of care provided and ultimately place patient safety at risk. Trust is a foundational element for teams to function at their best...”*

*The factors I have discussed, the impact on patients, colleagues, and public trust apply directly to my case... I recognise the real consequences this breach of trust has caused... Patients rely on nurses to be truthful, and dishonesty can undermine confidence, compromise safety, and affect team culture.”*

*These reflections are not skin deep – or a token sop. They are the product of considerable reading and reflection. That learning is to her credit. She does not seek to minimise what has happened, and what your [the panel's] findings mean. I would contrast that with many registrants who use impairment to relitigate findings made against them; or focus on the impact the events have had on them, not others. Ms Phillips is clear: she is not the victim here.*

*Insight may be demonstrated in another practical way – by appropriate engagement with this process. You [the panel] will be aware Ms Phillips is not working as a nurse. She has not worked as a nurse since Spencer Street. She loves her current job and has no current plans to return to the profession. But – nonetheless – Ms Phillips is fully engaged in this process. Ms Phillips has cooperated with her regulator. She has shown respect for this process. Why? Because she understands and respects the importance of your [the panel's] function. You [the panel] safeguard the profession. That is symptomatic of her insight.*

*To her credit, she accepts there must be a regulatory response and – as I say – she accepts the fact there should be a finding of impairment. Again, I contrast that insight with other registrants who come before this body and argue – “yes, I made a mistake but it was two years ago” etc. That is not her position. She does not take a blinkered approach to his actions. This is about the reputation of profession. She has damaged it. That must be set right. She accepts that.*

*She is insightful, remorseful and reflective. The purpose of insight and reflections is – in part – to guard against risk of repetition. It is a cornerstone of remediation. I submit that risk is low.*

*I do not think we can separate out the allegations from the position Ms Phillips found herself in at Spencer Street. [PRIVATE]. That did not explain away her actions. But there can be little doubt it played a part in distorted decision making. You [the panel] accepted, also, that she felt marginalised and unsupported. She felt bullied and isolated. Not least because she had a poor relationship with her manager. You [the panel] found she felt under undoubted management pressure. That then is the factual background to what happened.*

*Allied to that, we have the evidence of her state of mind when she went back to work. Her lack of confidence. [PRIVATE]. All the products, you [the panel] may reasonably think, of a toxic working environment. I do not use that term lightly. But you [the panel] will remember the tone and tenor of [Witness 2's] evidence. She described herself as a second mother, but presented a combative tone with me, and a hostile, jaundiced impression of Ms Phillips. You [the panel] may recall, she noted criticisms of Ms Phillips from an appraisal but omitted the positive feedback showing the progress Ms Phillips had made to address these.*

*So – as you [the panel] have found – when isolated, bullied, under pressure, [PRIVATE] – she acted dishonestly. Looking to the future, the issue is how she would act now, if presented with such an environment? Would she act*

*dishonestly again, as you [the panel] have found, to try to escape criticism? To try to escape management pressure?*

*No. Ms Phillips has grown in confidence. She has accepted she lacked resilience before. She buried her head in the sand. She has identified this learning need and has addressed it. You [the panel] have the benefit of her reflections on burnout and resilience. These identify the ways in which resilience can be maintained and supported; that is not about avoiding stress but having the skills to deal with it; and the need for self-awareness. She has out to put those lessons into action. Look at the testimonials and the team bonds she has forged around her. She has exhibited openness to family and friends. [PRIVATE].*

*But she has not been tested since, it may [be] said. Has she not? She may not have worked in a toxic environment. But she has approached the prospect of these proceedings with commendable composure and poise. I doubt there is a more acute test of resilience than the FTP process. [PRIVATE]. It is a litmus test of her character, and her inner strength. [sic]*

*The best measure of a risk of repetition is how someone has behaved since in the work place. You [the panel] have no evidence of dishonesty before Spencer Street. You [the panel] have no evidence after Spencer Street. That should tell us something of Spencer Street.*

*Look at the last two years. It is said – no doubt – she has not worked as a nurse. That is true. But the central issues here are not specific to nursing – trust, empathy and honesty are common to many setting and are required across all professions. Her current role is to protect the public and help some of the most vulnerable in society. Ms Phillips has been given considerable responsibility to that end. She has vindicated that trust. Her manager stands before you to commend her character, honesty, professionalism and zeal. All those skills are as fundamental to her current role as they are to nursing. The fact she has*

*demonstrated her integrity in the years since Spencer Street is the best prognosticator of the future.*

*As for her attitude more widely, Ms Phillips has shown empathy to those in her care. To her credit she saved one service user's life by her timely intervention. She has exhibited dedication and provided an invaluable service.*

*I will turn to these references – from people who know Ms Phillips far better than you [the panel] or I:*

*[...]*

*“She demonstrates care, compassion and understanding for those living with addiction, who often face multiple care needs, stigma and marginalisation.”*

*“Her empathy and care for the individuals we support is ever evident within her daily practice, with her often advocating for the needs of service users”*

*“Within her role as Death in Service Lead, Olivia has developed and implemented change that supports more effective management of the death review processes, also a system that supports staff reflection and learning. I have been really impressed with how Olivia has taken on this role and demonstrated her analytical skills in respect of identifying areas of practice improvement and coordinating action planning to address this. This area of governance has seen significant improvement in terms of performance, since Olivia took oversight and accountability.”*

*[...]*

*“I am also the Registered Manager with the Care Quality Commission, I find Miss Phillips to be a person of integrity who consistently demonstrates compassion*

*and respect towards both patients and colleagues, as such Miss Phillips has contributed significantly to the positive culture of our team.*

*I have found Miss Phillips to be open and honest, she proactively seeks clarification and asks questions when she is unsure, she takes the time to read policies, procedures and guidelines, with a focus on maintaining best practice, working in line with regulations and national guidance in all aspects of her work.*

*Within Recovery Steps Cumbria Miss Phillips has consistently demonstrated excellent clinical judgment and has a calm and supportive manner under pressure. Individuals who come in to contact with Miss Phillips in her line of work frequently comment on her kindness and attentiveness. Due to her ability to focus on safe practice and identification of risk, Miss Phillips has recently taken on additional responsibilities and is now the Death in Service Lead for Recovery Steps Cumbria. This is a significant leadership role and is a testament to Miss Phillips' competence and diligence.”*

*[...]*

*“Miss Phillips is compassionate and caring not only to service users but to staff as well. Miss Phillips demonstrates excellent problem-solving skills and is regularly empowering other members of the team to find solutions.*

*Miss Phillips will go above and beyond making sure our vulnerable cohort of clients are safe and have the right advise and information to help them with this. Miss Phillips has in her own time engaged in a project to find out unsafe hotspots in the area working collaboratively with the police and the council...*

*She is kind and caring and will always make the time to check in with staff to make sure they are ok.*

*Miss Phillips from what I have observed has a robust process for each site she leads on for the regulation of the Needle exchange ensuring this is recorded and used effectively.*

*Miss Phillips is a trusted member of the team she will go above and beyond and will always have a smile on her face no matter what the day brings.”*

*[...]*

*“Olivia’s level of personal integrity... is of a high standard, she is very thorough within her clinical duties at Recovery Steps Cumbria, making sure all clinical checks are complete and up to date, keeping accurate stock records and logging all incidents...*

*I witnessed Oliva first hand [sic] gain trust from a suicidal client that had all intentions of ending his life. Olivia managed to work closely with this person and help him to gain some perspective and see that is life was worth living.”*

*“She is trustworthy and acts with probity at all times. She is someone you can have confidence in, particularly when it comes to handling responsibilities that require care, discretion, and accountability.”*

*[...]*

*“I find Olivia to be open, honest and transparent and a great example of our organisational values of which are kindness, courage and respect. This is towards everyone in our organisation whether that’s colleagues or people who access services from us.”*

*These talk of trust. She is leading on Death in Service reviews. She is changing matters of governance. They talk of her willingness to seek help. They talk of*

*her compassion to those in her care. They talk of her record keeping. In short – they talk of all areas of concern which arise in this case.*

*The events, therefore, in 2024 do not reflect the person in front of you [the panel]. They are isolated to a period of her life long gone. She has matured and grown with insight. Her colleagues commend her. Her line manager does so likewise. In full knowledge of the matters found proved.*

*Impairment is forward looking – and in gaging future risk I would ask you [the panel] to consider her an insightful, remorseful, reflective, dedicated professional, who is trusted day in day out. That is not the measure of someone who poses a risk to patients. Her misconduct should be marked. But I invite you [the panel] to do so on the basis it is necessary to uphold the reputation of the profession, and not because she poses a current threat to those in her care.'*

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* (No 2) [2000] 1 A.C. 311, *Grant*, and *Cohen v. General Medical Council* ([2008] EWHC 581 (Admin))

### **Decision and reasons on misconduct**

The panel heard the live evidence of Witness 3, the Service Manager at Waythrough Charity, your current line manager since August 2024. The panel were reassured by this witness that you are in a different position to that which you were in previously. Witness 3 also provided corroboration into your physical and mental health. The panel determined that overall, Witness 3 was a credible witness.

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel was of the view that your actions did fall significantly short of the standards expected of a registered nurse, and that your actions amounted to a breach of the Code. Specifically:

**1) Treat people as individuals and uphold their dignity**

To achieve this, you must:

**1.2** make sure you deliver the fundamentals of care effectively

**10) Keep clear and accurate records relevant to your practice**

To achieve this, you must:

**10.3** complete all records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements

**13) Recognise and work within the limits of your competence**

To achieve this, you must, as appropriate:

**13.1** accurately identify, observe and assess signs of normal or worsening physical and mental health in the person receiving 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

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

[PRIVATE]

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 you were a nurse who understood your role and responsibilities; yet on multiple occasions over a two-month period in 2024, by falsifying records. The panel were of the view that this did cause a significant risk of harm to patients. The panel did however acknowledge the reasonings you provided for

this misconduct, [PRIVATE], and unsupportive working environment (particularly with your line manager) and worked based pressures related to QOF targets.

The panel found 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: 03/03/2025) in which the following is stated:

*'The question that will help decide whether a professional's fitness to practise is impaired is:*

*"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"*

*If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'*

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

*'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'*

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

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

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel in terms of limb a) of the Grant test, considered that though you have in the past acted so as to put a patient at unwarranted risk of harm, it was of the view that there

is minimal risk of you repeating such actions. The panel arrived at this determination due to the depth of your learning, your reflection, your remorse, and the positive testimonials provided by your working professional colleagues.

The panel determined that when looking at limbs b) and c) of the Grant test, it would merge the two when deliberating and considering. The panel determined that though you have in the past brought the medical profession into disrepute and have also breached fundamental tenets of the medical profession, you are currently operating at a high level, highly regarded, and highly respected level within your working setting. The panel acknowledged your positive testimonials, four of which are from professionals who describe you as *'skilled'*, *'caring'*, and *'empathetic'*. The panel also acknowledged the difficulties you were facing at the practice in which you were working at the time of your misconduct, alongside all other contextual factors you submitted. Therefore, the panel are of the view that in the future you are not likely to bring the medical profession into disrepute, nor are you likely to breach a fundamental tenet of the medical profession once again. The panel was of the view that moving forward, you would work with more resilience and would handle all and any issues in a better manner.

Finally, in relation to limb d) of the Grant test, the panel found that you did in the past act dishonestly. However, the panel determined that you are not liable to act dishonestly again in the future. The panel were unable to identify a clear motivation for your actions, but did not find any grounds for personal gain, such as financial or time-saving benefits. The panel also noted that it has before it no other evidence that you were falsifying any other records, and there has been no repetition of similar dishonesty since the initial misconduct occurred.

The panel acknowledged that protracted dishonesty on a number of occasions is usually not easily remediable. However, the panel were of the view that your reflections on your dishonesty were very compelling and were significantly in depth; you showed a great level of both insight and remorse. The panel found that you had worked hard to understand for yourself, the reasons why you acted as you did; researching and applying academic

findings around dishonesty and the importance of resilience in the workplace.

Furthermore, the panel noted the training you have undertaken and determined that these courses are pertinent to the misconduct identified, particularly given the fact that many of these do not relate to your current working role.

Although the panel has not established a clear motive as to why you acted previously in a dishonest manner, it concluded that you are generally an honest person as drawn from the wide range of personal and professional testimonials provided and are highly unlikely to repeat matters of the same kind.

The panel acknowledged the fact that the misconduct identified occurred within a clinical setting, but also appreciated that you are no longer working within a clinical setting. The panel acknowledged that since these events, it has heard evidence that you have upheld the principles of the Code across the current care setting in which you are working, and that any unwarranted risk of harm to patients or the public is highly unlikely, even if you were to return to a nursing role.

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 a finding of impairment is required solely on public interest grounds because this panel has a requirement to mark the seriousness of the misconduct identified; particularly given your dishonesty. The panel also considered the fact that you put patients at risk of harm within a clinical setting, and that your actions were repeated and intentional. The panel noted the duty of candour that is a feature of this case; you were given the opportunity to be honest in relation to your misconduct when first challenged, but you chose otherwise. The panel heard your explanation that you felt '*ambushed and unsupported*' at the first meeting.

Consequently, the panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds your fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired on the ground of public interest alone.

### **Sanction**

The panel has considered this case very carefully and has decided to make a suspension order for a period of 6 months. This order will not be reviewed at its conclusion. The effect of this order is that the NMC register will show that your registration has been suspended.

### **Submissions on sanction**

Mr Malik informed the panel that in the Notice of Hearing, the NMC had advised you that it would seek the imposition of a striking-off order if it found your fitness to practise currently impaired.

Mr Malik submitted that the aggravating features in this case are as follows:

- 1) Your dishonesty was directly related to your clinical practice;
- 2) There was a risk of harm towards patients;
- 3) The patients involved were vulnerable

Mr Malik submitted that the mitigating features in this case are as follows:

- 1) You made early admissions;
- 2) You have engaged with the NMC proceedings;
- 3) You have shown some meaningful insight.

Mr Malik submitted that the charges found proved are at the most serious end of the spectrum. He submitted that there are attitudinal concerns present in your case. He submitted that a caution, interim conditions of practice, or suspension order, would not be sufficient to protect the public nor would it satisfy the wider public interest concerns. He highlighted in particular that your case involves a pattern of sustained dishonesty, which is a type of concern that is difficult to remediate.

Mr Malik submitted that you mislead your colleagues and your employer at the time of recruitment to your current post, by not disclosing the NMC investigation which was ongoing.

Mr Malik submitted that the only appropriate and proportionate sanction in this case is a striking-off order, as the misconduct identified in this case is incompatible with remaining on the nursing register.

Mr Geering submitted that the panel should consider the aggravating features but also must engage with all the mitigation before it. He submitted that the mitigating features are as follows:

- 1) You made early admissions to not having done foot checks appropriately and not having documented them;
- 2) You have made efforts to prevent reoccurrence;
- 3) You have completed relevant courses and reflections;
- 4) You have demonstrated working in accordance with the principles of the nursing code, in your current place of work;
- 5) [PRIVATE];
- 6) You were very junior at the start of your career;
- 7) You were being bullied, under pressure, and receiving poor support from your management at the time of your misconduct.

Mr Geering submitted that the public interest and public confidence can be addressed in this case by a period of suspension. He submitted that it is relevant to consider that the public interest encompasses the benefits that accrue to the public from retaining a good and kind nurse, which you are.

With regard to Mr Malik's submission in relation to you having deceived your current employer during the recruitment process, Mr Geering submitted that the panel could not consider matters outside of the scope of the charges, in respect of the application of sanction. In any event, he refuted the suggestion that you had attempted to deceive your current employer and offered evidence to the contrary. Mr Geering submitted that you had in fact been in touch with the NMC and both your current employer and the NMC were aware of the ongoing investigation.

Mr Geering submitted that there would be no purpose to a review of this case.

### **Decision and reasons on sanction**

Having found your fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose 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 Sanctions Guidance. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel has found your fitness to practice is impaired as with regard to the public interest and in respect of public confidence alone. They consider that you present a minimal risk to the public or to patients. They do however determine these to be serious matters, particularly in respect of the dishonesty finding, and therefore recognise the importance of an appropriate and proportionate sanction to uphold professional standards and confidence in the profession.

The panel took into account the following aggravating features:

- Your misconduct was repeated on fifteen occasions over a period of two months;
- You caused an unwarranted risk of harm to patients;
- The nature of the charges found proved relate to dishonesty;
- Your lack of candour upon discovery of your falsifying patient records;

The panel also took into account the following mitigating features:

- You have shown a good level of insight; the panel found your written reflections to be extensive, well considered, and sincere. It determined you had spent a good deal of time reflecting on events and had genuinely learned from those reflections. Similarly, in your oral testimony, the panel found you to be open and frank about your wrongdoing.
- You have engaged with the NMC proceedings, and have been respectful of the role of the regulator;
- You have shown a good level of remorse, you have apologised for your actions and have provided the panel with testimonials which support this remorse and were compelling. The panel found that these testimonials evidenced your depth of regret surrounding these matters, that your remorse was genuine, and has informed your personal development;
- The panel are of the view that you have a sincere and genuine intention to improve your clinical practice;
- You are currently working within a care environment which aligns with the same principles as nursing care; working with highly vulnerable individuals;
- [PRIVATE];
- Your working environment at the time of the misconduct was stressful, you were unsupported and felt isolated. You lacked meaningful and consistent support from management;

The panel did not accept Mr Malik's submission that you had acted dishonestly in the recruitment process for your current role. It determined that your current employers are well aware of these ongoing matters and that they put little weight on this proposition.

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 interest 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 and the panel wishes to mark that the behaviour 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 next considered whether placing conditions of practice on your 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 Sanctions Guidance, 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 nature of the impairment is that there are no real risks to the public because there is unlikely to be a repetition of the misconduct including the dishonesty. In any event, the panel considered that the need to address the public interest and public confidence in the profession would not be met by the imposition of conditions.

Furthermore, the panel concluded that the placing of conditions on your registration would not adequately address the seriousness of this case and would not address the public interest.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The Sanctions Guidance 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.

It did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, 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 your case to impose a striking-off order.

The panel were of the view that though the misconduct was serious, you have presented a good level of insight and have grown in confidence and maturity since these events. It does not consider you have any deep-seated attitudinal issues and it is highly unlikely you will repeat the behaviours subject to the charges.

The panel considered the testimony provided by Witness 3 made reference to your honesty, your integrity, and your ability to work under pressure. Albeit not a clinical setting, the panel consider your current workplace will hold not dissimilar issues and expectations surrounding record keeping, vulnerable patients and working under pressure. The panel heard from this witness that on all such occasions, you are operating without concern.

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

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

The panel 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.

In making this decision, the panel carefully considered the submissions of Mr Malik in relation to the sanction that the NMC was seeking in this case. The panel determined that you are not a risk to future patients or to the public. The panel considered sanctions purely in respect of the public interest, and the marking of the seriousness of your misconduct.

Consequently, the panel considered that a suspension order would be the most proportionate and appropriate order in this case.

The panel determined that a suspension order for a period of 6 months was appropriate in this case to mark the seriousness of the misconduct and your dishonesty, as well as taking into account the significant insight and remediation in this case.

Having found that your fitness to practise is currently impaired, the panel bore in mind that it determined there were no public protection concerns arising from its decision. In this respect it found your fitness to practise impaired on the grounds of public interest.

In accordance with Article 29 (8A) of the Order the panel may exercise its discretionary power and determine that a review of the substantive order is not necessary.

The panel determined that it made the substantive order having found your fitness to practise currently impaired in the public interest. The panel was satisfied that the substantive order will satisfy the public interest in this case and will maintain public confidence in the profession(s) as well as the NMC as the regulator. Further, the substantive order will declare and uphold proper professional standards. The panel is also of the view that this being a case solely based on the need to address the wider public interest, and public confidence, once you have served the suspension order for a period of 6 months, that will be sufficient to mark the seriousness of the matter and satisfy the wider public interest. Accordingly, the current substantive order will expire, without review.

This will be confirmed to you in writing.

## **Interim order**

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

## **Submissions on interim order**

The panel took account of the submissions made by Mr Malik, who submitted that the panel should impose an interim suspension order for a period of 18 months.

The panel also took into account the submissions of Mr Geering, who submitted that an interim order was not required in this case as there are no public protection concerns.

## **Decision and reasons on interim order**

The panel was satisfied that an interim order is not necessary in the public interest for two reasons:

- 1) The panel cannot accept that it is likely there would be serious damage to the public interest should an appeal take place, in light of the significant remediation and insight in this case.
- 2) The panel considered that an interim order would have a disproportionate impact on you, particularly as you are in role that does not require you to be a registered nurse.

Consequently, the panel determined that an interim order would not be imposed.