

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

**Substantive Order Review Hearing
Monday, 9 February 2026**

Virtual Hearing

Name of Registrant: Bjork Sabino

NMC PIN: 00C2160E

Part(s) of the register: Midwives Part
RM Registered Midwife
2 October 2007

Registered Nurse – Sub Part 1
Adult Nursing – July 2004

Relevant Location: Camden

Type of case: Lack of competence and Misconduct

Panel members: Christine Nwaokolo (Chair, lay member)
Prisca Igwe (Registrant member)
Zeenath Uddin (Registrant member)

Legal Assessor: Melissa Harrison

Hearings Coordinator: Ifeoma Okere

Nursing and Midwifery Council: Represented by Naa-Adjeley Barnor, Ms Barnor

Ms Sabino: Not Present and written representations by Royal College of Nursing (RCN)

Order being reviewed: Suspension order (12 months)

Fitness to practise: Impaired

Outcome: **Striking-Off Order to come into effect on the expiry of the current suspension order effective 18 March 2026 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001.**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Ms Sabino was not in attendance and that the Notice of Hearing had been sent to Ms Sabino's registered email address by secure email on 7 January 2026.

Further, the panel noted that the Notice of Hearing was also sent to Ms Sabino's representative at the Royal College of Nursing (RCN) on 7 January 2026.

Ms Barnor, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the substantive order being reviewed, the time, dates and venue of the hearing and, amongst other things, information about Ms Sabino's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In the light of all of the information available, the panel was satisfied that Ms Sabino has been served with notice of this hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Ms Sabino

The panel next considered whether it should proceed in the absence of Ms Sabino. The panel had regard to Rule 21 and heard the submissions of Ms Barnor who invited the panel to continue in the absence of Ms Sabino. She submitted that Ms Sabino had voluntarily absented herself.

Ms Barnor referred the panel to correspondence from the Royal College of Nursing (RCN) dated 6 February 2026, submitted on behalf of Ms Sabino, which confirmed that Ms

Sabino would neither attend nor be represented at the hearing and that she was content for the hearing to proceed in her absence.

Ms Barnor submitted that there had been effective service of the Notice of Hearing and that no application for an adjournment had been made on behalf of Ms Sabino. She further submitted that there was nothing to suggest that an adjournment would secure Ms Sabino's attendance at a future date.

Ms Barnor invited the panel to take into account the principles set out in the relevant case law of *R v Jones [2002] UKHL 5* and *GMC v Adeogba and Visvardis [2016] EWCA Civ 162*. She submitted that proceeding in Ms Sabino's absence would be fair, appropriate, and proportionate, particularly given the strong public interest in the expeditious disposal of the case, as the substantive order was due to expire imminently.

Accordingly, Ms Barnor invited the panel to grant the application and proceed with the hearing in Ms Sabino's absence.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Ms Sabino. In reaching this decision, the panel has considered the submissions of Ms Barnor, the written representations from the RCN, and the advice of the legal assessor. It has had particular regard to the relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Ms Sabino or on her behalf;
- Ms Sabino, through the RCN, had confirmed that she was content for the hearing to proceed in her absence; and
- There is no reason to suppose that adjourning would secure her attendance at some future date; and
- There is a strong public interest in the expeditious review of the case, particularly given that the substantive order was due to expire on the 18 March 2026.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Ms Sabino.

Decision and reasons on review of the substantive order

The panel decided to replace the current suspension order with a striking off order.

This order will come into effect at the end of 18 March 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 14 February 2025.

The current order is due to expire at the end of 18 March 2026.

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

The charges found proved, including those admitted by Ms Sabino which resulted in the imposition of the substantive order were as follows:

That you, a registered nurse,

1. Between 25 December 2020 and February 2023, failed to demonstrate the standards of knowledge, skill and judgement required to practise without supervision as a Band 5 Nurse in any and/or all, of the following areas:

- a) prioritising clinical tasks based on risk/patient safety;*
- b) identifying and escalating deteriorating patients;*
- c) medications practice;*
- d) record keeping;*
- e) working cooperatively with colleagues;*
- f) communication with colleagues and patients.*

2. *You documented observations on patients records by using previously recorded observations from earlier shifts, on one or more occasions, including but not limited to:*

- a) *3 January 2022*
- b) *25 January 2022*
- c) *17 February 2022*

3. *You did not amend the patient records after observations and/or assessments had taken place.*

4. *Your conduct at charges 2 and/or 3 was dishonest in that you:*

- a) *Knew that you were entering observations from a previous shift;*
- b) *Knew that you had not amended the observations;*
- c) *Intended to create the misleading impression that the observations recorded were the correct observations.'*

The original panel determined the following with regard to impairment:

'Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must 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 determined that all four limbs of the test, as set out above, were engaged.

The panel found that your misconduct and lack of competence resulted in patients being put at risk, and in some instances, led to actual harm. An example of this is your repeated unsuccessful attempts to canulate a patient. The panel determined that your past actions had breached fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was also satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

Having found that you were impaired in the past, the panel referred itself to the case of Cohen and discerned whether your misconduct and lack of competence are remediable. Given that your errors were primarily clinical, the panel acknowledged that they are potentially capable of remediation. However, it also considered your history of performance improvement efforts. Despite being placed on a supported performance management plan for over two years, you continued to make repeated errors. This was also despite your caseload being reduced to two patients per shift and your being supported at all times by a senior nurse or a Clinical Practice Facilitator. There is insufficient evidence before the panel to suggest that you have in fact fully addressed each of the relevant concerns.

The panel also noted that while clinical shortcomings may be remediable, dishonesty and attitudinal concerns are more difficult to address.

Regarding insight, the panel considered that you made admissions and produced an extensive reflective piece. You also gave oral evidence at this stage. While it acknowledged your self-reflection, including your recognition of arrogance and immaturity at the time, it found your insight to be extremely limited. Although you reflected on what you could do differently in the future, this reflection was mainly focused on you, the impact this had on you and your practise and your future aspirations. The panel also found there was insufficient demonstration of remorse or understanding of the extent of your wide-ranging failings and the broader consequences of these, such as the impact that they had on the patients, your colleagues and the profession. The panel found your reflection difficult to follow at times, and it appeared that you sought to minimise responsibility for your actions:

“so as to ensure that patient’s safety is preserved amongst all the uneventful circumstances is to be able to attend to the needs of the patients immediately, and this what I would normally do, but in this particular patient I was pressurised into ensuring that the sliding scale was administering the

insulin that the patient was required, and in order to do so, at the time my priority was to take the patient back to safety he needed to have the sliding scale working effectively. In other words, what I should have ideally done is to make a quick call to the site manager of the matron ask their help, and then return back to reconnecting the sliding scale.” [sic]

Also, in your reflection you state:

“Lastly, I write an incident of the occurrence and the rationale for this is that there is no evidence really that took any considerations of the difficulties that we had on the ward because some of the equipment was not working effectively at the time, and the reason I know this is that though I was on the management performance for significant period of time, the ward conditions did actually not changed much, hence, signifying that either no effort was allocated to identify causes other than nurses effort and experience that could have impacted on the suboptimal outcomes of patient condition and deterioration. And, because I felt I was not truly getting through to the members of the staff at the time, I actually wrote it about into my revalidation and considered how human factors such as staffing, equipment, lighting and so on could impact the safety of the patients on the ward.” [sic]

The panel carefully considered whether you had taken sufficient steps to improve your practice. It reviewed the additional training and courses you undertook, including the certificates submitted as evidence. However, the panel found that the training was limited in scope and relevance to the matters in issue, and did not adequately address the breadth of concerns raised. It also noted that some of the courses you completed dated back to 2019–2023, with limited evidence of recent or ongoing training to address your deficiencies. Further, it found that your oral evidence at this stage did not provide sufficient assurance that you fully understood the severity of your failings.

You told the panel in your oral evidence that you did not wish to return to practise in a ward setting as you felt that you would be unsafe to administer medication. You talked about working in health promotion teaching, research, or in an out-patient setting. The panel reminded itself that being on the register implies that a nurse or midwife is safe and competent to work in any nursing or midwifery environment.

While the panel believes your conduct could potentially be remediated, it identified a risk of repetition due to your extremely limited insight and insufficient evidence of strengthened practice. As a result, the panel concluded that a finding of impairment is necessary on the ground of public protection.

The panel bore in mind 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 on public interest grounds was required. A reasonable member of the public would be concerned that you have not yet fully addressed the issues identified. The public expects nurses to be both competent and honest and failure to uphold these standards would undermine confidence in the profession.

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

The original panel determined the following with regard to 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 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:

- *Misconduct over a period of time*
- *Conduct which put patients at risk of suffering harm*
- *Lack of insight into failings*

In considering insight, the panel referred itself to the NMC guidance on 'Has the concern been addressed?' (FTP-15b):

A nurse, midwife or nursing associate who shows insight will usually be able to:

- *Step back from the situation and look at it objectively: The panel determined that you have not yet, at this stage, been able to demonstrate this. It noted that in your reflection, you have not made sufficient reference to the impact of your conduct on patients, colleagues and the wider nursing profession.*
- *Recognise what went wrong: The panel considered that you still have not fully understood the implications of your failings at the time.*
- *Accept their role and responsibilities and how they are relevant to what happened: The panel recognised that you mostly accepted your role and responsibilities but are yet to demonstrate your understanding of how they are relevant to what happened. It noted that you accepted you were acting immaturely and arrogantly at time, but you also explained that you were anxious and stressed.*

- *Appreciate what could and should have been done differently: The panel accepted that, in your written and oral evidence, you have talked about your attitudes at the time, how they should have been different and how you are working to improve them.*
- *Understand how to act differently in the future to avoid similar problems happening: You showed the panel that you have some understanding of what went wrong, and the panel accept that your attitudes at the time were a barrier to your learning and improving your practice. The panel would have benefitted from a more in-depth reflection from you regarding how you would mitigate that going forward.*

Whilst the panel recognised that you demonstrated some insight at this hearing, it concluded that the sufficiency of your insight remained a concern, as this as yet remains extremely limited. Therefore, taking all the considerations above into account, the panel determined 'lack of insight' to be an aggravating feature.

The panel also took into account the following mitigating features:

- *Evidence of some relevant training and courses in regards to the charges found proved and admitted*
- *Early admissions to some of the charges and meaningful engagement throughout*

In reaching its decision on sanction, the panel then had regard to the NMC guidance on 'Considering sanctions for serious cases' (SAN-2). Given the specific circumstances of this case, the panel considered the following in relation to dishonesty:

"Honesty is of central importance to a nurse, midwife or nursing associate's practice. Therefore allegations of dishonesty will always be serious and a nurse, midwife or nursing associate who has acted dishonestly will always be at some risk of being removed from the register. However, in every case,

the Fitness to Practise Committee must carefully consider the kind of dishonest conduct that has taken place. Not all dishonesty is equally serious.”

In light of this, the panel considered the NMC’s guidance on the seriousness of dishonesty. It noted, as in its earlier findings, that there was no direct personal gain in your actions. However, the panel determined that there was a potential for direct risk of harm to people receiving care.

The panel further considered the following from the guidance:

“Nurses, midwives and nursing associates who have behaved dishonestly can engage with the Fitness to Practise Committee to show that they feel remorse, that they realise they acted in a dishonest way, and tell the panel that it will not happen again.”

In this regard, the panel considered that you assured the panel, in your oral and written evidence, that you would not exhibit the behaviours which led to your misconduct again.

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where ‘the case is at the lower end of the spectrum of impaired fitness to practise 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 SG:

- 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;*
- ...*
- 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 charges in this case. The panel had evidence before it of a wide-ranging lack of competence. Further, whilst it considered that there is some evidence of a potential and willingness to respond positively to retraining, the panel noted that these failings arose during a lengthy period where you were under a performance management plan, directly supervised and a much-reduced patient case load. The panel had insufficient evidence before it, at this stage, to determine how you would sustain working effectively and safely with conditions of practice going forward.

The panel looked carefully at the guidance. While the panel accepted that there are clinical failings which can be addressed through conditions of

practice, the panel's concerns regarding your limited insight yet to be developed and attitude towards the performance management plan at the time, the panel was not convinced, at this hearing, that the placing of conditions on your registration would 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:

- No evidence of harmful deep-seated personality or attitudinal problems;*
- In cases where the...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 considered that your lack of competence covered wide-ranging and fundamental areas of nursing care. It expressed concern that your record-keeping failures, which ultimately led to its finding of dishonesty, stemmed from your "entrenched" and "chaotic" way of working at the time, which placed patients at risk of harm.

While the panel acknowledged your oral evidence indicating a commitment to approaching your work differently in the future, it remained concerned about potential attitudinal issues. However, it did not find these issues to be deep-seated. There was some evidence of attitudinal concerns, but also indications from you that you recognise these shortcomings and have made some efforts to address them.

However, the panel concluded that while there was no evidence of deep-seated harmful attitudes, it was not satisfied that you had demonstrated sufficient insight or strengthened practice to fully mitigate the identified risks of harm and repetition of conduct. As a result, the panel determined that a sanction was necessary, and a suspension order would restrict your

practice for a period of time and adequately protect the public, whilst providing you with the opportunity to reflect and demonstrate the necessary improvements.

The panel considered the context of your working environment at the time. It noted your explanation that you were moved to an unfamiliar ward with a high level of acuity, which you struggled to adapt to. It also took into account your previous years of nursing and midwifery practice, during which no regulatory concerns had been raised regarding your competence.

The panel acknowledged your active engagement in these proceedings and recognised that you should be given the opportunity to safely return to the profession, provided you can demonstrate meaningful progress.

Additionally, the panel emphasised that there is a public interest in supporting good nurses back into safe practice. The period of suspension will provide you with the time needed to further develop your insight, remorse and remediation.

The panel was satisfied that in this case, the misconduct and lack of competence were not fundamentally incompatible with remaining on the register.

It did go on to carefully 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.

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

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

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.'

Decision and reasons on current impairment

The panel has considered carefully whether Ms Sabino's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's suitability to remain on the register without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle, and the written representations from the RCN. It has taken account of the submissions made by Ms Barnor on behalf of the NMC.

Ms Barnor submitted that Ms Sabino's fitness to practise remains impaired on the grounds of both public protection and public interest. She submitted that the panel should consider the guidance on standard reviews of substantive orders and the relevant case law, which places a persuasive burden on the registrant to demonstrate that past failings have been adequately addressed.

Ms Barnor submitted that the concerns found proved at the substantive hearing were serious and wide-ranging, involving both lack of competence and misconduct, including dishonesty, which had resulted in patients being put at risk and, in some cases, actual harm. She reminded the panel that the previous panel had found Ms Sabino to have demonstrated extremely limited insight, had sought to minimise responsibility for her actions, and had not sufficiently strengthened her practice.

Ms Barnor submitted that, since the imposition of the suspension order, there had been no material change in circumstances. She highlighted that the panel had not been provided with any reflective piece, evidence of relevant training, testimonials, or evidence of strengthened practice. Ms Barnor further submitted that Ms Sabino had made clear, through the RCN, that she had embarked on a new career and had no intention of returning to nursing.

Ms Barnor submitted that, in the absence of any evidence of remediation, insight, or maintenance of clinical skills and knowledge, the deficiencies in Ms Sabino's practice had not been addressed. She submitted that the risk of repetition therefore remained, and that Ms Sabino's fitness to practise continued to be impaired on the grounds of public protection and public confidence in the profession.

The RCN on behalf of Ms Sabino, sent a letter to the panel detailing MS Sabino's disposition with respect to the review hearing today as detailed below:

'Submissions

Ms Sabino was made subject to a substantive suspension order on 18 March 2025.

She has not worked as a registered nurse since 24 February 2023. She nominally 'lapsed' from the Register. She is currently financially supported through her employment as a Prison Officer. She commenced this role on 17 October 2023.

Ms Sabino has no linked cases with the NMC. She no longer wishes to retain her PIN and would like these proceedings to come to a close. Ms

Sabino's nursing registration only remains active by virtue of these proceedings, and the suspension order. Her name is currently held on the register artificially until the Fitness to Practice proceedings conclude.

Should the suspension order be allowed to lapse, the registrant's registration would also immediately lapse, and her name would no longer appear on the Register as supported by the NMC Substantive Order Review Hearing Bundle (PDF Page 1).

If the Panel agrees to allow the order to lapse, then at that time then Ms Sabino's registration will also lapse, and she will face significant barriers in attempting to return to the profession.

Ms Sabino does not intend to practise again. We attach a signed declaration from her.

As a result of her decision not to return to nursing, Ms Sabino has not undertaken any further training as she will not be able to utilise her training in nursing and it would have a financial impact on her. It is emphasised that the lack of training in should not be considered a lack of insight into what happened, it has been a practical decision that Ms Sabino has taken in light of her personal circumstances and her genuine desire to leave the nursing profession and to focus on developing the essential skills in her new role as a Prison Officer.

Following the Substantive Hearing, Ms Sabino instructs that she considered asking the Prisoner's Governor for permission to practice as a healthcare assistant on a voluntary or part time basis to give her the opportunity to work in a clinical environment again.

However, she decided that this was not the best way forward for her future.

Ms Sabino did not want to take time away from her current position, which may have impacted her ability to develop essential skills for her role which she wants to carry out to the best of her ability for the service users she now supports. She instructs that she is committed to continuous independent learning in areas connected with her new role.

The Panel may be concerned about what happens if her intentions change. It is submitted that in response to this, the Panel should take into account:

- 1. Ms Sabino has not paid her NMC Registration fee for some years; it is estimated that she last paid this in 2023.*
- 2. Ms Sabino has not worked clinically for nearly 3 years. She has been subject to an interim suspension order since 27 March 2023.*
- 3. She has signed a declaration confirming that she does not intend to return to nursing*

In our submission, there is no reason to doubt Ms Sabino's resolve nor her integrity in making this declaration.

It is further submitted that, even if Ms Sabino were to change her mind, she would be unable to practise again unless she first completed a satisfactory return to practise course and demonstrated to the satisfaction of the Registrar that she was capable of safe and effective practice in spite of the outstanding fitness to practise concern and her previous declaration.

As Ms Sabino is not returning to nursing, there can be no question in respect of public protection. She would not pose a risk to the public because she will not practise.

It is submitted that the public interest is fully satisfied in respect of Ms Sabino's practice. She engaged with her substantive proceedings, attending with Counsel every day for the duration of the hearing. Her conduct has been marked as unacceptable by the substantive suspension order, both in the eyes of the public and the profession. The NMC has performed its regulatory duty in a public forum, there has been no change of circumstance which would have changed this.

Ms Sabino's conduct did not warrant a striking off order before, and nothing has happened which might amplify or aggravate her past conduct or otherwise suggest that the NMC should impose a more onerous order.

These submissions are sent instead of attendance, due to Ms Sabino's desire to leave the nursing profession and her request for her registration to be allowed to lapse. This is an effort to save both time and costs for all parties. She continues to engage in the process.

The panel is invited to ask itself, bearing in mind the following stated by the Panel at the Fitness to Practice hearing:

"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."

Would a reasonable member of the public demand strike-off as the only legitimate outcome at this review hearing? It is submitted that they would not. A reasonable member of the public would not seek to see Ms Sabino sanctioned to the full extent of the powers available to the NMC, simply because she has reasonably chosen to cease nursing. It is submitted that it would be unfair in the circumstances of this case. It would be unreasonable to expect a registrant to fulfil remediation requirements when she has no intention of returning to nursing.

As set out above, we note that the Panel at the substantive hearing did not consider imposing a striking-off order would be proportionate.

"The panel was satisfied that in this case, the misconduct and lack of competence were not fundamentally incompatible with remaining on the register.

It did go on to carefully 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."

Ms Sabino is therefore requesting that the panel allow the order to lapse upon expiry so that her name no longer appears on the Register.

NMC Guidance

We draw the panel's attention to the NMC guidance¹ in respect of this issue, which states that:

"Where the professional would no longer be on the register but for the order in place, a reviewing panel can allow the order to expire or, at an early review, revoke the order. Professionals in these circumstances will automatically be removed from the register, or lapse, upon expiry or revocation of the order. The panel will record that the professional remains impaired.

A panel will allow a professional to lapse with impairment where:

- the professional would no longer be on the register but for the order in place;*
- the panel can no longer conclude that the professional is likely to return to safe unrestricted practice within a reasonable period of time;*
- a striking off order isn't appropriate".*

In our submissions, Ms Sabino's case fulfils each limb, namely:

- She has not revalidated or paid her registration fees, so, but for the substantive order her registration would have lapsed*
- As supported by her declaration she is not returning to nursing, and therefore, has not undertaken further remediation*
- She fully engaged with the NMC's investigation, attended the substantive hearing, made admissions, gave evidence, provided a reflection and other documents and has notified the NMC of her decision to not return to the nursing profession. The Panel at the substantive hearing considered that a*

suspension order was an appropriate outcome. It is submitted that a 'strike-off' would be inappropriate and unfair and Ms Sabino would, in effect, be punished (which we recognise is not what the NMC do when issuing a sanction) for retiring from the profession.

The guidance also states that "striking off will not usually be an appropriate outcome where: the professional has engaged with the fitness to practise process". As noted above, Ms Sabino has fully engaged with the process.

Furthermore, the guidance states that panels and professionals should bear in mind that:

- "it is not in the public interest or a professional's interests to remain on the register indefinitely when they are not fit to practise.*
- in any application for readmission the decision maker will be aware of the concerns that led to the original substantive finding of impairment, and that the professional left the register while impaired".*

Conclusion

In these circumstances, in our submission this Panel can safely conclude that the NMC's legitimate role in this case is ended. They have investigated, conducted a substantive hearing and reached conclusions on the facts, misconduct, impairment and sanction. There is nothing further required on the NMC's part to fulfil their regulatory duty.

Ms Sabino accepts that her career did not finish the way she would have liked and that her conduct fell below the standards expected of her as a Registered Nurse which resulted in findings against her at the Fitness to Practice hearing. She understands the serious risk of harm posed to her patients, colleagues and the reputation of the profession as a result of these shortcomings. She accepts her Fitness to Practice is currently impaired as supported by the declaration provided.

However, this does not change the fact that she contributed nearly 20 years to the nursing profession. She has accepted the outcome of the NMC case, has reflected and, in our submission, should be allowed to leave the profession gracefully. Accordingly, the proportionate outcome is to impose no order and allow her registration to lapse.

Ms Sabino has no intention of returning to nursing, but if she applied for readmission, there would be the added safety for the NMC that the decision maker would, as noted above, be made aware of the outcome of the case.

As Ms Sabino has not paid her Registration and has not revalidated, if the Panel does not impose a sanction, the public is entirely protected, and the public interest has been entirely satisfied as Ms Sabino's registration will automatically lapse following the NMC investigation, a full hearing, a period of sanction and a review hearing. It is submitted that this is a proportionate and appropriate outcome in all the circumstances of this case.

If the panel is unconvinced by any of these submissions such that it is not minded to allow the order to lapse, then it is invited to impose an order short of strike-off, and provide recommendations as to what Ms Sabino might do to persuade a future panel that it is appropriate for her to be allowed to come off the register.

We submit that any greater sanction imposed on Ms Sabino's practise would be disproportionate.

Should the Panel require any further information, then please do not hesitate to contact us. Thank you for your time considering these submissions. We look forward to receiving the decision in due course.'

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 Ms Sabino's fitness to practise remains impaired.

The panel noted that the original panel found that Ms Sabino had demonstrated limited insight at the substantive hearing. In particular, the original panel found that Ms Sabino focused largely on her own circumstances, showed limited understanding of the impact of her actions on patients and colleagues, and had not demonstrated sufficient learning from the concerns found proved.

At this review hearing, the panel considered whether Ms Sabino's insight had developed since the substantive hearing. The panel noted that Ms Sabino attended the substantive hearing, made admissions at that stage, and has provided written representations through the RCN for the purpose of this review. The panel also noted that Ms Sabino signed a declaration acknowledging that her fitness to practise is currently impaired.

However, the panel determined that Ms Sabino's insight remains limited. While Ms Sabino has acknowledged, in general terms, that her actions created a risk of harm to patients and affected the reputation of the profession, the panel was not satisfied that she had demonstrated a sufficient understanding of:

- why her actions were wrong;
- the seriousness of the misconduct and lack of competence found proved;
- the emotional and physical impact on patients, including the distress caused;
- the impact on colleagues who were required to intervene or repeat her work; and
- the breach of trust inherent in the dishonesty, including falsification of records.

The panel further noted that Ms Sabino has not explained how her thinking, attitudes, or behaviour would be different were she to return to practice. The panel concluded that there had been no material development in insight since the substantive hearing.

In considering whether Ms Sabino has taken steps to strengthen her practice, the panel took into account the evidence before it.

The panel noted that Ms Sabino has:

- not provided a reflective piece addressing the concerns found proved;
- not provided evidence of any relevant training or professional development;
- not provided testimonials or references demonstrating improved professionalism, honesty, communication, or safe practice; and
- not practised in a patient facing role since 2023.

The panel acknowledged that Ms Sabino has embarked on a new career outside nursing. However, the panel noted that this did not prevent her from demonstrating reflection, remediation, or learning, including through evidence of transferable professional skills such as honesty, communication, accountability, and teamwork. The panel found that no such evidence had been provided.

Accordingly, the panel concluded that Ms Sabino has not taken any steps to strengthen her practice or remediate the concerns identified by the original panel.

The panel noted that the original panel was not satisfied that the risk of repetition had been sufficiently reduced at the time of the substantive hearing.

At this review, the panel considered whether there was any new information before it to suggest that the risk of repetition was now low. The panel noted that it had not received any evidence of insight, remediation, training, or strengthened practice since the substantive hearing.

Applying the principles derived from the case of *Cohen and the GMC [2008] EWHC 581 (Admin)*, the panel determined that:

- the concerns were capable of remediation in principle;
- they have not been addressed; and
- in the absence of remediation or insight, it is not satisfied that it is highly unlikely that the conduct will be repeated.

The panel therefore determined that Ms Sabino remains liable to repeat matters of the kind found proved.

The panel concluded that Ms Sabino's fitness to practise remains currently impaired on the grounds of public protection due to her conduct continuing to pose a risk to public safety. The panel was not satisfied that Ms Sabino could currently practise kindly, safely, and professionally without restriction. The absence of remediation, combined with limited insight and unresolved dishonesty, meant that the panel considered the patients would be exposed to an unacceptable risk of harm.

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

The panel determined that, in this case, a finding of continuing impairment on public interest grounds is required. It concluded that public confidence in the nursing profession would be undermined if a nurse who had committed serious and sustained clinical failings, including dishonesty, and who had taken no steps to remediate those concerns during a 12 month suspension period, were not found to remain impaired.

The panel further determined that a finding of continuing impairment was necessary to declare and uphold proper professional standards, particularly in relation to honesty, record keeping, communication, accountability, and patient safety.

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

Decision and reasons on sanction

Having found Ms Sabino'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 whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case and the continuing risk to public safety

posed by Ms Sabino. 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, the public protection issues identified and the continuing risk to public safety posed by Ms Sabino, an order that does not restrict Ms Sabino'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 Sabino'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 Ms Sabino's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable, workable and capable of addressing the concerns.

The panel bore in mind the seriousness of the facts found proved at the substantive hearing, including the sustained lack of competence and dishonesty, and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel was unable to formulate conditions that would sufficiently address the concerns relating to Ms Sabino's misconduct, particularly the dishonesty, which the panel considered not capable of being remedied through conditions.

The panel took into account the information it had received from the RCN that Ms Sabino is currently working as a prison officer and has stated that she does not intend to return to nursing. In view of Ms Sabino's intention not to return to practice as a nurse as set out by the RCN, the panel concluded that any conditions of practice order would not be workable and would serve no useful purpose.

Accordingly, the panel determined that a conditions of practice order was neither appropriate nor proportionate.

The panel next considered whether to impose a further suspension order. In doing so, the panel carefully considered the relevant guidance, whether a further period of suspension would serve a useful purpose, including allowing time for insight, remediation, and strengthening of practice.

The panel noted that since the imposition of the existing suspension order:

- Ms Sabino has not provided evidence of meaningful remediation;
- She has not demonstrated developed insight into her misconduct, lack of competence and dishonesty;
- She has not provided a reflective piece, evidence of relevant training, or testimonials;
- She has stated that she does not intend to return to nursing.

While the panel acknowledged that Ms Sabino has engaged to a limited extent through written representations, it concluded that there had been no meaningful engagement directed toward remediation or return to safe practice. The panel considered that considerable evidence would be required to demonstrate that Ms Sabino no longer posed a risk to the public, and not only was such evidence entirely absent at this time, but through the written submissions provided by the RCN, there was no desire or willingness by Ms Sabino to work towards remediating the concerns and returning to safe practice.

The panel concluded that a further period of suspension would not serve any useful purpose, would merely prolong the regulatory process without realistic prospect of remediation, and would not meet the overarching objectives of public protection or public interest.

The panel then considered whether a striking-off order was appropriate. The panel acknowledged that this is the most serious sanction and should be imposed only where no lesser sanction would adequately protect the public or maintain public confidence.

In line with its deliberations, the panel asked itself whether:

- the charges found proved raise fundamental questions about professionalism;
- public confidence in the nursing profession could be maintained if Ms Sabino were not removed from the register;

- there was any realistic prospect that further suspension would lead to sufficient insight and remediation; and
- the risk posed could be managed by any lesser sanction.

The panel therefore determined that a striking off order is the only sanction that would be sufficient and proportionate in this case. In reaching this decision, the panel considered:

- public confidence would be undermined if a nurse who had committed such serious misconduct, and who had taken no steps to remediate over a 12 month suspension period, were permitted to remain on the register;
- the very serious and repeated unsafe practice, combined with dishonesty raise fundamental concerns on trustworthiness and professionalism;
- the continued lack of meaningful developed insight into the dishonesty and its impact on patients, colleagues and the profession;
- the absence of remediation and strengthened practice;
- the ongoing risk of repetition; and
- the need to maintain public confidence in the profession and in the NMC as regulator.

The panel therefore determined that it was necessary to prevent Ms Sabino from practising in the future, and that the only sanction capable of meeting the overarching objectives of public protection and public interest was a striking-off order.

The panel had regard to the submissions made by the RCN on this issue. Notably, that a striking-off order is not appropriate in the circumstances of this case because *“nothing has happened which might amplify or aggravate the past conduct or otherwise suggest that the NMC should impose more onerous order.”*

The panel considered Ms Sabino’s decision to take no steps to address the concerns that led to the original panel imposing the suspension order as a significant matter, which directly impacted its assessment of the risk posed by Ms Sabino’ return to practice. Unlike at the time of the substantive hearing, Ms Sabino has had 12 months to demonstrate she able to practice kindly, safely and professionally. It is in the panel’s view, Ms Sabino’s decision not to address the concerns is an aggravating factor and supports the conclusion that a suspension order is no longer appropriate. The panel can no longer be satisfied

there is realistic prospect that, after any further period of suspension, Ms Sabino will have gained insight and sufficiently strengthened her practice such that the risk she currently poses would be reduced.

The panel had regard to the Guidance entitled Removal from the register when there is a substantive order in place, Reference: REV-2h and had particular regard to the following:

A panel will allow a professional to lapse with impairment where:

- *the professional would no longer be on the register but for the order in place³;*
- *the panel can no longer conclude that the professional is likely to return to safe unrestricted practice within a reasonable period of time;*
- *a striking off order isn't appropriate.*

As set out earlier in this determination, the panel was satisfied that in the circumstances of this case, a strike off order was the appropriate and proportionate sanction. The panel carefully followed and applied the guidance whilst also ensuring the statutory objectives of the NMC to protect the public, maintain public confidence and uphold standards in the profession were achieved. Accordingly, it did not consider that allowing the order to lapse with a recording of impairment was reasonably open for them to consider in the circumstances of this case *Professional Standards Authority for Health and Social Care v NMC and Graham [2025] EWHC 3132 (Admin)*.

This striking-off order will take effect upon the expiry of the current suspension order, namely the end of 18 March 2026 in accordance with Article 30(1).

This decision will be confirmed to Ms Sabino in writing.

That concludes this determination.