

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

**Substantive Meeting  
Thursday, 15 January 2026 – Friday, 16 January 2026**

**Virtual Meeting**

<b>Name of Registrant:</b>	<b>Sarah Abogatal</b>
<b>NMC PIN</b>	<b>06F0455O</b>
<b>Part(s) of the register:</b>	<b>Registered Nurse – Adult Nursing RNA – (19 June 2006)</b>
<b>Relevant Location:</b>	<b>Kensington and Chelsea</b>
<b>Type of case:</b>	<b>Misconduct</b>
<b>Panel members:</b>	<b>Charlie Tye (Chair, Lay member) Richard Curtin (Registrant member) Kevin Connolly (Lay member)</b>
<b>Legal Assessor:</b>	<b>Megan Ashworth</b>
<b>Hearings Coordinator:</b>	<b>Nicola Nicolaou</b>
<b>Facts proved:</b>	<b>Charges 1, 2, 3, 4, and 5</b>
<b>Fitness to practise:</b>	<b>Impaired</b>
<b>Sanction:</b>	<b>Striking-off order</b>
<b>Interim order:</b>	<b>Interim suspension order (18 months)</b>

## **Decision and reasons on service of Notice of Meeting**

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Ms Abogatal's registered email address by secure email on 11 December 2025.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegations, the time, date and the fact that this meeting was heard virtually.

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

## **Decision and reasons on proceeding in the absence of Ms Abogatal**

The panel next considered whether it should proceed in the absence of Ms Abogatal. It noted that Ms Abogatal has not engaged with the NMC since 2023, and has not engaged at all in relation to these proceedings. The panel acknowledged that the NMC decided that it was appropriate for this case to be heard at a meeting, rather than a hearing.

The panel accepted the advice of the legal assessor.

The panel considered that given Ms Abogatal's lack of engagement with the NMC in relation to these proceedings, and her apparent lack of engagement with the court regarding her criminal charge, it was fair to proceed with this matter as a meeting.

In reaching this decision, the panel noted that:

- No application for an adjournment has been made by Ms Abogatal;
- Ms Abogatal has not engaged with the NMC and has not responded to any of the letters sent to her about this meeting;

- There is no reason to suppose that adjourning would secure her attendance at some future date;
- The charges relate to events that occurred in 2016 – 2018; and
- There is a strong public interest in the expeditious disposal of the case.

In these circumstances, the panel has decided that it is fair to proceed with this matter at a meeting.

### **Details of charge**

That you, a registered nurse;

1. On one or more of the dates set out in Schedule 1, received payment for bank shifts worked at the Royal Marsden Hospital, that you had not worked.
2. For one or more of the shifts on dates set out in Schedule 1, you 'finalised' claims for payment using a colleagues' credentials when you did not have permission and/or were not authorised to do so.
3. Your conduct at Charge 1 above was dishonest because you knew that you had not worked the shifts but received payment anyway.
4. Your conduct at Charge 2 above was dishonest because you knew that you had not worked the shifts but sought to receive payment for them anyway.
5. On 17 August 2021 failed to attend Croydon Magistrates Court to answer a charge of Fraud (contrary to section 1 and 4 Fraud Act 2006) resulting in the issue of Warrant for arrest without bail.

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

### **SCHEDULE 1**

06 April 2016	13 May 2017	19 January 2018
09 April 2016	14 May 2017	21 January 2018
13 April 2016	20 May 2017	27 January 2018
24 April 2016	21 May 2017	03 February 2018
12 June 2016	22 May 2017	11 February 2018
19 June 2016	27 May 2017	16 February 2018
26 June 2016	28 May 2017	18 February 2018
03 July 2016	03 June 2017	24 February 2018
09 July 2016	04 June 2017	25 February 2018
10 July 2016	08 June 2017	02 March 2018
17 July 2016	12 June 2017	09 March 2018
24 July 2016	13 June 2017	11 March 2018
30 July 2016	18 June 2017	17 March 2018
31 July 2016	24 June 2017	18 March 2018
06 August 2016	25 June 2017	24 March 2018
07 August 2016	15 July 2017	25 March 2018
13 August 2016	23 July 2017	26 March 2018
14 August 2016	28 July 2017	31 March 2018
21 August 2016	31 July 2017	01 April 2018
28 August 2016	01 August 2017	02 April 2018
29 August 2016	04 August 2017	07 April 2018
04 September 2016	06 August 2017	08 April 2018
11 September 2016	13 August 2017	13 April 2018
18 September 2016	20 August 2017	14 April 2018
25 September 2016	27 August 2017	20 April 2018
02 October 2016	02 September 2017	22 April 2018
09 October 2016	03 September 2017	28 April 2018
16 October 2016	10 September 2017	29 April 2018
23 October 2016	17 September 2017	05 May 2018
29 October 2016	18 September 2017	07 May 2018
30 October 2016	22 September 2017	12 May 2018
06 November 2016	24 September 2017	13 May 2018
13 November 2016	01 October 2017	19 May 2018

20 November 2016	07 October 2017	20 May 2018
04 December 2016	15 October 2017	
11 December 2016	22 October 2017	
25 February 2017	27 October 2017	
05 March 2017	03 November 2017	
11 March 2017	11 November 2017	
12 March 2017	17 November 2017	
19 March 2017	01 December 2017	
26 March 2017	03 December 2017	
02 April 2017	09 December 2017	
09 April 2017	10 December 2017	
15 April 2017	17 December 2017	
16 April 2017	23 December 2017	
23 April 2017	31 December 2017	
29 April 2017	06 January 2018	
30 April 2017	07 January 2018	
07 May 2017	14 January 2018	

## Background

The Nursing and Midwifery Council (NMC) received a referral on 12 March 2019 by the Divisional Clinical Nurse Director, The Royal Marsden NHS Foundation Trust ('the Trust'). This referral is related to the NMC case reference (071403). The referral raised concerns related to incidents that allegedly took place at The Royal Marsden Hospital ('the Hospital') between 2016 and 2018, when Ms Abogatal was working there as a Ward Sister.

These matters arose after Ms Abogatal's line manager, Witness 1, who was also the Ward Matron, was provided with a routine report to help Ward leaders assess who was working regular bank shifts in their areas. It is alleged that Ms Abogatal's name was mentioned in the report but was reported to have been working outside of her standard hours of 08:00 – 18:00 during her bank shifts. Witness 1 allegedly looked at the staff allocation book to verify Ms Abogatal's shifts against the electronic health roster and identified a discrepancy between the shifts entered into the electronic health roster and the staff allocation book.

The Trust conducted an investigation into the shifts worked by Ms Abogatal between April 2016 and 31 May 2018, and identified that of the 157 occasions that Ms Abogatal was paid for during this period, there was evidence of work for only 23 occasions. Allegedly, there was no evidence that Ms Abogatal was present on the remaining 134 shifts that she had been paid for.

It is alleged that Ms Abogatal used the login credentials of her colleagues to finalise her shifts on the rota system, so that she could be paid for these shifts. The Trust estimated the approximate overall loss to be over £42,000.

The Trust referred this matter to NHS Counter Fraud. This was said to be investigated and, in liaison with the Crown Prosecution Service ('CPS'), a criminal charge was authorised as follows:

*'Between 06 April 2016 and 20 May 2018 at NHS Royal Marsden Hospital committed Fraud in that, while occupying a position, namely a Ward Sister, in which you were expected to safeguard or not act against, the financial interests of the NHS Trust, you dishonestly abused that position, intending to make a gain namely £38, 981.09 for yourself. Contrary to section 1 and 4 of the Fraud Act 2006.'*

The NMC opened a second referral on 8 February 2023 against Ms Abogatal. This referral is related to the NMC case reference (092615). It is alleged that on 17 August 2021, Ms Abogatal failed to attend Croydon Magistrates Court to answer the charge. The Court therefore issued a warrant for Ms Abogatal's arrest. The two referrals have been joined, resulting in the charges set out above which were referred to the Fitness to Practice Committee for consideration.

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

In reaching its decisions on the disputed facts, the panel took into account all the documentary evidence in this case together with the representations made by the NMC in their Statement of Case.

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 had regard to the written statements of the following witness on behalf of the NMC:

- Witness 1: Ward Matron and Ms Abogatal's line manager at the time of the alleged incidents

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the documentary evidence provided by the NMC.

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

### **Charge 1**

That you, a registered nurse;

1. On one or more of the dates set out in Schedule 1, received payment for bank shifts worked at the Royal Marsden Hospital, that you had not worked.

**This charge is found proved.**

In reaching this decision, the panel took into account the investigation report conducted by Witness 1 which gives the evidential basis and methodology. Attached to the investigation report were appendices containing the source material from the investigation, including the health roster reports (recording all the shifts for which Ms Abogatal had been paid), allocation books to the Ward, swipe card access report, and Ms Abogatal's hospital log in records for Electronic Patient Records (EPR).

The panel also had sight of the memorandum of an entry into the register of the South London Magistrates Court dated 17 August 2021 which demonstrates that Ms Abogatal was charged with fraud by abuse of position and had allegedly accumulated the sum of approximately £38,981.09 as a result of claiming payment for 157 shifts, one or more of which she did not work. The panel also considered the email exchange between Witness 1 and the Pay Administrator for the Trust. The emails indicated that Ms Abogatal was being sent payslips by the Trust, and therefore was being paid by the trust. Therefore, the panel was satisfied, on the balance of probabilities, that it was more likely than not Ms Abogatal received payments from the Trust.

The panel took into account Ms Abogatal's case during the Trust investigation that she denied ever receiving pay slips, and did not check her bank account. Ms Abogatal, however, accepted not working all of the shifts.

The panel considered that on one or more of the shifts, the material provided in the investigation report demonstrates that on a significant number of occasions when Ms Abogatal was said to be on shift, Ms Abogatal did not send a work email, did not attend the hospital, did not swipe her card to gain entry to the Ward, and did not use the system to access any patient records. The panel further had regard for the Ward Matron indicating that Ms Abogatal had not worked the number of shifts that appeared on the electronic system, and would have remembered if she did. The panel therefore determined that, on the balance of probabilities, Ms Abogatal did not work these shifts. Therefore, the panel concluded that Ms Abogatal received payment for one or more bank shifts that she had not worked between 2016 and 2018.

## **Charge 2**

2. For one or more of the shifts on dates set out in Schedule 1, you 'finalised' claims for payment using a colleagues' credentials when you did not have permission and/or were not authorised to do so.

**This charge is found proved.**

In reaching this decision, the panel took into account Witness 1's witness statement which stated:

*'When the outcome at the disciplinary was being read, I heard Sarah admit and say that everything was true and she had let us down. She was crying at the time and said she was very sorry [...]'*

The panel also took into account the interview notes with the colleagues whose credentials Ms Abogatal is said to have used to finalise the shifts in order that they would be paid. The panel noted that each colleague said that Ms Abogatal never had permission to log in using their credentials to finalise the claims for payment. Consequently, the panel considered that it was more likely than not that Ms Abogatal did not have permission or authorisation to use the credentials of the three colleagues who finalised her shifts.

The panel also had sight of evidence to suggest that one or more of Ms Abogatal's colleagues was '*on days off and annual leave on many of the days [they] supposedly finalised the shifts.*' The panel further identified, from the interview notes, that Person 2, Person 3, and Person 4 each denied finalising the relevant shifts. In addition, Person 4 informed the Trust that she had given Mrs Abogatal her login details for a different account, but that all her passwords were the same. Consequently, if Ms Abogatal had Person 4's credentials for one account, she would have had them for all other accounts. Person 3 explained, in the interview, that she had shared her credentials with Ms Abogatal. Person 2 initially denied that Ms Abogatal would have her credentials, however in an email sent on 20 August 2018, she recalled an occasion on which Ms Abogatal asked her to log into the health roster. However, Person 2 could not be sure when this occurred. The panel considered that the evidence demonstrated, on the balance of probabilities, that the three individuals concerned had not authorised or finalised the shifts. This, taken with the evidence that Ms Abogatal had access to the credentials, and what Witness 1 overheard at the end of the disciplinary hearing, satisfied the panel that it is more likely that not that Ms Abogatal authorised or finalised the shifts using her colleagues' credentials.

The panel considered that it is more likely than not that for one or more of the shifts, Ms Abogatal finalised claims for payment using a colleague's credentials when she did not have permission or authorisation to do so. The panel therefore found this charge proved.

### **Charge 3**

3. Your conduct at Charge 1 above was dishonest because you knew that you had not worked the shifts but received payment anyway.

#### **This charge is found proved.**

In reaching this decision, the panel took into account that Ms Abogatal received a large sum of money. The panel considered that Ms Abogatal would have noticed this amount of money being paid into her bank account. The panel did not consider Ms Abogatal's suggestion, that she did not know that she had received payment, and did not check her bank account, to be credible. There is evidence that payslips were being sent to her address, and in her interview, Ms Abogatal described an incident in which she noticed fraudulent activity on her account to the sum of £100. Moreover, the panel noted an email which was sent by Person 5 on 28 August 2018 which indicated that Ms Abogatal has asked to borrow money from her. A statement from Person 6 further indicates that Ms Abogatal was trying to borrow £2,000 for her [PRIVATE]. This would be consistent with the statement overhead by Witness 1 at the end of the disciplinary hearing in which Ms Abogatal referenced needing money to pay for [PRIVATE]. The panel considered that this evidence suggested Ms Abogatal was aware of the amount of money available to her. In all the circumstances the panel did not think it credible that Ms Abogatal would not have noticed a sum of around at least £38,000 being paid into her bank account over the course of two years.

The panel also considered that Ms Abogatal would have been aware that she did not work 132 shifts of the 157 shifts that she received payment for.

The panel therefore determined that Ms Abogatal knew she had received payment for shifts she had not worked and that this was her subjective state of knowledge. The panel considered that receiving payment, and retaining it knowing that she had not worked the

shifts, would be considered dishonest by ordinary decent people. The panel therefore found this charge proved.

#### **Charge 4**

4. Your conduct at Charge 2 above was dishonest because you knew that you had not worked the shifts but sought to receive payment for them anyway.

#### **This charge is found proved.**

In reaching this decision, the panel considered that Ms Abogatal's actions of using a colleague's credentials to finalise shifts so she would be paid, knowing that she had not worked those shifts, was inherently dishonest. The panel considered that this was not something that could be done by accident, as Ms Abogatal had used three different colleague's credentials to finalise the claims for payment. The panel considered that there is no other alternative explanation for entering these shifts onto the system, and that Ms Abogatal would have known that finalising these shifts would have resulted in her being paid for the shifts that she had not worked.

The panel considered that Ms Abogatal's conduct would be considered dishonest by an ordinary decent person. The panel therefore found this charge proved.

#### **Charge 5**

5. On 17 August 2021 failed to attend Croydon Magistrates Court to answer a charge of Fraud (contrary to section 1 and 4 Fraud Act 2006) resulting in the issue of Warrant for arrest without bail.

#### **This charge is found proved.**

In reaching this decision, the panel took into account the memorandum of an entry into the register of the South London Magistrates Court dated 17 August 2021 which suggests that a warrant for Ms Abogatal's arrest was issued. The memorandum itself records that the defendant, Ms Abogatal, was not present. The panel considered that a warrant for Ms

Abogatal's arrest would not have been issued if she had attended court to answer the charge. The panel therefore found this charge proved.

### **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 Ms Abogatal's 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, Ms Abogatal's fitness to practise is currently impaired as a result of that misconduct.

### **Representations on misconduct and impairment**

The NMC has provided an undated Statement of Case which sets out its position in relation to misconduct, impairment, sanction, and interim order. This will be summarised accordingly.

In coming to its decision, the panel had regard to the case of *Roylance v GMC (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.'

The NMC 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.

The NMC identified the specific, relevant standards where Ms Abogatal's actions amounted to misconduct. The Statement of Case sets out that the misconduct was serious and involves premeditated dishonesty over a lengthy period of years that defrauded the NHS of a substantial sum of money. The Statement of Case goes on to say that Ms Abogatal's conduct in claiming payment from the Trust for shifts that she did not work, and failing to attend court to answer the criminal charge, would be considered as egregious by fellow professionals and the public, and therefore amounts to misconduct.

The NMC requires the panel to bear in mind its overarching objective to protect 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. The panel has referred to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

The Statement of Case outlines that although there is no evidence before the panel of any incident where Ms Abogatal has been dishonest in respect of treatment to patients, there is a risk that dishonest conduct directly related to clinical practice could arise if Ms Abogatal was confronted with a situation at work where she considered it was in her interests to be dishonest.

The Statement of Case goes on to say that Ms Abogatal has breached fundamental tenets of the nursing profession and brought the reputation of the nursing profession into disrepute. Ms Abogatal's conduct was inherently dishonest, in that she claimed payment for shifts that she knew she had not worked, and that she used the login details of various senior colleagues to approve these payments.

The NMC state that Ms Abogatal's conduct is indicative of a deep-seated attitudinal concern. Such attitudinal concerns are more difficult to remediate and to do so would require demonstration of reflection and insight into the misconduct itself. The Statement of Case sets out that Ms Abogatal has not engaged with the NMC in relation to these

proceedings, and has absconded from the related criminal proceedings. There is no evidence that she had reflected sufficiently, or at all, upon her conduct and its potential effect on the reputation of the nursing profession. The NMC further state that there is no evidence of any insight or steps taken to remediate the concerns in this case. The NMC therefore say that there is a risk of repetition and consequential risk of harm to the public. The NMC invite the panel to make a finding of current impairment on the ground of public protection.

Regarding public interest, the Statement of Case states:

*'The NMC considers that there is a public interest in a finding of impairment being made in this case, in order to declare and uphold proper standards of conduct and behavior, [sic] and to maintain public confidence in the profession and the NMC as its regulator. Ms Abogatal's alleged conduct engages the public interest because it relates to serious misconduct, involving premeditated and repeated dishonesty, potentially amounting to serious criminal offending.'*

[...]

*'The NMC submits also that a failure to find current impairment on public interest grounds would send the wrong message to the profession and the public, suggesting that it did not condemn the type of conduct alleged.'*

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments.

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

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 Ms Abogatal's actions did fall significantly short of the standards expected of a registered nurse, and that Ms Abogatal's actions amounted to a breach of the Code. Specifically:

***'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***

***20.4 keep to the laws of the country in which you are practising***

***20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to***

***21 Uphold your position as a registered nurse, midwife or nursing associate***

*To achieve this, you must:*

***21.3 act with honesty and integrity in any financial dealings you have with everyone you have a professional relationship with, including people in your care '***

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 Ms Abogatal's conduct at charges 1 to 4 is very serious. The panel considered the totality of her conduct across these charges demonstrated that Ms Abogatal engaged in a dishonest, premeditated scheme to acquire funds that she was not entitled to. Furthermore, the panel considered that Ms Abogatal's conduct would have adversely impacted the reputation of her colleagues that she implicated by fraudulently using their credentials to finalise her claims for payment as they would initially have come under suspicion. The panel considered that Ms Abogatal was in a position of trust as a senior member of staff. The panel considered that Ms Abogatal's actions would be considered deplorable by other registered nurses. In all of the circumstances, the panel therefore found that Ms Abogatal's actions amount to misconduct.

Regarding Charge 5, the panel acknowledged that Ms Abogatal did not attend Croydon Magistrates Court on 17 August 2021 to answer the charge. Further, the panel considered that there was no evidence before it to explain why Ms Abogatal did not attend. The panel considered that Ms Abogatal was under a legal obligation to attend court to answer the charge, and that failing to do so without reasonable excuse would amount to a criminal offence. The panel noted that there was no information before it to suggest that there was

a reasonable excuse for Ms Abogatal's non-attendance and therefore considered that her action at Charge 5 amounted to misconduct.

The panel found that Ms Abogatal's 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, Ms Abogatal's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 February 2024, which states:

*'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. 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/their fitness to practise is impaired in the sense that S/He/They:*

- 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 considered that there was no evidence before it to suggest that any patients were caused harm as a result of Ms Abogatal's misconduct. However, the panel considered that the evidence before it indicated that Ms Abogatal was willing to abuse her position of trust for financial gain. While this behaviour was not directed specifically at patients, the panel was concerned that patients might be put at financial risk if Ms Abogatal was treating them, and an opportunity to deceive them for financial gain arose. The panel considered that these patients may be put at a risk of financial harm should the misconduct found proved be repeated. The panel considered that this risk of financial harm also applies to prospective employers. The panel considered that Ms Abogatal's misconduct had breached the fundamental tenets of the nursing profession, namely,

honesty and integrity, and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

The panel considered the factors set out in the case of *Ronald Jack Cohen v General Medical Council* [2008] EWHC 581 (Admin) when determining whether or not Ms Abogatal has taken steps to strengthen her practice. That is:

*'Whether the misconduct is easily remediable;*  
*Whether it has in fact been remedied;*  
*Whether it is therefore highly unlikely to be repeated'*

The panel determined that the misconduct is not easily remediable. It was of the view that the misconduct is capable, in principle, of being addressed, but with difficulty. The panel considered that this was not a single instance of misconduct, but was repeated over a period of two years. On multiple occasions, Ms Abogatal dishonestly finalised shifts using the credentials of another in order to receive payment. The panel considered that such a consistent pattern of dishonest behaviour demonstrated that the misconduct is attitudinal in nature, and therefore Ms Abogatal has deep-seated attitudinal issues concerning dishonesty. Therefore, remediation would require a significant change of Ms Abogatal's mindset in order to address and remedy the misconduct.

In answer to whether the misconduct has been addressed and remedied, the panel determined that there is no evidence before it of any remorse, reflection, or steps taken to remediate the concerns by Ms Abogatal.

Regarding insight, the panel considered that Ms Abogatal has not demonstrated an understanding of why what she did was wrong and how this impacted negatively on the reputation of the nursing profession. The panel therefore considered that Ms Abogatal has not demonstrated any insight into her misconduct. Aside from expressing distress and apology at the Trust internal disciplinary hearing, the panel considered that there was a complete absence of insight, remorse, and remediation, and consequently, the panel concluded that the misconduct had not been addressed or remedied.

In answer to whether the misconduct is highly unlikely to be repeated, the panel is of the view that there is a risk of repetition given the lack of insight, remorse, and remediation. As the misconduct is attitudinal in nature, and no steps have been taken to address it, there is a real risk that it will be repeated. Therefore, Ms Abogatal poses a clear risk of financial harm to any future employer, and to patients if the opportunity to deceive them for financial gain arose. In addition, the panel noted that Ms Abogatal was willing to acquire, and then use the credentials of other colleagues to further her scheme, and so exposed those colleagues to reputational harm. In all the circumstances Ms Abogatal poses a considerable risk of harm to her employers, colleagues, and patients, and so the panel decided that a finding of impairment is necessary on the ground of public protection.

The panel bore in mind that the overarching objectives of the NMC: to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions. The panel considered that honesty is a fundamental tenet of the nursing profession, and necessary for nurses to maintain the position of trust they occupy. The public is entitled to expect that nurses will be honest in all their dealings. Therefore, the public would have less faith in nurses if they were aware that a nurse who dishonestly acquired at least £38,000 of money from the NHS was not found to be impaired. Indeed, the public would be less trusting of nurses overall, if they felt that nurses were permitted to dishonestly obtain money, with no action taken by the regulator. In addition, the importance of honesty must be reinforced to other registered professionals, who ought to expect that a nurse who dishonestly acquired large sums of money, will be found to have their fitness to practice impaired.

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 Ms Abogatal's fitness to practise impaired on the grounds of public interest.

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

## **Sanction**

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

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

### **Representations on sanction**

In the Statement of Case, the NMC submitted that a striking-off order is the only appropriate and proportionate sanction in this case.

The Statement of Case sets out that taking no action, or imposing a caution order would not be sufficient to protect the public, maintain standards, or maintain confidence in the NMC as the regulator.

The Statement of Case states that the conduct in this case does not relate to Ms Abogatal's clinical practice, but to a potential attitudinal concern. The NMC therefore state that there are no workable, measurable, or proportionate conditions that could be formulated to address the concerns in this case. The NMC further state that a conditions of practice order would not be sufficient to protect the public or engage the public interest.

Regarding a suspension order, the Statement of Case sets out that the conduct was repeated over a period of two years, and therefore does not constitute a single instance of misconduct. The NMC state that there is no evidence of repetition of the behaviour since the incidents, however, it is not known if Ms Abogatal has been able to practise safely for a prolonged period, or in a similar situation without repeating the conduct, due to her lack of engagement.

The Statement of Case states that given the seriousness of the allegations in this case, the fact that Ms Abogatal was charged with a serious criminal offence, and that she subsequently failed to attend court to answer this charge, public confidence in the nursing

profession cannot be maintained unless Ms Abogatal is struck off the register. The NMC submit that a striking off order is the only sufficient sanction to maintain professional standards.

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

Having found Ms Abogatal's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Abuse of a position of trust
- Lack of insight into misconduct
- A pattern of premeditated misconduct over a period of time
- Willingness to risk the reputation of other registered nurses
- Deep-seated attitudinal issues
- Dishonesty for financial gain

The panel also took into account the following mitigating features:

- Personal mitigation including financial hardship and [PRIVATE]

The panel had regard to the NMC guidance on sanctions for particularly serious cases (ref: SAN-2), specifically, cases involving dishonesty. The panel considered that the misconduct in this case is very serious, and involved premeditated deception of the Trust, which resulted in a personal financial gain by Ms Abogatal. The panel attached significant weight to Ms Abogatal abusing her position of trust, and being willing to risk the reputation of her colleagues. Trust is essential within the nursing profession, and so the panel considered abusing that trust for personal gain to be a very serious matter. Similarly, the panel concluded that exposing fellow nurses to the risk of reputational harm demonstrated

a complete disregard for those colleagues, which is unacceptable when nurses are expected to work cooperatively with one another for the benefit of others. Therefore, paying particular regard to these aggravating factors, the panel considered that this was very serious dishonesty, at the top end of the spectrum.

The panel acknowledged Ms Abogatal's personal circumstances and financial hardship. However, the panel did not consider that this factor could be afforded much weight. Ms Abogatal's conduct was not opportunistic or spontaneous in the context of difficult personal circumstances, but rather a sophisticated pattern of premediated dishonest behaviour over two years. Therefore, her personal circumstances did not do much to reduce the severity of the very serious dishonesty demonstrated.

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 Ms Abogatal'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 Abogatal's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Ms Abogatal's registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The misconduct identified in this case was not something that can be addressed through retraining, as the concerns do not relate to Ms Abogatal's clinical practice, but are instead attitudinal in nature. Furthermore, the panel concluded that the placing of conditions on Ms Abogatal's registration would not adequately address the seriousness of this case and would not protect the public or meet the public interest. The

panel noted that Ms Abogatal has not demonstrated a willingness to engage with the NMC in relation to these proceedings, and therefore cannot be satisfied that she would be receptive to retraining.

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

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

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel went through each of the relevant factors which might make a suspension order appropriate. The panel considered that this was not a single instance of misconduct, but was repeated over a period of two years. The panel had regard to its previous finding that Ms Abogatal's misconduct demonstrated deep-seated attitudinal issues. Whilst the panel accepted that there was no evidence of subsequent repetition, it was not satisfied that Ms Abogatal had any insight into her misconduct, or had taken steps to remediate her misconduct. The panel therefore considered that there is a risk of repetition. Given that many of the factors that may make a suspension order the appropriate sanction were not present in this case, the panel went on to consider the factors that may make a strike off the appropriate and sufficient order.

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

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*

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

Ms Abogatal's actions were significant departures from the standards expected of a registered nurse. The panel was of the view that the misconduct raises fundamental questions about Ms Abogatal's professionalism, and that the findings in this particular case demonstrate that Ms Abogatal's actions were serious and to allow her to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body. The panel considered that public confidence in the nursing profession and the NMC as the regulator cannot be maintained unless Ms Abogatal is struck off the register. In all the circumstances, the panel concluded that Ms Abogatal's misconduct, and lack of any steps taken to address it, were fundamentally incompatible with her remaining on the register.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Ms Abogatal's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct themselves, the panel has concluded that nothing short of this would be sufficient in this case.

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

The panel had regard to the principle of proportionality and acknowledged that this sanction may cause hardship to Ms Abogatal. However, the panel considered that the public protection and public interest considerations in this case outweigh Ms Abogatal's own interest.

This will be confirmed to Ms Abogatal in writing.

## **Interim order**

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

## **Representations on interim order**

The Statement of Case states:

*'If a finding is made that Ms Abogatal's fitness to practise is impaired on a public protection basis and a restrictive sanction imposed, we consider an interim order in the same terms as the substantive order should be imposed on the basis that it is necessary for the protection of the public and otherwise in the public interest.'*

The panel accepted the advice of the legal assessor.

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

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order. The panel considered that it had identified that Ms Abogatal posed a risk of financial harm to others, and so an interim order was necessary to protect the public. Moreover, to allow a nurse who poses a risk of financial harm to others to practise unrestricted, would indicate to the public that the NMC was not properly discharging its duty to protect the public. The panel therefore considered that an interim order is necessary to maintain public confidence in the nursing profession.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's

determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months to allow time for any possible appeal.

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

That concludes this determination.