

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

**Substantive Hearing
Monday 5 January 2026**

Virtual Hearing

Name of Registrant:	Sarah-Jane Fraser
NMC PIN:	10I0194S
Part(s) of the register:	Registered Nurse – Adult (RNA) 3 March 2014
Relevant Location:	Falkirk
Type of case:	Misconduct and Conviction
Panel members:	Bryan Hume (Chair, Lay member) Jessica Read (Registrant member) Christine Dorothy Wroe (Lay member)
Legal Assessor:	Emma Boothroyd
Hearings Coordinator:	Emily Mae Christie
Nursing and Midwifery Council:	Represented by Nicola Kay, Case Presenter
Ms Fraser:	Not present and unrepresented
Consensual Panel Determination:	Accepted
Facts proved by admission:	Misconduct charges 1a, 1b, and 2 Conviction charge 1a
Facts not proved:	N/A
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim order:	Interim suspension order (18 months)

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Ms Fraser was not in attendance and that the Notice of Hearing letter had been sent to Ms Fraser's registered email address by secure email on 4 December 2025.

Ms Kay, 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 allegation, the time, dates and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Ms Fraser'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 Fraser has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Ms Fraser

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

Ms Kay informed the panel that a provisional Consensual Panel Determination (CPD) agreement had been reached and signed by Ms Fraser on 18 December 2025.

The panel noted that in the CPD agreement the following is stated:

‘1. Ms Fraser is aware of the CPD meeting. Ms Fraser does not intend on attending the meeting and is content for it to proceed in her absence. Ms Fraser understands that if the panel wishes to make amendments to the provisional agreement which she does not agree with, the panel will reject the CPD and refer the matter to a substantive hearing.’

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Ms Fraser. In reaching this decision, the panel has considered the submissions of Ms Kay and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones (Anthony William) (No.2) [2002] UKHL 5* and *General Medical Council v Adeogba [2016] EWCA Civ 162*, and had regard to the overall interests of justice and fairness to all parties. It noted that:

- Ms Fraser has engaged with the NMC and has signed a provisional CPD agreement, which is before the panel today;
- 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 disposal of the case.

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

Details of charge

Misconduct

That you a registered nurse

- 1) On one or more of the following dates accessed Colleague A's records without clinical justification:
 - a) 4 November 2019
 - b) 13 August 2021
- 2) On 28 October 2019 accessed Colleague B's records without clinical justification.

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

Conviction

That you a registered nurse:

- 1) On 21 June 2023 at Falkirk Sheriff Court were convicted of the following offence:
 - a) Between 12 July 2016 and 30 November 2020 at 132 Wallace Street, Falkirk and elsewhere (Sarah Jane Fraser) did form a fraudulent scheme you did pretend to others that you were Colleague A which you knew to be false and did utilise her personal details and address to obtain and operate accounts with said catalogue companies and did obtain goods from them without payment for same.

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

Consensual Panel Determination

At the outset of this hearing, Ms Kay informed the panel that a provisional agreement of a Consensual Panel Determination (CPD) had been reached with regard to this case between the NMC and Ms Fraser.

The agreement, which was put before the panel, sets out Ms Fraser's full admissions to the facts alleged in the charges, that her actions amounted to misconduct, and that her fitness to practise is currently impaired by reason of that misconduct and conviction. It is further stated in the agreement that an appropriate sanction in this case would be a striking-off order.

The panel has considered the provisional CPD agreement reached by the parties.

That provisional CPD agreement reads as follows:

'The Nursing and Midwifery Council ('the NMC') and Registered Nurse Sarah Jane Fraser PIN: 1010194S ('the Parties') agree as follows:

- 1. Ms Fraser is aware of the CPD meeting. Ms Fraser does not intend on attending the meeting and is content for it to proceed in her absence. Ms Fraser understands that if the panel wishes to make amendments to the provisional agreement which she does not agree with, the panel will reject the CPD and refer the matter to a substantive hearing.*

The charge

- 2. Ms Fraser admits the following charges:*

Misconduct

That you a registered nurse

- 1. On one or more of the following dates accessed Colleague A's records without clinical justification:*

- a. 4 November 2019
- b. 13 August 2021

2. On 28 October 2019 accessed Colleague B's records without clinical justification.

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

Conviction

That you a registered nurse:

1. On 21 June 2023 at Falkirk Sheriff Court were convicted of the following offence:

- a. Between 12 July 2016 and 30 November 2020 at 132 Wallace Street, Falkirk and elsewhere (Sarah Jane Fraser) did form a fraudulent scheme you did pretend to others that you were Colleague A which you knew to be false and did utilise her personal details and address to obtain and operate accounts with said catalogue companies and did obtain goods from them without payment for same.

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

The facts

3. Ms Sarah Jane Fraser ('the registrant') appears on the register of nurses, midwives and nursing associates maintained by the NMC as an Adult Registered Nurse and has been on the NMC register since 03 March 2014. She was employed as a Band 5 Staff nurse at NHS Forth Valley ('the Trust'). A self-referral from the registrant was received by the

NMC on 22 July 2022 in which she advised that she had been charged with a criminal offence relating to her involvement in fraudulent activities from 2016.

- 4. An internal investigation was commenced by the Trust in October 2022, which concluded in July 2023. The registrant resigned from her substantive post effective 03 November 2022.*

Misconduct

Charge 1a and 1b

- 5. On 18 February 2021, Colleague A reported concerns to her manager in relation to the use of her personal details. Colleague A had been receiving letters from a company called Lowell attempting to recover an outstanding balance from her on an account with JD Williams. The account had been opened on 12 July 2019 in her name and with her address. She did not open this account and became aware of its existence when she started receiving the debt recovery letters. She received approximately 6 letters. On 17 February 2021, she contacted JD Williams and then contacted Lowell, who confirmed the name and address on the account, however the date of birth used and latest address on the account was different. She was asked during the phone conversation whether she had knowledge of an address lined to the account and was provided details of the address. Although she knew where the street was she, at that time, had no knowledge of who lived at that address. The address provided to her was the registrant's home address.*
- 6. Colleague A was speaking with Colleague B about the incident. She was informed by Colleague B that she too had been the victim of fraud between August 2019 and March 2020 which resulted in her investigating via Experian. Colleague B confirmed that the address*

given to Colleague B in her conversation with Lowell was the same address on her report. Colleague A reported the matter to the police and then to her manager on 18 February 2021. On 9 June 2021, Colleague A signed up to Experian to check her credit and to obtain a full report. The report showed that from 12 July 2016, an account was opened with JD Williams using her name and address; however, the account was linked to other addresses, two of which could be linked to the registrant.

- 7. As part of the internal investigation, a check by the Cyber and Information Security Manager of seven of the hospital systems was undertaken to check if the registrant had accessed the Community Health Index ('CHI') numbers of Colleague A. The CHI number is a unique identifier used to identify individuals receiving health care services. It is a ten-digit number, the first six consisting of the patient's date of birth, and the remaining four are unique. This allows for accurate and consistent patient records across various health services. It ensures healthcare providers can accurately identify patients across different healthcare settings, and it helps link patient records, so that healthcare professionals have accurate and up-to-date information.*
- 8. The Cyber and Information Security Manager conducted a search of seven hospital systems for the period January 2018 until January 2023 in relation to Colleague A. The search identified that the registrant had accessed information relating to Colleague A on 14 separate occasions across two specific days. Colleague A's information had been accessed 4 times on 4 November 2019 and 10 times on 13 August 2021 by the registrant.*

Charge 2

- 9. Colleague B in February 2020 was checking her credit file and noticed irregularities regarding accounts opened with various online companies.*

The accounts first appeared to have been opened from October 2019, and although they were in her name, they were not registered to her address and were registered to two addresses in Falkirk. One of those addresses was the registrant's home address, and the second address was the address next door to the registrant's home address. Colleague B contacted the companies in question and advised them of the situation. In May 2021, Colleague B noticed that a new account listed as 'JD Williams Trading as Fashion World' had been opened on the 16 December 2020, however while the addressed used was the same as the registrant's home address, there were differences between this account and those opened previously in that her full name was not used nor was the date of birth correct. Colleague B reported the matter to Equifax and JD Williams. She then reported it to the police on 3 June 2021.

- 10. The Cyber and Information Security Manager conducted a search of seven hospital systems for the period January 2018 until January 2023 in relation to Colleague B. The search identified that the registrant had accessed information relating to Colleague B on 28 October 2019.*
- 11. The records contain personal information, such as name, address, date of birth and contact details. Although the records could be accessed remotely, the registrant, as a Band 5 Nurse, would not have had the permissions to access these records remotely. The only access she would have had was while on shift and through hospital systems. There was no clinical justification for her to access the records of her colleagues, Colleague A and Colleague B.*
- 12. On 9 May 2023, the registrant provided a statement as part of the internal investigation. She made admissions to using Colleague A's details to obtain credit, and at that time, denied using the company*

database or system to obtain her Colleague's details. The registrant apologised to Colleague A for her actions and for causing her trauma. Apart from this statement, the registrant did not engage in the internal investigation process.

Conviction:

Charge 1a

13. The registrant was arrested by the police and charged with Fraud in July 2022. On 21 June 2023, the registrant was convicted at Falkirk Sheriff Court for forming a fraudulent scheme to use the personal details of Colleague A and, in pursuance of said scheme, obtained goods from an online catalogue using her details. The particulars of the offence were that between 12 July 2016 and 30 November 2020 the registrant formed a fraudulent scheme to obtain goods and services from a number of catalogue companies including JD Williams, Marisota, Simply Be, Freemans and Ambrose Wilson and in pursuance of said scheme she pretended to others that she was Colleague A which she knew to be false and utilised her personal details and address to obtain and operate accounts with said catalogue companies and obtained goods from them without payment.

14. The registrant received a six-month community order with requirements to complete 67 hours of unpaid work and to pay compensation of £495.22.

15. The registrant admits to all charges. On 20 November 2025, the registrant informed the NMC that she did not wish to engage with the regulatory proceedings and that she wished to be removed from the NMC register. She accepted that her fitness to practise is currently impaired by reason of her misconduct and conviction.

Misconduct

16. *The parties agree that the acts of the registrant amount to misconduct. The comments of Lord Clyde in Roylance v General Medical Council [1999] UKPC 16 may provide some assistance when seeking to define misconduct:*

‘Misconduct is a word of a general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a [nurse] practitioner in the particular circumstances.’

17. *The comments of Jackson J in Calheam v GMC [2007] EWHC 2606 (Admin) and Collins J in Nandi v General Medical Council [2004] EWHC 2317 (Admin), provide further assistance:*

‘[Misconduct] connotes a serious breach which indicates that the doctor’s (nurse’s) fitness to practise is impaired’

And

‘The adjective ‘serious’ must be given its proper weight, and in other contexts there has been reference to conduct which would be regarded as deplorable by fellow practitioners’.

18. *Where the acts or omissions of a registered nurse are in question, what would be proper in the circumstances (per Roylance) can be determined by having reference to the Nursing and Midwifery Council’s Code of Conduct 2021 (‘the Code’). The parties agree that at all relevant times, Ms Fraser was subject to the provisions of the Code.*

19. *The registrant's conduct involves a serious departure from the standards expected of a registered professional. The registrant was aware of the required standards and what was expected of her.*

20. *The parties agree that the following provisions of the Code have been breached in this case:*

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*

21. *The parties agree that the registrant's conduct was serious. Her conduct was an abuse of her position. She also abused her position in order to dishonestly obtain a benefit, whilst breaching the privacy of her colleagues.*

Conviction

22. *The registrant admits that she was convicted of the criminal offence as outlined in the charge above. The NMC has received a certificate of conviction from the Falkirk Sheriff Court confirming the details of the registrant's conviction.*

23. *Although the registrant's conviction relates to actions outside of her clinical practice, her actions were an abuse of her position of trust as a Band 5 nurse and were connected with her professional practice in that*

she was only able to access the information relating to Colleague A as a result of her employment at the Trust and her position as a nurse. Her conviction also relates to conduct which is dishonest. The conduct and her conviction are considered to be so serious that they are likely to undermine the NMC's professional standards and public confidence in the profession.

24. The Parties agree that the registrant's conviction is so serious that it undermines professional standards and public confidence in the profession.

Impairment

25. The parties agree that the registrant's fitness to practise is currently impaired by reason of her misconduct and her conviction.

26. The NMC's guidance (DMA-1) explains that impairment is not defined in legislation but is a matter for the Fitness to Practise Committee to decide. 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?'

27. This involves a consideration of both the nature of the concern and the public interest.

Public Protection

28. The parties agree that consideration of the nature of the concern involves looking at the factors set out by Dame Janet Smith in her Fifth Report from Shipman, approved in the case of [Council for Healthcare](#)

[Regulatory Excellence v \(1\) Nursing and Midwifery Council \(2\) Grant \[2011\] EWHC 927 \(Admin\)](#) by Cox J;

- 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 professions 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 professions; and/or*
- d. Has in the past acted dishonestly and/or is liable to act dishonestly in the future?*

29. The parties agree that limbs b, c and d are engaged in this case. Considering each limb in turn:

Limb (b): Has in the past brought and/or is liable in the future to bring the professions into disrepute; and/or

30. The parties agree that the registrant has brought the profession into disrepute. Honesty is of central importance to a nurse. Members of the public and patients expect nurses to be honest and to act with integrity. The registrant's conduct was a deliberate misuse of her power as a nurse. By accessing her Colleagues personal records on several occasions in breach of their trust, she misused her power, breached her colleagues' right to privacy and confidentiality and obtained financial gain, in that she was able to use the credit obtained from these companies to purchase items, as a result of her breach of trust. Nurses occupy a position of trust and are required to keep and uphold the

standards in the Code. There was a flagrant and significant departure of the Code.

31. Members of the public will be shocked to learn that a nurse accessed her colleagues' personal records, which she then used to commit acts of fraud over a prolonged period of time by falsely presenting herself to various companies as her colleagues.

Limb c: Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the professions

32. The parties agree that the registrant has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the profession. NMC Guidance, Impairment (DMA-1) sets out that the fundamental tenets of nursing, midwife and nursing associate professions are standards which are outlined in the Code. The Code is structured around the themes:

- a. Prioritising people*
- b. Practising effectively*
- c. Preserving safety*
- d. Promoting professionalism and trust*

33. The parties agree that the registrant's breaches of the code was a significant and flagrant departure of the Code. She failed by her conduct to promote professionalism and trust.

34. The parties agree that she is liable in the future to breach one of the tenets of the profession as her conduct was repeated over a prolonged period of time. There have been no demonstrable steps taken to address the conduct. Her conduct was deliberate and was for the purposes of obtaining financial gain. The public has the right to expect high standards of registered professionals and to expect that a

registered nurse will uphold the tenets of their profession and abide by the Code.

Limb d: Has in the past acted dishonestly and/or is liable to act dishonestly in the future.

35. The parties agree that the registrant has in the past acted dishonestly and is liable to act dishonestly in the future. The registrant was convicted of forming a fraudulent scheme. She had falsely represented herself as Colleague A to purchase items from various catalogue companies. Her conduct was serious, repeated and was over a prolonged period, from 2016 to 2021.

Remediation, reflection, training, insight, remorse

36. Impairment is a forward-thinking exercise that looks at the risk the registrant's practice poses in the future.

37. NMC Guidance adopts the approach of Silber J in the case of [Cohen v General Medical Council \[2008\] EWHC 581 \(Admin\)](#) in which the court set out three matters which it described as being 'highly relevant' to the determination of the question of current impairment, which are:

- 1) Whether the conduct that led to the charge(s) is easily remediable.*
- 2) Whether it has been remedied.*
- 3) Whether it is highly unlikely to be repeated.*

38. NMC Guidance, Can the concern be addressed (FTP-15a) states that decision makers should assess the conduct that led to the outcome, and consider whether the conduct itself, and the risks it could pose, can be

addressed by taking steps, such as completing training courses or supervised practice.

39. The Guidance further outlines that examples of conduct which may not be possible to address, and where steps such as training courses or supervision at work are unlikely to address the concerns include dishonesty, particularly if it is directly linked to the nurse's professional practice.

40. The parties agree that the registrant's conduct cannot be easily remedied as her dishonest conduct was linked to her professional practice. The registrant also has not addressed the concern and demonstrated no insight into her conduct. There has been no reflection from the registrant to demonstrate an understanding of the impact of her conduct on members of the public and the profession. There has also been no steps taken by her to remediate the conduct by way of undertaking training courses. Having regard to the lack of remediation and lack of insight, the conduct is highly likely to be repeated.

41. For the reasons set out above, the parties agree that a finding of impairment is necessary on public protection grounds.

Public Interest Impairment

42. The fraudulent act of the registrant involved an abuse of her position as a nurse and was a breach of trust. Honesty is of central importance to the nursing profession and members of the public expect nurses to act with honesty and integrity.

43. It is agreed that a finding of impairment is necessary on public interest grounds. In [Council for Healthcare Regulatory Excellence v \(1\) Nursing](#)

and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) at paragraph 74 Cox J commented that:

'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.'

44. Consideration of the public interest therefore requires the Fitness to Practise Committee to decide whether a finding of impairment is needed to uphold proper professional standards and conduct and to maintain public confidence in the profession.

45. In Khan v General Medical Council [2015] EWHC 301 (Admin), Mostyn J, at paragraph [8] said

'In cases of proven dishonesty, the balance can be expected to fall down on the side of maintaining public confidence in the profession by a severe sanction.'

46. The registrant had accessed and obtained her colleagues personal details without authorisation and in breach of the privacy. She had then gone on to use those details to form a fraudulent scheme in which she represented herself as her colleague to online catalogue companies in order to open credit accounts to purchase items. The result of which was her colleague receiving debt collection letters and letters threatening them with enforcement. She had committed the fraudulent

acts over a prolonged period of time and has demonstrated no insight into her conduct.

47. The parties agree that a finding of impairment is required to maintain the public confidence in the profession and uphold the professional standards of nurses.

Sanction

48. The parties agree that the appropriate sanction in this case is a striking off order. The parties have considered the NMC's sanction guidance (SG) in reaching this agreement.

49. The parties agree the aggravating factors in this case include:

- a. No insight into conduct*
- b. Serious misconduct involving dishonesty, reflective of an underlying attitudinal problem*
- c. Repetition of serious misconduct involving dishonesty*
- d. Breach of position of trust to obtain personal financial gain*
- e. Misuse of power*
- f. Premeditated, systematic and longstanding deception*

50. The parties agree that the mitigating factors in this case include:

- a. Remorse*
- b. Early admissions made by pleading guilty to the charge*

51. Taking the least serious sanctions first, it is submitted that taking no further action or imposing a caution order would not be appropriate in the circumstances of this case.

52. *Imposing a Conditions of Practice Order is neither appropriate nor proportionate in this case. The Order is insufficient to meet the public protection and public interest concerns. There are also no suitable or appropriate conditions which can be properly devised to address the concerns. The registrant has indicated that she no longer wishes to practise in nursing and has requested being removed from the register.*

53. *The NMC guidance on suspension order states that a suspension order would be appropriate if there is a single isolated incident and where there is no evidence of deep-seated and/or harmful attitudinal issues. The parties agree that a suspension would not be appropriate in this case. The conduct of the registrant was repeated and demonstrates deep-seated attitudinal issues in relation to honesty. The parties agree that a temporary removal from the register will not sufficiently protect public confidence in nurses or the professional standards.*

54. *The parties agree that the regulatory concerns about the registrant raise fundamental questions about her professionalism. Her conduct was a flagrant disregard of the NMC's code of conduct. She deliberately abused her position and breached the trust placed in her by the profession. She failed to uphold the professional standards which were required of her. The public confidence in nurses cannot be maintained if she were not struck off. There have been no steps taken by her to remediate the concerns, there has been no training or courses undertaken by her to address the concerns and she has demonstrated no insight into her conduct. The parties agree that in the circumstances, striking off is the only sanction which will be sufficient to maintain professional standards. A member of the public will be concerned to learn that a registrant who accessed and obtained her colleagues' personal details and then used those details to form a fraudulent scheme over a prolonged period of time, failed to remediate the*

concerns and has demonstrated no insight into her conduct will be permitted to return to practice.

Interim order

55. An interim order is required in this case. The interim order is necessary for the protection of the public and otherwise in the public interest, for the reasons given above. The interim order should be for a period of 18 months, in the event that the registrant seeks to appeal the panel's decision. The interim order should take the form of an interim suspension order.

56. The Parties agree that this provisional agreement cannot bind a panel, and that the final decision on facts, impairment and sanction is a matter for the panel. The Parties understand that, in the event that a panel does not agree with this provisional agreement, the admissions to the charges and the agreed statement of facts set out above, may be placed before a differently constituted panel that is determining the allegation, provided that it would be relevant and fair to do so.'

Ms Fraser signed the provisional CPD agreement on 18 December 2025 and the NMC on 19 December 2025.

The panel noted the following minor typographical errors and has corrected them within the document:

- Paragraph 18 contained an incorrect name, and the panel have corrected this to Ms Fraser's name;
- Paragraph 35, the panel deleted the word '*there*', which was a typographical error; and
- Paragraph 48, the panel removed the footnote and added in '(SG)'.

Decision and reasons on the CPD

The panel decided to accept the CPD.

Ms Kay referred the panel to the SG and to the *'NMC's guidance on Consensual Panel Determinations'*. She reminded the panel that they could accept, amend or outright reject the provisional CPD agreement reached between the NMC and Ms Fraser. Further, the panel should consider whether the provisional CPD agreement would be in the public interest. This means that the outcome must ensure an appropriate level of public protection, maintain public confidence in the professions and the regulatory body, and declare and uphold proper standards of conduct and behaviour.

The panel heard and accepted the legal assessor's advice.

The panel noted that Ms Fraser admitted the facts of the charges. Accordingly, the panel was satisfied that the charges are found proved by way of Ms Fraser's admissions, as set out in the signed provisional CPD agreement.

Decision and reasons on impairment

The panel then went on to consider whether Ms Fraser's fitness to practise is currently impaired. Whilst acknowledging the agreement between the NMC and Ms Fraser, the panel has exercised its own independent judgement in reaching its decision on impairment.

In addition to the sections of the Code identified in the CPD agreement, the panel also found the following section of the Code engaged:

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

In respect of the charges relating to misconduct, the panel determined that Ms Fraser's actions fell significantly below the standards expected of a registered nurse and amounted to serious misconduct. The panel took into account that although her conduct is not directly linked to her professional practice, Ms Fraser abused her position in the workplace as a Band 5 nurse, as she was only able to access the information relating to Colleague A and Colleague B as a result of her employment at the Trust and her position as a nurse. It noted that her conduct was dishonest and breached the privacy of her colleagues. Additionally, her dishonesty was found to have occurred over a prolonged period. The panel therefore concluded that Ms Fraser's conduct was sufficiently serious to amount to serious misconduct.

In respect of the charge relating to Ms Fraser's conviction, the panel noted that the conviction is linked to the conduct as set out in the misconduct charges. It took into account that the conviction is for the offence of Fraud, a dishonesty offence, and was found to have occurred between 12 July 2016 and 30 November 2020. The panel therefore concluded that Ms Fraser's conviction was sufficiently serious to amount to serious misconduct.

In this respect, the panel endorsed paragraphs 16 to 21 of the provisional CPD agreement regarding misconduct, and paragraphs 22 to 24 of the provisional CPD agreement regarding Ms Fraser's conviction.

The panel then considered whether Ms Fraser's fitness to practise is currently impaired by reasons of misconduct and conviction.

In coming to its decision, the panel had regard to the NMC Guidance on '*Impairment*' (DMA-1, last updated: 03/03/2025) in which the following is stated:

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

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

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

The panel considered whether Ms Fraser's misconduct is remediable. As Ms Fraser's misconduct was directly related to dishonesty, which included a conviction for fraud, the panel was not satisfied that her misconduct could be remediated due to the attitudinal concerns and its direct link to her professional practice. Therefore, the panel concluded that Ms Fraser's misconduct would require very strong evidence of insight, remorse and strengthened practice to be remediable.

The panel went on to consider insight and found there was no evidence that Ms Fraser had demonstrated any insight into her misconduct. It noted that Ms Fraser has expressed that she no longer wishes to practice as a nurse and has agreed that she is impaired by way of her misconduct and conviction. Additionally, the panel considered that there is no evidence before it to suggest that Ms Fraser has taken any steps to strengthen her practice. Therefore, the panel concluded that Ms Fraser has not demonstrated insight into her misconduct and has not taken steps to strengthen her practice. In light of this, the panel was concerned that there is a real risk of repetition.

The panel went on to consider the test in *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin). The panel determined that limb a of the test was not engaged, as there is no evidence before it to suggest that Ms Fraser's misconduct placed patients at an unwarranted risk of harm, and her misconduct is not liable to do so in the future. However, the panel found that limbs b, c, and d were engaged in the past, and, if repeated, would be engaged in the future.

In light of all the factors above, the panel determined that Ms Fraser's fitness to practise is currently impaired on the grounds of public protection and public interest.

In this respect, the panel endorsed paragraphs 25 to 47 of the provisional CPD agreement.

Decision and reasons on sanction

Having found Ms Fraser'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:

- No insight into conduct;
- Serious misconduct involving dishonesty, reflective of an underlying attitudinal problem;
- Repetition of serious misconduct involving dishonesty;
- Breach of a position of trust to obtain personal financial gain;
- Misuse of power; and
- Premeditated, systematic and longstanding deception.

The panel also took into account the following mitigating features:

- Remorse; and
- Early admissions made by pleading guilty to the charge

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 Fraser'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 Fraser'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 Fraser'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. Furthermore, the panel concluded that the placing of conditions on Ms Fraser's registration would not adequately address the seriousness of this case and would not protect the public.

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

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

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Ms Fraser's actions is fundamentally incompatible with Ms Fraser remaining on the register.

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

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

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

Ms Fraser's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Ms Fraser's actions were a serious breach of the fundamental tenets of the profession, and that allowing her to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel agreed with the CPD 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 Fraser's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, 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.

This will be confirmed to Ms Fraser in writing.

Decision and reasons on interim order

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

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 agreed with the CPD that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months in order to cover any appeal period before the striking-off order comes into place.

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

That concludes this determination.