

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

**Substantive Hearing
Monday, 12 January 2026 – Wednesday, 21 January 2026**

Nursing and Midwifery Council
2 Stratford Place, Montfichet Road, London, E20 1EJ

Name of Registrant:	Stacey Mcdonald
NMC PIN:	21D0771E
Part(s) of the register:	Nurses part of the register Sub part 1 RNA, Registered Nurse - Adult (27 April 2021)
Relevant Location:	Oxfordshire
Type of case:	Misconduct/Lack of competence
Panel members:	Liz Dux (Chair, lay member) Anne Murray (Registrant member) Raj Chauhan (Lay member)
Legal Assessor:	Robin Hay
Hearings Coordinator:	Franchessca Nyame
Nursing and Midwifery Council:	Represented by Beverley Da Costa, Case Presenter (of Counsel)
Miss Mcdonald:	Present and represented by Jennifer McPhee, (Solicitor, Anderson Strathern)
Facts proved by way of admission:	Charges 1a, 1b, 1c, 2b, 3a and 3b
Facts proved:	Charges 4a and 4b
Facts not proved:	Charges 2a, 5, 6a and 6b

Fitness to practise:

Impaired

Sanction:

Suspension order (9 months)

Interim order:

Interim suspension order (18 months)

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

Ms McPhee, on your behalf, made an application pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004' ('the Rules') for this case to be held wholly in private. This was on the basis that the evidence relating to facts is inextricably linked to [PRIVATE]. She added that you cannot fairly put your defence to the panel without referencing these matters.

Ms McPhee submitted that it would be unworkable and unfair to hear this case partly in private as going in and out of private session could result in the fragmentation of evidence. She went on to submit that this could create a substantial risk of parties inadvertently disclosing private matters in public session, and the potential "jigsaw identification" of third parties who have not consented to their identity being disclosed.

Ms Da Costa, on behalf of the Nursing and Midwifery Council (NMC), indicated that she opposed the application.

Ms Da Costa reminded the panel that it had sight of the evidence in this case. [PRIVATE].

Ms Da Costa therefore submitted [PRIVATE] that this hearing could go into private session when reference to those matters are raised.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

Having heard the submissions of Ms McPhee and Ms Da Costa, the panel considered [PRIVATE] to be contextual rather than central issues inextricably linked to the facts in this case. As such, the panel determined that itself and counsel are experienced and could

adequately navigate going into private session as and when [PRIVATE] matters are raised.

The panel therefore decided that it was in your interest for all reference to [PRIVATE] to be in private session. Otherwise, the hearing would be heard in public save for the entirety of your evidence, which would be heard in private.

Decision and reasons on application to implement reasonable adjustments

Ms McPhee made an application for the panel to implement reasonable adjustments in order to support your participation during the course of these proceedings.

[PRIVATE].

Ms McPhee highlighted that these NMC proceedings involve long periods of listening to evidence, [PRIVATE]. She explained that [PRIVATE] which would compromise your ability to understand the submissions being made and your evidence.

Ms McPhee therefore submitted that breaks every 30 – 40 minutes would be necessary to protect the fairness and integrity of these proceedings.

Ms Da Costa supported the application.

The panel accepted advice from the legal assessor.

In light of Ms McPhee's submission and your medical evidence, the panel decided it was fair and appropriate to implement the reasonable adjustment.

Details of charge

That you, a registered nurse:

1. Between April 2021 and November 2022, at Oxford Health NHS Foundation Trust failed to demonstrate the standards of knowledge, skill and judgement required to practise without supervision as a band 5 nurse, in any/or all of the following areas:
 - a) Patient care **[PROVED BY WAY OF ADMISSION]**
 - b) Medication management and administration **[PROVED BY WAY OF ADMISSION]**
 - c) Record keeping **[PROVED BY WAY OF ADMISSION]**
2. In January 2023 and November 2022, at Banbury Cross Health Centre, 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) Medication management and administration **[NOT PROVED]**
 - b) Record keeping **[PROVED BY WAY OF ADMISSION]**

That you, a registered nurse:

3. Did not disclose to Banbury Cross Health Centre:
 - a) In your written application form dated 26 September 2022 that you were subject to a formal capability plan at Oxford Health NHS Trust; **[PROVED BY WAY OF ADMISSION]**
 - b) In your job interview, that you were or had been subject to a formal capability plan at Oxford Health NHS Trust. **[PROVED BY WAY OF ADMISSION]**
4. Your actions at any or all of charge 3 were dishonest in that:
 - a) You knew that you were or had been subject to a formal capability plan; **[PROVED]**

b) You sought to mislead and/or conceal that from a potential employer.

[PROVED]

5. On 31 January 2023, denied knowing or being aware of the referral of yourself to the Nursing and Midwifery Council by Oxford Health NHS Trust. **[NOT PROVED]**

6. Your actions at charge 5 were dishonest in that:

a) You knew or were aware of the referral by Oxford Health NHS Trust; **[NOT PROVED]**

b) You sought to mislead and/or conceal the referral from your employer. **[NOT PROVED]**

AND in light of the above, your fitness to practise is impaired by reason of your lack of competence in relation to Charges 1 and 2, and your misconduct in relation to Charges 3 to 6.

Facts found proved by admission

The panel heard from Ms McPhee that you made admissions to Charges 1a, 1b, 1c, 2b, 3a, 3b.

The panel therefore found the above charges proved by way of your admissions in accordance with Rule 24(5).

Background

In March 2021, you commenced your employment at the Oxford Health Foundation Trust ('the Trust') as a Healthcare Assistant ('HCA') whilst awaiting your NMC PIN. You registered as a nurse in April 2021 and commenced your role as a community Staff Nurse.

Between 5 August 2021 and 9 November 2022, it is alleged that you made a number of medicine management and administration errors, as well as record-keeping errors. The following incidents were raised in particular:

- 24 August 2021: you allegedly self-reported an incident to a colleague following a home visit to a patient. There was an alert on the patient's records that they were allergic to Inadine dressings however the patient's daughter had already dressed the toe with Inadine. You discussed this with the patient who told you it was OK to dress the toe with Inadine. You re-dressed the wound using Inadine contrary to the alert on the patient's records
- 25 August 2021: it is alleged that you had not been to a patient's house to visit them, missing their Insulin dose, but you had recorded on the computer system that you had
- 6 September 2021: you allegedly misread the dates on an Insulin pen and noted the first-use date as the expiry date
- 11 September 2021: wrote the incorrect expiry date for both of two Insulin pens on an Insulin administration sheet, and had calculated one of the pen's expiry date incorrectly
- 3 December 2021: you allegedly wrote the incorrect date on two patients' records

- March 2022: you allegedly omitted to write '*units*' with the dose amount on a patient's notes. Also, there were concerns that she had allegedly forgotten to see a diabetic patient and went to see a patient with a syringe driver instead. It is alleged that you attempted to administer a B-12 injection which you had not prepared for
- 6 September 2022: you attended a patient's home to administer insulin. It is alleged that you telephoned a colleague ('Colleague A') to ask how much time was required between insulin doses, and you were advised between seven and a half to eight hours. This meant that, following the morning visit to the patient at 08:30, the afternoon dose of insulin was due at 16:00. You allegedly then called Colleague A again at 12:50 to ask if she could administer the afternoon dose of insulin at 14:30 as she had another wound care patient to see. Colleague A is alleged to have told you this would be too soon between doses. At 12:50, it is alleged that Colleague A received a call from another colleague who had also been called by you to ask the same question and you were told the same information. On 7 September 2022, it was alleged by the patient that you administered the insulin the previous day at 15:30
- 27 September 2022: a nurse attended a patient at home to administer Insulin and noted that the Insulin pen had no start date or discard date. The patient alleged that you had attended on 23 September 2022 and used that pen. Upon checking the records, it was noted that you had incorrectly noted the date of the nurse's visit as 22 September 2022 when it should have been 23 September 2022
- 26 October 2022 and 9 November 2022: it is alleged that on both occasions, you administered Insulin past its expiry date, or in incorrect doses, and made recording errors

On 11 November 2021, you were placed on an informal capability plan. This was escalated to a formal capability plan on 23 May 2022.

Your last day at the Trust was on 22 November 2022.

Banbury Cross Health Centre

In December 2022, you commenced your employment with Banbury Cross Health Centre ('Banbury') as a registered nurse.

On 30 January 2023, Banbury received an email from the NMC informing them that you were under investigation.

Due to the concerns, Witness 2 (see anonymisation key below) asked a senior nurse to supervise you whilst you administered an injection to Patient A on 31 January 2023. Witness 2 placed a message on the electronic system notifying you. However, you administered the injection without being supervised.

On 31 January 2023, the Practice Manager and Witness 3 met with you to discuss the NMC investigation and the unsupervised injection. You were suspended pending an investigation. Witness 3 subsequently conducted an audit of the patients' records seen by you. Witness 3 identified a number of concerns regarding the administration of medication and record-keeping errors.

On 23 February 2023, the Practice Manager and Witness 3 met with you and informed you that your employment had been terminated.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Ms Da Costa and Ms McPhee.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

The panel heard live evidence from the following witnesses called on behalf of the NMC:

- Witness 1: District Nurse Team Leader for the Rural North Oxford District Nurse Team at the Trust at the time of the incidents
- Witness 2: Advanced Practitioner Manager at Banbury at the time of the incidents
- Witness 3: Practice Nurse at Banbury at the time of the incidents
- Witness 4: Head of Nursing in Primary Community and Dental Services at the Trust at the time of the incidents

The panel also heard live evidence from you under affirmation.

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

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

Charge 2a

“That you, a registered nurse, in January 2023 and November 2022, at Banbury Cross Health Centre, 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) Medication management and administration

This charge is found NOT proved.

In reaching this decision, the panel took into account the written statements and oral evidence of Witnesses 2 and 3, and your oral evidence.

It was the evidence of Witnesses 2 and 3 that a note had been placed on Patient A’s record that their medication should not be given by you without supervision by Witness 3. In her oral evidence and written statement, Witness 2 states that she put that note on the electronic system at 08:10.

You gave oral evidence that when you had reviewed your patient list first thing in the morning (before 08:10) when you logged on, and that the note was not there to be seen. You told the panel you then spent one hour performing a Doppler procedure on another patient. You said that you were aware from others that Patient A did not like to be kept waiting for his medication. It is accepted evidence that you gave Zuclopenthixol via injection to Patient A without supervision at the time when Witness 3 was administering

her own patient list, with you having been allocated a separate individual patient list that morning which included Patient A. The panel heard from Witness 3 that by the time she approached you to supervise the injection of Patient A, you had already carried it out alone.

The panel was mindful that the charges make no reference to the fact that you did not see the note and that you should have done. The panel had no evidence before it of a wrongly administered dose or calculation of medication in relation to Patient A, nor any evidence of patient harm. The panel found that your failure to see the note amounted to a failure to follow management instruction rather than a medication error or mismanagement. The panel was of the view that, if you had clearly known you had to be supervised and ignored that instruction deliberately, this incident would have been considered medication mismanagement. However, the panel accepted your explanation as to how the note was missed and found it to be credible, with no proof from the NMC that the note had been seen and deliberately ignored by you.

The panel considered what it regarded as the meaning of medication management. It determined that medication management referred to the safe preparation of medication in a safe environment in accordance with a patient's prescription. The panel found that the NMC did not produce evidence demonstrating that Patient A's injection was administered incorrectly based on the information available to you at the material time.

In relation to the safe disposal of the half-filled ampoule of Zuclopenthixol after Patient A's injection, the panel determined that it was not good practice to walk around the surgery with an ampoule, but it could understand the explanation given by you for not doing so. The panel found that poor practice was not tantamount to mismanagement. The panel considered that there was no evidence as to how the ampoule was stored between the time of the injection at approximately 09:30 and the meeting with Witness 2 and the Practice Manager later that day; there was no evidence before the panel regarding whether any other staff had access to the ampoule during that time, or that it posed a specific risk.

In respect of Patient B, there was cogent evidence before the panel from you, Witness 2 and Witness 3 that the injection of Haldol Decanoate had been administered in the same anatomical area, and that this was poor practice. The panel noted that you both said during your oral evidence that to do so twice in a row itself was unlikely to cause harm. Therefore, the panel found that this did not constitute medication mismanagement or a failure in medication administration, however it did recognise that this was poor practice.

For these reasons, the panel found Charge 2a not proved.

Charge 4

“Your actions at any or all of charge 3 were dishonest in that:

- a) You knew that you were or had been subject to a formal capability plan;
- b) You sought to mislead and/or conceal that from a potential employer.”

This charge is found proved in its entirety.

In reaching this decision, the panel considered your application for employment at Banbury dated 26 September 2022, Witness 1’s written statement, your formal capability plan (‘FCP’) dated 23 May 2022, FCP review meeting notes dated 22 September 2022 written by the Clinical Development Lead at the Trust, and the record of your conversation with the RCN which took place on 21 November 2022.

When considering the issue of dishonesty, the panel had particular regard to NMC guidance ‘DMA-8: Making decisions on dishonesty charges and the professional duty of candour’, last updated 6 May 2025.

The panel noted that, by the time you completed the application form on 26 September 2022, you were fully aware that you were under Stage 2 of the FCP. The panel fully accepted that the Banbury application form itself did not specifically ask about any restrictions on your practice. The panel took note that there was a large section in freetext that you completed containing supporting information, it determined that this was a missed opportunity.

The panel directed itself to consider whether your failure to disclose the FCP in the application form amounted to dishonesty in that it was an attempt to mislead or conceal. In so doing, the panel directed itself as to the timeline of the FCP proceedings. You were placed on an informal capability plan in November 2021, then placed on a FCP in March 2022. In her written statement, Witness 1 said:

‘On 26 August 2022, I sent a letter to Stacey summarising what was discussed at the stage 1 review meeting...The outcome of the meeting was that Stacey was to be supported within formal stage 2 of the capability policy over a two month period.’

The FCP review meeting notes dated 22 September 2022 written by the Clinical Development Lead at the Trust sets out in detail discussions which took place. The panel noted that this meeting took place four days before you completed your application to Banbury. This FCP review meeting referred to another medication error that had taken place on 6 September 2022. It was written in the meeting note that, *‘Due to this incident, you have been advised not to visit patients who require medication without supervision until I have been provided with advice from [Witness 4].’* This was confirmed in writing to you. The panel also heard evidence from Witness 1 that FCP review meetings and development plans had been produced at each stage of the capability proceedings, with formal notification being given to you in writing so that you were under no doubt as to the concerns and subsequent restrictions placed on your practice. The meeting note also stated that, [PRIVATE]. As you were clearly worried about losing your job at the Trust, the panel determined that this was therefore a significant factor for you when applying to Banbury.

In your application form dated 26 September 2022, you wrote, '*As a nurse I ensure I deliver safe quality care that is patient centred to all my patients.*' Given the oral and documentary evidence before the panel, this was questionable. You also wrote said, '*I can advise about injections such as denosanab and ensure they are administered under relevant policies, guidelines.*' The panel found this statement to be misleading as it did not refer to the fact that you were currently not permitted to administer medication unsupervised. Further on in your application, you stated '*I remain professional and uphold the standards of the Nursing and Midwifery Council. "The Code", this fundamentally underpins the principles of best practice and the role of the nurse and the 6,s [sic].*' The panel determined that this demonstrates you were aware of your professional duties under 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' ('the Code') to disclose the restrictions on your practice and yet failed to do so. The panel acknowledged that the application form did not give a clear prompt to provide this information, but, given the short timeframe between your most recent FCP review meeting with the Trust on 22 September 2022 and the concerns that were addressed therein and the date of completion on the application (26 September 2022), the panel determined that your omission to include details of your restrictions and FCP amounted to concealment of the true facts. The panel was of the view that your reference to the Code in your application indicates that you would have had knowledge of the professional duty of candour (as is the expectation of every registered nurse).

The panel considered whether there was alternative explanation for your failure to disclose that you were or had been subject to a FCP and it ruled out the possibility of mistake. When considering whether it was more likely to be a misunderstanding or concealment by omission, the panel was satisfied that you had concealed highly relevant and material facts from Banbury as your prospective future employer.

The panel also took into account the fact that, in an email from the RCN to you dated 5 May 2025 which set out live chat notes from a conversation with RCN counsel on 21 November 2022 regarding advice about disclosure, you specifically told the RCN '*new*

employers know about the capability process.’ The panel noted that this was false and it reinforced the panel’s view that you knew that this was important information of which your employers should have been notified.

With regard to the interview for Banbury, of which the precise date is not known but is likely to have been before 14 October 2022, the panel found that there had again been concealment of the capability proceedings and restrictions you were working under at the time. You were specifically asked by Witness 3 whether you had ever made a mistake during your nursing practice, how it impacted on your ability to practise and what was learned. The panel acknowledged that this question was designed to ascertain learning strategies from applicants, but it found that this question gave you the perfect opportunity to make proper disclosure of the FCP and restrictions, particularly in relation to medication management and administration errors. This is particularly the case as it had been reinforced by the Trust in the weeks before the interview. At this point, you had completed the application form and referred to the Code. Whilst disclosing the drug errors you had made, the panel was of the view that there was ample opportunity for you to be wholly transparent, but limiting the information you gave was misleading to Banbury who were therefore left unaware of the risk to patient safety and the restrictions that should have been imposed on your practice.

As such, the panel found that you sought to mislead Banbury by concealing highly relevant information that was fundamental to the safety of your practice, both in the application for employment and at the interview.

Charge 4 was therefore found proved in its entirety.

Charge 5

“That you, a registered nurse, on 31 January 2023, denied knowing or being aware of the referral of yourself to the Nursing and Midwifery Council by Oxford Health NHS Trust.”

This charge is found NOT proved.

In reaching this decision, the panel had regard to the written statements and oral evidence of Witnesses 2 and 4, and your oral evidence.

The panel was informed that you were called to meeting with Witness 2 and the Practice Manager on 31 January 2023. You told the panel that you assumed the meeting was in relation to the incident involving Patient A, hence you bringing the half-filled ampoule to the meeting in an attempt to show you had not administered a full dose. The panel therefore accepted your evidence that, when confronted with question in relation to the reference to the NMC referral, you were taken by surprise.

The panel also found that there had been some confusion in terminology used by Witness 2, namely whether she had said '*referral*' or '*investigation*'. The panel found that the NMC failed to discharge its burden of proof in relation to the precise wording of what you were asked.

In any event, by the time of the meeting, you had received no communication from the NMC via email and had no knowledge as to what the position was with the referral. It is your evidence that you had not heard anything from the NMC since your meeting with Witness 4 in November 2022, therefore the panel determined that it was not unexpected that you were taken by surprise by this line of questioning. For these reasons, the panel found that there was a reasonable explanation as to why you had initially denied knowledge of an NMC referral or investigation. Although you initially denied knowledge of the NMC referral to Witness 2, it is accepted evidence that you backtracked rather promptly and were then forthcoming with knowledge of the NMC referral. The panel determined that this should be regarded as different to a situation where you might have consistently denied knowledge, especially given that you corrected yourself promptly. The panel found that your decision to seek guidance from the RCN on 21 November 2022

showed that you did have intentions to disclose the NMC involvement but when you had received formal notification from them.

Moreover, in his evidence, Witness 4 was unsure whether he gave you guidance as to whether you “*should*” inform any new employer or if you “*must*” inform them of the NMC referral.

For the above reasons, the panel understood your confusion and lack of clarity, and determined that there were alternative explanations as to why you answered Witness 2’s question in the manner you did at the meeting on 31 January 2023.

The panel therefore found Charge 5 not proved.

Charge 6

“Your actions at charge 5 were dishonest in that:

- a) You knew or were aware of the referral by Oxford Health NHS Trust;
- b) You sought to mislead and/or conceal that from a potential employer.”

Both these charges are found not proved as they are contingent on Charge 5 being found proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider whether Charges 1a, 1b, 1c, and 2b amount to a lack of competence and whether Charges 3a, 3b, 4a and 4b amount to misconduct, and, if so, whether your fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally.

The panel, in reaching its decision, 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 therefore exercised its own professional judgement.

Submissions on lack of competence

The NMC has defined a lack of competence as:

'A lack of knowledge, skill or judgment of such a nature that the registrant is unfit to practise safely and effectively in any field in which the registrant claims to be qualified or seeks to practice.'

Ms Da Costa invited the panel to take the view that the above charges found proved amount to a lack of competence.

Ms Da Costa identified the specific breaches of the Code where it was her submission that your actions amounted to a lack of competence.

'1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.2 make sure you deliver the fundamentals of care effectively

10 Keep clear and accurate records relevant to your practice

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

To achieve this, you must:

- 19.4 *take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public.'*

Ms Da Costa made reference to NMC guidance 'FTP-2b: Lack of competence' which states:

'Lack of competence would usually involve an unacceptably low standard of professional performance, judged on a fair sample of their work, which could put patients at risk.'

Ms Da Costa reminded the panel that you began working at the Trust in April 2021 and left in November 2022 after being in and out of supervised practice. She highlighted that for over a year you never worked independently as a nurse. She submitted that this presents an unacceptably low standard of work and is a fair representation of your work given the duration you worked at the Trust.

With regard to Banbury, Ms Da Costa reminded the panel that your employment started 1 December 2022 until your suspension on 31 January 2023. She submitted that your continued record keeping errors in the two-month period represents an unacceptably low standard of work and is a fair representation of your work.

Submissions on misconduct

Ms Da Costa made reference to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a ‘*word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.*’

Ms Da Costa directed the panel to specific sections within the Code and identified where, in the NMC’s view, your actions amounted to misconduct:

‘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’*

In relation to your failure to disclose to Banbury that you were subject to a FCP due to medication errors and poor record keeping, Ms Da Costa submitted that a reasonable nurse should and would have disclosed such information to ensure patients were protected. She added that you presented a risk of harm that the Trust could only mitigate by ensuring you were supervised. When considering a reasonable practitioner, she submitted that this amounts to misconduct.

Ms Da Costa went on to submit that the above misconduct is compounded by your dishonesty in that you sought to mislead Banbury by concealing that you were subject to a FCP at the Trust.

Submissions on impairment

Ms Da Costa moved on to the issue of impairment.

Ms Da Costa referred to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin). She submitted that all four limbs of the test in *Grant* are engaged as you have acted so as to put patients

at unwarranted risk of harm; brought the medical profession into disrepute; breached fundamental tenets of the medical profession; and acted dishonestly.

Ms Da Costa submitted that you cannot practise safely, kindly and professionally. She highlighted that you repeatedly made medication and record-keeping errors at the Trust, and, when you moved to Banbury, issues persisted. She submitted that you breached fundamental tenets of the nursing profession and have provided no evidence that this has been remediated.

Ms Da Costa directed the panel to your formal diagnoses and reasonable adjustments clearly set out in the Occupational Health report. She noted that [PRIVATE] that you have undertaken training. However, she highlighted that you have not worked in a nursing role since Banbury and, due to the high risk of harm in this case, you are required and have yet to demonstrate a period of safe practice. As such, she submitted that there is a risk of repetition in this case.

Ms Da Costa stated that dishonesty brings into question trustworthiness. She raised that, in your application of employment for Banbury, you held yourself as someone competent which is a lie. She submitted that your professionalism, attitude and approach are questionable, which also presents a risk of harm to patients.

Ms Da Costa therefore submitted that your fitness to practise is impaired on public protection grounds.

Ms Da Costa addressed the panel on the need to have regard to protecting the wider public interest. She stated that members of the public would be alarmed if a finding of impairment were not made. She stressed the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body.

For these reasons, Ms Da Costa submitted that your fitness to practise is impaired on public interest grounds.

Ms McPhee submitted that you have provided evidence of remediation which is not superficial.

Ms McPhee referred the panel to your “*detailed*” reflective work, demonstrating your clear understanding of what went wrong and why. She stated that you also demonstrate your understanding of the risk to patients and colleagues, and the reputational risk. She submitted that you give insight into how stress and cognitive overload would have impacted your clinical performance, and that you show acceptance of overall responsibility.

Ms McPhee drew the panel’s attention to your evidence of relevant training which goes directly to deficiencies put to panel such as record keeping and documentation being addressed.

Ms McPhee submitted that [PRIVATE] you recognise that it is context. [PRIVATE]. Now, you have implemented safeguards to protect yourself, patients and colleagues.

Ms McPhee informed the panel that you understand that honesty and transparency are essential to trust and public confidence in the profession. She submitted that you accept the panel’s findings of fact in full and recognise the seriousness of dishonesty.

It was Ms McPhee’s submission that, when viewed holistically, the risk of repetition in this case is low. She added that your dishonesty arose at a specific, confined and stressful time, and there has been no evidence of dishonesty before or after these incidents.

Ms McPhee reminded the panel that impairment was a forward-looking assessment. You had accepted misconduct and lack of competence but maintains these are historic. The

question was whether your fitness to practise was currently impaired. She referred to substantive evidence of remediation in your bundle of documentation.

In relation to Charge 4, Ms McPhee directed the panel to the cases of *Blakely v GMC* [2019] EWHC 905 and *PSA v GMC Uppal* [2015] EWHC 1304. She directed the panel to regard dishonesty within the correct spectrum. [PRIVATE]. You had not fabricated evidence and it would therefore be unfair to treat this as ongoing evidence of risk. In referring to *Uppal* and *Sawati v GMC* [2022] EWHC 283 (Admin), she encouraged the panel to distinguish between different types of dishonesty. This case was purely situational. You now accept full responsibility, but any misconduct has been understood, addressed and remediated.

Ms McPhee therefore submitted that your fitness to practise is not currently impaired.

The panel accepted the advice of the legal assessor.

Decision and reasons on lack of competence

When determining whether Charges 1a, 1b, 1c and 2b amount to a lack of competence, the panel had regard to the terms of the Code. In particular, the following standards:

‘1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.2 make sure you deliver the fundamentals of care effectively

10 Keep clear and accurate records relevant to your practice

13 Recognise and work within the limits of your competence

To achieve this, you must:

13.3 ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is

beyond the limits of your competence.

16 Act without delay if you believe that there is a risk to patient safety or public protection

To achieve this, you must:

- 16.2 *raise your concerns immediately if you are being asked to practise beyond your role, experience and training*

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

To achieve this, you must:

- 19.4 *take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public.'*

The panel determined that the admitted Charges 1a, 1b, 1c and 2b demonstrate a clear lack of competence on your part in that they centre on errors made over a sustained period of time when you were in and out of supervision. The errors made were significant in number and were not a one-off incident but rather took place over a period of approximately 18 months. The panel is of the view that the number of errors and the sustained period of duration demonstrated that you were not competent, namely that you lacked knowledge, skill and judgment in accordance with standards expected of any registered nurse. The panel determined that these errors represented a fair sample of your work and impacted a number of different patients.

In all the circumstances, the panel determined that your performance demonstrated a lack of competence.

Decision and reasons on misconduct

When determining whether Charges 3a, 3b, 4a and 4b amount to misconduct, the panel had regard to the terms of the Code.

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

‘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*
- 20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people*

23 Cooperate with all investigations and audits

To achieve this, you must:

- 23.3 tell any employers you work for if you have had your practice restricted or had any other conditions imposed on you by us or any other relevant body.’*

The panel determined that misconduct had been established in that you had been dishonest. It was of the view that your actions fell short of the conduct and standards expected of a nurse and would be regarded as deplorable by fellow practitioners.

Although there was only one dishonest act, namely your failure to disclose that you were subject to a FCP to Banbury, the panel found that there were two distinct instances where you had perpetrated that dishonesty: in your application for employment to Banbury and at the interview. The panel regarded these as deliberate acts motivated by self-interest.

As such, the panel found that your actions amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if, as a result of your misconduct and lack of competence, your fitness to practise is currently 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 *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.'*

When considering the above test, the panel determined that all four limbs are engaged in this case in that you acted to put numerous patients at unwarranted risk of harm; you brought the nursing profession into disrepute; you breached all four fundamental tenets of the profession, namely to practise effectively, preserve safety, promote professionalism and trust and prioritise people; and you acted dishonestly.

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

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

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

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

The panel then considered whether you can currently practise safely and professionally at this time. Having not had opportunity to demonstrate that you can practise without error as a nurse, the panel was not satisfied that you are currently a safe practitioner, particularly given the number of concerns relating to your lack of competence.

In relation to competence, the panel gave consideration to whether there was a repeated risk of harm, meaning that a finding of current impairment is necessary on public protection grounds. The panel found that you were such a risk to patients and there is no evidence of you being able to work safely as nurse since the events in question.

Looking at the test in the case of *Ronald Jack Cohen v General Medical Council* [2008] EWHC 581 (Admin), the panel considered whether your failures in this case are remediable. Conceptually, the panel was of the view that it is remediable in principle, but that this had not been demonstrated to date. Given your lack of competence which spanned both positions over a sustained period of time, the panel determined that it would need to see cogent evidence over a sustained period of safe practice to satisfy itself that you no longer present a risk of harm, and that such harm was not highly likely to be repeated.

In relation to dishonesty, the panel was mindful that it is serious and was also sustained over period of time. By failing to disclose your restriction, you misrepresented your ability to practise which in turn put patients at risk of harm. The panel accepted that you had demonstrated a degree of awareness in relation to the duty of candour, but it cannot yet be satisfied that you would act appropriately in similar circumstances given that the only evidence on remediation of dishonesty is your own assertion that you would now provide full disclosure.

For these reasons, 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 are 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, which includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel acknowledged and gave credit for your current recognition of the importance of honesty, integrity and fully transparency. However, the panel determined that members of the public would be alarmed if they knew that a qualified nurse had misrepresented their ability to practise to prospective employers. The panel therefore concluded that, in this case, a finding of impairment on public interest grounds was required.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired by reasons of your misconduct and your lack of competence.

Sanction

The panel considered this case very carefully and decided to make a suspension order for a period of 9 months. The effect of this order is that the NMC register will show that your registration has been suspended.

Submissions on sanction

Ms Da Costa informed the panel that the NMC had advised you that it would seek the imposition of a suspension order for a period of 12 months if it found your fitness to practise currently impaired.

Ms Da Costa listed the following aggravating features in the case:

- Your repeated errors despite a sustained period of supported practice
- Your dishonesty in an attempt to secure employment at Banbury

Ms Da Costa set out the mitigating features in this case:

- [PRIVATE]

Ms Da Costa made reference to NMC guidance 'SAN-2: Sanctions for particularly serious cases', in particular:

'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. Generally, the forms of dishonesty which are most likely

to call into question whether a nurse, midwife or nursing associate should be allowed to remain on the register will involve:

- *deliberately breaching the professional duty of candour by covering up when things have gone wrong, especially if it could cause harm to people receiving care...*

Ms Da Costa reminded the panel of its finding that you deliberately concealed the true nature of your practice and the fact that the Trust was so concerned that it required you be supervised for medication administration. She highlighted that the panel also found that your application for employment at Banbury was essentially you trying to present yourself as a competent nurse which was not the case.

It was Ms Da Costa's submission that your dishonesty was not a one off; the panel found two instances of dishonesty in that your failure to make a disclosure that you were subject to a FCP in your application and at the interview. She argued that this would likely make the level of seriousness higher, however, she stressed that she was not submitting that the dishonesty in this case was on the high end of seriousness scale so as to warrant a striking-off order. She added that the serious level of dishonesty in this case brings into question your trustworthiness and candour.

Ms Da Costa further submitted that no further action, a caution order or a conditions of practice order are not appropriate or proportionate sanctions in this case. She stated that, whilst this case involves competencies which could be addressed by supervision and reasonable adjustments, it is not solely a lack of competence case as it also involves dishonesty.

Ms Da Costa therefore submitted temporary removal from the NMC register would address public protection and the wider public interest.

Ms McPhee submitted that you accept the panel's findings on lack of competence, misconduct and impairment in full.

Ms McPhee acknowledged the aggravating features outlined by Ms Da Costa, and set out in more detail mitigating features in this case:

- [PRIVATE]y
- [PRIVATE]
- [PRIVATE]

Ms McPhee maintained that, although the above does not justify your conduct, it does provide necessary context.

Ms McPhee stated that dishonesty is not absolute but rather sits on a scale, and that this is not a case whereby remediation is merely promised but has been demonstrated. She drew the panel's attention to your detailed reflective work and relevant and copious training certificates. She reminded the panel of your oral evidence in which you demonstrated acceptance of responsibility and clear articulation of what must be done differently.

Ms McPhee reiterated that you have implemented safeguards and changed your practice in that, although you are not currently in a nursing role, you now apply nursing-level documentation standards, escalate concerns, double check key decisions and prioritise transparency.

Ms McPhee submitted that, since you have been subject to regulatory scrutiny, no matters of dishonesty have been reported to the NMC. She directed the panel to the reference from your current line manager who is fully aware of the proceedings and allegations, and shared insight to your performance in your current role. She added that this also included matters of your supervision, feedback and evidence of your reliable conduct.

Ms McPhee informed the panel that you have been subject to an interim order since 2023 which has continued until this date. Throughout this period, your practice has been subject

to interim conditions and suspension. She told the panel that you fully complied with each requirement of the interim conditions of practice order and, where you could, submitted matters to those reviewing panels to demonstrate your compliance, engaged constructively with reviews and reflected on practice.

Ms McPhee submitted that a conditions of practice order would protect the public, maintain public confidence in the profession and mark the seriousness along with the publication of this determination whilst allowing for remediation rather than extinguishing it as would a suspension order.

Ms McPhee suggested the following conditions. She added that these suggested conditions are realistic, enforceable and would address the public interest:

- You must restrict your nursing practice to one substantive employer
- You must be under direct supervision
- You must not undertake medication management or administration until signed off as competent
- You must be subject to a plan of continuing professional development with a focus on medication management/administration, documentation, accountability and candour
- You must have monthly reviews with supervisor or line manager to include matters of medication management/administration, documentation, accountability and candour

Ms McPhee submitted that imposing a suspension order would be disproportionate because public protection can be achieved with conditions. She highlighted that your remediation has already started and gone far, but not far enough, thus a suspension order would not afford you the opportunity to continue remediation. She added that you could also risk de-skilling. However, she went on to submit that, if the panel was minded to impose a suspension order, then a short period would be appropriate and proportionate given the period of suspension you have already been subject to.

Ms McPhee submitted that to impose a striking-off order would be punitive, disproportionate to the misconduct in this case and the current risk of harm. She further submitted that this case does not involve criminality, exploitation of patients, repeated dishonesty over multiple workplaces or falsification of any documentation.

Ms McPhee reminded that panel that previous reviewing panels already found that conditions could be formulated to address concerns and mitigate risks in your case, and that you would be willing to comply with conditions.

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the 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:

- Your deliberate failure to reveal that your practice had been restricted for the purposes of gaining employment;
- Your premeditated, systematic and prolonged dishonesty over the job application process;
- Your failure to disclose your FCP to your new employer following advice from the Head of Nursing at the Trust when you had ample opportunity to do so;
- The risk to patient safety as a result of your actions.

The panel also took into account the following mitigating features:

- [PRIVATE];
- [PRIVATE];
- [PRIVATE];
- [PRIVATE];
- Your lack of experience post COVID-19 pandemic;
- Your early admissions;
- Your developing self-reflection;
- Your commitment to professional development practice
- Your positive reference from your current role as a HCA

As the findings in this case involve dishonesty, the panel had regard to NMC guidance 'SAN-2: Sanctions for particularly serious cases' and determined that this dishonesty falls within the category the NMC regards as being particularly serious, namely:

'deliberately using or referring to false qualifications or giving a false picture of employment history which hides clinical incidents in the past, not telling employers that their right to practise has been restricted...'

Given the panel's finding above and the serious concerns as to the risk to the public due to your lack of competence, it decided that it was not appropriate to consider sanctions at the lowest level such as taking no action or 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, in particular:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*

- *Potential and willingness to respond positively to retraining;*
- *The nurse or midwife has insight into any health problems and is prepared to agree to abide by conditions on medical condition, treatment and supervision;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel determined that, although a conditions of practice order could be sufficient to address your competency concerns, such an order would be insufficient to address the serious nature of the misconduct in this case, namely dishonesty. The panel therefore concluded that the placing of conditions on your registration would not adequately protect the public and would not address the public interest concerns of this case.

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;*
- *In cases where the only issue relates to the nurse or midwife's health, there is a risk to patient safety if they were allowed to continue to practise even with conditions; and*
- *In cases where the only issue relates to the nurse or midwife's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.*

The panel determined that there was no evidence of harmful deep-seated personality or attitudinal problems. The also panel was satisfied that you have developing insight and do not pose a significant risk of repeating the dishonest behaviour.

The panel considered the above NMC guidance ('SAN-3d: Suspension order'). The panel was mindful that a suspension order may be appropriate where the misconduct is not fundamentally incompatible with a nurse remaining on the register. Given the seriousness of the dishonesty, the panel determined that a period of suspension would be sufficient to protect patients and maintain public confidence in the nursing profession.

The panel did consider imposing a striking-off order, but it was satisfied that a suspension order would address the issues in the case. The panel concluded that your conduct is not such that it is fundamentally incompatible with your remaining on the register. The panel was of the view that, whilst the dishonesty in this case is serious in nature, it did not raise fundamental questions about your professionalism and warrant an extended period of removal from the register. The panel determined that a striking-off order would be disproportionate and punitive in your case.

Balancing all of these factors the panel decided 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 determined that a suspension order for a period of 9 months is appropriate and proportionate in this case to protect the public, 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.

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.

Any future panel reviewing this case would be assisted by:

- A reflective statement which focuses on your current practice as a HCA, your own integrity within the professional environment, and your ability to follow management instruction. This should include personal examples from your practice where you have demonstrated your integrity, honesty, and working under instruction
- Several detailed references from those supervising you in a healthcare environment as to your honesty, integrity and trustworthiness
- Evidence of ongoing professional development and training

This will be confirmed to you in writing.

Interim order

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

Submissions on interim order

Ms Da Costa submitted that an interim order is necessary to protect the public and address the public interest. She invited the panel to impose an interim suspension order for a period of 18 months to cover the appeal period, and any appeal if made, due to the likely delays in the appeal process.

Ms McPhee stated that you understand the need to protect patient safety and maintain the standards of the nursing profession. As such, she submitted that the interim order imposed by the panel should be no more restrictive than the substantive order.

Decision and reasons on interim order

The panel heard and accepted the advice of the legal assessor.

The panel was satisfied that an interim suspension order is necessary to protect the public and is otherwise in the public interest. The panel had regard to the seriousness of the misconduct and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order. It considered that to not impose an interim suspension order would be inconsistent with its earlier findings.

Therefore, the panel imposed an interim suspension order for a period of 18 months.

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

That concludes this determination.