

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

**Substantive Order Review Hearing
Thursday, 22 January 2026**

Virtual Hearing

Name of Registrant: Sandra Mohamed

NMC PIN: 03K07930

Part(s) of the register: Registered Nurse – Sub-part 1
Adult Nursing, Level 1 (24 November 2003)

Relevant Location: Glasgow

Type of case: Misconduct and lack of competence

Panel members: Sharon Laurence (Chair, lay member)
Karin Downer (Registrant member)
Robert Fish (Lay member)

Legal Assessor: Natalie Amey-Smith

Hearings Coordinator: Priyam Jain

Nursing and Midwifery Council: Represented by Jane Carver, Case Presenter

Mrs Mohamed: Not present and unrepresented

Order being reviewed: Conditions of practice order (18 months)

Fitness to practise: Impaired

Outcome: **Suspension order (3 months) to come into effect on
28 February 2026 in accordance with Article 30 (1)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mrs Mohamed was not in attendance and that the Notice of Hearing had been sent to Mrs Mohamed's registered email address by secure email on 22 December 2025.

Further, the panel noted that the Notice of Hearing was also sent to Mrs Mohamed's former representative Mr Burton at the Royal College of Nursing (RCN) on 22 December 2025.

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

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the substantive order being reviewed, the time, date and that the hearing was to be held virtually, and, amongst other things, information about Mrs Mohamed'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 Mrs Mohamed has been served with the notice of this hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Mrs Mohamed

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

Ms Carver referred the panel to an email from Mr Burton (Mrs Mohamed's former representative), dated 22 December 2025, which indicated that Mrs Mohamed would not be in attendance:

'As advised, Ms Mohamed no longer wishes to engage in the process. She will not be in attendance at the hearing, and we are no longer instructed'

The panel accepted the advice of the legal assessor.

In making its decision on whether or not to proceed in the absence of Mrs Mohamed the panel had regard to the NMC guidance.

The panel has decided to proceed in the absence of Mrs Mohamed. In reaching this decision, the panel has considered the submissions of Ms Carver, the email dated 22 December 2025, and the advice of the legal assessor. It has had particular regard to any relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mrs Mohamed;
- The email dated 22 December 2025 makes clear that she will not be attending and no longer wishes to engage with these proceedings;
- There is no reason to suppose that adjourning would secure her attendance at some future date; and
- This is a mandatory review of a substantive order which will expire unless reviewed. Therefore, it is in the public interest and Mrs Mohamed's interest in the expeditious disposal of this case.

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

Decision and reasons on review of the substantive order

The panel decided to replace the current conditions of practice order with a suspension order.

This order will come into effect at the end of 28 February 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the third review of a substantive order originally imposed for a period of six months by a Fitness to Practise Committee panel on 28 July 2023. The first review of the suspension order took place on 22 January 2024 where it was extended for a further six months. The second review took place on 19 July 2024 where the suspension order was replaced with a conditions of practice order.

The current order is due to expire at the end of 28 February 2026.

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

Details of charge

'That you, a registered nurse:

1) *Administered Warfarin to Patient L when it had not been prescribed by the ward doctor on:*

a. *21 January 2019.*

b. *22 January 2019.*

2) *[NOT PROVED]*

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

3) *On 5 March 2019, during an observed drug round:*

a. *Did not discuss with an unknown patient their reason for refusing their prescribed medication.*

b. *Incorrectly stated Clopidrogel was used to treat cholesterol.*

c. *Did not carry out basic safety checks without prompting.*

d. Required assistance with looking up medication in the BNF.

4) [NOT PROVED]

While subject to a formal stage 1 capability process:

5) On 5 April 2019, during an observed drug round:

- a. Did not carry out safety checks when completing the round.*
- b. Spoke over an unknown patient when they were responding to your question.*

6) On 10 May 2019, during an observed drug round:

- a. Did not notice that an unknown patient was wearing the wrong name band.*
- b. Did not consistently check patients for their allergies.*

7) On 27 May 2019, during an observed drug competency:

- a. Did not check every page of the kardex for one or more unknown patients.*
- b. Did not identify a potential drug error in relation to an unknown patient in that you did not query why the patient was prescribed both metoclopramide and cyclazine.*
- c. Did not identify the correct course of action with an unknown patient who was unwell and struggling to breathe.*
- d. Walked out of the room whilst an unknown patient was talking to you.*

8) On 28 May 2019, during an observed drug competency:

- a) Did not check every page of the kardex for one or more unknown patients.*

- b) *Did not engage appropriately with an unknown patient who was unable to speak by asking questions which required more than yes or no answers.*
- c) *[NOT PROVED]*

9) *On 27 June 2019, during an observed drug competency:*

- a. *Prepared to administer one medication patch to an unknown patient when two were prescribed.*
- b. *Did not administer paracetamol to an unknown patient when you had been instructed to by a senior colleague.*
- c. *While subject to a formal stage 2 capability process*

10) *On 1 July 2019, during an observed drug competency:*

- a. *[NO CASE TO ANSWER]*
- b. *When communicating to an unknown patient who had requested pain medication, did not ensure that patient was able to hear or understand your response.*

11) *On 8 July 2019, during an observed drug competency:*

- a. *Did not check a pump delivering medication to an unknown patient until prompted to do so.*
- b. *[NO CASE TO ANSWER]*

12) *On 12 July 2019, during an observed drug competency:*

- a. *Whilst attending an unknown terminal patient:*
 - i. *[NOT PROVED]*
 - ii. *Did not respond when a doctor asked what was happening with the patient.*
- b. *Whilst attending another unknown terminal patient:*

- i. [NOT PROVED]
- ii. *Lifted the patient's oxygen mask up so that the bottom was resting on their eyelid.*
- iii. *Did not replace the oxygen mask in a prompt manner.*

c. [NOT PROVED]

13) *On 23 July 2019, during an observed drug competency, did not notice that you had not successfully injected insulin to an unknown patient.*

AND in light of the above, your fitness to practise is impaired by reason of your misconduct and your lack of competence and/or lack of competence.'

The panel at the substantive hearing found that:

'...your actions in charges 1a, 1b, 3a, 3c, 5a, 6b, 7a, 7b, 7c, 8a, 9a, 11a, 12b(ii), 12b(iii) and 13 did fall seriously short of the conduct and standards expected of a registered nurse and amounted to misconduct. It also found that your acts and omissions in relation to charges 3b, 3d, 8b and 10b amounted to a lack of competence. However, the panel did not find that your behaviour in relation to charges 5b, 6a, 7d, 9b and 12a(ii) amounted to either misconduct and/or a lack of competence.'

The second reviewing panel determined the following with regard to impairment:

'The panel considered whether your fitness to practise remains impaired. The panel noted the information you produced today including a reflective statement, training certificates, one reference from your employer dated 18 January 2024 and one character reference from a colleague. It has taken account of the submissions made by Ms Rubens and Mr Burton.

The panel acknowledged your acceptance that you remain impaired at this time. The panel acknowledged the reference from your employer dated 18 July 2024 stating that there were no concerns raised whilst you worked at the Home as a

Support Worker. It considered Ms Rubens' and Mr Burton's submissions in relation to the duty of candour but considered the material on this was unclear.

In relation to the reflective statement, the panel acknowledged that you used the Gibbs model as recommended by the previous reviewing panel. It considered that your written reflective statement was more detailed and applauded the developed insight on the impact on you and had some references to the impact of your failings on patients. However, there was little substance or detail regarding how your failings impacted your colleagues, patients and the wider profession but focused more on the impact of the failings on yourself. The panel noted according to your most recent employer, you still maintained that the matters were "allegations" and they had concerns over your understanding of your actions which led to your suspension.

In relation to the training certificates, the panel acknowledged that you completed relevant training. It noted that there were two medication administration certificates, one dated 17 July 2024 with a score of 73% and another dated 18 July 2024 with a score of 94%. During panel's questions, you explained that you had completed the course twice and the reason why you scored 73% was because you had mistakenly missed two questions. The panel was mindful that the training courses were completed within one or two days of today's hearing.

The panel bore in mind that you have not worked as a nurse since 2019 and determined that your insight is developing and not complete. It therefore determined that there remains a real risk of repetition of the misconduct and your lack of competence found proved but could be remediated.

For these reasons, the panel finds that your fitness to practise remains impaired on public protection grounds. The panel also found that your fitness to practise remains impaired on public interest grounds and that a finding of impairment was required to protect standards and maintain public confidence in the profession.'

The second reviewing panel determined the following with regard to sanction:

'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 not be proportionate to take no further action given the finding of current impairment on the grounds of public protection.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where ‘the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.’ The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified as it would not protect the public sufficiently. The panel decided that it would not be proportionate to impose a caution order.

The panel considered replacing the current suspension order with a conditions of practice order. Although your misconduct was serious and the panel previously found a lack of competence, there has been evidence produced to show that you have developing insight and provided evidence of the steps taken to strengthen your practice. The panel considered that the conditions would need to be robust and stringent and therefore the conditions may limit the type of environments that you are able to obtain employment. However, in all the circumstances the panel determined that this was necessary and proportionate to meet the public protection concerns in this case and satisfy the public interest whilst allowing you to practise your profession.

The panel was satisfied that it would be possible to formulate practicable and workable conditions that, if complied with, may lead to your unrestricted return to practice and would serve to protect the public in the meantime. The panel decided to impose a conditions of practice order for a period of 18 months to allow you sufficient time to obtain employment in a nursing role and incorporate your reflection and training into your clinical practice and to demonstrate a sustained period of nursing practice without concern.

The panel considered imposing a further suspension order. However, considering the steps you have taken to strengthen your practice and your insight, and based

on the evidence before it today, the panel felt it would be disproportionate to impose a further suspension order.

The panel decided that the public would be suitably protected by the implementation of the following conditions of practice:

'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.'

- 1. You must limit your nursing practice to one substantive employer which must not be an agency. You must not work on the nurse bank of that employer.*
- 2. You must not carry out the administration of any medicines without direct supervision by another registered nurse at band 6 or above and you must not at any time hold the medicines keys until deemed competent by the supervisor in condition 3.*
- 3. You should have an identified supervisor of band 6 or above.*
- 4. You must ensure that you are supervised by a registered nurse any time that you are working. Your supervision must consist of:*
 - a. Working at all times while being directly observed by a registered nurse of band 6 or above and*
 - b. weekly meetings with your identified supervisor to discuss your clinical practice with a focus on medication, equipment, assertiveness and communication.*
- 5. You will send your case officer evidence that you have successfully completed:*
 - a. Mandatory education, training and on medicines management as required by your employer*

- b. Education, training and competence on all equipment that you are required to use to deliver medicines including oxygen therapy.*
 - c. Achievement of competency-based development plan that covers all aspects of medicines management by all routes to be signed off by your identified supervisor within 6 months of commencing employment.*
 - d. Assertiveness and communication training.*
- 6. You must keep a personal development log every time you undertake administration of medicines. Your supervisor must witness you do this at the time. The log must:*
 - a. Contain the dates you carried out the administration of medicines*
 - b. Be signed by your supervisor each time.*
 - c. Contain feedback from your supervisor on how you carried out the administration of medicines.*
- 7. You must send your case officer your log on a monthly basis.*
- 8. You must work with your identified supervisor to create a personal development plan (PDP). Your PDP must address concerns about*
 - a. Administration of medicines*
 - b. Assertiveness and communication with colleagues*
 - c. Communication with patients*
- 9. You must send your case officer your PDP every three months.*
- 10. You must engage with your identified supervisor on a frequent basis to ensure that you are making progress towards the aims set in your PDP which include:*
 - a. Meeting with your identified supervisor at least weekly to discuss your progress towards achieving the aims of the PDP.*

11. *You must keep the NMC informed about anywhere you are working by:*

- a. *Telling your case officer within seven days of accepting or leaving any employment.*
- b. *Giving your case officer your employer's contact details.*
- c. *Giving your case officer the name and contact details of your identified supervisor.*

12. *You must keep the NMC informed about anywhere you are studying by:*

- a. *Telling your case officer within seven days of accepting any course of study.*
- b. *Giving your case officer the name and contact details of the organisation offering that course of study.*

13. *You must immediately give a copy of these conditions to:*

- a. *Any organisation or person you work for.*
- b. *Any employers you apply to for work (at the time of application).*
- c. *Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.*

14. *You must tell your case officer, within seven days of your becoming aware of:*

- a. *Any clinical incident you are involved in.*
- b. *Any investigation started against you.*

c. Any disciplinary proceedings taken against you.

15. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:

a. Any current or future employer.

b. Any educational establishment.

c. Any other person(s) involved in your retraining and/or supervision required by these conditions

The period of this order is for 18 months.

This conditions of practice order will take effect upon the expiry of the current suspension order, namely the end of 28 August 2024 in accordance with Article 30(1).

Before the order expires, a panel will hold a review hearing to see how well you have complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order with another order. You have the opportunity to request an early review if your circumstances change.

Any future panel reviewing this case would be assisted by:

- Evidence of further reflection that may demonstrate how you have strengthened your practice and insight particularly in relation to actions impacting patients, colleagues and the wider profession.*
- Testimonials from your employer, including your line manager and colleagues to demonstrate your fitness to practise without restrictions.*
- Your continued engagement with the NMC, and attendance at future review hearings.'*

Decision and reasons on current impairment

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

The panel has had regard to all of the documentation before it, including the NMC bundle.

Ms Carver took the panel through a brief background of the case and reminded it of the decisions taken by the previous panels. She outlined that a suspension order was first imposed at the substantive hearing in July 2023, followed by a further suspension order at the first review in January 2024, and subsequently replaced by a conditions of practice order for 18 months at the second review hearing in July 2024.

Ms Carver submitted that since the last review hearing, the NMC has received no substantive engagement from Mrs Mohamed. She referred the panel to the email correspondence dated 22 December 2025, indicating that Mrs Mohamed no longer wished to engage in the proceedings and would not be attending this hearing. Ms Carver submitted that no response has been received directly from Mrs Mohamed and there is no information before the panel as to her current circumstances, her professional status, or any steps taken to comply with the conditions imposed. She further submitted that there is no evidence of insight, no record of safe practice, no testimonials, and no information demonstrating remediation or strengthening of practice. In light of the absence of any evidence addressing the concerns previously identified, Ms Carver submitted that Mrs Mohamed's fitness to practise continues to remain impaired on both public protection and public interest grounds.

Ms Carver further submitted that a suspension order is the most appropriate and proportionate outcome in this case. She invited the panel to consider that there is no evidence before it to suggest that Mrs Mohamed has complied with, or engaged meaningfully with, the conditions of practice order, and therefore a conditions of practice order is no longer suitable or workable. Ms Carver submitted that a suspension order

would be necessary to protect the public and to uphold public confidence in the profession and the regulatory process.

Ms Carver submitted that there was previously a good level of engagement from Mrs Mohamed, who have attended hearings, and had supplied various documentary evidence such as testimonials and training certificates. She submitted that previous reviewing panels had found Mrs Mohamed to have made some progress and be developing insight. With this in mind, Ms Carver submitted that it would be premature to suggest that the current order be allowed to lapse, or that a strike-off be imposed.

In relation to the length of any order, Ms Carver submitted that a suspension order for a period of six months would be proportionate given the seriousness of the concerns addressed in this case. She submitted that this would allow a future reviewing panel to consider Mrs Mohamed's position afresh, particularly in light of the lack of engagement for a significant period and the absence of any evidence addressing impairment. For these reasons, she submitted that a finding of current impairment remains necessary and that a further period of suspension is required to protect the public and public interest.

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

The panel considered whether Mrs Mohamed's fitness to practise remains impaired.

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the nursing profession, and to declare and uphold proper standards of conduct and performance.

The panel noted that the last reviewing panel found that Mrs Mohamed's insight was developing. However, at this hearing, the panel had no new information before it to demonstrate any further development of insight. The panel noted that there was no evidence to suggest that Mrs Mohamed has reflected upon the concerns identified or demonstrated an understanding of how her actions placed patients at risk of harm, breached fundamental tenets of the profession, or undermined public confidence. The panel further noted that the email dated 22 December 2025 indicated that she no longer wished to engage with the proceedings, and the panel received no communication directly

from Mrs Mohamed herself. In the absence of any engagement, explanation, or evidence from Mrs Mohamed, the panel was unable to identify any meaningful insight into her misconduct and lack of competence.

In its consideration of whether Mrs Mohamed has taken steps to strengthen her practice, the panel took into account that there was no evidence before it to demonstrate any effective steps taken to remediate the concerns or to comply with the conditions imposed by the previous panel. The panel noted that there was no evidence of training undertaken, no reflective material, no testimonials, and no information regarding whether Mrs Mohamed has been working in a healthcare environment or otherwise seeking to transition safely back into registered nursing practice. The panel was therefore unable to conclude that Mrs Mohamed has taken any steps to strengthen her practice or address the deficiencies previously identified.

The panel noted that the failures found proved involved breaches of fundamental tenets of the nursing profession and occurred over a sustained period of time, including while Mrs Mohamed was subject to informal and formal capability processes and receiving significant support. The panel considered that these failures placed patients at direct risk of harm although no harm was caused, particularly in relation to medication administration and failure to follow policies and procedures. In the absence of any new evidence addressing these concerns, the panel determined that the risk of repetition remains. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel has also borne in mind the wider public interest, including the need to maintain confidence in the nursing profession and to uphold proper professional standards. Given the seriousness, repetition, and sustained nature of the concerns, together with the absence of insight, remediation, or engagement, the panel determined that a finding of continuing impairment on public interest grounds is also required.

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

Decision and reasons on sanction

Having found Mrs Mohamed's fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the concerns, the ongoing public protection issues, and the need to maintain public confidence in the nursing profession. The panel determined 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 Mrs Mohamed'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 Mrs Mohamed's misconduct and lack of competence were not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel therefore decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether the continuation of the current conditions of practice order would be a sufficient and appropriate sanction. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel noted that there is no evidence before it to demonstrate that Mrs Mohamed has engaged with the conditions imposed, or that she has demonstrated a willingness to comply with them. The panel further noted that Mrs Mohamed has withdrawn from the process and is no longer engaging with the NMC, and that it is the responsibility of Mrs Mohamed to demonstrate insight, remediation, and compliance. In the absence of any engagement, evidence of training, reflection, or professional development, the panel concluded that a conditions of practice order is no longer practicable or appropriate in this case. The panel determined

that no workable conditions could be formulated which would adequately protect the public or satisfy the wider public interest.

The panel therefore determined that a suspension order is the appropriate sanction which would both protect the public and satisfy the wider public interest. Accordingly, the panel decided to impose a suspension order for a period of three months, which would provide Mrs Mohamed with an opportunity to re-engage with the NMC and to provide evidence of compliance with the previous conditions of practice order. The panel considered this to be the most appropriate and proportionate sanction available.

The panel noted that although Mrs Mohamed is not currently engaging with these proceedings, she previously engaged with the NMC between 2019 and August 2024 and attended review hearings and undertook some training, albeit not directly relevant to the concerns identified. The panel is not aware of the reason for Mrs Mohamed's non-engagement and whether or not this is temporary stance as a result of her personal circumstances or whether it is a firm decision to disengage with the NMC. In light of this, the panel concluded that a striking-off order at this stage would be disproportionate.

The panel considered that a suspension order would continue to protect the public while affording Mrs Mohamed a final opportunity to demonstrate insight, remediation and a clear intention in relation to her future nursing practice. The panel determined that a three-month suspension would provide Mrs Mohamed sufficient time to inform the NMC of her intention to continue in registered nursing practice and the steps she is taking to address the misconduct and lack of competence identified. The panel noted that this would place a future panel in a better position to review her case based on any evidence of engagement, insight or remediation that may be provided.

This suspension order will take effect upon the expiry of the current conditions of practice order, namely the end of 28 February 2026 in accordance with Article 30(1)

Before 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:

- Confirmation of your intention in relation to your registered nursing practice, including any evidence demonstrating a clear intention to re-engage with these proceedings or any other evidence that clarifies your future nursing practice.
- Evidence of a clear and structured plan for your return to registered nursing practice.
- Evidence of your continued professional development.
- Evidence of further reflection demonstrating how you have strengthened your practice and insight, particularly in relation to training and the impact of your actions on patients, colleagues, and the wider profession.
- Testimonials from your employer, including your line manager and colleagues, demonstrating your fitness to practise without restrictions.
- Your attendance at a future review hearing.

This will be confirmed to Mrs Mohamed in writing.

That concludes this determination.