

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

**Substantive Hearing
Monday, 5 January 2026**

Virtual Hearing

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| Name of Registrant: | Jennifer Jane Shaw |
| NMC PIN: | 19H0714E |
| Part(s) of the register: | Midwives Part RM Registered Midwife 7 October 2019 |
| Relevant Location: | Sheffield |
| Type of case: | Misconduct |
| Panel members: | Richard Youds (Chair, lay member) Victoria Head (Registrant member) Alison Abu (Lay member) |
| Legal Assessor: | Andrew Granville-Stafford |
| Hearings Coordinator: | Fabbiha Ahmed |
| Nursing and Midwifery Council: | Represented by Giedrius Kabasinskas, Case Presenter |
| Ms Shaw: | Not present and unrepresented at this hearing |
| Consensual Panel Determination: | Accepted |
| Facts proved: | Charge 1 |
| Fitness to practise: | Impaired |
| Sanction: | Suspension order (6 months) |
| Interim order: | Interim suspension order (18 months) |

Decision and reasons on service of Notice of Hearing

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

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

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegation, the time, date and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Ms Shaw's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In the light of all of the information available, the panel was satisfied that Ms Shaw has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Ms Shaw

The panel next considered whether it should proceed in the absence of Ms Shaw. It had regard to Rule 21 and heard the submissions of Mr Kabasinkas who invited the panel to continue in the absence of Ms Shaw.

Mr Kabasinkas informed the panel that a provisional Consensual Panel Determination (CPD) agreement had been reached and signed by Ms Shaw on 5 November 2025. Mr Kabasinkas referred the panel to the opening of the CPD agreement in which it outlines the following:

'Ms Shaw is aware of the CPD hearing. Ms Shaw does not intend on attending the hearing and is content for it to proceed in her and her representative's absence. Ms Shaw and her representatives will endeavour to be available by telephone should clarification on any point be required, or should the panel wish to make other amendments to the provisional agreement that are not agreed by Ms Shaw.'

Mr Kabasinkas also referred the panel to the documentation from Ms Shaw's representative on her behalf which included:

- Emailed dated 22 December 2025, reaffirming that Ms Shaw will not be attending nor will she be represented
- Emailed dated 23 December 2025, in response to an email from the NMC Case Officer it was confirmed that the position regarding attendance remains unchanged

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised "with the utmost care and caution" as referred to in the case of *R. v Jones (Anthony William)* (No.2) [2002] UKHL 5.

The panel has decided to proceed in the absence of Ms Shaw. In reaching this decision, the panel has considered the submissions of Mr Kabasinkas and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- Ms Shaw has engaged with the NMC and has signed a provisional CPD agreement which is before the panel today;
- There is no reason to suppose that adjourning would secure her attendance at some future date; and
- There is a strong public interest in the expeditious disposal of the case.

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

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

At the outset of the hearing, Mr Kabasinskas, invited the panel to consider holding this hearing in private. He submitted that whilst Person A was anonymised members of the public might be able to identify Person A by their association to Ms Shaw.

Mr Kabasinskas also submitted that Ms Shaw's reflective piece refers to [PRIVATE] and invited the panel to consider this when making its decision on privacy. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

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 that there will be reference to [PRIVATE] and that there will be reference to sensitive information regarding Person A , the panel determined to hold the entirety of the hearing in private in order to protect both Ms Shaw's and Person A 's privacy.

Details of charge

'That you a registered midwife

- 1) On 27 December 2023 received a conditional caution for the offence of obtaining/disclosing personal data without the consent of the controller, contrary to section 170 (1)(a) of the Data Protection Act 2018.*

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

Consensual Panel Determination

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

The agreement, which was put before the panel, sets out Ms Shaw's full admission to the fact alleged in the charge, that her actions amounted to misconduct, and that her fitness to practise is currently impaired by reason of that misconduct. It is further stated in the agreement that an appropriate sanction in this case would be Suspension Order for a period of 6 months.

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

That provisional CPD agreement reads as follows:

'The Nursing and Midwifery Council ("the NMC") and Midwife Jennifer Jane Shaw, PIN 19H0714E ("the Parties") agree as follows:

1. Ms Shaw is aware of the CPD hearing. Ms Shaw does not intend on attending the hearing and is content for it to proceed in her and her representative's absence. Ms Shaw and her representatives will endeavour to be available by telephone should clarification on any point be required, or should the panel wish to make other amendments to the provisional agreement that are not agreed by Ms Shaw.

2. Ms Shaw understands that if the panel wishes to make amendments to the provisional agreement that she doesn't agree with, the panel will reject the CPD and refer the matter to a substantive hearing.

The charge

3. Ms Shaw admits the following charge:

That you a registered midwife

- 1) On 27 December 2023 received a conditional caution for the offence of obtaining/disclosing personal data without the consent of the controller, contrary to section 170 (1)(a) of the Data Protection Act 2018.*

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

The facts

4. Ms Shaw appears on the register of nurses, midwives and nursing associates maintained by the NMC as a registered midwife (RM), midwives part of the register and has been on the NMC register since 7 October 2019.

5. A Fitness to Practice referral was made on 9 August 2023, by a member of the public, Person A. The information received from Person A was that Ms Shaw had breached her confidentiality by accessing her medical records without clinical justification for doing so and further sharing the contents of her medical records with her ex-partner ("Person B"), who was [PRIVATE] and subject to [PRIVATE]. Person B was Ms Shaw's partner at the time of the breach.

6. Person A's medical records had been marked "not to be Shared" with Person A's ex partner due to the sensitive and personal information contained within them.[PRIVATE]. Person A had chosen to only share this information with her mother.

7. It is reported by the Trust that on 31 July 2023, Person A sent an email to the Trust informing them that her confidential medical records had been shared with Person B. Person A reported that Person B had stated private medical history to her that only herself

and the NHS would be aware of. Person A went on to explain that the first time this happened was on 16 July 2022, when Person B had sent her a message asking “how’s x” referring to a medical condition she has, which Person B stated was on her medical file. On 30 July 2023 Person B contacted Person A again reiterating her private information to her again and stated that someone had been “snooping” on her, that they may be in trouble about it, that the person was “a bit crazy” and that they were possibly meeting their manager about it.

8. Person A informed the Trust that she was not aware of who the individual was that had leaked her private and confidential information to Person B, but went on to state that he was in possession of very private and confidential information about her that was only contained in her medical records and the only people who were aware of her medical conditions were her mother and her consultants.

9. On 9 August 2023, Person A made a further report to the Trust informing them of the discussion she had with Person B. Person A explained that Person B had relayed information to her with regards to a specific conversation she had with consultants and details that read “do not share with partner”. The Trust were informed that she had information that her medical information had been disclosed by Ms Shaw. Person A expressed that this was an absolute violation of her trust with the NHS when she was in their care and trusted the Trust to protect her.

10. On 1 August 2023, a further concern had been raised with the Trust by a colleague of Ms Shaw’s. Colleague A worked as a Senior Midwife at the Trust. Colleague A reported that she and Ms Shaw attended a work party where Ms Shaw disclosed to her that she had accessed records of her previous partner’s ex-partner (Person A) using the Trusts systems to do so and had disclosed the sensitive information she had seen within the records to her ex-partner (Person B). Colleague A states that due to the environment they were in she followed up with Ms Shaw when they were both next on shift.

11. On 1 August 2023 Colleague A spoke to Ms Shaw, and it is said that Ms Shaw confirmed that she had accessed Person A’s medical records using the Trust’s systems

and had disclosed the sensitive information she had seen within the records to Person B and that it was a one off and was about 1 year prior to August 2023.

12. The IT system used was called JMIS, this system is used by all midwives to look at patient records and store all patient information. The system should only be used purely on a professional basis and to view active cases on the ward or for the benefit of the patient. An audit report was produced that showed that Ms Shaw accessed Person A's records on 21 August 2021.

13. On 4 August 2023, a meeting led by the Deputy Head of Midwifery and attended by Colleague A was held with Ms Shaw. According to the Trust, during this meeting Ms Shaw made admissions which were consistent throughout all her admission, she was completely open and honest and showed remorse and apologised. An investigation was commenced by the Trust, however before the investigation could be completed Ms Shaw resigned from her post at the Trust in August 2024. Thus, the investigation was closed. On 14 September 2023, Person A reported Ms Shaw to the police for breaching her confidentiality.

14. Ms Shaw attended a voluntary police interview on 13 December 2023. She was interviewed under caution. In interview, she admitted to accessing Person A's records and that she saw on the discharge information "Partner not aware". [PRIVATE]. Ms Shaw was no longer in a relationship with Person B. [PRIVATE].

15. Ms Shaw further stated that she had made a formal statement against Person B due to [PRIVATE]. However, Ms Shaw admitted that she was not asked by Person B to access Person A's records prior to doing so. She stated that it was only when she declared to Person B that she had seen Person A's records that he requested the details. In addition, she stated that she could not explain why she had accessed the records and suggested that she was naïve.

16. On 27 December 2023, Ms Shaw accepted a Conditional Caution. She was required to attend and engage in an online Crime and Consequences Session on 11 January 2024.

17. In her reflection, Ms Shaw admitted to looking at the records on the internet account at work. She states that she knew it was not justified as she was not caring for Person A. She states she was then forced into telling Person B the confidential information [PRIVATE]. She further stated in her reflection that she was ashamed and upset about what she had done and had learnt how serious the breach is. She also stated that she is aware that in her position she is trusted with sensitive information that she should not abuse. She is a care giver who should provide the highest quality of care without abusing trust. In addition, she stated that she did not preserve Person A's safety by telling Person B the confidential information and has abused Person A's trust in the NHS and has shown a lack of professionalism and trust by abusing this position.

18. On 5 September 2025, through her representatives, Ms Shaw admitted to the charge, as stipulated, and admitted that her fitness to practise is currently impaired.

Misconduct

15. The parties agree that the facts as particularised in the charge amounts to misconduct.

16. Although not defined in statute, the comments of Lord Clyde in Roylance v General Medical Council [1999] UKPC 16 provides some assistance when seeking to define misconduct:

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

17. Further assistance may be found in the comments of Jackson J in Calhaem v General Medical Council [2007] EWHC 2606 (Admin) and Collins J in Nandi v General Medical Council [2004] EWHC 2317 (Admin):

“[Misconduct] connotes a serious breach which indicates that the [nurse’s] fitness to practise is impaired”

And

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

19. The NMC Guidance, Criminal Convictions and Cautions, FTP-2c provides that when offending has occurred in professional practice, it is very likely this would be serious enough to affect fitness to practice.

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

21. Ms Shaw’s conduct involves a serious departure from the standards expected of a registered professional. Ms Shaw was aware of the required standards having been on the NMC register since 2019.

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

1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 Treat people with kindness, respect and compassion

1.5 Respect and uphold people’s human rights

5 Respect people’s right to privacy and confidentiality

To achieve this, you must:

5.1 Respect a person's right to privacy in all aspects of their care

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

20.4 Keep to the laws of the country in which you are practising

20.5 Treat people in a way that does not take advantage of their vulnerability or cause them upset or distress

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

23. Ms Shaw also abused the position of trust which she holds as a registered professional and did not treat Person A with respect and compassion by disclosing Person A's details. The breach of Person A's privacy also threatens the credibility of the profession as the public expect midwives to act responsibly and in the best interests of those who have been cared for.

Impairment

24. The parties agree that Ms Shaw's fitness to practise is currently impaired by reason of her misconduct.

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

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

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

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

Public Protection

27. The parties agree that consideration of the nature of the concern involves looking at the factors set out by Dame Janet Smith in her Fifth Report from Shipman, approved in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) by Cox J;

a) Has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or

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

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

d) Has in the past acted dishonestly and/or is liable to act dishonestly in the future?

28. Limbs a, b and c are engaged in this case.

29. In regard to limb a) Ms Shaw's conduct placed Person A at unwarranted risk of harm. Person A's medical records indicated that Person B was not to be made aware of her

health condition. Ms Shaw was aware of this as she confirmed this to be the case.[PRIVATE]. It therefore follows that disclosure of Person A's medical records to Person B risked placing Person A at risk of harm from Person B. There had been no reason or justification to access Person A's medical records. Person A explains that the disclosure of her confidential information had a significant detrimental impact on her life and [PRIVATE]. Person A was off work as consequence for 12 weeks. On one occasion, she was at the swimming baths with her children. Person B turned up drunk and shouted in front of other parents [PRIVATE] She further recounts that she was approached by someone whilst in the car park at a supermarket and they told her they heard someone had gone through her medical records [PRIVATE]. The disclosure of Person A's records has had a detrimental impact on her [PRIVATE].

30. In regard to limb b)

31. Ms Shaw has brought the profession into disrepute. Members of the public and patients should trust that their personal information and medical information will be used only for the purpose of providing them with clinical care and that such information would remain confidential. Ms Shaw's conduct directly breached the confidentiality of Person A and undermined the confidence which patients have in members of the profession to keep their personal data and medical information confidential.

32. In regard to limb c) Ms Shaw has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the profession. The NMC's Guidance on, Impairment (DMA-1) sets out that the fundamental tenets of the nursing, midwife and nursing associate professions are standards which are outlined in the Code. The Fitness to Practise Committee will need to consider whether any part of the Code has been breached or is liable to be breached in the future.

33. Registered nurses are expected to uphold the standards set out in the Code. Ms Shaw has breached fundamental tenets of the profession by failing to prioritise people and to promote professionalism and trust.

34.As outlined above, Ms Shaw's Conditional Caution and conduct has breached the following provisions of the Code (2018):

1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.2 Treat people with kindness, respect and compassion

1.5 Respect and uphold people's human rights

5 Respect people's right to privacy and confidentiality

To achieve this, you must:

5.1 Respect a person's right to privacy in all aspects of their care

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

20.4 Keep to the laws of the country in which you are practising

20.5 Treat people in a way that does not take advantage of their vulnerability or cause them upset or distress

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

35.The public has the right to expect high standards of registered professionals and to expect that Registered midwives will uphold the tenets of their profession and abide by the Code.

Remediation, reflection, training, insight, remorse

36. Impairment is a forward-thinking exercise that looks at the risk the registrant's practice poses in the future. NMC Guidance adopts the approach of Silber J in the case of Cohen v General Medical Council [2008] EWHC 581 (Admin) in which the court set out three matters which it described as being 'highly relevant' to the determination of the question of current impairment, which are:

- a) Whether the conduct that led to the charge(s) is easily remediable.
- b) Whether it has been remedied.
- c) Whether it is highly unlikely to be repeated.

37. Ms Shaw received a Conditional Caution for accessing the records of Person A and disclosing it to Person B. Ms Shaw was required to attend and engage in an online Crime and Consequences Session on 11 January 2024, which Ms Shaw completed

38. NMC Guidance, Can the concern be addressed (FTP-15a) states that decision makers should assess the conduct that led to the outcome, and consider whether the conduct itself, and the risks it could pose, can be addressed by taking steps, such as completing training courses or supervised practice.

39. the conduct of Ms Shaw was linked to her practice as a midwife. Ms Shaw's conduct is remediable as the failing was in a discrete and identifiable area of her practice and an isolated incident. Ms Shaw's conduct was nonetheless significantly serious and had a detrimental impact on Person A, who experienced harassment from Person B as a result of the disclosure.

40. Ms Shaw made full admissions at the local level, when interviewed by police, accepted a Conditional Caution and made full admissions to the NMC. She has expressed remorse for her conduct.

41. However, there has not been sufficient steps taken to remedy her conduct. There has been no training undertaken by Ms Shaw to address the concerns surrounding data protection and confidentiality. There is a need to undertake training and courses on data

protection and confidentiality in order to strengthen her understanding of the importance of confidentiality and adhering to the law on data protection.

42. She also has limited insight into her conduct. It is agreed by the parties that contextually Ms Shaw had experienced [PRIVATE]. However, she seeks to blame Person B for forcing her to disclose Person A's information without recognition that had she not accessed the records and informed Person B that she had accessed the records, there would not have been an opportunity for Person B to persuade her to disclose the information. Further, Ms Shaw is yet to sufficiently acknowledge that accessing a patient's medical for personal reasons, i.e. to find out details about your current partner's ex-partner, was conduct which could gravely damage the public confidence in the profession.

43. In light of the lack of training and courses undertaken by Ms Shaw and her limited insight into her conduct, the parties cannot be confident that the concerns will not be repeated in future. Given the seriousness of the conduct and risk of repetition, the parties agree that a finding of impairment is necessary on public protection grounds. Public Interest

44. It is agreed that a finding of impairment is necessary on public interest grounds.

45. In Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) at paragraph 74 Cox J commented that: "In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances"

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

47. In Fopma v General Medical Council [2018] EWHC 714, Baker J said at paragraph 39: “a failure to find impairment in any given case, whilst warnings as to future conduct can still be issued, is tantamount to an indication on behalf of the profession that conduct of the kind in question need not have regulatory consequences. If that, depending on the nature of the conduct in question, would itself be an unacceptable conclusion, then that can in any given case be a sufficient basis to justify or indeed compel a conclusion of impairment.”

The conduct of Ms Shaw is significantly serious and there has not been sufficient steps taken to put right these concerns. Ms Shaw’s conduct has fallen short of the standards the public would expect of professionals caring for them and public confidence in the profession has been seriously undermined. Should a finding of impairment not be made, this would be tantamount to an indication that Ms Shaw’s conduct need not have regulatory consequences. This would be an unacceptable conclusion having regard to the detrimental impact on Person A, Ms Shaw’s conduct being an abuse of trust in her profession as a midwife and the lack of sufficient steps taken to remediate the concern. Thus, a finding of impairment on public interest grounds is required to maintain public confidence in the profession and to uphold professional standards to mark Ms Shaw’s conduct as wholly unacceptable for a registered midwife.

48. Ms Shaw’s fitness to practice is impaired on both public protection and public interest grounds.

Sanction

49. Ms Shaw accepts that the appropriate sanction in this case is a 6 month Suspension Order with review.

50. The parties have considered the NMC’s sanction guidance SAN-1, SAN-2 and SAN-3d in reaching this agreement.

51.NMC Guidance, Sanctions for particularly serious case (SAN-2) sets out in respect of cases involving criminal convictions and cautions that:

“In the criminal courts, one of the purposes of sentencing is to punish people for offending. When passing sentence, the criminal court will look carefully at the personal circumstances of the offender. In contrast, the purpose of the Fitness to Practise Committee when deciding on a sanction in a case about criminal offences is to achieve our overarching objective of public protection. When doing so, the Committee will think about promoting and maintaining the health, safety and wellbeing of the public, public confidence in nurses, midwives and nursing associates, and professional standards.”

52.The aggravating factors in this case include:

- Limited insight into conduct*
- Serious misconduct involving the commission of a criminal offence*
- Abuse of position and trust*
- Emotional harm caused to Person A*

53.The mitigating factors in this case include:

- Admissions made at local level and during police interview*
- Remorse expressed by registrant*
- Fully engaged with the NMC process*
- No previous fitness to practice concerns*
- Contextual factors, namely Ms Shaw is alleged to [PRIVATE].*

54.Taking no further action or imposing a caution order would not be appropriate in the circumstances of this case due to the seriousness of the concern.

55.Imposing a Conditions of Practice Order is neither appropriate nor proportionate in this case. As the conduct does not relate to clinical failings by Ms Shaw, there are no workable, measurable or proportionate conditions that could be formulated to address the

concerns. As such, a Conditions of Practice Order would not be sufficient to protect patients. The conduct alleged is serious and resulted in Ms Shaw accepting a Conditional Caution from the police as well as emotional harm being caused to Person A. Thus, a Conditions of Practice Order would not be sufficient to address the public interest considerations in this case.

56. The NMC guidance on suspension orders, SAN-3d provides that the factors that indicate a Suspension Order may be appropriate include:

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

57. Ms Shaw accessed Person A's medical records on a single occasion without clinical justification. There is no evidence which indicates that the access of Person A's medical records was on more than one occasion. She then disclosed this information to AT, who had coerced Ms Shaw to disclose the information to him. There is no evidence of harmful deep-seated personality or attitudinal problems.

58. There is also no evidence of repetition of the behaviour since the incident.

59. Ms Shaw has not worked in a clinical setting since leaving her role. She has demonstrated insight into her conduct, albeit on a limited basis. There is no evidence to suggest that Ms Shaw poses a significant risk of repeating the behaviour having regard to the limited insight shown and the absence of repeated conduct since the incident occurred.

60. For the reasons set out above, a 6-month Suspension Order with review is both appropriate and proportionate in this case.

Interim Order

61. An interim order is required in this case. The interim order is necessary for the protection of the public and otherwise in the public interest. This is because any sanction imposed by the panel will not come into immediate effect but only after the expiry of 28 days beginning with the date on which the notice of the order is sent to the registrant or after any appeal is resolved. An interim order of 18 months is necessary to cover any possible appeal period. An interim suspension order is appropriate as this would be consistent with the sanction imposed by the panel and would address public protection and public interest concerns already identified in this document.

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

Here ends the provisional CPD agreement between the NMC and Ms Shaw. The provisional CPD agreement was signed by Ms Shaw on 5 November 2025 and the NMC on 10 November 2025.

The panel took into account the referrer's views on the proposed CPD which were obtained by the NMC prior to the hearing.

Decision and reasons on the CPD

The panel decided to accept the CPD.

The panel heard and accepted the legal assessor's advice. Mr Kabasinskas referred the panel to the 'NMC Sanctions Guidance' (SG) and to the 'NMC's guidance on Consensual Panel Determinations'. He reminded the panel that they could accept, amend or outright

reject the provisional CPD agreement reached between the NMC and Ms Shaw. Further, the panel should consider whether the provisional CPD agreement would be in the public interest. This means that the outcome must ensure an appropriate level of public protection, maintain public confidence in the professions and the regulatory body, and declare and uphold proper standards of conduct and behaviour.

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

Decision and reasons on impairment

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

In respect of misconduct, the panel determined that Ms Shaw failed to uphold Person A's right to privacy and failed to recognise that personal information should not have been disclosed. The panel determined that, in doing so, Ms Shaw did not uphold the standards of the profession expected at all times.

The panel further noted that the misconduct was admitted by Ms Shaw and that the CPD highlights and reflects the agreed breach of the Code.

In this respect, the panel endorsed paragraphs 15 to 23 of the provisional CPD agreement in respect of misconduct.

The panel then considered whether Ms Shaw's fitness to practise is currently impaired by reason of misconduct.

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 determined that Ms Shaw’s fitness to practise is currently impaired and agreed with the CPD. It took into account a document provided by Ms Shaw titled ‘SHAW. J Registrant’s Bundle for CPD 22.12.2025’, which had been provided after the CPD was signed. The panel noted, from Ms Shaw’s representative’s written submissions that, this bundle was not served to contradict the CPD agreement:

‘This is by no means served to contradict the CPD Agreement between the NMC and the Registrant, but support it by way of demonstrating to the Panel that the Registrant acknowledges their actions/inactions and has begun to reflect and take steps to remediate.’

The panel reviewed this documentation and determined that, whilst it demonstrated some strengthening of practice and that the misconduct can be remediated, Ms Shaw has not yet adequately remediated the misconduct identified. The panel further determined that Ms Shaw’s insight has not yet fully developed, particularly in relation to the impact her conduct had on Person A and on the wider standards of the midwifery profession.

The panel considered and noted the training undertaken in relation to data protection but determined that this training does not address the safeguarding concerns raised in Ms Shaw’s case. The panel acknowledged the character reference provided by Ms Shaw, however, it determined that this was a single reference from a colleague/friend and placed limited weight on it.

The panel accepted that whilst Ms Shaw is not working there is no evidence before it addressing her current practice. In those circumstances, the panel agreed with the CPD that Ms Shaw's fitness to practise is currently impaired on both public protection and public interest grounds.

In this respect the panel endorsed paragraphs 24 to 48 of the provisional CPD agreement.

Decision and reasons on sanction

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

The panel took into account the following aggravating features:

- Limited insight into conduct
- Serious misconduct involving the commission of a criminal offence
- Abuse of position and trust
- Emotional harm caused to Person A

The panel also took into account the following mitigating features:

- Admissions made at local level and during police interview
- Remorse expressed by registrant
- Fully engaged with the NMC process
- No previous fitness to practice concerns
- Contextual factors, namely Ms Shaw [PRIVATE], to disclose the contents of Person A's medical information to him.

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Ms Shaw's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Ms Shaw's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Ms Shaw's 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.*

The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charge in this case. The misconduct identified in this case was not directly related to Ms Shaw's clinical practice although it did occur in the workplace while she was working.

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

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

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

The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register.

It did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Ms Shaw's case to impose a striking-off order.

Balancing all these factors the panel agreed with the CPD that a suspension order would be the appropriate and proportionate sanction.

The panel noted the hardship such an order will inevitably cause Ms Shaw. However, this is outweighed by the public interest in this case.

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

The panel determined that a suspension order for a period of 6 months was appropriate in this case to mark the seriousness of the misconduct.

At the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- A further reflective piece to cover and broaden the effects Ms Shaw's actions had on Person A, colleagues and the Midwifery profession.
- Character references from employment as a midwife or any other employment since the allegations occurred, from a line manager.
- Evidence of training into safeguarding and [PRIVATE].
- Evidence of strengthening of practice and maintaining up to date knowledge of Midwifery practice.

Decision and reasons on interim order

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

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

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

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

This will be confirmed to Ms Shaw in writing.

That concludes this determination.