Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting

Thursday, 16 July 2026

Virtual Meeting

Name of Registrant:	Helen Bagley
NMC PIN:	84F0800E
Part(s) of the register:	Nursing – Sub part 1 RN1: Adult Nurse – Level 1 (8 September 1987) V300: Nurse Independent/Supplementary Prescriber (15 April 2010)
Relevant Location:	Salford
Type of case:	Misconduct
Panel members:	Michelle Lee (Chair, Registrant member) Kiran Bali (Lay member) Fay Jackson (Lay member)
Legal Assessor:	Graeme Sampson
Hearings Coordinator:	Bethany Seed
Consensual Panel Determination:	Accepted
Facts proved:	Charges 1a, 1b, 1c, 1d, 2, and 3
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Ms Bagley's registered email address by secure email on 11 June 2026.

Further, the panel noted that the Notice of Meeting was also sent to Ms Bagley's representative at the Royal College of Nursing (RCN) on 11 June 2026.

The panel accepted the advice of the legal assessor.

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

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

Details of charge

That you, a registered nurse:

1) On or before 12 February 2022, completed a clinical reference form for Person A, which stated:

    a. "Yes" to the question: Would you re-employ?

    b. "15 days due to Covid" to the question: No. of days sickness absence during last 12 months?

c. “None” to the question: No. of days parental leave taken in last 5 years?

d. That your position was a Matron.

2) Your actions at charges 1a / 1b / 1c / 1d were dishonest in that you knew that you had not been Person A’s supervisor and/or Matron.

3) Your actions at charges 1a / 1b / 1c / 1d were motivated by an intention to create the impression that you had been Person A’s supervisor and/or Matron.

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 meeting, the panel was made aware that a provisional agreement of a Consensual Panel Determination (CPD) had been reached with regard to this case between the Nursing and Midwifery Council (NMC) and Ms Bagley.

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

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

That provisional CPD agreement reads as follows:

'The Nursing & Midwifery Council ("the NMC") and Helen Bagley ("Ms Bagley"), PIN 84F0800E, collectively referred to as "the Parties" agree as follows:

1. *Ms Bagley is content for her case to be dealt with by way of a CPD meeting.*

The charge

2. *Ms Bagley admits the following charges:*

That you a registered nurse:

1) On or before 12 February 2022, completed a clinical reference form for Person A, which stated:

a) "Yes" to the question: Would you re-employ?

b) "15 days due to Covid" to the question: No. of days sickness absence during last 12 months?

c) "None" to the question: No. of days parental leave taken in last 5 years?

d) That your position was a Matron.

2) Your actions at charges 1a / 1b / 1c / 1d were dishonest in that you knew that you had not been Person A's supervisor and/or Matron.

3) Your actions at charges 1a / 1b / 1c / 1d were motivated by an intention to create the impression that you had been Person A's supervisor and/or Matron.

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

The facts

3. *Ms Bagley appears on the register of nurses, midwives and nursing associates maintained by the NMC as a registered nurse. Ms Bagley first entered the NMC register on 8 September 1987, and her further qualification as a Nurse Prescriber on 4 May 2010 was recorded on the register. At the time of the concerns Ms Bagley was employed as a Practice Nurse at Manor Medical Practice.*

4. *On 7 June 2023 the NMC made an internal referral under Article 22 (6) of the Nursing and Midwifery Order 2001 raising concerns about Ms Bagley following information received as part of a Fitness to Practise investigation into Person A. The circumstances leading to the referral for Ms Bagley are as follows: Person A was referred to the NMC from Salford Care Organisation ("Salford Care") (part of the Northern Care Alliance NHS Foundation Trust), where they had been employed as a band 6 nurse. Concerns were raised in respect of Person A's behaviour towards colleagues, and they were subject to local investigation and disciplinary action as a result. Person A however, resigned and left at the end of January 2022.*

5. *In March 2022, Person A subsequently secured employment as a functional assessor with the Centre for Health and Disability Assessment ("CHDA"). As part of the application/onboarding process they were required to disclose information about any previous disciplinaries and asked to provide the details of a supervisor so that a clinical reference could be obtained. Person A failed to disclose that they were subject to a local investigation, which required their attendance at a disciplinary hearing. In relation to a clinical reference, Person A provided the contact details of Ms Bagley, a band 7 Matron at Salford Care.*

6. *A clinical reference was subsequently sought from Ms Bagley by CHDA/Maximus' vetting team. In the reference provided, Ms Bagley confirmed that she was a Matron and verified Person A's length of service, number of days parental leave taken and period of sickness absence. She further stated that she would employ Person A again. The reference was positive and did not refer to any concerns regarding Person A's conduct, including matters previously investigated locally. It is*

also understood that Ms Bagley sought information from Person A when completing the reference from which one can infer that she may not have had sufficient direct knowledge of Person A's professional practice to provide the reference in the professional capacity in which it was presented.

7. *During Person A's Fitness to Practise investigation, the NMC contacted CHDA to request an employment update in respect of Person A. At this point, CHDA identified that Person A had provided inaccurate information during the application and onboarding process. CHDA were concerned that the reference provided by Ms Bagley may have been from a colleague rather than from Person A's line manager.*

8. *The NMC's investigation team subsequently made enquiries to establish whether Ms Bagley had acted as Person A's line manager, noting that Person A had at one stage been downgraded as a band 5 and redeployed. When asked, Salford Care did not identify Ms Bagley as Person A's line manager.*

9. *Following this, Ms Bagley's entry on WISER was reviewed, which showed a 2017 Notice of Practice form. The form showed that she was employed at Manor Medical Practice. A previous address was also recorded for Ms Bagley which showed that she had previously been Person A's neighbour.*

10. *The NMC conducted further enquiries with Manor Medical Practice, which confirmed that Ms Bagley had been employed there for 30 years as a Practice Nurse. Manor Medical Practice advised that she retired shortly before the COVID – 19 pandemic but remained associated with them on a "consultancy" basis. The Practice Manager was unable to confirm if they knew whether Ms Bagley had ever worked as a band 7 Matron at Salford Care.*

11. *The character references submitted by Person A in respect of their own Fitness to Practise case were further scrutinised. It was noted that Person A had provided a positive character reference completed by Ms Bagley dated 15 July 2020. This detailed they were neighbours and friends who worked in different professional*

settings. The reference did not suggest that Ms Bagley had ever acted as Person A's senior within Salford Care.

12. *On 19 September 2024, via written submissions to the NMC, Ms Bagley accepted that she made an error by providing misleading information on Person A's reference form. Ms Bagley says that she provided the information about Person A in good faith and was under the impression that it was a character reference rather than a clinical reference. Ms Bagley further stated: "there are some sections of the reference that I should have responded to as not applicable…I gave this information based on personal opinion as opposed to clinical which I acknowledge was an error on my part."*

13. *In an email from the RCN dated 3 October 2025 Ms Bagley admitted the charges in full, requesting the matter be dealt with by way of CPD.*

Misconduct

14. *The Parties agree that the facts amount to misconduct.*

15. *Misconduct is not defined by statute, however in the case of Roylance v General Medical Council [1999] UKPC 16, Lord Clyde defined misconduct as follows:*

'[331B-E] 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 rule and standards ordinarily required to be followed by a [nurse] practitioner in the particular circumstances

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

> *'[Misconduct] connotes a serious breach which indicates that the doctor's (nurse's) fitness to practise is impaired'.*

And

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

17. *The NMC's guidance entitled: Misconduct (Reference: FTP-2a) states that the nurses, midwives and nursing associates must act in line with The Code: Professional standards of practice and behaviour for nurses and midwives (2018) ("the Code"). The Code sets out the professional standards of practice and behaviour for nurses, midwives and nursing associates, and the standards that the public tell the NMC they expect from these professionals. If their conduct falls short of the requirements of the Code, what they did or failed to do could amount to serious professional misconduct.*

18. *Where the acts or omissions of a registered nurse are in question, what would be proper in the circumstances (per Roylance) can be determined by having reference to the Code.*

19. *At all relevant times, Ms Bagley was subject to the provisions of the Code. The parties agree that Ms Bagley's misconduct is serious, and her conduct as specified in the charges falls seriously below the standards set out in the Code. The conduct in this case engages the following provisions of the codes:*

Promote professionalism and trust

20 <u>*Uphold the reputation of your profession at all times*</u>

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;

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

20. *Nurses are obliged under the Code to always act honestly and with integrity. However, by providing a false clinical reference for Person A, Ms Bagley acted dishonestly.*

21. *Dishonesty is widely recognised as particularly serious in regulatory proceedings because it undermines public trust in the profession.*

22. *In Ivey v Genting Casinos (UK) Ltd t/a Crockfords [2017] UKSC 67 the Supreme Court confirmed that dishonesty is assessed by:*

    1. *Determining the individual's actual knowledge or belief as to the facts; and*

    2. *Considering whether their conduct was dishonest by the standards of ordinary decent people.*

23. *Applying that test, Ms Bagley's conduct in completing a clinical reference for Person A which she knew to be false would be regarded as dishonest by ordinary standards of reasonable and honest people.*

24. *Whilst Ms Bagley did not obtain any direct personal benefit from providing the reference, the inaccurate information created the potential for Person A to obtain an advantage in securing employment at CHDA. The conduct was connected to Ms Bagley's professional practice, as she relied upon her position as a registered nurse when providing the reference. It was also connected to Person A's professional practice, as the reference part of a professional recruitment process.*

25. *NMC guidance Misconduct (Reference: FTP-2a) also states:*

    Nurses, midwives and nursing associates should keep to the standards and values set out in the Code and consider the requirement to "uphold the reputation of [their] profession at all times" to help maintain the public's trust and confidence. When considering their behaviour outside professional practice, nurses, midwives and nursing associates should be mindful, in particular, of the need to:

- *act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment (20.2)….*

Sometimes the way a nurse, midwife or nursing associate conducts themselves outside their professional practice can be serious professional misconduct and will require us to act. We will take action when a professional's conduct:

- *either indicates deep-seated attitudinal issues which could pose a risk to the public in professional practice, or*

- *is capable of undermining public trust and confidence in the profession, raising fundamental questions about the nurse, midwife or nursing associate's ability to uphold the values and standards set out in the Code.*

26. *It is acknowledged that not every breach of the Code will result in a finding of misconduct. However, Ms Bagley accepts that her conduct as set out above, although occurred outside the remit of her clinical practice, is a serious departure from the professional standards and behaviour expected of a registered nurse and is capable of undermining public trust and confidence in the profession and would raise fundamental questions about her ability to uphold the values and standards set out in the Code. The Parties agree that Ms Bagley's actions fell below the standards expected of a registered nurse, and those actions and the resulting breaches of the Code, clearly amount to serious misconduct.*

Impairment

27. *It is agreed that Ms Bagley's fitness to practise is currently impaired by reason of her misconduct.*

28. *The NMC's guidance entitled: Impairment (Reference:DMA-1) explains that when deciding whether or not a professional's fitness to practise is currently impaired, the Fitness to Practise Committee should assess whether the professional would pose a risk to public safety, public confidence in the professions or professional*

standards, if the professional were permitted to practise without restrictions. Being fit to practise is not defined in legislation but for the NMC it means that a professional on the NMC register can practise as a nurse, midwife or nursing associate safely and effectively without restriction.

29. *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 Ms Bagley 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 Ms Bagley in the past brought and/or is liable in the future to bring the professions into disrepute; and/or*

    c. *Has Ms Bagley 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 Ms Bagley in the past acted dishonestly and/or is liable to act dishonestly in the future?*

30. *The Parties have also considered the comments of Cox J in Grant at paragraph 101:*

'The Committee should therefore have asked themselves not only whether the Registrant continued to present a risk to members of the public, but whether the need to uphold proper professional standards and public confidence in the Registrant and in the profession would be undermined if a finding of impairment of fitness to practise were not made in the circumstances of this case.'

31. *The parties agree that the limbs a, b,c and d are engaged in this case.*

<u>Limb (a)</u>

32. *The misconduct did not arise in the context of clinical practice and did not involve patient care. Although Ms Bagley's actions did not put patients at direct risk of harm, the provision of false employment information in support of Person A, who was already subject to disciplinary action in respect of their behaviour towards colleagues, raises concerns about the potential risks that could arise if inaccurate information were relied upon in employment processes. Such conduct may expose colleagues and, indirectly, patients to risk if it enables an individual whose conduct has been called into question to obtain a position where they may interact with patients and staff without appropriate scrutiny.*

Limbs b and c

33. *In relation to the second and third limb, Ms Bagley's misconduct has brought the nursing profession into disrepute and breached fundamental tenets of the profession. The dishonest conduct in this case is serious and would be viewed with concern by fellow professionals and members of the public.*

34. *The public is entitled to expect high standards from registered professionals. Nurses are required to uphold the reputation of their profession at all times and to adhere to the standards and values set out in the Code (Code 20.1). Ms Bagley's conduct has brought the profession into disrepute. Members of the public are entitled to expect nurses to act with honesty and integrity, particularly when providing information relevant to healthcare recruitment processes. By providing a false clinical reference in relation to an individual who was under investigation, Ms Bagley acted in a manner which would undermine public confidence in the profession and the regulatory process. Registered professionals occupy a position of privilege and trust in society and are expected at all times to be professional. Members of the public must be able to trust registered professionals with their lives and the lives of their loved ones. Promoting professionalism and trust are fundamental tenets of the Code.*

Limb d

35. *Honesty is considered to be the bedrock of the nursing and midwifery professions. Ms Bagley's actions of providing a false clinical reference, deliberately breached the fundamental tenets of trust and professionalism, due to the absence of honesty and integrity in her actions. Such actions are damaging to the profession and are indicative of abuse of position and trust.*

36. *Albeit Ms Bagley qualified as a nurse in 1987 and has had a lengthy nursing career without previous regulatory concerns, the provision of false employment information represents a clear departure from the requisite professional standards and is capable of bringing the profession into disrepute.*

Public protection impairment

37. *Impairment is a forward-thinking exercise which looks at the risk the registrant's practice poses in the future.*

38. *In considering the question of whether Ms Bagley's fitness to practise is currently impaired, the parties have considered the approach of Silber J in the case of R (on application of Cohen) v General Medical Council [2008] EWHC 581 (Admin) in which the court identified three matters that are 'highly relevant' when considering current impairment:*

    (i) *whether the concern is easily remediable;*

    (ii) *whether it has in fact been remedied; and*

    (iii) *whether it is highly unlikely to be repeated*

39. *The Parties have considered the NMC's guidance entitled: Can the concern be addressed? (Reference: FTP-15a) which provides that some concerns are so serious that it may be less easy for the registered professional to put right the conduct or attitude concerned. Examples of this type of conduct include;*

- *dishonesty, particularly if it was serious and sustained over a period of time, or is directly linked to the nurse, midwife or nursing associate's professional practice*

40. *The parties agree that given the nature of the misconduct involves Ms Bagley dishonestly completing a clinical reference for Person A which she knew to be false (although the risk is not directly linked to Ms Bagley's professional practice – it undermines the trust that others have in the health profession and exposes employers to the danger of employing people who may indeed present a clinical risk to the public), the conduct in this case is indeed conduct that is more difficult to put right.*

41. *Ms Bagley's conduct is indicative of deep rooted attitudinal issues which could pose a risk to the public either directly or inadvertently.*

Remorse, reflection, insight, training and strengthening practice

42. *Ms Bagley has cooperated with the NMC investigation and provided a reflective piece in which she apologised and made some admissions. Ms Bagley stated that she had previously provided a character reference for Person A who had been her neighbour and whom was a fellow professional she trusted. She further stated:*

"Upon reviewing the reference form I completed, I realise that some of the questions should have made me question the reference I was providing was clinical as opposed to personal. I stated his period of employment was 10 years and that I stated the number of days lost to sickness was 15 days, I asked [Person A] for this information and took this at face value, I had no reason to doubt his integrity and at the time I had no idea he was no longer employed just that he was wanting to change his job due to the reasons I stated earlier.

I understand why my integrity and honesty has been put into question and I realise that there are some sections that I should have responded as not applicable those being; attendance and reemployment. I gave this information based on personal opinion as opposed to clinical which I acknowledge was an error on my part. I

accept that my position of 'Matron' was potentially also misleading, I did hold position of Matron / Lead Nurse within my own practice prior to taking early retirement…"

43. *Ms Bagley has provided evidence of training that she undertook on 'Powerful Honesty', which she states helped her reflect on the way she conducts herself both professionally and personally. She indicates that she would approach a similar situation differently in the future. However, the reflective material does not fully address the central concern of dishonesty and rather simply implies she was unaware of the type of reference she was completing, despite the document being clearly titled "Maximus Clinical Reference Form". Ms Bagley in her reflective piece has not demonstrated proper insight into the impact of her dishonesty upon patients, employers and the reputation of the profession. As a result of her lack of meaningful and proper insight, it cannot be said that the concerns have been fully addressed or fully remediated and unlikely to be repeated.*

44. *In considering whether the conduct is highly unlikely to be repeated, it is noted that Ms Bagley is no longer working in a nursing role following her retirement from the Practice in September 2023. However, her intention not to practise in the future is distinct from the question of whether their fitness to practise is currently impaired.*

45. *Regard should be had to the judgment in General Optical Council v Clarke [2018] EWCA Civ 1463 which makes plain that in the consideration of current impairment the concept of fitness to practise is exactly that, whether a registrant is fit to practise unrestricted rather than a deliberation of whether there is any likelihood of a return to practise and, thereby any risk occasioned by that.*

46. *Given the above, there thus remains a risk of repetition and therefore a finding of impairment on public protection grounds is required.*

Public interest impairment

47. *The parties agree that a finding of impairment is necessary on public interest grounds.*

48. *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."

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

50. *In upholding proper professional standards and conduct and maintaining public confidence in the profession, the Fitness to Practise Committee will need to consider whether the concern is easy to put right. For example, it might be possible to address clinical errors with suitable training. A concern which hasn't been put right is likely to require a finding of impairment to uphold professional standards and maintain public confidence.*

51. *It is agreed that there is a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behaviour. Promoting professionalism and trust are fundamental tenets of the profession. Nurses must ensure that their conduct at all times justifies the public's trust in the profession. The Parties agree that a member of the public appraised of the facts, would be shocked to hear that a registered nurse who dishonestly completed a clinical reference for Person A which she knew to be false (and thereby undermining the trust that others have in the health profession and exposing employers to the danger of employing people who may indeed present a clinical*

risk to the public) was entitled to practice without restriction. As such, the need to protect the wider public interest calls for a finding of impairment to declare and uphold proper standards of the profession and maintain trust and confidence in the profession and the NMC as its regulator. Without a finding of impairment, public confidence in the profession, and the NMC as a regulator, would be seriously undermined.

Sanction

52. *Taking into account the NMC Sanctions Guidance, the Parties agree the necessary, appropriate and proportionate sanction in this case is a* ***Striking-off Order****.*

53. *Any sanction imposed must do no more than is necessary to meet the public interest and must be balanced against Ms Bagley's right to practice in her chosen career. To achieve this the panel is invited to consider each sanction in ascending order.*

54. *The aggravating factors in this case are as follows;*

- *Deliberate breaches of the Code.*
- *The dishonesty is linked to Ms Bagley's professional practice: Ms Bagley completed the reference in her capacity as a registered nurse for Person A in his capacity as a registered nurse representing a serious breach of the duty of honesty and integrity expected of the profession.*
- *Conduct which deliberately or recklessly puts people receiving care at risk of suffering harm - the inaccurate clinical reference had the potential to undermine recruitment and safeguarding processes and could expose colleagues, and indirectly patients, to risk if relied upon in employment decisions.*

- *Abuse of position of trust - Ms Bagley relied on her position as a nurse when providing the reference, which gave the information authority and credibility.*

- *Ms Bagley has demonstrated limited insight: Ms Bagley maintains that she believed she was completing a personal reference and described her actions as an 'error'. However, her reflection focuses on a misunderstanding of the form rather than addressing the central concern of dishonesty, despite the document being clearly titled "Maximus Clinical Reference Form".*

- *Premeditated behaviour given Person A was Ms Bagley's neighbour.*

55. *The mitigating factors in this case are as follows:*

- *Ms Bagley submitted a reflective statement acknowledging that she should have responded differently when completing the reference and recognises that her actions were an error.*

- *Ms Bagley has undertaken training on 'Powerful Honesty' reflecting on her professional responsibilities.*

- *Ms Bagley qualified as a nurse in 1987 and has an unblemished record without any previous regulatory concerns.*

56. ***Taking no further action*** *or imposing a* ***Caution Order*** *would be inappropriate as such outcomes would not reflect the seriousness of the misconduct, would not be in accordance with NMC guidance, nor would they maintain public confidence in the profession or uphold proper professional standards.*

57. *Imposing a* ***Conditions of Practice Order*** *would not be appropriate as there are no clinical concerns capable of being addressed through conditions and the misconduct relates to dishonesty, which is an attitudinal concern not readily remediable through retraining or supervision. There are no measurable, workable or proportionate conditions to address these concerns.*

58. *NMC guidance entitled: Suspension Order (Reference: SAN-2d) suggests key things to weigh up before imposing a **Suspension Order**. These include but aren't limited to:*

- *Whether the risk posed to the public, or to people receiving care, can only be managed by temporary removal from the Register?*
- *Will suspension be sufficient to protect people using services, public confidence in the profession, or professional standards?*
- *Is it realistic that the professional could return to unrestricted practice in the future, even if it is not appropriate for them to do so now?*
- *What would the registrant need to do in order to be fit to practise in the future? Is it realistic that they will be able to do this?*

59. *The concerns raised are serious and highlight a deep-seated attitudinal issue. The evidence in relation to dishonestly completing a clinical reference for Person A which Ms Bagley knew to be false is a serious act of dishonesty. Although a one-off incident, given Person A was Ms Bagley's neighbour, the dishonesty could be said to be premeditated. In order to return to unrestricted practice and be fit to practise in the future Ms Bagley would need to show extensive insight which she has not done - she has failed to address the key allegation of dishonesty and that giving a false picture of employment history is a serious concern. As per, guidance SAN-2d which provides a non-exhaustive list of circumstances that may make a suspension order an appropriate sanction, one such circumstance is; where despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice. Ms Bagley has not demonstrated this meaningful insight and has made clear her intentions not to return to practice. A suspension is therefore not appropriate and insufficient for public protection or to meet the wider public interest.*

60. *In line with our guidance entitled: Striking-off order (Reference: SAN-2e) a* ***Striking-off order*** *is likely to be appropriate as looking at Ms Bagley's conduct as a whole, it is fundamentally incompatible with being a registered professional. The guidance sets out four questions which the Fitness to Practise Committee should consider:*

- *Do the charges found proved raise fundamental questions about their professionalism?*
- *Can public confidence in the profession be maintained if the professional is not removed from the Register?*
- *Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?*
- *Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?*

61. *Applying these questions to this case: dishonestly completing a clinical reference for Person A which Ms Bagley knew to be false undoubtedly raises fundamental questions about Ms Bagley's professionalism and public confidence cannot be maintained without Ms Bagley being removed from the register. Due to the nature of the concerns, extensive insight and reflection is needed in order to keep people receiving care and members of the public safe, maintain public confidence in the profession and uphold professional standards. Given the length of time which has elapsed since the concerns came to light and that Ms Bagley has not yet demonstrated sufficient insight, there is no realistic prospect that after suspension Ms Bagley would have gained insight and strengthened her practice such that the risk she poses will have reduced. As per NMC guidance entitled: Deciding between suspension and strike off (Reference SAN-3): the guidance suggests that when deciding between a suspension or a striking-off order the Committee should:*

- *Consider the professional's insight and attitude to addressing the concerns, and whether it is realistically possible that these will change positively during the suspension period. If it is unlikely the professional will try to address the concerns, there may not be appropriate for them to be suspended in the hopes that they will eventually return to practice.*

62. *Given Ms Bagley has made it clear she does not want to return to practice and showed only limited insight into what happened, it would be appropriate and proportionate for the sanction to be one of striking-off.*

63. *The Fitness to Practise Committee should also refer to NMC guidance entitled: Sanctions for the highest risk cases (Reference: SAN-4). This guidance highlights concerns that are particularly serious that are most likely to attract the strongest sanctions because they are mostly likely to risk the health and safety of the public, public confidence in the profession and upholding professional standards. The concerns relevant to Ms Bagley's case are as follows:*

- *Cases involving dishonesty*

64. *As per the guidance, honesty is of central importance to a professional's practice because of the large degree of trust placed in them. Therefore, allegations of dishonesty will almost always put the public at risk of the professional not being trustworthy; because of this a professional who has acted dishonestly will always be at risk of strike-off. Generally, the forms of dishonesty which are most likely to require consideration of striking-off will involve (but are not limited to):*

- *direct risk to people receiving care*
- *premeditated, systematic or longstanding deception.*

65. *Both are relevant in Ms Bagley's case.*

66. *The Parties are mindful of the case of Ige v Nursing and Midwifery Council [2011] EWHC 3721 to support the decision of a striking-off despite there being no concerns around Ms Bagley's clinical skills. The case of Ige is an example which displays the courts supporting decisions to strike off healthcare professionals where there has been lack of probity, honesty or trustworthiness, notwithstanding that in other regards there were no concerns around the professional's clinical skills. Striking-off orders have been upheld on the basis that they have been justified for reasons of maintaining trust and confidence in the professions. Similarly, in this case, although there were no concerns around Ms Bagley's clinical skills, misconduct of such severity significantly undermines the public's trust and confidence in the profession.*

67. *Moreover, and as per the NMC's guidance, the Parties are also mindful of and refer to the case of Bolton v Law Society [1994] 1 WLR 512 which illustrates the principle that the reputation of the professions is more important than the fortunes of any individual member of those professions. Here, and as mentioned above, although there were no concerns around Ms Bagley's clinical skills, it can nonetheless be argued that a striking-off is still appropriate because this is the 'price' you pay for being a registered professional and maintaining the reputation of the profession. Ms Bagley's actions raise fundamental concerns about her professionalism and public confidence in nurses cannot be maintained if she is not removed from the register. A striking-off order is the only sanction which will be sufficient to protect patients, members of the public, maintain professional standards and address the public interest in this case.*

68. *The parties have also borne in mind the case of GMC v Theodoropoulos [2017] EWHC 1984 (Admin) which suggests that honesty and integrity are fundamental in relation to qualifications and the system of applying for medical positions and engaging in deliberate dishonesty and lacking insight into that dishonesty means that erasure may in practical terms be inevitable.*

69. *In light of the above, a Striking-off Order is the only sanction capable of marking the seriousness of the misconduct, upholding proper professional standards and maintaining public confidence in the profession.*

Maker of allegation comments

70. *The NMC itself is the referrer under Article 22 (6) of the Nursing and Midwifery Order 2001, therefore there is no need to obtain 'maker of allegation' comments.*

Interim order

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

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 Bagley. The provisional CPD agreement was signed by Ms Bagley on 27 March 2026 and the NMC on 6 May 2026.

Decision and reasons on the CPD

The panel decided to accept the CPD.

The panel heard and accepted the legal assessor's advice. He 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 Bagley. 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 Bagley admitted the facts of the charges. Accordingly, the panel was satisfied that the charges are found proved by way of Ms Bagley admissions as set out in the signed provisional CPD agreement.

Decision and reasons on impairment

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

In respect of misconduct, the panel determined that the conduct found proved by way of Ms Bagley's admissions is serious. It was of the view that Ms Bagley's dishonest conduct fell short of the standards expected of a registered nurse. The panel considered that nurses must always act with honesty and with integrity, and by providing a clinical reference for Person A which she knew to be dishonest was very serious. The panel considered that Ms Bagley breached the NMC Code by failing to uphold the reputation of the profession.

In this respect, the panel endorsed paragraphs 14 to 26 of the provisional CPD agreement in respect of misconduct. In particular, the panel endorsed paragraphs 22 and 23, in that

Ms Bagley knew her actions were dishonest, and her actions would be considered dishonest by the standards of ordinary decent people.

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

The panel considered that whilst there was no known direct risk to patients by Ms Bagley's misconduct, there was a risk of harm by providing a reference in support of Person A who had been subject to disciplinary action previously. The panel noted that there was a risk associated with providing a positive reference for Person A. An absence of the correct information in the employment process could have resulted in potential risk to the patients of the prospective employer. The panel agreed that this misconduct undermined the need for proper scrutiny during the employment process.

The panel considered that Miss Bagley's misconduct brought the nursing profession into disrepute and breached fundamental tenets of the profession. The panel considered that

the misconduct is serious and undermines public trust in the nursing profession. The panel considered that registered professionals must act with honesty and integrity at all times, and Ms Bagley's failure to do so breaches the NMC Code. The panel was satisfied that providing a false clinical reference for Person A, would bring the profession into disrepute.

The panel next considered the matter of dishonesty. The panel considered that nurses occupy a position of trust, and the public must be able to trust nurses. The panel considered that Ms Bagley's misconduct would be considered dishonest by the standards of ordinary decent people.

The panel considered that it has limited information before it of sufficient insight or strengthened practice. The panel noted that Ms Bagley provided a reflective statement and made admissions to the charges. The panel also noted that Ms Bagley did undertake some relevant training in respect of the misconduct. The panel considered that Ms Bagley is not currently working as a nurse and intends to retire from working. In light of this, the panel was not satisfied that Ms Bagley has demonstrated sufficient insight to reduce the risk of harm and risk of repetition. Therefore, the panel was of the view that a finding of impairment is required on the ground of public protection.

The panel considered whether a finding of impairment is required on the ground of public interest. The panel has determined that Ms Bagley acted dishonestly and was of the view that her misconduct undermines public confidence in the profession. The panel considered that honesty and integrity are the bedrock of the nursing profession, and a member of the public would be shocked to learn that Ms Bagley provided a false reference to Person A given the potential risk of harm to the public. The panel was of the view that the reputation of the profession would be seriously damaged if it did not take matters of dishonesty extremely seriously. The panel therefore concluded that a finding of impairment is required on the ground of public interest.

In this respect the panel endorsed paragraphs 27 to 51 of the provisional CPD agreement.

Decision and reasons on sanction

Having found Ms Bagley'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:

- Dishonesty
- Lack of insight into her dishonest conduct
- Premeditated, systematic deception
- Risk of harm to people receiving care

The panel also took into account the following mitigating features:

- Some relevant training
- Early admissions to the charges

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

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

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

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

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel considered that whilst this appears to be a single instance of misconduct, there is some evidence before it of harmful deep-seated attitudinal issues, and a lack of insight into the crux of her dishonesty. The panel considered that Ms Bagley's insight into her misconduct appears to focus on the fact she believed Person A's reference to be a personal character reference, rather than she misrepresented her role in Person A's professional work. In the absence of any sufficient

or meaningful insight into her misconduct, the panel considered that there remains a significant risk of repeating the behaviour.

The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Ms Bagley's actions is fundamentally incompatible with Ms Bagley remaining on the register. The panel noted that Ms Bagley has indicated that she wishes to retire and has indicated that she does not want to address the concerns. Therefore, it considered that a period of suspension would not serve any useful purpose. It was of the view that it is unlikely that a short period of suspension would facilitate Ms Bagley's return to safe and effective practice. In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

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

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

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

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel agreed with the CPD that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the

effect of Ms Bagley's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case.

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

The panel therefore endorsed paragraphs 52 to 69 of the provisional CPD agreement.

Decision and reasons on interim order

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 Bagley's own interest. 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 interests. 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 protect the public during any potential period of appeal.

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

This will be confirmed to Ms Bagley in writing.

That concludes this determination.