Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Tuesday, 28 – Thursday, 30 July 2026

Virtual Meeting

Name of Registrant:	**Lorna Margaret Carey**
NMC PIN:	05I1992S
Part(s) of the register:	Sub Part 1 Registered Nurse - Mental Health RNMH: mental health nurse, level 1 (31 October 2008)
Relevant Location:	Scotland
Type of case:	Misconduct / Health
Panel members:	Paul Hepworth (Chair, lay member) Prisca Adaobi Igwe (Registrant member) Shazad Amin (Lay member)
Legal Assessor:	Suzanne Palmer
Hearings Coordinator:	Franchessca Nyame
Facts proved:	Charges 1, 2, 3 and 4
Facts not proved:	None
Fitness to practise:	Impaired by reason of misconduct and on the grounds of ill health
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 Carey's registered email address by secure email on 24 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, date and the fact that this meeting was to be heard virtually.

In the light of all of the information available, the panel was satisfied that Ms Carey 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' (the Rules).

Details of charge

That you, a registered nurse;

1. On various dates between 14 January 2022 and 01 April 2023 used funds belonging to your employer, designated for formal 'rewards' for your colleagues, for your own personal use.

2. Your conduct at charge 1 above was dishonest as you knew that you were not entitled to use the money as your own.

3. Failed to cooperate with the NMC fitness to practise investigation in that you did not engage with requested enquiries about your health.

4. Have or have had a health condition as listed in Schedule 1

And, in light of the above your fitness to practise is impaired by reason of your misconduct in respect of charge 1, charge 2 and charge 3 above and in light of your health in respect of charge 4.

Schedule 1

[PRIVATE].

Proceeding in the absence of Ms Carey

The panel noted the witness statement of Lale Gungor which demonstrated that all reasonable efforts were made to secure Ms Carey's engagement with the NMC investigation as well as her attendance at a hearing with no success.

The panel noted the Notice of Meeting sent to Ms Carey on 24 June 2026 which states that her case will be heard at a meeting, and advises her of her right to request a hearing. The panel considered that Ms Carey was given multiple opportunities to engage with NMC proceedings and provide Submissions but chose to not cooperate.

The panel noted and agreed with the reasons set out in the Notice of Referral dated 30 October 2025 as to why it was appropriate to deal with this case at a meeting rather than a hearing.

For these reasons, the panel was satisfied to proceed with this matter as a meeting in Ms Carey's absence.

Background

The Nursing and Midwifery Council (NMC) received a referral on 1 September 2023 from ATOS Healthcare (ATOS), now known as Serco Limited (Serco), where Ms Carey was employed. At the time of the matters alleged in Charges 1 and 2, Ms Carey was in the role of Academy Lead. From around April 2023, Ms Carey was demoted to the role of Lead Clinical Support (PIP assessment).

The concern related to Ms Carey using company allocated 'Prosper funds' for her own personal use on multiple occasions between January 2022 and April 2023. Prosper funds were provided by ATOS to provide vouchers, treats and other benefits to members of staff, in order to reward and acknowledge service. The fund was held by a line manager who would distribute it at their discretion to the members of staff they managed. As Academy

Lead, Ms Carey managed 11 staff members. When Ms Carey ceased to be a line manager in April 2023, her manager asked her for handover information about the amount in the Prosper fund and how it had been used. Her manager was concerned that Ms Carey seemed to evade providing this information, and an investigation was initiated. This gave rise to concerns that Ms Carey had misappropriated the Prosper funds for her own use rather than distributing them to staff members. Although Ms Carey confessed to the misuse of funds in an investigation meeting, she was not forthcoming with this information when concerns were initially raised in May 2023.

Ms Carey was dismissed from her role following investigation and disciplinary proceedings.

Decision and reasons on facts

In reaching its decisions on the facts, the panel took into account all the documentary evidence in this case together with the written Submissions made by the NMC.

In addition, the panel had regard to the written statements of the following witnesses on behalf of the NMC:

- Lynne Marenghi (Ms Marenghi): Academy Clinical Support at ATOS at the time of the alleged events.

- Andrea Watkins (Ms Watkins): Head of Personal Independence Payment ("PIP") Operations at ATOS at the time of the alleged events.

- Lale Gungor: NMC Case Officer.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will

be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor.

There were no admissions by Ms Carey, who has not engaged with the proceedings. The panel then considered each of the disputed charges and made the following findings.

Charge 1

> "That you, a registered nurse, on various dates between 14 January 2022 and 01 April 2023 used funds belonging to your employer, designated for formal 'rewards' for your colleagues, for your own personal use."

This charge is found proved.

In reaching this decision, the panel took into account the witness statement of Ms Marenghi, the Investigation Meeting notes dated 20 July 2023, the Disciplinary Investigation Report dated 21 July 2023, the Discipline Hearing Meeting notes dated 15 August 2023, and the Discipline Hearing Outcome letter dated 29 August 2023.

In her witness statement, Ms Marenghi states:

> *'Miss Carey eventually admitted to us that she had taken the funds for her own use between 2022 – 2023 and that she had done this as she was having financial difficulties.'*

The panel noted that this was consistent with the Investigation Meeting notes which state:

> *'JW: Do you know how much you have spent from the prosper money that didn't go on the team?*
> *LC: I think its around £700-£800'*

and the Disciplinary Investigation Report which states:

> *'20.7.2023: Meeting held with Lorna, me and James Watson where she confessed to using prosper funds for her own use'*

The panel had sight of the Discipline Hearing Meeting notes, in which Ms Carey makes a clear admission:

> *'**AW** So just to summarise since June 2022 you have admitted to using prosper awards for your personal use which were for your team's awards. This totals to £1216 however you state that you have used £392.33 of your own money.*
> ***LC** Yes, I was trying to pay for stuff from my own card to balance out the amount I owed.'*

The panel also noted from the Disciplinary Hearing Outcome letter that Ms Carey was dismissed from ATOS for the *'unauthorised use of company allocated Prosper funds which* [she had] *been using for your own personal use since June 2022.'*

In light of the evidence set out above, the panel was satisfied that it had sufficient cogent evidence to find, on the balance of probabilities, that, between 14 January 2022 and 01 April 2023, Ms Carey used funds belonging to her employer for her own personal use.

The panel therefore found Charge 1 proved.

Charge 2

> "Your conduct at charge 1 above was dishonest as you knew that you were not entitled to use the money as your own."

This charge is found proved.

When considering the issue of dishonesty, the panel applied the test for dishonesty as set out in the case of *Ivey v Genting Casinos (UK) Ltd t/a Crockfords* [2017] UKSC 67:

'*1. The Panel must first ascertain (subjectively) the actual state of the individual's knowledge or belief as to the facts. The reasonableness or otherwise of his/her belief is a matter of evidence going to whether he/she held the belief, it is not an additional requirement that his/her belief must be reasonable; the question is whether it is genuinely held;*

2. Once his/her actual state of mind as to knowledge or belief as to facts is established, the question whether his/her conduct was honest or dishonest is to be determined by the Panel by applying the (objective) standards of ordinary decent people. There is no requirement that the individual must appreciate that what he/she has done is, by those standards, dishonest.'

The panel first considered Ms Carey's subjective state of mind and whether she knew she was not entitled to use the Prosper rewards money as her own.

In the Investigation Meeting notes dated 20 July 2023, Ms Carey stated:

'There isn't anything in the prosper account as its been used and not for what it should have been using the money for. I am really sorry and I just panicked that's why I went off work and went AWOL…

…I thought I could use £20 here and there to get some shopping then when it comes to pay day I would pay it back but I didn't and then it started escalating, it was just there and I didn't want to ask my dad again for money, I know it wasn't mine but it got to a stage where I had taken too much out of it…I was ashamed.'

The panel noted that Ms Carey clearly stated that she took the Prosper money, knowing she was not entitled to it, and did not use it for its intended purpose. The panel considered Ms Carey's apology to suggest that she knew what she did was wrong.

The panel noted Ms Carey's argument that she had intended to replace the money she had taken and considered the distinction between misappropriation and theft. The panel was of the view that to categorise Ms Carey's actions as misappropriation may have been

plausible in the beginning had she attempted to pay the money back before the amounts she was taking *'started escalating'*.

However, the panel determined that there would have come a point when Ms Carey could no longer realistically or reasonably have believed that she would be able to repay the funds. Ms Carey clearly knew that she was not entitled to take them for her own personal use. From this point onwards, Ms Carey's actions could no longer be reasonably described as misappropriation rather than theft. The panel was therefore satisfied that the only inference it could draw, on the balance of probabilities, was that Ms Carey's subjective state of mind was motivated on a number of occasions by an intention to misuse employer funds by treating them as her own.

The panel was of the view that members of the public would expect a senior member of staff put in charge of a reward fund for their colleagues to not take the money for their own personal use, especially when they know that they are not entitled to it. Consequently, the panel was satisfied that Ms Carey's state of mind would be regarded objectively as dishonest by the standards of ordinary decent people.

As such, the panel found Charge 2 proved.

Charge 3

> "That you, a registered nurse, failed to cooperate with the NMC fitness to practise investigation in that you did not engage with requested enquiries about your health."

This charge is found proved.

In reaching this decision, the panel took into consideration 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' ('the Code') and the witness statement of Lale Gungor (an NMC Case Officer) along with the accompanying exhibits.

The Code states:

‘23 Cooperate with all investigations and audits
This includes investigations or audits either against you or relating to others, whether individuals or organisations…’

Given the above stipulation, the panel determined that, as a registered nurse subject to the Code, Ms Carey was under a duty to cooperate with the NMC’s investigation.

The panel noted the NMC’s position that *‘Ms Carey has failed to engage with the investigation in to her health.’*

The panel had regard to Lale Gungor’s witness statement which sets out the chronology of correspondence regarding Ms Carey’s health:

‘a. On 15 November 2024, the NMC emailed the registrant the medical examination and consent for disclosure forms, requesting a response by 22 November 2024. I produce a copy of that email and attachments as Exhibit LG/10.

b. On 18 November 2024, the NMC sent a letter to the registrant’s home address enclosing the medical examination and consent for disclosure forms. I produce a copy of that letter and receipt of post as Exhibit LG/11.

c. On 22 November 2024, the NMC sent a follow-up email to the registrant asking for the completed medical consent forms to be returned by 25 November 2024. I produce a copy of that email as Exhibit LG/12.

7. In addition to the above, the NMC attempted to contact the registrant via telephone on the following occasions:
a. 3 September 2024,
b. 24 September 2024,
c. 21 October 2024,
d. 12 November 2024;
and e. 22 November 2024.’

The panel noted that there was no response from Ms Carey to any of the emails from the NMC enquiring about her health. The panel was mindful that Ms Carey had previously stated that her '*son keeps changing* [her] *password to access* [her] *personal emails*' and considered that she could have missed the emails from the NMC. However, the panel acknowledged that a letter was also sent directly to Ms Carey's address thus, in the event that she did not have access to her emails, she should have received the letter. The panel also noted that several attempts were made to call Ms Carey, without any response.

In light of the evidence set out above, the panel was satisfied that it had sufficient cogent evidence to find, on the balance of probabilities, that Ms Carey failed to cooperate with the NMC fitness to practise investigation in that she did not engage with requested enquiries about her health.

The panel therefore found Charge 3 proved.

Charge 4

> "That you, a registered nurse, have or have had a health condition as listed in Schedule 1."

[PRIVATE].

This charge is found proved.

In reaching this decision, the panel had regard to the Disciplinary Appeal Hearing notes dated 15 September 2023, the Investigation Meeting notes dated 20 July 2023 and Disciplinary Hearing Meeting notes dated 15 August 2023.

In the Disciplinary Appeal Hearing notes, the panel noted that Ms Carey referred to [PRIVATE]. Ms Carey offered this as an explanation for how she had come to be in financial difficulties.

In the Investigation Meeting notes, Ms Carey stated that she went to the General Practitioner [PRIVATE], but not for any help regarding [PRIVATE].

The panel did not have any independent medical evidence before it which indicated that Ms Carey has been formally diagnosed [PRIVATE], only her self-report.

However, the panel noted in the Disciplinary Hearing Meeting notes that Ms Carey stated:

> *'*[PRIVATE]*. There's just me and my son so I was using the prosper funds to feed us. It just spiralled out of control. I nearly lost my house. By day 3 of my wages, I had no money…*
>
> [PRIVATE]*'* [sic]

The panel recognised the level of financial hardship [PRIVATE]. It also bore in mind that Ms Carey then resorted to using employer funds for her own personal use to the extent that it was *'escalating'* and *'spiralled out of control'*. [PRIVATE].

On the basis of the evidence before it, the panel was satisfied that, on the balance of probabilities, Ms Carey [PRIVATE].

As such, the panel found Charge 4 proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Ms Carey's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC defined fitness to practise as a registrant's ability to practise safely and effectively without restriction.

The panel, in reaching its decision, recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, Ms Carey's fitness to practise is currently impaired as a result of that misconduct.

Written submissions on misconduct and impairment

The NMC identified specific breaches of the Code where it submitted that Ms Carey's actions amounted to misconduct:

> *'1 Treat people as individuals and uphold their dignity*
> *To achieve this, you must:*
> *1.1 treat people with kindness, respect and compassion (this applies to the lack of kindness, respect and compassion for co-workers and those Ms Carey managed)*
>
> *20 Uphold the reputation of your profession at all times*
> *To achieve this, you must:*
> *20.1 keep to and uphold the standards and values set out in the Code*
> *20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment*
> *20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to*
> *20.9 maintain the level of health you need to carry out your professional role*
>
> *21 Uphold your position as a registered nurse, midwife or nursing associate*
> *To achieve this, you must:*
> *21.3 act with honesty and integrity in any financial dealings you have with everyone you have a professional relationship with, including people in your care*
>
> *23 Cooperate with all investigations and audits*
> *This includes investigations or audits either against you or relating to others, whether individuals or organisations. It also includes cooperating with requests to*

act as a witness in any hearing that forms part of an investigation, even after you have left the register.
To achieve this, you must:
23.1 cooperate with any audits of training records, registration records or other relevant audits that we may want to carry out to make sure you are still fit to practise

25 Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the health and care system
To achieve this, you must:
25.1 identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved…'

The NMC submitted that the misconduct is serious because Ms Carey's actions were a significant departure from the fundamental principles of the Code of promoting professionalism and trust.

The NMC submitted that the conduct, as detailed in Charge 1 to 3, fell significantly short of what would be expected of a registered nurse.

The NMC requires the panel to bear in mind its overarching objective to protect the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. The panel has referred to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin) and *R (on application of Cohen) v General Medical Council* [2008] EWHC 581 (Admin).

The NMC submitted that all four limbs of the Smith test in *Grant* are engaged. Its position is that:

1. Ms Carey has in the past acted so as to put a patient or patients at unwarranted risk of harm because, by using the money which should have been distributed to her fellow employees, she potentially affected employee motivation and trust;

2. Ms Carey has in the past brought the nursing profession into disrepute because her actions would shock a bystander should they learn of a nurse who misappropriated funds, for which she was responsible, and which were to be spent on employee reward and recognition;

3. Ms Carey has in the past breached one of the fundamental tenets of the nursing profession because through her actions Ms Carey breached the fundamental tenets of prioritising people and promoting professionalism and trust in the profession; and

4. Ms Carey has in the past acted dishonestly when she used the funds for her own purpose. She has attempted to minimise her culpability, and then she has not engaged with these proceedings. As such, Ms Carey is liable to act dishonestly again in the future.

The NMC then made submissions in respect of *Cohen* and the questions of whether the concern is easily remediable, whether it has been remedied and whether it is highly unlikely to be repeated.

It is the NMC's submission that Ms Carey has displayed no insight. Despite admissions to taking the money, she claimed that she intended to return the money. There has been no engagement with the NMC and these proceedings. Ms Carey has not undertaken any relevant training, and she has not had the chance to show strengthened practice.

The NMC went on to submit that there is a continuing risk to the public due to Ms Carey's lack of insight and remediation. The NMC noted that Ms Carey has failed to engage with the investigation into her health. It submitted that this meant that it could not be established whether Ms Carey's health caused her misconduct, making it difficult for the panel to assess any risk of repetition.

The NMC also submitted that Ms Carey's failure to cooperate with the NMC indicates a potential underlying attitudinal issue suggesting that Ms Carey did not, and will not in the future, respect the requirements and demands of her registration which is a fundamental quality of a registered nurse.

The NMC therefore submitted that Ms Carey's fitness to practise is currently impaired by way of misconduct in respect of Charges 1, 2 and 3.

Written submissions on health and impairment

The NMC submitted that Ms Carey stated that [PRIVATE].

The NMC went on to submit that, due to Ms Carey's failure to engage with the NMC investigation, the panel has no evidence before it about whether she is currently managing her health condition. It submitted that a health condition of this nature may cause risks to the public if it causes poor judgment and decision making in the workplace such as Ms Carey misappropriating funds belonging to her employer. In the absence of this evidence, the NMC submitted that there is a clear risk of repetition.

The NMC therefore submitted that Ms Carey's fitness to practise is currently impaired in light of her health in respect of Charge 4.

The panel accepted the advice of the legal assessor.

Decision and reasons on misconduct

In coming to its decision, the panel had regard to the case of *Roylance v GMC (No. 2)* [2000] 1 AC 311 which defines misconduct as a 'word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.'

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel determined that Ms Carey's actions amounted to a breach of the Code. Specifically:

> *'**1 Treat people as individuals and uphold their dignity***
>
> *To achieve this, you must:*

1.1 treat people with kindness, respect and compassion

20 Uphold the reputation of your profession at all times

To achieve this, you must:

20.1 keep to and uphold the standards and values set out in the Code

20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment

20.9 maintain the level of health you need to carry out your professional role

21 Uphold your position as a registered nurse, midwife or nursing associate

To achieve this, you must:

21.3 act with honesty and integrity in any financial dealings you have with everyone you have a professional relationship with, including people in your care

23 Cooperate with all investigations and audits

This includes investigations or audits either against you or relating to others, whether individuals or organisations. It also includes cooperating with requests to act as a witness in any hearing that forms part of an investigation, even after you have left the register.

To achieve this, you must:

23.1 cooperate with any audits of training records, registration records or other relevant audits that we may want to carry out to make sure you are still fit to practise'

The panel considered Ms Carey's misuse of employer funds to be serious. The panel was of the view that this breached fundamental tenets of the nursing profession such as prioritising people and promoting professionalism and trust. The panel determined that Ms Carey's actions at Charge 1 fell significantly short of the standards expected of a registered nurse and amounted to misconduct.

In relation to Charge 2, the panel had regard to the NMC guidance 'SAN-4: Sanctions for highest risk cases' which states that the more serious cases of dishonesty involve:

- *‘deliberately breaching the professional duty of candour by covering up when things have gone wrong, especially if this could cause harm to people receiving care*
- *…*
- *personal or financial gain from a breach of trust*
- *…*
- *premeditated, systematic or longstanding deception.’*

The panel considered the above examples to apply to Ms Carey’s case, indicating that her dishonest actions are at the higher end of the scale of seriousness. As such, the panel determined that Ms Carey’s actions at Charge 2 fell significantly short of the standards expected of a registered nurse and amounted to misconduct.

With respect to Charge 3, the panel found that Ms Carey had a duty under the Code to cooperate with the NMC investigation and that she failed to do this. The panel directed its attention to NMC guidance ‘FTP-17: Early engagement’ which states:

> *‘However, professionals are required to co-operate with any investigation about their conduct in line with the Code. A failure to cooperate, particularly if repeated and without a valid reason, such as ill health, may be considered especially serious. For example, not responding to a medical testing request that would help us understand a health condition could be viewed as a failure to cooperate and may also be raised as an additional concern.’*

The panel considered Ms Carey’s failure to respond to the NMC’s enquiries regarding her health for its investigation to be a serious issue, especially as it may be the underlying issue for her misconduct. The panel therefore determined that Ms Carey’s actions at Charge 3 fell significantly short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment in respect of Charges 1, 2 and 3

The panel next went on to decide if as a result of the misconduct, Ms Carey's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the NMC guidance 'DMA-1: Impairment', in which the following is stated:

> *'Being fit to practise is not defined in our legislation but for us it means that a professional on our register can practise as a nurse midwife or nursing associate safely and effectively without restriction.'*

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard, the panel first considered the questions set out in DMA-1:

> *'whether the concern can be addressed by taking steps to strengthen practice*
> *whether the concern has been addressed*
> *whether it is highly unlikely that the conduct will be repeated'*

The panel was of the view that dishonesty is indicative of an attitudinal issue, which could be difficult to remediate but not impossible. The panel recognised that Ms Carey's misconduct appears to correlate with [PRIVATE]. The panel was mindful that [PRIVATE] are treatable and potentially remediable.

With regard to remediation, Ms Carey has not engaged with the NMC investigation, therefore the panel did not have any evidence from Ms Carey of further developed insight, reflection or steps taken to address her health concerns or her dishonesty.

For the above reasons, the panel determined that there is a high risk of repetition in this case and that Ms Carey's misconduct is highly likely to be repeated.

The panel then considered the judgment of Mrs Justice Cox in the case of *Grant* in reaching its decision. In paragraph 74, she said:

> *'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'*

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

> *'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/their fitness to practise is impaired in the sense that S/He/They:*
>
> a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
>
> b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
>
> c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
>
> d) *has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel found all four limbs of the above test to be engaged in this case.

The panel noted that Ms Marenghi and Ms Watkins both attest to Ms Carey being good at her job. The panel did not have any evidence before it that patients were put at risk of harm as a result of Ms Carey's misconduct. However, the panel was of the view that, if Ms Carey returned to practice in a patient-facing role, she is liable in the future to act dishonestly again and this had the potential to put patients at risk of financial and emotional harm if any future dishonesty related to patients' belongings or funds.

The panel considered Ms Carey's misconduct to be serious, particularly given her dishonesty and the premeditated and prolonged deception. The panel was of the view that Ms Carey's actions brought the nursing profession into disrepute. The panel determined that, due to the high risk of repetition in this case, Ms Carey is also liable in the future to bring the nursing profession into disrepute.

The panel previously identified breaches in the Code and the fundamental tenets Ms Carey breached with her misconduct. The panel determined that, due to the high risk of repetition in this case, Ms Carey is also liable in the future to breach fundamental tenets of the nursing profession.

The panel found that Ms Carey acted dishonestly. The panel determined that, due to the high risk of repetition in this case, Ms Carey is also liable in the future to act dishonestly.

The panel considered that, if working in a patient-facing role, Ms Carey could put vulnerable patients at risk if she had access to their funds, or to employer funds which uphold patient safety. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind the overarching objective of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. The panel was of the view that a well-informed member of the public would be shocked if a registered nurse found to have been dishonest about misusing employer funds which could have, in turn, put patients at risk, and has not demonstrated insight or engaged with the NMC, was permitted to practise unrestricted. The panel therefore determined that a finding of impairment on public interest grounds is required to maintain public confidence in the nursing profession and the NMC as a

regulator, and to declare and uphold proper professional standards for members of the profession.

Having regard to all of the above, the panel was satisfied that Ms Carey's fitness to practise is currently impaired by reason of misconduct.

Decision and reasons on impairment in respect of Charge 4

In reaching its decision, the panel considered all the documentary evidence adduced in this case together with the written submissions made by the NMC. It referred to Rule 31(5) as follows:

> *'**31.**— (5) In determining whether a registrant's fitness to practise is impaired by reason of physical or mental health, the Fitness to Practise Committee may take into account, amongst other matters—*
>
> *(a) a refusal by the registrant to submit to medical examination;*
>
> *(b) the registrant's current physical or mental condition;*
>
> *(c) any continuing or episodic condition suffered by the registrant; and*
>
> *(d) a condition suffered by the registrant which, although currently in remission, may be expected to cause a recurrence of the impairment of the practitioner's fitness to practise.'*

The panel was aware that, in order to find Ms Carey's fitness to practise impaired by reason of her health condition, it must first establish whether Ms Carey's has a health condition that goes to the issue of her fitness to practise. If it does not, then there can be no subsequent finding of impairment of fitness to practise. If it does, the panel should go on to consider whether by reason of that health condition Ms Carey's fitness to practise is impaired.

The panel did not have any independent medical evidence before it of Ms Carey receiving a formal diagnosis [PRIVATE]. However, the panel did have evidence of Ms Carey self-reporting during the local investigation [PRIVATE]. Due to Ms Carey's lack of engagement with the NMC's investigation, the panel had no additional information on this matter, in particular what steps, if any, she had taken to manage her health condition.

On the basis of the evidence before it, and in the absence of anything to undermine that evidence, the panel determined Ms Carey's fitness to practise is currently impaired by reason of her health.

This finding is made to protect the public from harm which might be caused by Ms Carey practising without restriction whilst unwell, which would involve a breach of a fundamental tenet of the profession and result in her bringing the nursing profession into disrepute, albeit that this could be involuntary on her part.

Additionally, the finding is made having regard to the need to uphold proper professional standards and public confidence in the profession, which would be undermined if a finding of current impairment was not made at this time.

Sanction

The panel considered this case very carefully and decided to make a striking-off order. It directs the registrar to strike Ms Carey off the register. The effect of this order is that the NMC register will show that Ms Carey has been struck off the NMC register.

In reaching this decision, the panel had regard to all the evidence that has been adduced in this case and had regard to the NMC guidance on *'*SAN-2: The sanctions available' (last updated 28 January 2026).

Written submissions on sanction

It is the NMC's position that a striking-off order is the appropriate sanction in this case as:

1. Ms Carey's actions raise fundamental questions about her professionalism and make her incompatible with remaining on the NMC register, and

2. The public confidence in nurses could not be maintained if Ms Carey, a nurse who committed a breach of fundamental tenets of nursing profession including serious dishonesty, were not struck off from the NMC register.

In its written submissions, the NMC drew the panel's attention to NMC guidance 'SAN-2: The sanctions available', in particular:

> *'Generally, the forms of dishonesty which are most likely to call into question whether a nurse, midwife or nursing associate should be allowed to remain on the register will involve:*
>
> - *deliberately breaching the professional duty of candour by covering up when things have gone wrong, especially if it could cause harm to people receiving care'*

The NMC noted that Ms Carey attempted to prevent access to the Prosper system and submitted that, in respect of Charges 1, 2 and 3, the seriousness of the charges, the risk of repetition, the lack of any engagement at all suggesting that Ms Carey has or will address the concerns, supports a striking off order as the most appropriate disposal of this matter.

Decision and reasons on sanction

The panel accepted the advice of the legal assessor.

Having found Ms Carey's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. The panel bore 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 regard to the NMC Sanctions guidance. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Ms Carey has demonstrated very limited insight;
- She misused employer funds in breach of trust;
- She misused employer funds repetitively and over an extended period of time;
- She attempted to cover up the misuse of funds;
- Her actions caused harm to her employer's finances and reputation;
- Her actions caused harm to employee motivation and trust;
- She has failed to engage with the NMC's investigation; and
- She has failed to engage in the Fitness to Practise process without reason.

The panel also took into account the following mitigating features:

- [PRIVATE]; and
- She has previously expressed remorse for her actions.

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.

The panel next considered a caution order and had regard to the NMC guidance 'SAN-2b: Caution order' in which the following is stated:

> *'A caution is only appropriate if the Committee has decided there's no risk to the public or to people using services that requires the professional's practice to be restricted. This means the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'*

The panel considered that Ms Carey's misconduct was not at the lower end of the spectrum, and it found that there is a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict Ms Carey practise would not protect the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether to place conditions of practice on Ms Carey's registration. In considering whether conditions of practice are appropriate, the panel had regard to the factors set out in the NMC guidance 'SAN-2c: Conditions of practice order'. The panel noted that Ms Carey's misconduct does not relate to her clinical practice. Furthermore, the panel found dishonesty in this case and determined that it is indicative of attitudinal issues. The panel considered that it had no information upon which any conditions could be formulated to protect patients and to uphold professional standards.

The panel also considered that, although Ms Carey showed some limited insight during her employer's investigation, there is no evidence of any further development in that insight, and there is no evidence before it of any recent reflection, nor of any remediation. The panel also took into account that Ms Carey has not engaged with NMC proceedings, thus the panel considered it highly unlikely that she would engage in the future to demonstrate compliance with any conditions. The panel therefore determined that a conditions of practice order would not be appropriate or proportionate in the circumstances.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC guidance *'*SAN-2d: Suspension order' in which the following factors on when a suspension order may be appropriate are set out:

- *'the impairment is very serious but not fundamentally incompatible with continuing to be a registered professional*
- *an outcome less severe than strike-off would still satisfy the over-arching objective.'*

The panel also had regard to the key considerations as set out in the NMC guidance to weigh up before imposing a suspension. It noted the following list of circumstances that may make a suspension order an appropriate sanction:

- *'the charges found proved are at the most serious end of the spectrum and call into question the professional's suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their*

practice through reflection, the development of their professional skills and / or development of insight and remediation

- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *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.'*

Whilst the panel acknowledged that the risks identified could, in theory, be managed by Ms Carey being temporarily removed from the NMC register, it considered that it would not be sufficient to uphold public confidence in the profession and maintain professional standards due to the seriousness and nature of the facts found proved. Given Ms Carey's lack of engagement and previous limited insight together with no evidence of remediation, nor any evidence of her addressing the underlying health issue, the panel considered that there is no realistic possibility that she would address the concerns to such a level where she could return to practise safely. The panel also had regard to NMC guidance 'SAN-4: Sanctions for the highest risk cases' which states that:

'Generally, the forms of dishonesty which are most likely to require consideration of striking-off will involve (but are not limited to):

- *deliberately breaching the professional duty of candour by covering up when things have gone wrong, especially if this could cause harm to people receiving care…*
- *personal or financial gain from a breach of trust…*
- *premeditated, systematic or longstanding deception'*

The panel was of the view that the dishonest nature of Ms Carey's misconduct, as well as the high risk of repetition in this case, puts her actions at the higher end of the scale of seriousness.

The panel determined therefore that a suspension order would not be a sufficient, appropriate or proportionate sanction.

The panel had regard to the following considerations as set out in the NMC guidance *'*SAN-2e: Striking-off order':

- *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?*

The panel was mindful that a striking-off order is not an available sanction for health cases. As such, the panel only considered a striking-off order in respect of the misconduct charges, namely Charges 1, 2 and 3.

The panel found that Ms Carey's actions were dishonest and sufficiently serious to raise fundamental questions about her professionalism. Given the high risk of repetition in this case, as well as Ms Carey's previous limited insight and the lack of evidence before the panel demonstrating any reflection, remediation or that she addressed her underlying health issue, the panel determined that to allow her to continue practising unrestricted would undermine public confidence in the nursing profession and in the NMC as a regulatory body. The panel also found that, due to her lack of engagement, there is no realistic possibility that the risks identified would reduce with a period of suspension.

In any event, the panel determined that Ms Carey's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with her remaining on the NMC register. The panel determined that the appropriate and proportionate sanction in these circumstances is that of a striking-off order. Having regard

to the matters it identified, the panel concluded that nothing short of this would be sufficient in this case.

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

This will be confirmed to Ms Carey in writing.

Interim order

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

Written submissions on interim order

The NMC's position on interim order is, if a finding is made that Ms Carey's fitness to practise is impaired on a public protection basis is made and a restrictive sanction imposed, it considered an interim order in the same terms as the substantive order should be imposed on the basis that it is necessary for the protection of the public and otherwise in the public interest.

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

Decision and reasons on interim order

The panel was satisfied that an interim suspension order is necessary to protect the public and is otherwise in the public interest. The panel had regard to the seriousness of the misconduct and the reasons set out in its decision for the substantive order in reaching the

decision to impose an interim order. It considered that to not impose an interim suspension order would be inconsistent with its earlier findings.

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

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

This will be confirmed to you in writing.

That concludes this determination.