Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Friday, 10 July 2026

Virtual Hearing

Name of Registrant:	Olori Deborah Funmilayo Lascar-Awolesi
NMC PIN:	01D0479E
Part(s) of the register:	Registered Nurse – Sub Part 1 Adult Nursing - 19 April 2004 Midwives part of the register Registered Midwife - 26 May 2011 V300, Nurse independent / supplementary prescriber - 20 July 2022
Relevant Location:	Manchester
Type of case:	Misconduct
Panel members:	Susan Ball (Chair, registrant member) Kelly Fothergill (Registrant member) Jane Ndeti (Lay member)
Legal Assessor:	Juliet Gibbon
Hearings Coordinator:	Yvonne Temah
Nursing and Midwifery Council:	Represented by Sophia Ewulo, Case Presenter
Mrs Lascar-Awolesi:	Present and represented by Adewuyi Oyegoke
Order being reviewed:	Suspension order (12 months)
Fitness to practise:	Impaired
Outcome:	**Suspension order extended (6 months) to come into effect at the end of 14 July 2026 in accordance with Article 30 (1)**

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

At the outset of the hearing, Mr Oyegoke, on your behalf made a request that parts of the proceedings relating to your personal matters be heard in private. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Ewulo, behalf of the Nursing and Midwifery Council (NMC) indicated that she supported the application to the extent that any reference to your personal matters should be heard in private.

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

Whilst the panel noted that previous hearings in this case had been conducted partly in private it was not bound by those decisions. The panel determined to go into private session as and when such personal matters were raised in order to protect your privacy.

Decision and reasons on review of the substantive order

The panel decided to extend the current suspension order for a further period of six months.

This order will come into effect at the end of 14 July 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 12 June 2025. A review hearing was listed on 17 June 2026; this was adjourned at the request of your representative on your behalf.

This hearing is therefore the first review of the substantive suspension order currently in place.

The current order is due to expire at the end of 14 July 2026.

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

The charges found proved by way of admission which resulted in the imposition of the substantive order were as follows:

'That you a registered nurse, whilst working at Monton Medical Centre;

1) On 3 May 2022;

a) Inaccurately told Colleague Z that you could adequately complete cervical smear tests for patients.

b) After completing an asthma review for Patient B, did not make adequate records in Patient B's notes, in that you;

i) Did not record how well Patient B's asthma was being controlled.

ii) Incorrectly recorded an 'asthma resolved code'

iii) Did not complete an asthma plan

c) Incorrectly recorded that you had administered a nasal flu vaccination to Patient B's, when;

i) It was not the time of year for flu vaccinations;

ii) The Centre did not have flu vaccinations available;

iii) *Patient B was to be administered an intramuscular injection, not a nasal vaccination.*

2) *Your actions in charge 1 a) above were dishonest in that you misrepresented that you had the ability and/or training to carry out cervical smear tests.*

3) *On 4 May 2022 after completing a diabetic annual review for Patient A;*

a) *Did not record;*

i) *A discussion with Patient A about their lifestyle;*

ii) *A management plan for Patient A.*

b) *Did not escalate Patient A's raised blood pressure to a GP.*

c) *Incorrectly set Patient A's next diabetic review in 12 months time.*

4) *On 11 May 2022;*

a) *Did not record adequate information after completing an asthma review of Patient C, in that you;*

i) *Did not complete/review an asthma plan.*

ii) *Did not record which questions were asked of the patient.*

iii) *Did not record how well Patient C's asthma was being controlled.*

b) *Took a blood sample late/after 5:30 p.m. for an unknown patient.*

c) *Inappropriately left the blood sample in reception.*

5) *Between 29 April & 13 May 2022 did not disclose that you were subject to a substantive conditions of practice order imposed on 22 March 2021 for a period of 18 months to staff at the Monton Medical Centre.*

6) *Your actions in charge 5 above were dishonest in that you concealed your regulatory restrictions from your place of work/employer.*

That you a registered nurse, whilst working at Partington Central Surgery ('the Surgery') between 24 March 2022 and 19 May 2022;

7) *Inaccurately told Colleague Y;*

   a) *That you could adequately complete smear tests for patients.*

   b) *That you had completed the requisite training to undertake smear tests.*

   c) *That your training certificate was in Nigeria.*

8) *Acted outside the scope of your competence, in that you completed cervical smear tests for one or more patients, without having the requisite training.*

9) *Completed inadequate/incorrect cervical smear tests for one or more patients.*

10) *Your actions in or more of the above charges 7 a), 7 b), 7 c) & 8 were dishonest in that you misrepresented that you had the ability and/or training to carry out smear tests.*

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

The substantive panel determined the following with regard to impairment:

'The panel first considered whether any of the limbs of the Grant test were engaged as to your past conduct. The panel determined that your misconduct in acting outside the scope of your competence, your failings in fundamental areas of nursing practice and your dishonest conduct caused harm and additionally placed patients and the public at unwarranted risk of harm.

The panel found that your misconduct constituted a serious breach of fundamental tenets of the nursing profession in that you failed to prioritise people, practise effectively, preserve safety and promote professionalism and trust. It determined that you failed to uphold the standards and values of the nursing profession, thereby bringing the reputation of the nursing profession into disrepute. The panel also found you to have acted dishonestly.

The panel therefore concluded that limbs a, b, c and d of the Grant test are engaged in respect of your past conduct.

The panel next considered whether the limbs of the Grant test are engaged as to the future. In this regard, the panel considered the case of Cohen v GMC in which the Court addressed the issue of impairment with regard to the following three considerations:

a. *'Is the conduct that led to the charge easily remediable?*
b. *Has it in fact been remedied?*
c. *Is it highly unlikely to be repeated?'*

In this regard, the panel also considered the factors set out in the NMC Guidance on Insight and strengthened practice (FTP-15).

The panel first considered whether your misconduct is capable of being addressed. In the NMC Guidance – Can the concern be addressed (FTP-15a), the panel noted the following paragraph:

> *'In cases like this, and in cases where the behaviour suggests underlying problems with the nurse, midwife or nursing associate's attitude, it is less likely the nurse, midwife or nursing associate will be able to address their conduct by taking steps, such as completing training courses or supervised practice.*
>
> *Examples of conduct which may not be possible to address, and where steps such as training courses or supervision at work are unlikely to address the concerns 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*
>
> *Generally, issues about the safety of clinical practice are easier to address, particularly where they involve isolated incidents. Examples of such concerns include:*
>
> - *…….*
> - *poor record keeping*
> - *failings in a discrete and easily identifiable area of clinical practice*
>
> *The panel also had regard to the NMC Guidance on Serious concerns which are more difficult to put right (FTP-3a). It particularly noted that the NMC Guidance on Serious concerns which could result in harm if not put right (FTP-3b) states:*

‘We wouldn't usually need to take regulatory action for an isolated incident (for example, a clinical error) unless it suggests that there may be an attitudinal issue. Examples could include cruelty to service users or a serious failure to prioritise their safety…. Such behaviours may indicate a deep-seated problem even if there is only one reported incident which will typically be harder to address and rectify….’

The panel was of the view that your clinical misconduct, with respect to your failings in fundamental areas of nursing practice and acting outside the scope of your competence, could be addressed through a process of insightful reflections, retraining in the areas of concern and evidence of good practice. Therefore, the panel determined that it is capable of remediation.

In respect of your dishonest conduct, the panel noted that the NMC Guidance set out that dishonesty was generally difficult to address. The panel considered the nature and extent of your dishonesty.

The panel took into account that you demonstrated multiple acts of dishonesty across two practices over a period of time from 24 March 2022 to 19 May 2022. It noted that Colleague Y outlined the various instances of your dishonesty in his witness statement:

‘When I met with Deborah on her start date [24 March 2022] she did not tell me she was not appropriately trained to complete cervical smear tests, I was reassured by Deborah and the agency that all the relevant training and skills to do all the tasks which were expected of her could be carried out.’

‘I approached Deborah once I had received the email and explained the email I had received from the Cytology Centre about the ‘broom heads’ being left in the sample pot. Deborah confirmed “this was the procedure I do in London”. I explained this was not acceptable. The

patients would need to be recalled and the smear tests taken again. Deborah also informed me that she had shadowed various smears being taken, and was supervised while taking smears as part of her training.'

'I approached Deborah and explained there were concerns in relation to her cervical screening samples and asked for her to produce her original certificate so I can confirm this with SIT. Deborah confirmed she would try and find it.'

'Deborah then told me she wasn't sure where the certificate was. I enquired where she had completed her training and she wasn't sure, and believed her original certificate was in Nigeria'

The panel also noted that Colleague Z stated in her witness statement that:

'When Deborah arrived for her shift on 3 May 2022 I gave her some time to settle in and told her about the general processes at Monton MC, Deborah informed me she had experience working as a Practice Nurse, she confirmed she was able to complete Asthma, Diabetes and COPD reviews. She also confirmed she could complete adult and baby immunisations and smear tests.'

'I searched the NMC register and found Deborah was under sanction with the NMC and should not have been practising. I informed my practice manager and GP, and Deborah was asked not to return to Monton Medical Centre.'

The panel was of the view that, given that you misrepresented your competence to carry out cervical smear tests to two different practices, your dishonesty was therefore deliberate and pre-meditated. The panel found that your dishonest conduct was not a one-off incident nor was it a spontaneous action, but instead a

systematic course of conduct involving a long-standing deception for your personal gain. Your dishonest conduct demonstrated an abuse of your position of trust as a registered nurse in which you placed your personal interest over your duty to ensure patient safety. Having considered these factors, the panel was of the view that your dishonest conduct demonstrated a pattern of behaviour suggestive of deep-seated attitudinal concerns. It therefore decided that your dishonesty was difficult to remediate due to its serious and attitudinal nature.

The panel then went on to consider whether the concerns have been addressed and remediated. It had regard to the NMC Guidance – Has the concern been addressed (FTP-15b). The panel took into account your reflective statement, your appraisals, your training certificates, the registrant response bundle and the various testimonials made on your behalf.

Regarding insight, the panel considered that you made early admissions to the charges, shown genuine remorse and apologised for your actions. The panel was of the view that you have demonstrated sufficient insight into the seriousness of both your failings in fundamental areas of nursing practice and your misconduct in acting outside the scope of your competence. You have also shown considerable insight into their impact on patients, your colleagues, the nursing profession and the wider public. You have further set out how you would act differently if a similar situation should occur in the future or to prevent such a situation from re-occurring.

The panel considered that you had completed various training courses in the clinical areas of concerns. The panel also noted that you have been practising as a registered nurse for the past three years since the incidents, without any further concerns raised about

your nursing practice. In this regard, it had sight of the various positive references made on your behalf.

Therefore, the panel was satisfied that the clinical concerns had been remediated and there is a low risk of repetition in this regard.

With respect to your dishonest conduct, the panel had regard to the cases of GMC v Armstrong; and PSA v NMC. The panel was of the view that you demonstrated insight into the seriousness of your dishonesty and its impact on patients, your colleagues, the nursing profession and the wider public. However, the panel noted that although you had made full admissions to your dishonest conduct, you have sought to provide excuses or justifications for your dishonesty in your reflective statement. The panel considered that the submissions of Mr Oyegoke seemed to contradict your full admissions to your dishonest conduct and could be viewed as equivocal. However, after the legal assessor's advice to the panel on misconduct and impairment, the panel noted that Mr Oyegoke stated that his submissions, in using the term, "ignorant mistake or error" was an "overstretch".

The panel considered the cases of GMC v Armstrong; and PSA v NMC. In particular, the learning points from GMC v Armstrong, as circulated by the Medical Practitioners Tribunal Service (MPTS) which it considered in its decision-making on impairment:

- *'Tribunals must have proper regard to the nature and extent of a practitioner's dishonesty and engage with the weight of the public interest factors tending to a finding of impairment in such cases. In cases of significant professional dishonesty, mitigation has a necessarily limited role.*

- *The impact on public confidence in cases involving dishonesty, in particular of a regulatory regime, is not diminished because the practitioner in question is unlikely to repeat their dishonesty.*

- *Tribunals should explain what bearing and weight they give to issues of remediation.*

- *The categorisation of a case as 'exceptional' signifies that the nature of the issues in play are such that it will be only in an unusual or rare case that one set of factors will outweigh others. The consequences of a finding of dishonesty in the professional regulatory context on the overarching objective, mean that to justify a finding of no impairment, the factors on the other side will need to be extremely strong.*

- *In determining whether a case is exceptional, each case must be considered on its facts. In previous cases in which a finding of dishonesty did not lead to a finding of impairment, the dishonest conduct in each of them was an isolated incident, there was no question of financial gain and they were in the nature of uncharacteristic lapses in what may be described as "front-line" challenging clinical situations involving direct interaction between professional and patient (or patient's relative).'*

The panel concluded that the charges in your case could be distinguished from the case of PSA v NMC relied upon by Mr Oyegoke in that they did not arise from an isolated incident, there was an element of financial gain, and they did not reflect an uncharacteristic lapse in a frontline challenging clinical situation.

Therefore, the panel was concerned that, given your attempts to provide excuses or justifications for your dishonest conduct, you had failed to fully accept that your conduct in charges 1a, 2, 5, 6, 7, 8 and 10 was dishonest and you had failed to demonstrate insight into the

root causes of your dishonest conduct. The panel considered that you failed to set out how you would act differently if a similar situation should occur in the future or if [PRIVATE]. The panel noted that by way of your dishonest conduct, it led to further clinical concerns at the time of the incidents, placed patients at risk of harm and caused actual harm. The panel was not satisfied that you have provided sufficient insight into how you would act differently in future if [PRIVATE].

In light of this, the panel was not satisfied that your dishonest conduct has been fully remediated. Accordingly, the panel determined that your dishonest conduct is not highly unlikely to be repeated. Therefore, limbs a, b, c and d of the Grant test are engaged as to the future.

The panel therefore concluded that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel had regard to the NMC Guidance on Impairment (DMA-1). The panel noted the following paragraph:

'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 education and training.

However, there are types of concerns that are so serious that, even if the professional addresses the behaviour, a finding of impairment is required either to uphold proper professional standards and conduct or to maintain public confidence in the profession.

Examples of this are:

- *…….*
- *……..*
- *Deliberately causing harm to people receiving care or deliberately taking risks with their safety*
- *…..'*

The panel had regard to the serious nature of your misconduct and the public protection issues it had identified. In the panel's judgement, your dishonest conduct in misrepresenting that you were competent in carrying out a medical procedure, and your concealment of your regulatory restrictions from the Centre, raises serious public interest concerns and meets the high threshold for a finding of current impairment in the public interest.

The panel was of the view that the serious nature of your misconduct was such that it could discourage members of the public from seeking or accessing appropriate care when required for themselves or their families. Members of the public might well be reluctant to place themselves under the care of healthcare providers if they felt that there could be a reason to doubt the competence and integrity of nurses. The public expects registered nurses to uphold the standards and values of the profession by acting within the scope of their competence and to act with honesty and integrity.

The panel therefore determined that public confidence in the profession, particularly as the misconduct involved serious dishonesty, would be undermined if a finding of impairment were not

made in this case. For these reasons, the panel determined that a finding of current impairment on public interest grounds is required. It decided that this finding is necessary to mark the seriousness of the misconduct, the importance of maintaining public confidence in the nursing profession, and to uphold proper professional standards for members of the nursing profession.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired on both public protection and public interest grounds.'

The original panel determined the following with regard to sanction:

'The panel noted that your dishonest conduct was not a one-off incident nor was it a spontaneous action, but instead a premeditated and deliberate systematic course of conduct over a period of time. The panel was of the view that your dishonest conduct demonstrated an abuse of your position of trust as a registered nurse in which you placed your personal interest over your duty to ensure patient safety. You further breached a previous substantive order imposed on your midwifery practice and dishonestly concealed your regulatory restrictions from the Centre. This demonstrated a lack of respect for your professional obligations as a registered nurse towards your regulator. The panel noted that your dishonesty was a longstanding deception for personal gain as your dishonest conduct was with the objective of obtaining and maintaining your employment at the Surgery and Centre. Your dishonesty posed a serious risk of harm to vulnerable patients and caused actual harm to them.

The panel therefore found the dishonesty in this case to be extremely serious and at the higher end of the spectrum of serious cases.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the

case. It had found that there remains a risk of repetition of dishonesty, that you had breached fundamental tenets of the nursing profession, and your misconduct would undermine the public's confidence in the nursing profession if you were allowed to practise without restriction. The panel therefore determined that it would neither protect the public nor be in the public interest to take no further action and would not further mark the seriousness of this case.

The panel 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 your nursing practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where:

'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'

The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness of the case. The panel therefore determined that a caution order would neither protect the public nor be in the public interest.

The panel next considered whether placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be relevant, proportionate, measurable and workable. The panel took into account the SG (SAN-3c), in particular:

'Conditions may be appropriate when some or all of the following factors are apparent:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*
- *……*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.'*

The panel bore in mind that it had earlier identified deep-seated attitudinal problems in this case including serious dishonesty on your part. It was of the view that these deep-seated attitudinal concerns could not be addressed through retraining and are difficult but not impossible to remediate. The panel bore in mind that the unremediated misconduct in this case relates to your dishonesty and not clinical competence, which may be addressed with a conditions of practice order. The panel noted that you had also breached a previous conditions of practice order related to your midwifery practice and therefore there was insufficient evidence to show that you would comply with any conditions of practice order.

The panel determined that, given the seriousness of the concerns and the deep-seated attitudinal issues, there were no relevant, proportionate, workable and measurable conditions that could be formulated to address the risk of repetition. Accordingly, a conditions of practice order would not address the risk of repetition, and this poses a risk of harm to patients' safety and the public. Consequently, the panel determined that a conditions of practice order would not

protect the public, neither would it address the seriousness of this case nor be in the public interest.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG (SAN-3d) states that suspension order may be appropriate where some of the following factors are apparent:

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

The panel noted that this was not a single instance of misconduct but there were multiple acts of dishonesty across two practices over a period of time from 24 March 2022 to 19 May 2022. It had also found that your dishonest behaviour was suggestive of deep-seated attitudinal problems. It noted that you had failed to show sufficient insight into the root causes of your dishonesty and how you would act differently in future if [PRIVATE].

However, the panel concluded that the underlying causal factor of your dishonesty was [PRIVATE]. The panel noted that in your reflective piece, you stated: 'If I was always honest, I will still get job like I eventually did at Inspire Medical Centre'.

The panel was cognisant of the case of Lusinga which categorises dishonesty at three levels:

- *Criminal*
- *Destroying trust immediately*
- *Undermining trust to a greater or lesser extent*

The panel concluded that this was not a criminal case and has not destroyed trust as you have continued to practise without any repeat of the regulatory concerns and have improved your clinical practice. The panel accepted that this was a case where confidence in the NMC's responsibility to protect the public in using interim and substantive conditions of practice order, was undermined by you. The panel considered that given the evidence provided by your reflective statement and character statements showing improved practice, the undermining of trust in this case could be remedied with the right insight.

The panel noted that you have demonstrated insight into the seriousness of your dishonesty and its impact on patients, your colleagues, the nursing profession and the wider public. It took into account that you have been practising as a registered nurse since the incidents occurred in 2022 and there was no evidence of repetition of the concerns nor were any further concerns raised about your nursing practice. It noted that you have actively engaged with the NMC and these proceedings. The panel considered that you had taken steps to strengthen your nursing practice through training courses in the areas of concern and evidence of good practice. The panel was provided with character references from staff members at all levels from your current workplace, where you had been employed since September 2022. The panel noted that the references were almost exclusively dated June 2025 and therefore recent. The panel accepted that the length of time employed at the practice provided adequate time for staff to observe both your clinical practice and your character in relation to the issues of honesty and integrity.

The panel took into account the testimonial made by the Practice Manager of Inspire Medical Centre (Inspire) dated 3 June 2025, particularly:

'Deborah commenced working at Inspire Medical Centre on the 16th September 2022. During Deborah's interview she informed the practice with candour about the circumstances leading her to be referred for Fitness to Practise investigation by the Nursing and Midwifery Council….On a general note, she performs her roles well and satisfactorily and we do not have any concern regarding her ability to deliver safe and efficient practise nurse roles. Deborah has been honest with us, and we found her to be a lady with integrity since she joined our practice.'

The Practice Manager had earlier stated in a testimonial dated 12 June 2023 that:

'We have no concern about her skills and competence to provide safe and efficient nursing care in the role of a practise nurse to our patients. We have not received any complaint from our patients and colleague about the nurse….We are happy for her to continue in her role as a Practice Nurse as she has contributed immensely to our Practice.'

The panel took into account the testimonial made by the General Practitioners at Inspire dated 5 June 2024 where they stated:

'Throughout her time with us, Deborah has consistently demonstrated professionalism, dedication, and compassion in her role. She is polite, well-mannered, and respectful in all her interactions. She works effectively within a multidisciplinary team and is known for her collaborative approach, strong communication skills, and positive attitude.'

Notably, during her interview process, Deborah showed integrity and professionalism by informing the practice about the circumstances that led to her referral to a practice investigation by the Nursing and Midwifery Council. Her transparency was appreciated and reflects her honest and accountable character. In summary, Deborah is a responsible, dedicated, and trustworthy practitioner, and a valued member of our team. I fully support her in any professional endeavours she chooses to pursue.'

The panel took into account the testimonial made by the Administrative Staff at Inspire dated 4 June 2025 where they stated:

'Throughout this time, Deborah has consistently demonstrated a high level of professionalism, dedication, and compassion in her role as a practice nurse. She is well-liked by both patients and colleagues, and her approachable manner and kind nature make her an invaluable part of the team. I would also like to acknowledge Deborah's honesty and integrity, particularly in light of her referral to the Nursing and Midwifery Council (NMC) for a fitness to practise investigation. Rather than shy away from the situation, she has taken full responsibility for the issues raised and has worked diligently to rectify them. In particular, she has ensured that her credentials, including those relating to cervical screening, are fully up to date and in line with professional standards Her response to this challenge has been one of accountability, reflection, and a genuine commitment to learning and improvement. This speaks volumes about her character, professionalism, and dedication to providing safe and effective care '

The panel took into account the testimonial made by the Care Coordinator at Inspire dated 4 June 2025 where they stated:

'Deborah is also an excellent team player. She collaborates effectively with GPs, administrative staff, and other healthcare professionals, contributing positively to the smooth and efficient

functioning of the practice. Her proactive attitude towards continuing professional development further reflects her commitment to providing the best possible care and staying abreast of current clinical practices.'

The panel took into account the testimonial made by the Healthcare Assistant at Inspire dated 4 June 2025 where they stated:

'Throughout this time, I have had the pleasure of working closely with Deborah and have consistently been impressed by her professionalism, clinical knowledge, and genuine dedication to patient care. She is reliable, approachable, and always willing to go the extra mile to support both her patients and her colleagues.'

The panel took into account the testimonial made by the GP Administrative Staff at Inspire dated 4 June 2025 where they stated:

'As practice nurse she consistently demonstrates kindness professionalism and a genuine commitment to patient care.'

The panel took into account the testimonial made by the Care Navigator at Inspire dated 5 June 2025 where they stated:

'In my capacity as Care Navigator, I have observed Nurse Deborah consistently demonstrate exceptional clinical skills, a compassionate approach to patient care, and a strong commitment to teamwork. For instance, if I ever struggle with anything QOF related I know I can rely on Deborah for help and guidance….Based on my experiences, I have no hesitation in affirming Nurse Deborah's professionalism and dedication to nursing practice.'

The panel took into account the testimonial made by the GP Assistant at Inspire dated 5 June 2025 where they stated:

'I am confident that Deborah is a trustworthy and dedicated professional who would be an asset to any healthcare setting. I wholeheartedly support her character and professionalism without reservation.'

The panel took into account the testimonial made by the Reception/Administrative Staff at Inspire dated 5 June 2025 where they stated:

'What stands out most about Nurse Olori is her unwavering commitment to patient wellbeing. Whether she is delivering routine care or managing more complex needs, she treats every patient with the same level of kindness, respect and thorough attention.'

The panel took into account the testimonial made by another Reception/Administrative Staff at Inspire dated 4 June 2025 where they stated:

'One of her greatest strengths is her remarkable ability to connect with patients from a wide range of cultural and social backgrounds. Her empathy, patience, and excellent communication skills create a welcoming and supportive environment where patients feel heard and cared for.'

The panel carefully considered the submissions of Mr Jotangia in relation to the imposition of a striking-off order in this case. It also considered following paragraphs of the SG (SAN-3e) with respect to imposing a striking-off order:

- *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?*

The panel gave serious consideration to the imposition of a striking-off order given the serious nature of your misconduct. However, in taking account of all the evidence before it, including the evidence of your current good practice including testimonials relating to your honesty and integrity over the last three years, the steps you had taken to strengthen your nursing practice, and your developing insight, the panel concluded that a striking-off order would be disproportionate. It noted that you stated that [PRIVATE], at the time of the incidents, served as an underlying contributing factor to your dishonest conduct.

Although your misconduct raises questions about your professionalism, it was, in the panel's view, not to the extent that required your removal from the register. The panel was not satisfied that a striking-off order was the only sanction sufficient to protect the public and to address the public interest considerations in this case. Whilst the panel acknowledges that a suspension order may have a punitive effect, it would be unduly punitive and disproportionate in this case to impose a striking-off order at this time. It was of the view that a striking-off order could deprive the public of an experienced registered nurse who had practised for three years without any further concerns, has the potential to further reflect and strengthen her nursing practice as well as return to safe and effective practice in the future. Therefore, a striking-off order would not serve the public interest considerations in this case.

Consequently, the panel was satisfied that, in this case, the misconduct is not fundamentally incompatible with remaining on the register and that public confidence in the nursing profession could be maintained if you were not removed from the register.

Balancing all of these factors, the panel concluded that a suspension order would be the appropriate and proportionate sanction to protect the public and address the public interest in this case. It was satisfied that a suspension order for a period of twelve months is necessary in order to provide you with an adequate opportunity to reflect and thereafter demonstrate evidence of sufficient insight into your misconduct, and that your fitness to practise is no longer impaired. The panel determined that this order is necessary to protect the public, mark the seriousness of the misconduct, maintain public confidence in the profession, and send to the public and the profession, a clear message about the standard of behaviour required of a registered nurse. The panel concluded that only a period of twelve-month suspension would be sufficient to uphold public confidence given the seriousness of your dishonest conduct.

Finally, the panel wishes to emphasise that it seriously considered making a striking-off order but concluded that it would be disproportionate, at this time, in the particular circumstances of this case.

The panel noted the hardship a suspension order will inevitably cause you, however, this is outweighed by the public interest in this case.

The panel decided that a review of this order should be held before the end of the period of the suspension order.

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

Any future panel reviewing this case may be assisted by:

- *An updated reflective statement addressing the following areas:*

  a) Insight into the root causes of your dishonest conduct.

  b) Insight into the importance of complying with restrictions imposed by the NMC and its role in the protection of the public.

  c) Steps you would take when [PRIVATE].

- *Any updated references or testimonials from your employer, including from its management, attesting to your capability to perform your duties, in whatever role, professionally in any paid or unpaid work, following this hearing.*

- *Evidence of up-to-date relevant training courses undertaken in the areas of concern including on duty of candour, and honesty in the workplace.*

- *Your continued engagement and attendance at any future review hearing.'*

Decision and reasons on current impairment

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as the ability of a professional on the NMC register to practise as a nurse, midwife or nursing associate safely and effectively without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle and your on-table bundle. It has taken account of the submissions made by Ms Ewulo on behalf of the NMC. She reminded the panel that this was the first review of the substantive

suspension order and that there was a persuasive burden on you to demonstrate that you had addressed the concerns identified by the substantive panel.

Ms Ewulo submitted that, whilst the substantive panel had found the clinical concerns to be remediated, it had concluded that you had not demonstrated sufficient insight into the root causes of your dishonest conduct. She reminded the panel that a striking-off order had been considered at the substantive hearing but was found to be disproportionate, with a 12-month suspension order imposed to allow further remediation.

Ms Ewulo referred the panel to your updated reflective statement, testimonials and Duty of Candour training certificate, inviting the panel to consider whether you have now developed sufficient insight into the dishonesty concerns. She adopted a neutral position on impairment, submitting that this was a matter for the panel's independent judgment.

The panel also had regard to your oral evidence and submissions from your representative Mr Oyegoke. He submitted that your fitness to practise is no longer impaired and invited the panel to allow the current suspension order to expire.

Mr Oyegoke submitted that the substantive panel had previously found the clinical concerns to be remediated, with the remaining concern relating to dishonesty. He submitted that you had complied with the recommendations of the previous panel by providing an updated reflective statement, an employer reference, evidence of continuing professional development, and an in-date Duty of Candour certificate.

Mr Oyegoke submitted that you had now demonstrated insight into the root causes of your dishonest conduct, reflected on the impact of your actions, and identified how you would respond differently if faced with similar circumstances in the future. He also invited the panel to take into account the personal circumstances that existed at the time of the incidents, together with [PRIVATE].

Overall, Mr Oyegoke submitted that the evidence demonstrated that the concerns identified by the substantive panel had been addressed. He therefore invited the panel to find that your fitness to practise is no longer impaired and to allow the current suspension order to expire without replacement.

Following questions from the panel, you and Mr Oyegoke provided further clarification regarding the evidence before the panel.

You explained that the Personal Development Plan (PDP) referred to in your reflective statement was the appraisal document completed with your employer. You submitted that you had continued to undertake mandatory and role-specific training, including attendance at monthly nurses' forums, safeguarding, basic life support and Duty of Candour training. You also stated that you had completed three modules towards a master’s degree in advanced clinical practice before the suspension order was imposed and intended to complete the remaining modules upon returning to practice.

You told the panel that you had reflected on the importance of working within your scope of competence and complying with the NMC Code. You explained that, while working under restrictions, you only undertook duties within your competence and referred prescribing decisions and matters outside your scope of practice to the supervising General Practitioner.

You confirmed that you resigned from your role on 2 June 2026 to focus on these proceedings and had since spent time reflecting on the concerns identified by the substantive panel. You stated that your intention is to return to practice as a practice nurse and complete your master’s degree.

You also confirmed that the General Practitioner who provided the reference had worked closely with you on a day-to-day basis and was familiar with your practice.

In closing submissions, Mr Oyegoke submitted that you had substantially complied with the recommendations of the substantive panel and invited the panel to allow the current suspension order to expire.

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

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

The panel considered whether your fitness to practise remains impaired.

The panel noted that the substantive panel had found the clinical concerns and working outside your scope of competence to have been sufficiently remediated, with a low risk of repetition. However, it also noted that the dishonesty concerns had not been fully remediated, as you had demonstrated only partial insight. In particular, the substantive panel found that you had not demonstrated sufficient insight into the root causes of your dishonest conduct, had sought to justify or excuse your actions, and had not explained how you would respond differently if faced with similar circumstances in the future.

At this hearing the panel considered your updated reflective statement, oral evidence and continued engagement with the NMC process. The panel accepted that the previous substantive panel had found the clinical concerns to have been remediated and, therefore, focused its consideration on whether the concerns relating to dishonesty had now been sufficiently addressed.

The panel acknowledged that you had undertaken mandatory training and attended professional forums. However, it was not satisfied that you had fully complied with the recommendations of the previous panel. In particular, the panel noted the absence of objective evidence demonstrating that you had undertaken specific training or learning in relation to honesty and integrity in the workplace, despite this having been identified by the previous panel as an area requiring remediation.

The panel was also concerned that, during your oral evidence, you did not demonstrate a clear understanding of the distinction between the Duty of Candour and dishonesty. Whilst you recognised the importance of openness when mistakes occur, the panel was not satisfied that you have demonstrated sufficient insight into the dishonest conduct which resulted in the substantive findings or how you would respond differently if faced with similar circumstances in the future.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account your evidence that you had undertaken mandatory training, attended nurses' forums and clinical updates, and completed modules towards a master's degree prior to your suspension. The panel also noted your evidence that you had continued to reflect on your practice and remained engaged with professional development.

However, the panel was not satisfied that these steps had sufficiently addressed the concerns identified by the substantive panel. Whilst you referred to mandatory training and discussions on professional conduct, you did not provide objective evidence of specific training or learning relating to honesty and integrity in the workplace. The panel also considered that your oral evidence demonstrated a limited understanding of the distinction between the Duty of Candour and dishonesty. Accordingly, the panel concluded that the steps taken to strengthen your practice had not sufficiently addressed the outstanding concerns relating to your dishonest conduct or that the risk of repetition had been adequately reduced.

The panel noted that the evidential burden is upon you to persuade it that your fitness to practice is no longer currently impaired. The panel decided that you have not discharged that burden and there is insufficient evidence that you can now practise safely and efficiently as a nurse without restriction.

In light of this, this panel determined that you are liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that your fitness to practise remains impaired.

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30(1) of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

In coming to its decision, the panel had regard to its findings on impairment.

It bore in mind that its primary purpose is to protect the public and maintain public confidence in the nursing profession and the NMC as its regulator.

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 your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'* The panel considered that your misconduct was not at the lower end of the spectrum. Given the seriousness of your dishonest misconduct and it finding that you have not yet demonstrated sufficient insight into the root causes of your dishonesty, the panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. It acknowledged that the previous substantive panel had found the clinical concerns and issues relating to competence to be remediated, with a low risk of repetition. The remaining concerns relate solely to your dishonesty.

The panel concluded that it could not formulate conditions that were workable, measurable or capable of addressing the outstanding concerns. It considered that supervision,

management oversight or regular meetings may be appropriate where concerns relate to clinical competence, but they would not adequately address the attitudinal issues arising from dishonest conduct. The panel was not satisfied that conditions could effectively reduce the risk of repetition or demonstrate that you have developed sufficient insight into why the dishonesty occurred.

The panel therefore concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest.

The panel considered extending the current suspension order. It was of the view that an extension of the suspension order would allow you further time to fully reflect on your previous dishonesty. It considered that you need to gain a full understanding of how the dishonesty of one nurse can impact upon the nursing profession as a whole and not just the organisation that the individual nurse is working for.

In reaching this decision, the panel recognised that you have engaged with the regulatory process, provided an updated reflective statement, attended today's hearing, expressed remorse and demonstrated continued engagement. It also accepted that you have undertaken some professional development and had maintained aspects of your clinical knowledge. However, the panel found that these positive steps did not outweigh the continuing concerns regarding your insight.

In particular, the panel remained concerned that you have not provided sufficient objective evidence that you have undertaken focused learning or training specifically relating to honesty, integrity and dishonesty in the workplace, despite this being identified by the previous panel as an area requiring further remediation. The panel also noted that, during your oral evidence, you continued to conflate the Duty of Candour with dishonesty, demonstrating that your understanding of the distinction between these concepts remained limited. Whilst the panel accepted that you have reflected on the consequences of your actions and expressed genuine remorse, it was not satisfied that you have yet developed full insight into the root causes of your dishonest conduct or demonstrated that such behaviour was highly unlikely to be repeated.

The panel determined that extending the current suspension order for a further six months was sufficient and proportionate. It considered that this period would provide you with a realistic opportunity to undertake focused training on honesty and integrity in the workplace, further develop your insight through reflection, take steps to strengthen your practice, and obtain objective evidence demonstrating that the outstanding concerns identified by both the previous panel and this reviewing panel have been addressed. It would also give you an opportunity to approach current health professionals to attest to your honesty and integrity in your workplace assignments since the substantive hearing.

The panel determined therefore that an extension of the current suspension order is the appropriate order which would continue to protect the public and satisfy the wider public interest. Accordingly, the panel determined to extend the current suspension order for the period of six months as this would provide you with an opportunity to provide evidence of compliance with any other reasons put forward by panel. It considered this to be the most appropriate and proportionate sanction available.

Finally, the panel wishes to emphasise that it considered making a striking-off order but concluded that it would be disproportionate in the particular circumstances of this case.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 14 July 2026 in accordance with Article 30(1).

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

Any future panel reviewing this case would be assisted by:

- Evidence of training specifically addressing honesty, integrity and dishonesty in the workplace.
- Evidence of any other relevant professional development undertaken during the period of suspension.
- A further reflective piece demonstrating enhanced insight into the root causes of the dishonest misconduct, the impact of that

misconduct on patients, colleagues, the profession and public confidence, and how the learning from any training has influenced your understanding and future practice.

- Testimonials or references from any paid or unpaid work commenting specifically on your honesty, integrity and professionalism. Including from your line manager if applicable.

This will be confirmed to you in writing.

That concludes this determination.