Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Thursday, 9 July 2026 – Tuesday, 21 July 2026

Nursing and Midwifery Council
2 Stratford Place, Montfichet Road, London, E20 1EJ

Name of Registrant:	**Gemma Louise Palfreman**
NMC PIN:	07E2135E
Part(s) of the register:	Nursing – Sub Part 1 RNA Registered Nurse – Adult – September 2007
Relevant Location:	Norfolk
Type of case:	Misconduct
Panel members:	Derek Artis (Chair, Lay member) Gillian Tate (Registrant member) Steven Chandler (Lay member)
Legal Assessor:	Lee Davies
Hearings Coordinator:	Daisy Sims
Nursing and Midwifery Council:	Represented by Selena Jones, Case Presenter
Mrs Palfreman:	Not present and not represented
Facts proved:	All
Facts not proved:	N/A
Fitness to practise:	Impaired
Sanction:	**Striking off order**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mrs Palfreman was not in attendance and that the Notice of Hearing letter had been sent to Mrs Palfreman's registered address by recorded delivery and by first class post on 10 June 2026.

The panel had regard to the Royal Mail 'Track and trace' printout which showed the Notice of Hearing was delivered to Mrs Palfreman's registered address on 11 June 2026. It was signed for against the printed name of 'G. Palfreman'.

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

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegation, the time, dates and venue of the hearing and, amongst other things, information about Mrs Palfreman's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

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

Decision and reasons on proceeding in the absence of Mrs Palfreman

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

Ms Jones referred the panel to the documentation from Mrs Palfreman, specifically an email from her dated 2 July 2026 in which Mrs Palfreman confirmed that she would not be able to attend this hearing and agreed for the panel to proceed in her absence.

It noted that she specifically stated in response to questions from the NMC:

> *'In relation to the questions .*
> *Am I happy for the hearing to proceed without me -yes*
> [PRIVATE].*'*

Ms Jones submitted that the NMC have made substantially efforts to secure Mrs Palfreman's attendance at this hearing and referred the panel to the evidence before it of the numerous communications between the NMC and Mrs Palfreman.

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised *'with the utmost care and caution'*.

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

- No application for an adjournment has been made by Mrs Palfreman;
- Mrs Palfreman has confirmed she is content for the hearing to proceed in her absence;

- Mrs Palfreman has not provided the NMC with details of how she may be contacted other than her registered address;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- 8 witnesses have been warned to attend this hearing;
- Not proceeding may inconvenience the witnesses, their employers and, for those involved in clinical practice, the clients who need their professional services;
- The charges relate to events that occurred from 2022 to 2024;
- Further delay may have an adverse effect on the ability of witnesses accurately to recall events; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Mrs Palfreman in proceeding in her absence. Although the evidence upon which the NMC relies will have been sent to her at her registered address. She will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on her own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Mrs Palfreman's decisions to absent herself from the hearing, waive her rights to attend, and/or be represented, and to not provide evidence or make submissions on her own behalf.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mrs Palfreman. The panel will draw no adverse inference from Mrs Palfreman's absence in its findings of fact.

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

At the outset of the hearing, Ms Jones made a request that parts of this case be held in private on the basis that proper exploration of Mrs Palfreman's case involves some reference to [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

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

The panel determined to rule on whether or not to go into private session in connection with [PRIVATE] as and when such issues are raised in order [PRIVATE].

Details of charge (as amended)

That you, a registered nurse:

1. On 6 July 2023 prescribed Fluconazole to an unknown patient:
    a. Without consulting with a General Practitioner regarding the Fluconazole.
    b. Without possessing a qualification to prescribe medication, namely Fluconazole.

2. On 14 August 2023 re-commenced medication, namely Metformin, for an unknown patient, without consulting with a General Practitioner.

3. Between 17 January 2023 and 25 January 2024 prescribed medications/items to Patients A – O as set out in Schedule 1:
    a. Without consulting with a General Practitioner.
    b. Without possessing a qualification to prescribe.

4. In relation to Patient P conducted a vaginal examination on:

a. 20 July 2023;
    i. Which was outside the scope of your competence.
    ii. Without consulting with a General Practitioner before conducting the examination.
b. 15 January 2024;
    i. Which was outside the scope of your competence.
    ii. Without consulting with a General Practitioner before conducting the examination

5. On 28 June 2022 and/or 5 July 2022 conducted consultations with Patient Q with whom you had a personal relationship after registering them as a temporary patient.

6. Your conduct at charge 5 breached professional boundaries with regard to Patient Q.

7. On 28 June 2022 in relation to Patient Q:
    a. Conducted and reviewed their electrocardiogram (ECG) without consulting a General Practitioner.
    b. Recorded that they had been seen by Doctor “A” when they had not.

8. Your conduct at charge 7(a) was outside the scope of your competence.

9. Your conduct at charge 7(b) was dishonest in that intended to create a misleading impression that Patient A had been seen by Doctor “A” when they had not.

10. On the 31 January 2024 when asked if you had been through a disciplinary process before answered ‘no’.

11. Your conduct at charge 10 was dishonest in that you knew when you answered “no” that you had already been through a disciplinary process at Paston Surgery.

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

Background

Mrs Palfreman was referred to the NMC on 7 February 2024 from Fleggburgh Surgery (the Surgery) due to serious concerns relating to Mrs Palfreman acting outside her scope of practice.

Mrs Palfreman was employed as a Practice Nurse at the Surgery, a General Practitioners ("GP") practice, from October 2015 until her dismissal on 8 February 2024.

The Surgery had two new partners join the partnership in November 2023. The previous General Practitioner (GP) partner retired on 31 December 2023. An internal review of Significant Events was completed in November 2023 reviewing the previous 18 months. Two incidents involving Mrs Palfreman were highlighted where she was prescribing medication to patients. Mrs Palfreman is not a qualified prescriber.

Following the Significant Event reports, the General Practitioners at the Surgery commenced an investigation and upon auditing Mrs Palfreman's records between 18 January 2023 and 8 February 2024, further concerns were identified.

In March 2024, it was discovered that Mrs Palfreman had performed two vaginal examinations for Patient P, who was 13 years old at the time of the first, and 14 years old at the time of the second.

Between 8 August 2016 and 26 August 2022, Mrs Palfreman was also employed as a Practice Nurse at Paston Surgery. Mrs Palfreman resigned from this position following a disciplinary hearing on 15 July 2022. There were concerns raised about her practice at Paston Surgery and it was alleged that on 28 June 2022 she conducted tests that she was

not qualified to conduct and did not consult with GPs before taking further action as requested.

Decision and reasons on application to admit the written statement of Dr Sopuruchi Mokwe (Dr Mokwe)

The panel heard an application made by Ms Jones under Rule 31 to allow the written statement of Dr Mokwe into evidence. Dr Mokwe was not present at this hearing.

Ms Jones informed the panel that Dr Mokwe gave his statement in the course of his employment. She referred to the statement which states '[…] *I am willing to attend a hearing if required'.*

Ms Jones informed the panel that reasonable efforts have been made by the NMC to secure the attendance of this witness, however Dr Mokwe informed the NMC that the cost for keeping his entire day free would be £900. She informed the panel that the NMC has a capped rate that they are able to offer to witnesses which is below this amount. She also informed the panel that Dr Mokwe was only able to offer a short window of time and so a decision was made not to call this witness due to practical issues.

Ms Jones submitted that the evidence of Dr Mokwe is reliable as it was provided during the course of his employment. Ms Jones submitted that this evidence is not sole or decisive on any matter and submitted that his evidence has probative value. She therefore submitted that there is justification for admitting the written evidence of Dr Mokwe.

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included that Rule 31 provides that, so far as it is 'fair and relevant', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings.

The panel gave the application in regard to Dr Mokwe's evidence serious consideration. The panel noted that Dr Mokwe's statement had been prepared in anticipation of being used in these proceedings and contained the paragraph, 'This statement … is true to the best of my information, knowledge and belief' and signed by him.

The panel considered whether Mrs Palfreman would be disadvantaged by the change in the NMC's position of moving from reliance upon the live testimony of Dr Mokwe to that of a written statement. The panel considered that as Mrs Palfreman had been provided with a copy of Dr Mokwe's statement and, as the panel had already determined that Mrs Palfreman had chosen voluntarily to absent herself from these proceedings, she would not be in a position to cross-examine this witness in any case. There was also public interest in the issues being explored fully which supported the admission of this evidence into the proceedings.

The panel determined that this evidence is reliable given that it was made during the course of Dr Mokwe's employment and there is no reason to suggest fabrication of the contents of his statement. The panel also determined that his evidence is not sole or decisive to any charge.

In these circumstances, the panel came to the view that it would be fair and relevant to accept into evidence the written statement of Dr Mokwe, but would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it.

Decision and reasons on application to amend the charge

The panel heard an application made by Ms Jones, to amend the wording of charges 4(a)(i), 4(b)(i) and charge 8.

The proposed amendment was to replace the word 'registration' with the word 'competence'. It was submitted by Ms Jones that the proposed amendment would provide

clarity and more accurately reflect the evidence. She submitted that this would not cause any prejudice to Mrs Palfreman and does not change the nature of the case against her.

The proposed amendment is as follows:

'[…]

4. In relation to Patient P conducted a vaginal examination on:
    a. 20 July 2023;
        i. Which was outside the scope of your ~~registration~~ **competence**.
        ii. […].
    b. 15 January 2024;
        i. Which was outside the scope of your ~~registration~~ **competence**

[…]

8. Your conduct at charge 7(a) was outside the scope of your ~~registration~~ **competence**.

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

The panel accepted the advice of the legal assessor and had regard to Rule 28 of 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel was of the view that such an amendment, as applied for, was in the interest of justice. The panel was satisfied that there would be no prejudice to Mrs Palfreman and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment, as applied for, to ensure clarity and accuracy.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Ms Jones on behalf of the NMC and written representations by Mrs Palfreman.

The panel has drawn no adverse inference from the non-attendance of Mrs Palfreman.

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.

The panel heard live evidence from the following witnesses called on behalf of the NMC:

- Dr Anna Malpas-Sands (Dr Malpas-Sands) : General Practitioner and Senior Partner at Paston Surgery

- Dr Jennifer Moore (Dr Moore) : General Practitioner Partner at Fleggburgh Surgery

- Dr Gary Rogers (Dr Rogers) : General Practitioner Partner at Fleggburgh Surgery at the time of the incidents

- Ms Wendy Parker (Ms Parker) : Practice Manager at Fleggburgh Surgery at the time of the incidents

- Dr Mark Stubbs (Dr Stubbs) : Locum General Practitioner in Norfolk

- Dr James Rowson (Dr Rowson) : General Practitioner at Paston Surgery
- Michelle Annis (Ms Annis) : Practice Nurse at Paston Surgery
- Angela Pope (Ms Pope) : Practice Nurse Practitioner at Fleggburgh Surgery

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the witness and documentary evidence provided by both the NMC and Mrs Palfreman.

The panel then considered each of the disputed charges and made the following findings.

Charge 1(a) and 1(b)

1. On 6 July 2023 prescribed Fluconazole to an unknown patient:
    a. Without consulting with a General Practitioner regarding the Fluconazole.
    b. Without possessing a qualification to prescribe medication, namely Fluconazole.

These charges are found proved.

In reaching this decision, the panel first considered the evidence as to whether Mrs Palfreman did in fact prescribe Fluconazole to a patient on 6 July 2023. The panel had sight of a snapshot of a record produced by Dr Stubbs. This record shows that on 6 July 2023 Mrs Palfreman prescribed fluconazole and clotrimazole to a 72 year old male. This record also shows that Dr Stubbs recorded that he had amended the prescription. The panel were therefore satisfied that Mrs Palfreman did prescribe Fluconazole to a patient on 6 July 2023.

The panel considered the evidence of Dr Stubbs in determining how medication was prescribed at the Practice. He confirmed that any nurse who is not a non-medical prescriber would need to consult a General Practitioner before prescribing any medication. He confirmed that Mrs Palfreman did not do this on 6 July 2023.

The panel then considered whether Mrs Palfreman was able to prescribe medication to patients. The panel had sight of the Prescribing Policy in place at the Practice at the time. It noted that this policy specifically states:

> *'a. Independent prescribers are practitioners responsible and accountable for*
> *• The clinical assessment of patients*
> *• Establishing a diagnosis*
> *• Decisions about the patient's clinical management*
> *• Prescribing*
> *[…]*
> *This group must work within their own level of professional competence and expertise.'*
>
> […]
>
> *'Qualifications to become a NMP must include:*
> *• Being registered with the relevant professional regulator*
> *• Having their prescribing qualification annotated on the register*
> *To gain this, NMPs must undertake an accredited non-medical prescribing programme at a higher education institution. These programmes provide the knowledge, skills and training to prescribe safely and competently.*

The panel determined from this policy that Mrs Palfreman would have needed to complete a qualification, have this registered at the NMC and ensure that this was annotated on the register before prescribing any medication to patients.

The panel took account that Mrs Palfreman accepts that she did not have any qualifications allowing her to prescribe medication which she specifies in her written evidence to the panel; '*[…]which looked like I was the prescriber for which I do not hold a prescribing qualification'.*

The panel also took account of the written statement of Ms Pope which states:' *According to the NMC register (which I have been able to access online), Mrs Palfreman does not hold the qualification of a Non-Medical Prescriber, so she was not qualified to prescribe medications, as I am.'*

Based on this information the panel determined that it is clear that Mrs Palfreman did not have a qualification allowing her to prescribe medication. It determined that Mrs Palfreman did prescribe medication to a patient on 6 July 2023 without consulting a General Practitioner and without having the required qualification to make this prescription independently.

The panel therefore determined, on the balance of probabilities, that these charges are found proved.

Charge 2

That you, a registered nurse:

2. On 14 August 2023 re-commenced medication, namely Metformin, for an unknown patient, without consulting with a General Practitioner.

This charge is found proved.

In reaching its decision the panel took into account the contemporaneous evidence before it together with the evidence of Dr Moore and Mrs Palfreman's evidence to the panel.

The panel noted the patient notes on 14 August 2023 which shows an entry from Mrs Palfreman in which she entered: *'I discussed re starting metformin with him – issued on acute slow release 1 tablet […]'* .

The panel also noted the Significant Event record for 14 August 2023 which states:

> *'Gemma is non-prescribing and should have asked the GP first and the GP should have issued it'*
> *'OUTCOME: Discussed with Dr Rogers who said she should not issue prescriptions as she is a non-prescriber. All requests should go on the medication request list for the GP to action'*

It also considered the evidence of Dr Moore in her witness statement which states:

> *'Upon review of the significant event record and respective patient notes, I found that the doctor who had last seen the patient on 2 August 2023 had stopped their morning medication, which was Metformin (which is used for diabetics to control blood sugar levels), but on 14 August 2023, Mrs Palfreman restarted the medication for the patient without consulting the GP first*.'

Further, the panel considered the statement of Mrs Palfreman, which includes the following:

> '*So like previously i put the medication through- not thinking at the time that things had changed with Dr Rogers not being there - the locum never checked it and even though Dispensing staff knew i wasnt a prescriber - a breakdown in communication meant the patient was issued the medication so it showed that i had issued and dispensed.'*

The panel determined that it is clear from the evidence above that on 14 August 2023, Mrs Palfreman did re-commence medication, namely Metformin, for an unknown patient, without consulting with a General Practitioner.

Charge 3

That you, a registered nurse:

3. Between 17 January 2023 and 25 January 2024 prescribed medications/items to Patients A – O as set out in Schedule 1:

    a) Without consulting with a General Practitioner.
    b) Without possessing a qualification to prescribe.

These charges are found proved.

In reaching its decision the panel considered all of the patient records and the medication spreadsheet before it.

The panel cross referenced the medication spreadsheet with the patient records for Patients A – O as set out in Schedule 1. The panel noted that each of the patient records does not show any evidence of a consultation with a General Practitioner being conducted before Mrs Palfreman prescribed the various medications to the numerous patients.

The panel noted that there is no other evidence before it of any consultations with a General Practitioner other than the prescriptions being authorised after the event.

Based on this information the panel was satisfied, on the balance of probabilities, that Mrs Palfreman did prescribe various medications to Patient's A – O as set out in Schedule 1 without consulting a General Practitioner.

In relation to charge 3(b), the panel relied on its findings at charge 1(b) that Mrs Palfreman did not have a nurse prescribing qualification.

Charge 4(a)(i) and (ii)

4. In relation to Patient P conducted a vaginal examination on:

    a. 20 July 2023;

        i. Which was outside the scope of your competence.

        ii. Without consulting with a General Practitioner before conducting the examination.

These charges are found proved.

The panel first considered whether there is evidence that Mrs Palfreman did conduct a vaginal examination on Patient P on 20 July 2023. The panel had sight of the patient records made by Mrs Palfreman at the time which states:

> '*[…]Comment: i used a small speculum with lubricant which patient tolerated well with no signs of discomfort - old blood present to upper cervix area - high vaginal no odour, no discharge no signs of infection no visual polyps , cysts or lumps . Comment: patient advised no visual signs - advice given to come for examination again if concerns'.*

Based on this information the panel was satisfied that there is sufficient evidence that Mrs Palfreman did conduct a vaginal examination on Patient P on 20 July 2023. The panel also noted that there is no evidence before it that Mrs Palfreman consulted with a General Practitioner before conducting the examination.

The panel then considered whether this examination was outside of Mrs Palfreman's scope of competence.

The panel considered the evidence of Dr Moore both in her written statement and oral evidence. Dr Moore informed the panel that as a GP, she has only ever conducted one child vaginal examination and she has undertaken a fellowship in women's health. She explained to the panel that even with this experience and training, she would refer such cases to paediatrics.

The panel also considered the evidence of Ms Pope who looked at the relevant patient notes. Ms Pope in her written statement stated:

> '*I would have expected the examination of the minor to have been referred to the paediatric team. There would be an expectation for Mrs Palfreman to have done this, as she is not qualified to conduct such an examination'*

The panel also noted Mrs Palfreman's account of this event which is detailed in an email from her to the NMC dated 2 July 2026:

> '*With regards to the young adult I examined i did feel myself entirely uncomfortable doing the exam but the young lady was so worried about a lump and she had her grandmother present as a chaperone I felt if I had a look I may be able to at least offer her some reassurance. I was always going to seek Dr's advice and immediately after seeing this patient I actually went to dr wisdom and the practice manager wendy parker and myself raised a safeguarding as the young lady said a male member of her family had assessed the area.'*

Taking account of all of the above, the panel considered that it was outside of Mrs Palfreman's scope of competence to conduct a vaginal examination on a child. It considered that an experienced GP with specific expertise in women's health stating that she would refer such cases to paediatrics makes it clear that this task would be far outside of Mrs Palfreman's scope of competence as a registered adult nurse. The panel noted that Mrs Palfreman in her own account stated that she was not comfortable with this procedure which suggests that she understood that this was also outside of her competence as a registered nurse.

Charge 4(b)(i) and (ii)

4. In relation to Patient P conducted a vaginal examination on:

    b. 15 January 2024;

i. Which was outside the scope of your competence.
ii. Without consulting with a General Practitioner before conducting the examination

These charges are found proved.

The panel first considered whether there is evidence that Mrs Palfreman did conduct a vaginal examination on Patient P on 15 January 2024. The panel had sight of the patient records made by Mrs Palfreman at the time which states:

'[…]

Comment: patient examined internally with finger small pea size lump -polyp felt to upper vaginal wall.

Comment: patinet agreed to internal examination with a small speculum

Comment: examinated cervix clear visible no discharge no bleeding'

Based on this information the panel was satisfied that there is sufficient evidence that Mrs Palfreman did conduct a vaginal examination on Patient P on 15 January 2024. The panel also noted that there is no evidence before it that Mrs Palfreman consulted with a General Practitioner before conducting the examination.

The panel relied on its findings at charge 4(a)(i) that it was outside of Mrs Palfreman's scope of competence to conduct a vaginal examination on a child.

Charge 5

5. On 28 June 2022 and/or 5 July 2022 conducted consultations with Patient Q with whom you had a personal relationship after registering them as a temporary patient.

This charge is found proved.

In reaching its decision the panel considered the summary of this concern written by Dr Malpas Sands in her written statement:

> ‘*On 28 June 2022, Mrs Palfreman conducted a consultation with , who was not a registered patient at the Surgery (Exhibit AMS9). I understand that Mrs Palfreman had a private phone call with on the same date, and invited him into the Surgery as a temporary patient (Exhibit AMS7). In the statements obtained (Exhibits AMS7 and AMS8) it was identified that Mrs Palfreman knew Patient Q personally, with Ms Davies commenting that Mrs Palfreman was having a relationship with Patient Q (Exhibit AMS8).’*
>
> *‘Mrs Palfreman conducted a second appointment with Patient Q on 5 July 2022 (Exhibit AMS9), again as a temporary patient. During this appointment, Mrs Palfreman conducted a second ECG, which is unusual so close to the first ECG only around a week earlier. […] No doctor is recorded as having assessed , or provided advice with regard to their treatment, and Dr Rowson and Dr Mokwe confirmed this was the case in their statements’*
>
> *My understanding, based on review of the meeting transcript from 8 July 2022 (Exhibit AMS4), is that Mrs Palfreman admitted to having seen Patient Q alone on 5 July 2022 and conducting an ECG on this date, stating that it was at the request of Patient Q. Mrs Palfreman was recorded as stating that she knew she was ‘wrong and [she] shouldn’t have done that [outside her] remit’.*

The panel also noted the contemporaneous patient record of Patient Q which shows that Mrs Palfreman made an entry on their notes on both 28 June 2022 and 5 July 2022.

The panel also considered Mrs Palfreman’s written evidence in which she stated:

> ‘*so of all the things im alleged to have done I know I shouldn’t of seen my friend but I wasn’t strong enough to deny them help and I still felt I had helped them’ .*

Based on all of the above, the panel determined that it is more likely than not that on both 28 June 2022 and 5 July 2022 Mrs Palfreman conducted consultations with Patient Q with whom she had a personal relationship after registering Patient Q as a temporary patient.

Charge 6

6. Your conduct at charge 5 breached professional boundaries with Patient Q.

This charge is found proved.

In reaching its decision the panel noted the evidence of Dr Malpas-Sands who was asked about the consequences of treating someone with whom you have a personal relationship. She stated that it runs the risk of not being able to see things objectively, not being impartial and not having access to previous medical records. She also stated that Mrs Palfreman did not have the competence to undertake the examinations she performed on Patient Q and she stated that this could have affected Patient Q by potentially being falsely reassured.

The panel noted its findings at charge 5 that it is more likely than not that Mrs Palfreman conducted two separate consultations on Patient Q and considered that the notes made from these consultations show that Mrs Palfreman was going outside of her scope of competence as a registered nurse.

The panel noted Mrs Palfreman's evidence in the internal investigation in which she stated that she accepted that she did breach professional boundaries, she specifically stated she '*felt trapped between being a professional and being a best friend'.*

In reaching its decision the panel also considered the NMC Code, specifically 20.6:

'*Stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers'*

Based on all of the above, the panel determined that it is clear that Mrs Palfreman did breach this element of the Code by conducting two separate consultations on a friend, Patient Q.

Charge 7

7. On 28 June 2022 in relation to Patient Q:
    a) Conducted and reviewed their ECG without consulting a General Practitioner.
    b) Recorded that they had been seen by Doctor “A” when they had not.

These charges are found proved.

The panel relied on its findings at charge 5 that Mrs Palfreman did conduct consultations with Patient Q on 28 June 2022. The panel noted the patient notes together with Dr Malpas-Sands’ summary of events which confirms that Mrs Palfreman did conduct and review Patient Q’s ECG without consulting a General Practitioner.

In reaching is decision on charge 7(b), the panel relied on the evidence of Dr Malpas-Sands. The panel found the evidence of Dr Malpas-Sands to be credible and accepted her evidence that Mrs Palfreman recorded that the ECG conducted on Patient Q had been seen by Doctor ‘A’ when they had not.

Charge 8

8. Your conduct at charge 7(a) was outside the scope of your competence.

This charge is found proved.

In reaching its decision, the panel considered the live evidence of Dr Malpas-Sands. She stated that Mrs Palfreman would have had no training in taking a focused history which would be required in this circumstance.

The panel also noted the ECG Protocol which confirms that ECGs should be requested by a doctor or a nurse practitioner.

Based on both the evidence of Dr Malpas-Sands and the ECG protocol, the panel determined that it is more likely than not that Mrs Palfreman did conduct and review Patient Q's ECG without consulting a General Practitioner was outside of her scope of competence as a registered nurse.

Charge 9

9. Your conduct at charge 7(b) was dishonest in that intended to create a misleading impression that Patient A had been seen by Doctor "A" when they had not.

This charge is found proved.

In reaching its decision the panel was referred to the NMC Guidance at DMA-8 - *Making decisions on dishonesty charges and the professional duty of candour.* This Guidance sets out three points for the panel to consider:

- *what the nurse, midwife or nursing associate knew or believed about what they were doing, the background circumstances, and any expectations of them at the time*
- *whether the panel considers that the nurse, midwife or nursing associate's actions were dishonest, or*
- *whether there is evidence of alternative explanations, and which is more likely.*

In answer to the first question, the panel determined that it is more likely than not that Mrs Palfreman knew that Patient Q had not been seen by Doctor A. It reached this decision by relying on the written evidence of Dr Malpas-Sands who made it clear that Mrs Palfreman knew that Patient Q had not been seen by any doctor.

In answer to the second question, the panel determined that on the balance of probabilities Mrs Palfreman knowingly recorded that Patient Q was seen by a doctor and would have known that this was untrue. It determined a member of the public would consider this to be dishonest behaviour.

In answer to the final question, the panel relied on its findings at charge 7(b), that no other credible alternative explanation has been put forward by Mrs Palfreman, nor is there any credible alternative explanation apparent in the evidence before the panel.

Based on all of the above, the panel determined that it is more likely than not that Mrs Palfreman was dishonest in that she intended to create a misleading impression that Patient Q had been seen by Doctor 'A' when they had not.

Charge 10

10. On the 31 January 2024 when asked if you had been through a disciplinary process before answered 'no'.

This charge is found proved.

In reaching its decision the panel considered the notes of a meeting held on 31 January 2024 provided by Dr Moore, in this it states:

> *'We asked Mrs Palfreman about this during one of our interviews for our own disciplinary process on 31 January 2024 (Exhibit JM24). We asked Mrs Palfreman if she had been through the disciplinary process before and she said no. We knew that this was not the case so we challenged her on this. She replied that she had been on garden leave and that she left Paston Surgery after this. I do not know the details of the concerns arising at Paston Surgery or why Mrs Palfreman left Paston Surgery.'*

The panel noted that there is no alternative position outlined in the evidence before it to suggest that this was not the case. The panel therefore determined in light of the evidence above that it is more likely than not that Mrs Palfreman answered 'no' when asked if she had been through a disciplinary process before.

Charge 11

11. Your conduct at charge 10 was dishonest in that you knew when you answered 'no' that you had already been through a disciplinary process at Paston Surgery

This charge is found proved.

In reaching its decision the panel was referred to the NMC Guidance at DMA-8 - *Making decisions on dishonesty charges and the professional duty of candour.* This Guidance sets out three points for the panel to consider:

- *what the nurse, midwife or nursing associate knew or believed about what they were doing, the background circumstances, and any expectations of them at the time*
- *whether the panel considers that the nurse, midwife or nursing associate's actions were dishonest, or*
- *whether there is evidence of alternative explanations, and which is more likely.*

In answer to the first question, the panel considered the letter before it to Dr Rogers dated 1 August 2022 from David Morter, Practice Manager at Paston Surgery, which states:

'*Unfortunately, Mrs Palfreman was recently subject to a Disciplinary Hearing. She was found to have had unsatisfactory conduct and performance with regards to the 10 items below:*

1. *She failed to follow professional guidance and Practice protocols*

2. *Patient safety was potentially compromised through her actions*
3. *She worked outside her own level of competency*
4. *She disregarded a conflict of interest*
5. *She did not follow GP instructions*
6. *She failed to properly gain patient consent*
7. *She requested inappropriate test, bloods and appointments*
8. *Her record keeping was not entirely accurate*
9. *She made inappropriate use of Practice time and appointments*
10. *Her professional conduct fell short of that of a Practice Nurse'*

Additionally, the panel considered the notes of the disciplinary meeting on 15 July 2022 which clearly states that Mrs Palfreman was present. The panel also noted that Mrs Palfreman accepts in her written evidence that she went to these meetings.

In answer to the second question, the panel determined that it is dishonest for Mrs Palfreman to state that she had not been part of any disciplinary proceedings when she knowingly had. It determined that a reasonable person would also determine that these actions were dishonest.

In answer to the final question, the panel determined that there is no credible alternative explanation put forward by Mrs Palfreman, nor is there any evidence of an credible alternative explanation in the evidence before the panel.

In light of the above, the panel determined that it is more likely than not that Mrs Palfreman's actions at charge 10 were dishonest.

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 Mrs Palfreman's fitness to practise is currently impaired. There is no statutory definition of

fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise safely and effectively without restriction.

The panel, in reaching its decision, has 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 has 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, Mrs Palfreman's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct and impairment

Ms Jones invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of '*The Code: Professional standards of practice and behaviour for nurses and midwives 2015'* (the Code) in making its decision.

Ms Jones identified the specific, relevant standards where Mrs Palfreman's actions amounted to misconduct. She submitted that the elements of the Code that have been breached show that Mrs Palfreman's actions do fall seriously short of the standards expected of a registered nurse and amount to misconduct.

Ms Jones moved on to the issue of impairment and addressed the panel on the need to have regard to protecting 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.

Ms Jones submitted that remediation needs to be considered in this case. She submitted that Mrs Palfreman has shown no accountability, no meaningful insight, no reflective piece, not provided any recent testimonials and not provided evidence of recent training.

Ms Jones referred the panel to the comments made by Mrs Palfreman in a letter dated 13 February 2024, specifically that '*I do not intend to return to practice'.* Ms Jones also referred the panel to an email from Mrs Palfreman dated 28 June 2025 in which she states '*I can't work and they don't seem to be aware that I have applied twice to leave the register'.* Ms Jones explained that there is no evidence that this position has changed over time.

Ms Jones addressed the panel on insight and accountability. She referred the panel to the following statement from Mrs Palfreman:

> *'I have lost all trust in working for an employer as I did what I was told and asked'.*

Ms Jones submitted that it is implicit in these comments that Mrs Palfreman has not demonstrated any accountability for her actions nor is there any new evidence before this panel to suggest that her mindset has changed.

Ms Jones reminded the panel that there is proven dishonesty in this case and she submitted that this directly links to a deep seated attitudinal concern which is inherently hard to remediate.

Ms Jones submitted that nurses occupy a position of trust in society and she submitted that patients and their families are entitled to trust nurses with their lives. She submitted that there is a real risk of Mrs Palfreman repeating her actions given the lack of remorse coupled with the deep seated attitudinal concerns. She therefore submitted that a finding of impairment is required on the ground of public protection.

Ms Jones also submitted that a finding of impairment is otherwise in the public interest because an informed member of the public would be deeply concerned if a finding of impairment were not made.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council*, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), and *General Medical Council v Meadow* [2007] QB 462 (Admin).

Decision and reasons on misconduct

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (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 was of the view that Mrs Palfreman's actions did fall significantly short of the standards expected of a registered nurse, and that Mrs Palfreman's actions amounted to a breach of the Code. Specifically:

> *'**10 Keep clear and accurate records relevant to your practice This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.***
>
> *To achieve this, you must:*

10.3 complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements

13 Recognise and work within the limits of your competence To achieve this, you must, as appropriate:

13.2 make a timely referral to another practitioner when any action, care or treatment is required

13.3 ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence

13.5 complete the necessary training before carrying out a new role

18 Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations To achieve this, you must:

18.1 prescribe, advise on, or provide medicines or treatment, including repeat prescriptions (only if you are suitably qualified) if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs.

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

To achieve this, you must

19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place

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'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct.

The panel considered that Mrs Palfreman's actions of prescribing without a qualification, conducting a vaginal examination on a child together with proven dishonesty and duty of candour concerns did fall significantly short of the standards expected of a registered nurse.

The panel was of the view that conducting a vaginal examination on a thirteen year old child is very serious. It was of the view that this action, that was repeated, had the potential to cause serious psychological and physical harm to a vulnerable patient. The panel noted the evidence of multiple witnesses who stated that as GPs they would rarely, if ever, conduct vaginal examinations on a child. The panel considered that this shows that this examination would have been far beyond Mrs Palfreman's scope of competence. The panel noted that Mrs Palfreman referred to this thirteen year old child as a '*young adult'* in her written evidence. The panel found this concerning as it suggests that Mrs Palfreman does not apparently realise the potential risks to this patient as a direct result of her actions.

The panel was also of the view that Mrs Palfreman's actions in relation to Patient Q were very serious. The panel was of the view that conducting an ECG on Patient Q and her assessment of the results could have falsely reassured Patient Q, as per Dr Malpas-Sands oral evidence. Additionally, the panel was of the view that conducting an ECG and

being dishonest about Patient Q being seen by a doctor raised real concerns about Mrs Palfreman's character.

The panel then noted the communications provided by Mrs Palfreman, within which she has maintained that she was trying to help people. Whilst the panel do accept that this could have been her intention, it was concerned that Mrs Palfreman has not shown an understanding of the seriousness of her actions. The panel was of the view that the consistency of Mrs Palfreman's assertion suggests that she would act similarly in the future. The panel's view was strengthened as it is clear from the evidence that Mrs Palfreman continued to prescribe medication even when specifically told not to by Mrs Parker in early September 2023 following discussion with Dr Rogers.

The panel was of the view that the matters raised do breach the fundamental tenets of the profession in that Mrs Palfreman has breached the duty of candour by virtue of her dishonesty, as well as repeatedly putting patients at risk of harm.

The panel therefore found that Mrs Palfreman's actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

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

In coming to its decision, the panel had regard to the NMC Guidance on *'Impairment'* (Reference: DMA-1 Last Updated:28/01/2026) 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 and to maintain professional boundaries. 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 open 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 considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and 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/ fitness to practise is impaired in the sense that S/He:*
>
> 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 was satisfied that there is sufficient evidence to show the first limb of this test is engaged. The panel considered that Patient P was a thirteen year old child and there was a risk of psychological and physical harm as a result of Mrs Palfreman's actions. Additionally, the panel considered that some of the medication Mrs Palfreman prescribed, particularly metformin, methotrexate and steroids, could have resulted in serious side effects in the patients because Mrs Palfreman did not have the training or qualification in prescribing any medication.

The panel was also satisfied that there is sufficient evidence to show the second limb of this test is engaged. The panel considered that the duty of candour is fundamental to the nursing profession and Mrs Palfreman has breached this and so brought the profession into disrepute, through her dishonesty. The panel found that Mrs Palfreman's dishonesty was not an isolated incident, it was serious and one of these incidents involved the medical notes of a patient experiencing chest pains. Additionally, the panel found that in prescribing medication to numerous patients over a prolonged period of time when told not to actually brought the nursing profession into disrepute.

Following on from its findings in relation to the second limb of the test and relation to the third limb of the test, the panel considered that safety to patients is a fundamental tenet which has been breached. The panel was of the view that accountability is of upmost importance in the nursing profession and Mrs Palfreman has not held herself accountable for her actions.

The panel relied on its previous finding of dishonesty in relation to the final limb of this test. It also considered that dishonesty is inherently hard to address and Mrs Palfreman has not provided sufficient evidence to address this concern.

The panel then considered whether each of these limbs were engaged in the future. In reaching this decision the panel considered the risks of repetition and Mrs Palfreman's insight into her actions, remediation and any training.

The panel determined that there is a real risk of Mrs Palfreman repeating her actions and putting patients at risk of harm. The panel considered Mrs Palfreman's written evidence in which she states that she was trying to help the patients. It noted that there is little evidence that Mrs Palfreman understands the seriousness of her actions and so there is a risk she would repeat them. Further the panel noted that the charges in this case span over a period of two years, within which Mrs Palfreman was told not to prescribe medication to patients, yet she still continued to do so. The panel also considered the dishonesty found in this case. It noted that dishonesty is inherently hard to remediate and Mrs Palfreman has not demonstrated sufficient remediation to the panel given the absence of any substantial reflective piece, testimonials or training records.

The panel then considered Mrs Palfreman's insight. It noted that Mrs Palfreman has not attended this hearing, instead she provided written evidence to this panel explaining some of her actions, however she did not seem to accept the seriousness of them. Mrs Palfreman sought to justify her actions and maintained her position that she was intending on helping the patients. The panel considered that Mrs Palfreman has not provided evidence which shows any meaningful insight into her actions.

The panel therefore decided 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; 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 determined that a finding of impairment on public interest grounds is required because the public would be deeply concerned if a registered nurse who has been found to have acted dishonestly and put patients at serious risk of harm repeatedly were not to be found impaired.

In addition, the panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case due to the serious nature of Mrs Palfreman's misconduct and therefore also finds Mrs Palfreman's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Mrs Palfreman's fitness to practise is currently impaired.

Sanction

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

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had regard to the NMC Guidance on *'The sanctions available'* (Reference: SAN-2 Last Updated: 28/01/2026).

The panel accepted the advice of the legal assessor.

Submissions on sanction

Ms Jones submitted that the appropriate order in this case is a striking off order. She submitted that a significant amount of time has passed since these events and Mrs Palfreman has had sufficient time to demonstrate that she has strengthened her practice. She stated that the principles of proportionality needs to be considered, and submitted that the panel are able to give greater weight to the public interest and need to maintain public confidence over that of Mrs Palfreman with the imposition of any sanction.

Ms Jones submitted that due to the severity of the charges and the lack of insight, the only suitable sanction is that of a striking off order. She submitted that the behaviours are attitudinal and dishonesty is inherently hard to address. She submitted that Mrs Palfreman has not provided sufficient evidence to address this concern.

Ms Jones therefore submitted that a suspension order would not be appropriate in light of this. She submitted that public confidence in the profession would be affected if Mrs Palfreman were not struck off because there is a real risk that she would act the same in the future.

Ms Jones took the panel through the aggravating and mitigating factors. She submitted that the aggravating factors are; Mrs Palfreman continued to prescribe medications after being asked not to do so; Mrs Palfreman's dishonesty and the repeated issues across two different employers. Ms Jones submitted that the mitigating factor is that Mrs Palfreman has stated that she wanted to assist patients and prescribing came from a desire to help.

Decision and reasons on sanction

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

The panel took into account the following aggravating features:

- Prescribing medication without the appropriate training and qualification and continuing this despite being told not to;
- Dishonesty;
- Charges spanned two years and two separate employers;
- Patient P was vulnerable;
- Failure to attend the hearing without good reason; and
- Absence of sufficient insight.

The panel also took into account the following mitigating feature:

- [PRIVATE]

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 on *'Caution order'* (Reference: SAN-2b Last Updated: 28/01/2026) 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 Mrs Palfreman's actions were 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 Mrs Palfreman's 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 a conditions of practice order on Mrs Palfreman's registration. In considering whether conditions of practice are appropriate, the panel had regard to the factors set out in the NMC Guidance on 'Conditions of practice order' (Reference: SAN-2c Last Updated: 28/01/2026). The panel also considered the NMC Guidance on 'Sanctions for the highest risk cases' (Reference: SAN-4 Last Updated 28/01/2026) which states '*conditions of practice are unlikely to be an appropriate sanction, because dishonesty is an attitudinal concern which cannot easily be mitigated by conditions'.*

Having regard to the nature and seriousness of Mrs Palfreman's conduct, the panel determined that a conditions of practice order would not be appropriate in the circumstances. The panel considered that there are no relevant, proportionate, workable or measurable conditions that could be formulated to protect patients and to uphold professional standards as there is evidence of attitudinal problems which cannot easily be mitigated through conditions. Additionally, Mrs Palfreman has not meaningfully engaged in this hearing so there is nothing to suggest she would engage with a conditions of practice order.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on *'Suspension order'* (Reference: SAN-2d Last Updated: 28/01/2026) 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 be managed by Mrs Palfreman being temporarily removed from the 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 Mrs Palfreman's limited insight, lack of remorse, together with no evidence of training and development, 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 was of the view that Mrs Palfreman has had a significant amount of time to address the concerns raised. Mrs Palfreman has not meaningfully engaged in this hearing. Whilst she has provided written evidence to this panel in which she has explained her

personal view of these concerns, the panel was of the view that this does not amount to meaningful insight into her actions. It was of the view that further time would serve no purpose in providing Mrs Palfreman time to address the concerns because she has remained consistent in her stance and has stated that she does not wish to practice as a registered nurse in the future.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

In considering a striking-off order, the panel again had regard to the NMC Guidance on *'Sanctions for the highest risk cases'* (Reference SAN-4 Last Updated: 28/01/2026). Having regard to all of the above, the panel determined that this case falls within the definition of being a '*highest risk case'*.

The panel had regard to the following considerations as set out in the NMC Guidance entitled *'Striking-off order'* (Reference: SAN-2e Last Updated; 28/01/2026):

- *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 determined that the charges found proved raise fundamental questions about Mrs Palfreman's professionalism. It found that Mrs Palfreman's actions were sustained over two years despite intervention and there are findings of dishonesty which

demonstrates that Mrs Palfreman's professionalism has been called into question. It was of the view that Mrs Palfreman's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with her remaining on the register.

The panel determined that Mrs Palfreman has not provided sufficient insight and reflection into her actions and there is no realistic prospect, given the passage of time and the repeated actions, that Mrs Palfreman could strengthen her practice such that the risk she poses would reduce sufficiently.

The panel was of the view that the findings in this particular case demonstrate that Mrs Palfreman's actions were serious and to allow her to continue practising would not protect the public and would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors before it including the likely punitive effect on Mrs Palfreman, and taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of Mrs Palfreman's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself , the panel has concluded that nothing short of this would be sufficient in this case.

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

This will be confirmed to Mrs Palfreman in writing.

Interim order

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

Submissions on interim order

The panel took account of the submissions made by Ms Jones. She submitted that an interim suspension order is necessary and proportionate in order to protect the public and maintain the public interest over any appeal period. She submitted that this order should be imposed for a period of 18 months so as to allow sufficient time for any appeal to take place.

Decision and reasons on interim order

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

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months in order to protect the public and maintain public confidence over any appeal period.

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

That concludes this determination.