Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Thursday, 23 July 2026 – Thursday, 30 July 2026

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

Name of Registrant:	Phylicia Khadijatu Sheriff
NMC PIN:	98H0721E
Part(s) of the register:	Nurses part of the register Sub part 1 Registered Nurse – Adult (25 February 2002)
Relevant Location:	Enfield
Type of case:	Misconduct
Panel members:	Liz Dux (Chair, lay member) Jim Blair (Registrant member) Simon Alexander (Lay member)
Legal Assessor:	Alice Robertson Rickard
Hearings Coordinator:	Adaobi Ibuaka
Nursing and Midwifery Council:	Represented by Rowena Wisniewska, Case Presenter 23 – 24 July 2026 Represented by Giedrius Kabasinskas, Case Presenter 27 – 30 July 2026
Ms Sheriff:	Present and represented by Alice Byron, (Crucible Law)
Facts proved:	Charge 1
Fitness to practise:	Impaired
Sanction:	Suspension order (4 months)

Interim order:	Interim suspension order (18 months)

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

At the outset of the hearing, Ms Wisniewska made a request that the application for an adjournment be held in private on the basis that the application is in reference to matters of health related to the case presenter. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Byron on your behalf indicated that she did not oppose the application.

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 hear the application for adjournment in private in order to maintain the original case presenter's privacy.

Application to adjourn the hearing until Friday 24 July 2026

Ms Wisniewska invited the panel to adjourn proceedings until tomorrow morning. [PRIVATE].

[PRIVATE] She submitted that today's matter should be adjourned until 09:30am tomorrow.

Ms Byron did not oppose the application to adjourn.

The panel accepted the advice of the legal assessor.

The panel accepted the application to adjourn the proceedings until tomorrow morning at 09:30am.

The panel was concerned that [PRIVATE] it may be adjourned again, noting that this could be very stressful for you. The panel asked Ms Wisniewska to convey its concerns back to the NMC, and ask that a new case presenter be assigned this case so that they may have the rest of the day to read through the bundles and prepare, ready for tomorrow morning.

Application to adjourn the hearing until Monday 27 July 2026

Ms Wisniewska invited the panel to further adjourn the proceedings until Monday morning. She submitted that the NMC had taken measures to try and secure a new case presenter for today but unfortunately had not been able to do so. However, they were able to find another case presenter who would not be available until Monday.

Ms Byron, submitted that it was a matter for the panel, and remained neutral as you were not present. However, she observed that this would mean that a third of the hearing time has been lost and submitted that this was an unsatisfactory position for you to be placed in.

The panel accepted the advice of the legal assessor.

The panel accepted the application to adjourn the matter until Monday morning, given the circumstances and the lack of other options available. However the panel stressed the importance of ensuring that the hearing concludes within the remainder of the time available to ensure fairness to you. The panel noted Ms Byron's indication that you will be admitting the charge. However, she submitted that it would be necessary for the panel to hear evidence from the witnesses in relation to the context in which the admitted charge occurred. The panel therefore gave the following case management directions in order to make the most effective use of the hearing time remaining and to ensure fairness to both parties.

- The three witnesses should be warned for Monday morning and that their statements should stand as their evidence in chief.
- Both parties should be ready with closing submissions on facts on Monday.

Details of charge

That you, a Registered Nurse:

1) On 29 May 2024 slapped colleague A on the cheek

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

Background

The charge arose whilst you were employed as a Band 6 registered nurse by North Middlesex University Hospital NHS Trust (''the Trust''). The NMC received a referral on 21 June 2024 from the Trust in relation to you allegedly slapping Colleague A (Jhunnie Balajadia) .

It is alleged that on 29 May 2024 during handover within the Trust Critical Care Unit, Jhunnie Balajadia (Ms Balajadia) coughed near you. You allegedly asked Ms Balajadia not to cough again and either spoke to her or touched her arm as a means of communicating this. Ms Balajadia then coughed again, and you slapped her on the face. This was witnessed by colleagues of yours Rio Isidro (Ms Isidro) and Dr Bilal Aneesa (Dr Aneesa).

Decision and reasons on facts

At the outset of the hearing, Ms Byron indicated that you admitted charge 1 and therefore the panel finds charge 1 proved. However, the parties were in agreement that it was necessary for the panel to hear witness evidence in order to make further factual findings in relation to the context in which the admitted facts occurred.

In reaching its decisions on the disputed context of the facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Mr Kabasinskas on behalf of the NMC and by Ms Byron, on your behalf. It also accepted the advice of the legal assessor.

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:

- Jhunnie Balajadia: Band 6 Senior Staff Nurse at the Trust.
- Rio Isidro: Band 5 ICU Staff Nurse at the Trust.
- Dr Bilal Aneesa: Doctor at the Trust.

The panel also heard evidence from you under affirmation.

Charge 1

"That you, a Registered Nurse:

1) On 29 May 2024 slapped colleague A on the cheek."

The panel went on to make more detailed findings in relation to the context in which the admitted facts occurred. The panel was mindful of the NMC guidance FTP – 12, which states that the panel needs to resolve only the contextual factors that are likely to have a material impact on the case. For this reason the panel has not attempted to resolve every

disputed issue, particularly those relating to events which occurred subsequently to the incident in question.

The panel found that there were several agreed facts. The incident occurred early on in the shift following the main handover where Ms Balajadia had been coughing. There was then an individual handover between you and Ms Isidro during which Ms Balajadia was standing in close proximity to you whilst retrieving a folder of papers. Ms Balajadia coughed without covering her mouth or using a mask on the first occasion and was asked by you, either verbally or by a hand gesture not to do so again. Ms Balajadia coughed loudly a second time over you prompting you to slap Ms Balajadia on the right cheek with your left hand. This incident occurred in close proximity to patients and two colleagues, Ms Isidro and Dr Aneesa. Following this you attempted to apologise to Ms Balajadia, which was not accepted.

The panel considered that the key issue in dispute, was whether the admitted slap was deliberate or accidental.

In order to determine this, the panel first considered the circumstances leading up to this incident.

The panel had regard to Ms Isidro's NMC witness statement, dated 14 March 2025, where she stated

> *'On the date of the incident, I was coming to the end of my night shift and I was preparing for handover. Phylicia arrived at work and was the Nurse to whom I was handing over my patients. Phylicia came to the bay where I was. I noticed that Phylicia did not seem her usual self. I cannot recall exactly what she said, but I remember that she mentioned that this was her third or fourth day shift in a row. She seemed very tired and was upset at the thought of potentially getting two level 2 patients from me instead of being allocated just one level 3 patient.'*

The panel noted that during your oral evidence, you stated that when you started your shift you were not stressed but calm and that you had slept well the night before.

However, despite your evidence to the contrary, the panel accepted the evidence of Ms Isidro that you appeared tired, upset and were stressed by the high work load, in particular, the requirement to double up.

The panel considered that, whilst you were reluctant to accept that you were tired or stressed, Ms Isidro's evidence was fair and balanced and the panel accepted it as more likely to be true. This is because it gave some context as to why you went on to act in a way that all witnesses describe as out of character.

The panel then considered the precise nature of the slap and in particular which part of your hand made contact with Ms Balajadia's right cheek.

Ms Balajadia stated in her NMC witness statement dated 12, March 2025, that she;

> *'… instantly received a hard slap to my right cheek from Phylicia. It made a loud noise and was very painful. I felt the full force of her palm and five fingers on my face*.'

The panel heard direct evidence from two witnesses, Ms Isidro and Dr Aneesa, in addition to Ms Balajadia, who were in very close proximity and were able to give direct observational evidence.

Ms Isidro in her NMC witness statement dated 14 March 2025, detailed the incident stating that;

> *'…Phylicia slapped [Ms Balajadia] hard on her right cheek This seemed like an impulsive reaction to the cough rather than an intended, planned slap. I froze, the sound of the slap shocked me and I could see that Phylicia had actually hurt [Ms*

Balajadia] … I could see a clear red mark on her right cheek where Phylicia had slapped her, which confirmed that it had been a hard slap. [Ms Balajadia] was saying that her face was really hurting and she did not know what to do and she felt uncomfortable at work, so I told her that she should report what had happened… I later discovered that [Dr Aneesa] had been behind [Ms Balajadia] when the incident occurred. I found [Dr Aneesa] and asked him if he had witnessed the slap, to which he said yes. He said that he had left the bay dumbfounded as to what had occurred and was also shocked by the force with which Phylicia slapped [Ms Balajadia]'

When giving oral evidence to the panel, Ms Isidro stated *'her left hand hit [Ms Balajadia] on the right cheek with her palm.'*

The panel noted that Dr Aneesa in his email dated 11 June 2024, also detailed the incident stating that;

'…The second time when [Ms Balajadia] coughed which resulted in Phylicia suddenly raising her hand and slapping [Ms Balajadia] across the face. The slap was loud enough to be heard by others in the vicinity'

Ms Isidro and Dr Aneesa in their evidence stated that they had been shocked as to the force of the slap.

The panel noted that your case was that you had *'flung'* your left hand in the air as an almost instinctive reaction to the second cough and that in so doing you accidentally hit Ms Balajadia's cheek. When giving your evidence before the panel you demonstrated how you had reacted by gesturing that it was the back of your hand that had struck Ms Balajadia.

Having considered all the evidence, the panel accepted the evidence of Ms Balajadia supported by the evidence of Ms Isidro that you slapped her with sufficient force to cause

her pain, with the palm of your hand. The panel accepted the evidence that this made a loud sound and left a mark which was consistent with this finding.

The panel next considered the evidence as to what had occurred immediately after the slap. Whilst not directly relevant to the issue of whether your actions were deliberate or accidental, it was relevant to the issue of credibility.

It was your evidence that after the slap, Ms Balajadia hit you. You stated in your witness statement, dated 16 July 2026 that;

> '*Straight afterwards, Colleague A took both of her hands and hit my left hand with a strong force. My hand became red straight away and felt like it was burning. It was painful, and I had to put cream on it to cool it down.'*

You reiterated this point during your oral evidence. You further stated that you asked Ms Isidro to assist you in applying the cream to your arm.

Your account was not supported by either of the independent witnesses, who were standing in very close proximity.

The panel noted that Ms Isidro in her oral evidence stated that she had no recollection of Ms Balajadia touching you after the slap or of assisting you with the application of cream.

The panel further noted the oral evidence of Dr Aneesa who stated that he did not witness Ms Balajadia slap you with two hands, despite the fact he was observing the incident with no obstruction.

The panel found that both Dr Aneesa and Ms Isidro were very complimentary about you as a nurse and there was no reason to treat their evidence with caution. It found their evidence was clear, balanced and consistent on the key issues in dispute. Therefore, the panel found the independent witnesses to be credible and reliable and rejected your

assertion that they were not truthful. In preferring their account the panel bore in mind the advice of the legal assessor and was mindful of your hitherto good character. Despite this, the weight of the evidence did not support your account and it found that you were seeking to minimise your wrongdoing.

Taking all the above into account, the panel then went on to consider the crux of the case, namely whether the admitted slap was accidental or deliberate. It found that the contact was not accidental but was a deliberate slap with your palm in response to a second, unprotected cough in your face. However, although it did not find the slap to be accidental, it did accept that it was impulsive rather than premeditated or planned. In reaching this conclusion it had particular regard to the oral evidence of Dr Aneesa, who stated that your actions were *'instinctive'* and *'immediate'*, but also went on to say in support of your character *'she is kind and compassionate… the incident was out of character and I thought to myself what's happening there.'* It also had regard to the evidence of Ms Isidro who stated *'this seemed like an impulsive reaction to the cough rather than an intended planned slap'*.

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 your 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, your fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

Mr Kabasinskas invited the panel to take the view that the facts found proved amount to misconduct.

Mr Kabasinskas identified the specific, relevant parts of the Code where he submitted that your actions amounted to misconduct. Mr Kabasinskas submitted that given the facts of the case, your conduct fell far below what is expected of a registered nurse and was a serious departure from the fundamental tenets of the profession and the professional standards and behaviour expected of a registered nurse.

Ms Byron submitted that you agreed with the NMC that your actions did fall seriously short of the standards expected of a registered nurse. She acknowledged that this is a matter for the panel to decide, but stated that you have been realistic and open about the seriousness of your wrongdoing in this matter. In your written reflection you accept a finding of misconduct is likely.

Submissions on impairment

Mr Kabasinskas moved on to the issue of impairment and addressed the panel on the need to have regard to the protection of the public and the wider public interest. This included the need to maintain proper standards and public confidence in the profession and in the NMC as a regulatory body. He referred the panel to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2), Grant* [2011] EWHC 927 (Admin), *Cohen v General Medical Council* [2008] EWHC 581 (Admin) and to the relevant NMC guidance.

Mr Kabasinskas submitted that your actions have brought the profession into disrepute, as keeping people safe from harm including colleagues is a fundamental tenet of the nursing profession. He submitted that your misconduct raised fundamental concerns about your attitude and professionalism as a registered nurse. Mr Kabasinskas submitted that any form of violence within a health care setting could not be tolerated and could have a profound effect on a person or patient experiencing or witnessing it. He submitted that Ms Balajadia was left with a physical red mark on her face and was so distressed, she had to leave the shift. This meant that patients had one less nurse to look after them.

Mr Kabasinskas submitted that the misconduct in this case is difficult to remediate. He acknowledged that you had provided some training certificates and references to the panel and have evidence of safe practice. Mr Kabasinskas submitted that whilst you have demonstrated some evidence of insight, it is not sufficient.

Mr Kabasinskas submitted that in your evidence you stated that you were somehow provoked and snapped for an unknown reason. Although you accept that it was not your intention to slap Ms Balajadia, there is no acknowledgement by you thereafter of the seriousness of your wrong doing. Mr Kabasinskas further submitted that you sought to portray yourself as the victim, by seeking an apology from Ms Balajadia and that your oral evidence demonstrated that your insight was still lacking today.

Mr Kabasinskas acknowledged that there is no evidence of repetition, and that this was an isolated event, with evidence of safe practice since. However, he submitted that this was nonetheless a serious incident and the lack of sufficient insight suggested that you remain a risk to the public. For these reasons there is a need to restrict your practice on public safety grounds.

Mr Kabasinskas submitted that your behaviour was indicative of a deep seated attitudinal issue that placed those receiving care at a risk of harm and which undermined public confidence in the profession. He submitted that even if the panel found there to be no

deep seated attitudinal issue, the conduct in this case was so serious that there was a need to uphold public confidence in the profession.

Ms Byron reminded the panel of the evidence in relation to your professional practice. She submitted that you gave evidence, which was supported by Ms Isidro and Dr Aneesa, about your general high standards of practice, the standards you hold yourself to, and that this was an isolated incident, which fell short of these standards.

Ms Byron submitted that the panel had before it a number of reflections including oral reflections of how this incident arose, what the circumstances were and how you wished for it to never be repeated again in the future. She submitted that you have provided evidence of deep and genuine remorse, and have apologised for slapping Ms Balajadia, and immediately sought to rectify the situation by apologising to Ms Balajadia whilst on shift.

Ms Byron submitted that given the context of how this incident occurred and with the panel's findings, there was no evidence that was indicative of a wider and broader deep seated attitudinal issue. This was a singular serious lapse in judgment, in a long career of good standing and excellent nursing.

Ms Byron submitted that you have demonstrated through your written statements and oral evidence that you have addressed the concerns. She told the panel that you had gone through a period of internal suspension at the Trust after the incident occurred, a probationary return to work and then a further period of independent practice since June 2025, during which no concerns had been raised. Ms Byron further submitted that this process has helped you further understand the seriousness of your actions and the impact it had on colleagues, patients, the profession and the NMC as a regulator. Ms Byron submitted that as a result it is highly unlikely that you would repeat the concerns, and that there has been no repetition or suggestion of repetition since then.

Ms Byron submitted that there is no concern with your clinical practice and that you have been open and honest about the impact this incident has had on patients in your care. She submitted that there is no evidence that you are or could be a risk to patients in the future.

Ms Byron submitted that you accepted that a colleague being slapped in the workplace is serious, however, you had reflected on this. She submitted that a member of the public who knew the context of this case along with the panel's findings (in relation to the spontaneous and impulsive nature of this incident, your lengthy unblemished career history, the evidence from your colleagues, who have no concerns about your general ability to practise as a nurse), would not be concerned if the panel made no finding of impairment and you were allowed to practise without restriction.

Ms Byron submitted that a finding of no impairment would not, on this occasion, seriously undermine the public confidence in the profession or the NMC as its regulator.

The panel accepted the advice of the legal assessor which included reference to the NMC Guidance and to a number of relevant judgments. These included: *Cheatle v General Medical Council* [2009] EWHC 645, *Roylance v General Medical Council*, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), *Cohen v General Medical Council* [2008] EWHC 581 (Admin), *CHRE v Nursing and Midwifery Council and Grant* [2011] EWHC 927 (Admin) and *Sawati v General Medical Council* [2022] EWHC 283 (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 your actions did fall significantly short of the standards expected of a registered nurse, and that your actions amounted to a breach of the Code. Specifically:

> '***1 Treat people as individuals and uphold their dignity***
> *To achieve this, you must:*
>
> *1.1 treat people with kindness, respect and compassion*
> *1.2 make sure you deliver the fundamentals of care effectively*
>
> ***20 Uphold the reputation of your profession at all times***
> *To achieve this, you must:*
>
> *20.1 keep to and uphold the standards and values set out in the Code*
> *20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people*
> *20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress*
> *20.8 act as a role model of professional behaviour…'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that this was an act that fell seriously short of what was proper in these circumstances and was a serious breach of the standards expected of a registered nurse.

The panel further found that this was conduct that was serious and was regarded as deplorable by fellow practitioners. Further, this caused physical and emotional harm to Ms Balajadia, which is still ongoing.

The panel therefore concluded that your 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, your 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) …’*

The panel found that limbs a – c were engaged, in relation to your past conduct. The panel found that Ms Balajadia was caused physical and emotional harm, and patients were put at risk of emotional harm as a result of your misconduct. Your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

The panel then considered whether your conduct was likely to be repeated in the future. In determining this issue it considered the case of *Cohen*. The panel was satisfied that the misconduct in this case is capable of being addressed. The panel carefully considered the evidence before it in determining whether or not you had taken steps to strengthen your

practice. The panel took into account the training you had done, your written reflections, the testimonials and employment reference. The panel also considered the account of each witness, stating that this was out of character for you, and a one off event. In light of this the panel did not find that your conduct was indicative of deep seated attitudinal concerns.

However, despite this the panel could not find that your conduct was highly unlikely to be repeated. This was because your insight required further development. The panel determined that although you had shown remorse for your actions, in your oral evidence, you demonstrated a lack of awareness as to impact of your actions on Ms Balajadia. Further you had sought to minimise the seriousness of your conduct by deflecting blame. You had also shown lack of insight into what had caused you to act as you did.

The panel therefore determined there was a risk of repetition and that a finding of impairment was necessary on public protection grounds.

Turning to the public interest, 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 concerned if a nurse who had slapped her colleague, breached the fundamental tenets of the nursing profession and had not sufficiently demonstrated sufficient insight into her conduct, was allowed to practise unrestricted. The panel also determined that members of the public would be hesitant, or even reluctant, to engage with members of the profession if they knew that there was a risk of an uncontrolled violent reaction to a relatively low level incident of provocation.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired.

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of four months. The effect of this order is that the NMC register will show that your registration has been suspended.

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 Sanctions Guidance.

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

During submissions on sanctions Ms Byron made a request that submissions on mitigating factors be held partly in private on the basis that she will be referring to matters relating to your private personal and financial circumstances. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Mr Kabasinskas did not oppose the application.

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 accepted the application.

Submissions on sanction

Mr Kabasinskas submitted that while sanction is a matter for the panel's judgement, a striking-off order is the most appropriate order in this case.

Mr Kabasinskas submitted that the following are aggravating features of this case:

- Failure to work collaboratively with colleagues
- Causing physical and emotional harm to a colleague
- Minimising the seriousness by seeking to deflect blame
- Limited insight

Mr Kabasinskas submitted that the following are mitigating features of this case:

- Admission to the charge
- Apology given to colleague
- Evidence of safe practice post incident

Mr Kabasinskas referred the panel to the NMC guidance on sanctions and submitted that physical violence to colleagues, particularly in a healthcare setting, was serious and incompatible with remaining on the register.

Mr Kabasinskas acknowledged that whilst you have apologised to Ms Balajadia, you have placed some blame on her and have sought to justify your actions. He submitted that your insight, post incident, was insufficient and has not evolved. He further submitted that as your insight is currently insufficient, it is unlikely to change in the future and so raises questions about whether a period of suspension would be appropriate.

Mr Kabasinskas submitted that permanent removal from the register is necessary to protect the public and maintain public confidence in the profession. He submitted that your actions were fundamentally incompatible with remaining on the register. Your actions had been so serious, namely violence within a healthcare setting, that suspension would not be sufficient to maintain the reputation of the profession.

Ms Byron referred the panel to the NMC guidance on sanctions.

Ms Byron submitted that in relation to the aggravating features of this case, the panel should be careful of double counting.

Ms Byron submitted that the following are mitigating features of this case:

- Early admissions made by you in respect to the charge
- You apologised to Ms Balajadia
- Evidence of relevant training courses
- Evidence of safe practice - she submitted the panel had the benefit of hearing from Ms Isidro and Dr Aneesa about your clinical practice and that they feel confident working with you since your return
- Evidence of some insight
- Unblemished 24 year career in nursing

Ms Byron submitted that the following are personal mitigating features of this case:

- [PRIVATE]

Ms Byron submitted that as the panel had not found any evidence of deep seated attitudinal concerns, she invited the panel to consider imposing a caution order for a short period would be consistent with the panels finding on impairment. She further submitted that a caution order would allow you to further reflect whilst continuing to work in your place of employment.

Ms Byron submitted that if the panel was not minded to impose a caution order, then it could consider whether a conditions of practice order would be an appropriate and proportionate sanction. She submitted that having regard to the history and the context of

this incident, a conditions of practice order would be proportionate, workable and measurable in this case.

Ms Byron proposed the following conditions:

- Monthly meetings with a workplace manager, supervisor or mentor to discuss professional relationships and managing stress in the workplace.
- Report from manager, supervisor or mentor to be sent to NMC before any review.

Ms Byron further submitted that should the panel consider that there was a need for a more serious sanction, to mark the seriousness of this case, then a suspension order was sufficient. She submitted that a striking-off order would not be proportionate, as your actions are not fundamentally incompatible with remaining on the register and there is a realistic prospect that your insight could be developed further, and demonstrated before a future panel.

Ms Byron submitted that it would be disproportionate for a nurse with 24 years of good practice to loose your PIN over a single isolated incident, especially when there was no finding of deep seated attitudinal concerns.

The panel accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found your 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 found the following to be aggravating features:

- Limited insight
- Failure to work collaboratively with a colleague
- Caused physical and emotional harm a colleague
- Minimised the seriousness of your conduct

The panel found the following to be mitigating features:

- Early admission of the charge
- Apology to your colleague affected
- Evidence that you have worked safely and professionally in the same role since the events causing concern
- Relevant training courses
- Reflective accounts produced
- An otherwise unblemished 24 year career

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 your 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 your practice 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. Nor would it reflect the impact to the reputational damage to the nursing profession.

The panel next considered whether placing conditions of practice on your registration would be appropriate. The panel was mindful that any conditions imposed must be relevant, proportionate, workable and measurable. The panel had regard to the NMC Guidance on *'Conditions of practice order'* (Reference: SAN-2c Last Updated: 28/01/2026).

The panel had regard to Ms Byrons submissions that conditions could be formulated and put in place to address the concerns. However, the panel was of the view that there are no relevant, proportionate, workable or measurable conditions that could be formulated. The panel determined that the misconduct identified in this case was not something that can be addressed through retraining as there were no concerns with your clinical practice.

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

The panel went on to consider whether a suspension order was 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 found that both of these factors applied.

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.'*

The panel was satisfied that all of the above factors applied in this case.

It was further satisfied that the misconduct was not fundamentally incompatible with you remaining on the register. In weighing the aggravating and mitigating features in this case, the panel gave particular weight to the fact that you have been working safely in the same role for over 12 months since the incident. Your employer is supportive of you and your colleagues speak highly of you as a nurse. Whilst your insight requires further development, you have engaged fully with these proceedings and the panel was satisfied

that there was a realistic possibility that your insight could evolve during a period of suspension.

The panel did go on to consider whether a striking-off order would be proportionate. In making this decision, the panel carefully considered the submissions of Mr Kabasinskas in relation to the sanction that the NMC was seeking in this case. Whilst the panel found that your conduct was not accidental it found it to be an impulsive out of character reaction to a specific situation. The panel did not find that this raised fundamental questions about your professionalism, and considered that you have been working safely in the same role since the incident.

The panel further considered its finding that there was no evidence of deep seated attitudinal concerns, and is satisfied that your conduct was not fundamentally incompatible with remaining on the register. Taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate to impose a striking-off order.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.

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

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

The panel determined that a suspension order for a period of four months was sufficient in this case to mark the seriousness of the misconduct and to give you time to fully reflect and develop your insight. The panel hoped that this length of suspension may also allow

you to keep your role within the Trust as it was in the public interest that good nurses should be enabled to return to practice.

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

Any future panel reviewing this case would be assisted by:

- Your presence at a review hearing where the review panel could hear your oral evidence
- Up to date references from current colleagues and managers (whilst the panel appreciates you are unable to work as a registered nurse you may be able to work within a similar healthcare setting)
- Evidence of any further relevant training undertaken
- Focused reflective accounts on your learning, insight and action taken to address the concerns as set out in the determination

This will be confirmed to you in writing.

Interim order

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

Submissions on interim order

The panel took account of the submissions made by Mr Kabasinskas. He submitted that given the panel's decision on sanction, an interim suspension order for a period of 18 months is necessary to protect the public and is also otherwise in the public interest, to cover the 28-day appeal period before the substantive order becomes effective.

Ms Byron submitted that the panel may feel that there is merit in allowing you or your employer the next month to allow for a proper handover prior to the period of suspension starting, however it is ultimately a decision for the panel to consider.

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

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. To not impose an interim suspension order would be inconsistent with the panel's earlier findings and determination.

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 to allow for the appeal period.

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

That concludes this determination.