Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Thursday, 25 June 2026

Virtual Hearing

Name of Registrant:	Sarah Jane Barea
NMC PIN:	91A0327E
Part(s) of the register:	Registered Nurse – Sub part 1 RN1: Adult Nurse (28 March 1994) Nurse Independent / Supplementary Prescriber (03 July 2012)
Relevant Location:	Wadebridge
Type of case:	Misconduct
Panel members:	Adrian Blomefield (Chair, lay member) Hazel Walsh (Registrant member) Michelle Providence (Lay member)
Legal Assessor:	Laura McGill
Hearings Coordinator:	Yvonne Temah
Nursing and Midwifery Council:	Represented by Sila Akin, Case Presenter
Mrs Barea:	Present and represented by Lauren Doherty, (Anderson Strathern)
Order being reviewed:	Suspension order (2 months)
Fitness to practise:	Not Impaired
Outcome:	**Order to lapse upon expiry in accordance with Article 30 (1), namely 3 August 2026**

Decision and reasons on review of the substantive order

The panel decided to allow the current suspension order to lapse at the end of 3 August 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order originally imposed for a period of 2 months by a Fitness to Practise Committee panel on 6 May 2026.

The current order is due to expire at the end of 3 August 2026.

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

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

'That you, a registered nurse whilst working at the Wadebridge & Camel Estuary Practice (the Practice):

1) *On or around 21 October 2021, provided advice to Person X on the Covid-19 vaccine, contrary to public health advice, namely you stated words to the effect that and/or implied:*

    a. *The vaccine was toxic.*

    b. *That the vaccine caused an increase in Covid-19 cases.*

    c. *That there was 42% higher death rate due to vaccinations.*

    d. *That 4 children have died from the vaccination.*

    e. *That the vaccine should be treated with suspicion due to being made within a year.*

2) …

a. …

b. …

c. …

d. …

e. …

f. Encouraged the patient/s not to pursue the vaccine.'

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

'That you, a registered nurse whilst working at the Wadebridge & Camel Estuary Practice (the Practice):

1) …

a. …

b. …

c. …

d. …

e. …

2) …

a. …

b. …

c. …

d. Did not advise the patient to undertake PCR test.

e. …

f. …'

The original panel determined the following with regard to impairment:

'The panel considered that you appear not to understand how your disregard of national public health guidance in respect of Covid-19 could

impact on patient safety, to the individual and the wider population as well as undermining public confidence in the profession.

The panel also considered that Covid-19 vaccinations and boosters are still being administered today, and this panel was not satisfied that your personal views would not continue to cloud your professional judgement and the need to advise in accordance with national guidelines. It noted that there are no concerns outside of this niche issue which arose in the very specific context of Covid-19, but the panel was concerned that you have not yet addressed your misconduct without acknowledging the impact of your personal views on your professional conduct. The panel was not satisfied that if you were placed in a similar position, and in a similar challenging situation such as the Covid-19 pandemic, that this would not happen again. On this basis, the panel determined that patients could be placed at unwarranted risk of harm in the future.

The panel next considered whether your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. The panel was of the view that in the past, you did breach fundamental tenets of the profession by breaching government guidance and providing information and advice that was not evidence-based and government sanctioned. The panel was also of the view that giving information contrary to the public health advice at the material time would bring the profession into disrepute. The panel considered that public confidence in the profession would have been undermined, especially given how challenging the Covid-19 pandemic was on everyone. The panel considered that members of the public relied on the government for information and advice in relation to the pandemic, and they relied on healthcare professionals to be appraised of this guidance and uphold the proper standards of care.

The panel was satisfied that the misconduct in this case is capable of being addressed. Therefore, the panel carefully considered the evidence before it

in determining whether or not you have demonstrated sufficient insight and taken steps to strengthen your practice.

Regarding insight, the panel considered that your insight is incomplete. It noted that while you have started to reflect on your misconduct, in the panel's view, you have not yet fully understood the importance of following public health guidance during the pandemic. It considered that any reflection that you have demonstrated in respect of following public health advice appears to have the caveat that you will continue to exercise your own professional judgement in respect of this advice.

The panel took into account the training you have completed. The panel acknowledged that the training you have undertaken may appear to be relevant to the misconduct charged, namely that it focuses on Covid-19 vaccinations, principles of telephone triage and consent. However, the training you have completed largely focusses on your personal review of professional guidance, attendance at inappropriate conferences, and review of Covid-19 research outside the scope of the public health advice provided by the UK government. The panel was of the view that you remain very focussed on your personal critical assessment of the pandemic and associated guidance, and it could not be satisfied that you would not allow your personal views to impact your professional practice.

The panel was of the view that there is a risk of repetition based on your current level of insight and lack of strengthened practice. The panel was concerned that you continue to explore material that is not always accepted public health guidance and may allow this to impact on your conduct as a registered nurse. In light of this, the panel was not satisfied that the risk of repetition has yet been fully mitigated.

The panel therefore decided that a finding of impairment is necessary on the ground 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 the public interest ground is required because a member of the public would be concerned that you have not yet demonstrated full insight into your misconduct. The panel was of the view that the evidence you have provided demonstrates that you may still allow your personal views to impact on your professional advice and practice. The panel considered that you work in a wide range of roles, which includes working with patients in roles where you are a lone worker. The panel considered that the public may be concerned that patients could be influenced by your advice if you were to repeat the misconduct found proved. The panel considered that the reputation of the profession would be seriously damaged if a finding of impairment is not made in this case, as you have yet to demonstrate full insight into your misconduct or to mitigate the risk of repetition. In light of this, the panel determined that a finding of impairment is necessary on the ground of public interest.

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

The original panel determined the following with regard to sanction:

'The panel next considered whether placing conditions of practice on your registration would be appropriate. The panel is 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 January 2026) and had regard to the following factors:

- *‘no evidence of deep-seated personality or attitudinal problems*
- *identifiable areas of the professional’s practice in need of assessment and/or retraining*
- *competence cases where there is a realistic likelihood that the concerns about their practice can be resolved*
- *potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*
- *insight into any health problems, alongside willingness to abide by conditions relating to a medical condition, treatment and supervision*
- *people using services will not be put at risk either directly or indirectly as a result of the conditions*
- *conditions can be created that can be monitored and assessed.’*

The panel is of the view that there are no relevant, proportionate, workable or measurable conditions that could be formulated, given the nature of the charges in this case. The panel considered that these concerns, whilst not a traditional deep seated attitudinal issue, do relate to your focus and personal interests in Covid-19 and the vaccine and how it may impact on your ability to give unbiased and evidence-based information and advice. The panel noted that the concerns relate to a specific and niche element within your practice. The panel also noted that you have accepted this panel’s findings and have demonstrated a willingness to develop your insight and strengthened practice.

The panel had regard to the guidance, in particular:

> *“Workable means that it must be possible for the professional to comply with the conditions. The purpose of conditions of practice is to facilitate safe and effective practice and for the professional to address the concerns in a meaningful way. They should not amount to a complete restriction on the professional’s ability to practise. The conditions imposed must be practical and feasible; the panel should impose the least restrictive conditions required to uphold public safety.*
>
> *Measurable means that it must be possible to assess objectively and unambiguously whether or not the professional has complied with each condition.”*

The panel considered whether it may be able to formulate conditions that are relevant and proportionate. However, the panel was of the view that there are no conditions that could be formulated that would be both workable and measurable.

The panel noted Ms Doherty's submission that you could work with a condition requiring indirect supervision and monthly meetings addressing the areas of concern. However, the panel considered that the concerns relate specifically to how your personal views may impact on your ability to give unbiased advice regarding Covid-19 and the vaccine. The panel considered that this is not something that could be measured through indirect supervision given that you work in a lone-working role. The panel considered that in your evidence you did not appear to be able to distinguish your personal views from your professional role, and therefore the risk remains of you giving biased information as opposed to providing balanced information on benefits and risks as identified by national policy. In particular, the panel noted that in your out of hours role, there is no way to limit what issues you may need to address with patients. The panel considered that it is plausible that you may encounter patients with queries about Covid-19 and the vaccine in this role. The panel considered that the conditions that this panel could impose would require direct oversight of your practise to ensure that you do not give biased advice.

In light of this, the panel was of the view that any conditions it could impose would amount to a complete restriction on your ability to practise. It noted that the only condition that could adequately address the risk would be direct supervision, and this would not be practical and feasible in light of your lone-working role.

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 January 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."*

The panel was satisfied that in this case; the misconduct was not fundamentally incompatible with you remaining on the register. The panel was of the view that the concerns are on the more serious end of the spectrum. It noted that a short period of suspension would be sufficient to allow you to fully strengthen your practice and demonstrate full insight. The

panel was of the view that public confidence in the profession would be maintained by imposing such a suspension. The panel considered that you have engaged in these proceedings and have begun the process of reflecting and demonstrating meaningful insight.

It did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. The panel considered that there is a realistic prospect that a short period of suspension would provide adequate time for you to demonstrate developed insight and that the misconduct found proved was not fundamentally incompatible with you remaining on the register. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order.

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

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 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 determined that a suspension order for a period of two months was appropriate in this case to mark the seriousness of the misconduct, to uphold professional standards of conduct and maintain public confidence in the profession. The panel considered that the option for an early review remains open to you.'

Decision and reasons on current impairment

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

The panel has had regard to all of the documentation before it, including the NMC bundle, your bundle and your submissions presented by Ms Doherty on your behalf. It has also taken account of the submissions made by Ms Akin on behalf of the NMC. She submitted that the substantive panel had found that you made a number of inaccurate statements regarding the COVID 19 vaccine, discouraged vaccination and PCR testing, and failed to follow accepted public health advice.

Ms Akin referred the panel to the substantive panel's findings, which concluded that your insight was incomplete, that you continued to rely on pseudoscientific material, and that your personal beliefs had clouded your professional judgement.

In relation to current impairment, Ms Akin adopted a neutral position. Whilst acknowledging your efforts to undertake relevant training, Ms Akin submitted that your reflective piece did not clearly demonstrate acceptance that your conduct was wrong. Instead, it focused on how patients may have interpreted your words, rather than accepting responsibility for the statement you made. Ms Akin invited the panel to consider whether this reflected a continuing lack of full insight without evidence of remorse.

On sanction, Ms Akin submitted that, if the panel found your fitness to practise remained impaired, any further order should take effect only after the current suspension order expired. Similarly, if the panel was minded to revoke the order, revocation should also take effect at the conclusion of the existing order in August 2026.

The panel also had regard to the submissions made by Ms Doherty on your behalf. She submitted that the panel should allow the current suspension order to expire without

replacement, as you had demonstrated sufficient insight, remediation and reflection to address the concerns identified by the substantive panel.

Ms Doherty referred the panel to your reflective statement, CPD and supporting evidence. She submitted that you had accepted the substantive findings and reflected meaningfully on your communication with patients. She further submitted that you had reflected on your reliance on information outside recognised public health guidance, and how you would manage similar situations in future. Ms Doherty also submitted that you had identified appropriate sources of professional guidance and demonstrated that you would seek advice from senior colleagues where necessary.

Ms Doherty submitted that your insight was now meaningful and well developed, significantly reducing the risk of repetition and any risk to the public. She further submitted that a well-informed member of the public would consider the two-month suspension order, together with your reflection and learning, to be sufficient to maintain confidence in the profession.

Ms Doherty invited the panel to allow the current suspension order to expire without replacement, on the basis that any further sanction would be disproportionate and punitive.

Ms Doherty sought clarification of aspects of Ms Akin’s submissions. In response Ms Akin acknowledged the error in her submissions. She clarified that the charges, as drafted and found proved by the substantive panel, referred to statements made "*to the effect of*" those alleged and confirmed that her submissions on insight were based on the registrant's written reflections.

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

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

The panel considered whether your fitness to practise remains impaired.

The panel noted that the original panel found that while you had started to reflect on your misconduct, you had not yet fully understood the importance of following public health guidance during the pandemic.

The original panel determined that you were liable to repeat matters of the kind found proved.

Today's panel noted that, whilst only a relatively short period had elapsed since the suspension order was imposed, you had undertaken a significant amount of relevant and targeted learning, CPD and reflection. The panel commended you for the effort you had made within such a limited period and was impressed by the quality and relevance of the work undertaken. It was satisfied that the learning directly addressed the concerns identified by the substantive panel and demonstrated meaningful engagement with the recommendations made at the previous hearing.

The panel was satisfied that you had reflected on the importance of evidence-based practice, reliance on recognised national guidance, professional communication, cognitive bias, patient safety and the need to separate your personal beliefs from your professional responsibilities. The panel found that the reflective piece was comprehensive and demonstrated a deeper understanding of the concerns identified in the substantive hearing and how these would be addressed in future practice.

The panel acknowledged Ms Akin's submission that you had not expressly stated that your conduct was wrong. However, having considered the reflective piece alongside your written submissions, the panel was satisfied that you had accepted the substantive findings, demonstrated meaningful insight and reflected appropriately on the impact of your actions. The panel also noted Ms Akin's neutral position on impairment.

The panel was satisfied that you had undertaken substantial remediation within a relatively short period and could identify no further meaningful steps that you could reasonably have taken whilst suspended. It concluded that the risk of repetition was now low and that the concerns identified by the substantive panel had been adequately addressed.

In light of this, this panel determined that you are now not liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is not necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in light of the information above which included your significant remediation and comprehensive relevant insight, a fully informed member of the public in this case would be of the view that a finding continuing impairment would not be required. Therefore, the panel determined that you are no longer impaired on public interest grounds.

For these reasons, the panel finds that your fitness to practise is now not currently impaired.

In accordance with Article 30(1), the substantive suspension order will lapse upon expiry, namely the end of 3 August 2026.

This will be confirmed to you in writing.

That concludes this determination.