

**Nursing and Midwifery Council
Fitness to Practise Committee**

**Substantive Hearing
Monday, 1 June 2026 – Friday, 5 June 2026**

Virtual Hearing

Name of Registrant:	Juliette Johnson
NMC PIN	00Y0167E
Part(s) of the register:	Registered Nurse – Sub Part 1 Adult Nursing (Level 1) – 21 March 2003
Relevant Location:	London
Type of case:	Misconduct
Panel members:	Derek McFaull (Chair, Lay member) Janet Williams (Registrant member) Paul Barton (Lay member)
Legal Assessor:	John Donnelly
Hearings Coordinator:	Teige Gardner
Nursing and Midwifery Council:	Represented by Denise Amaning, Case Presenter
Miss Johnson:	Present and represented by Thomas Buxton, instructed by the Royal College of Nursing (RCN)
Facts proved:	Charges 1 and 3
Facts not proved:	Charge 2
Fitness to practise:	Impaired
Sanction:	Strike-off Order
Interim order:	Interim suspension order (18 months)

Details of charge

That you, a registered nurse:

1. Breached professional boundaries in that you accepted any or all of the monetary gifts, as set out at schedule 1, from Patient A and/or Patient A's wife [Person B].
2. Failed to declare any or all of the monetary gifts you accepted from Patient A and/or Patient A's wife [Person B] as detailed at schedule 1.
3. In relation to your actions at charge 1 and/or charge 2, acted with a lack of integrity.

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

Schedule 1

- I. A cheque for £10,000 in or around January to February 2023
- II. A cheque for £10,000 in or around April to May 2023
- III. A cheque for £5,000 dated 14 December 2022
- IV. A cheque for £800 dated 25 August 2022
- V. A cheque for £500 dated 08 August 2022
- VI. A cheque for £500 dated 12 June 2022
- VII. A cheque for £1,000 dated 10 December 2020
- VIII. A cheque for £1,000 dated 11 August 2020
- IX. A cheque for £3,000 date unknown
- X. A cheque for £1,500 dated 6 December 2021
- XI. A cheque for £5,000 dated 30 August 2021
- XII. A cheque for £1,000 dated 24 July 2021

Decision and reasons on application to admit the hearsay safeguarding report from Barbie Condy

The panel heard an application made by Ms Amaning, on behalf of the Nursing and Midwifery Council (NMC), under Rule 31 to allow the safeguarding report from Mrs Condy into evidence. Ms Condy was not present at this hearing as the NMC did not deem it necessary to secure her attendance. Ms Amaning submitted that this safeguarding report provides key context to the charges and gives a chronology of the events. She submitted that it is relevant evidence, as it relates to charge 1. She submitted that it is not the sole and decisive evidence for charge 1 as other witnesses due to attend this hearing also provide evidence for this charge. In particular, she submitted that Witness 2 can be used to test this evidence.

Ms Amaning submitted that there is no evidence to suggest that this safeguarding report was fabricated. Therefore, it would not be unfair to you to admit this safeguarding report into evidence. Further, she submitted that you and your representatives have had sufficient time to reject the safeguarding report before it was included in the finalised exhibits bundle, but you did not do so. She submitted that the panel should allow this evidence.

Mr Buxton, on your behalf, submitted that it would be wholly unfair to you if the panel should allow this hearsay evidence. He submitted that the NMC have not made reasonable attempts to secure the attendance of Mrs Condy at this hearing, and the NMC did not attempt to secure a witness statement from Mrs Condy. He submitted that the safeguarding report lacks relevancy to charge 1, as it refers to Patient A's health. Further, he submitted that the safeguarding report contains reference to other hearsay allegations that are not charged at this hearing, therefore it would be prejudicial to you if the panel accepted this application.

Mr Buxton submitted that, as Witness 2 and Lorna Arellano will be attending this hearing to provide live evidence, they can provide more relevant and testable evidence regarding charge 1. Therefore, he submitted that this safeguarding report is not relevant to charge 1, is prejudicial to you and the panel should reject this application.

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. The panel had particular reference to *Thornycroft v NMC [2014] EWHC 1565 (Admin)* and *El Karout v NMC [2019] EWHC 28 (Admin)*. 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 was of the view that the NMC have not made reasonable attempts to secure the attendance of Mrs Condy, the author of the safeguarding report. The panel noted that the NMC did not seem it necessary to secure Mrs Condy's attendance at this hearing and did not ask her to provide a witness statement. Therefore, there is no good reason as to why Mrs Condy is not here to provide live evidence at this hearing.

The panel noted that the safeguarding report was created by a rival agency. Further, the safeguarding report makes reference to other allegations not charged at this hearing, which is unfair and prejudicial to you. The panel did note that the safeguarding report lists payments received by you from Patient A, however this is also evidenced by Witness 2 who is attending the hearing to provide live, testable evidence. The panel noted that, whilst the safeguarding report is not the sole or decisive evidence for charge 1, there is more relevant and testable evidence before the panel to consider in relation to this charge. The panel was of the view that, as Mrs Condy is unable to be questioned about the content of her safeguarding report, it would be prejudicial and unfair to you to admit this evidence.

In these circumstances the panel refused the application.

Background

The NMC received an anonymous referral on 31 July 2023 regarding your fitness to practice as a registered nurse. At the time of the referral, you were employed as a registered nurse by Golders Green Nursing Agency ('the Agency') on a part-time contracted basis. You were contracted to deliver community nursing, end of life care and catheter care to the Agency clients and had been working for the Agency for over 15 years. Whilst working for the Agency, you cared for Patient A.

On 2 August 2022, Patient A and his wife, Person B, relocated from London to Kent and your client agreement for Patient A with the agency ceased. After 21 July 2022, the Agency did not provide Patient A or Person B with any nursing care. However, it later transpired that from August 2022 to Patient A's death in July 2023, you went on to provide private care for Patient A in Kent. Patient A was still receiving general care from carers through the Agency while in Kent as Ms Arellano was happy to travel to there. The Agency however was unaware that you had been providing private care to Patient A and Person B.

Patient A was elderly and had been diagnosed with prostate cancer and suffered with urine retention which resulted in him being fitted with a catheter. Patient A needed to attend hospital regularly to have the catheter changed every 4-6 weeks. This was unpleasant for Patient A and he was subsequently prescribed a 'Dover' catheter which you used to change for him.

Person B was also diagnosed with metastasised breast cancer in October 2022. Person B disclosed her diagnosis to you, and you assisted her in arranging for a Doctor to initially attend upon Person B to undertake examinations. You were involved in taking Person B to hospital appointments and arranged for Doctors to attend to Person B and liaised with the palliative care team. Person B's condition deteriorated rapidly and she subsequently passed away on 17 February 2023.

At Person B's funeral on 24 March 2023, you met with Witness 2 who was surprised to see that you were present. Upon speaking to you it came to light for the first time that you had been caring for both Patient A and Person B in Kent since their relocation in August 2022.

It was subsequently discovered that you had accepted two separate cheques to in the sum of £20,000 from Patient A and Person B as gifts.

Witness 2 raised concerns to the Agency and a local level investigation was commenced. At this local level investigation, you became apologetic and upset. You disclosed that you had been providing care to Patient A and Person B without informing the Agency and further accepted that you had received 2 separate cheques in the sum of £10,000.

Decision and reasons on facts

At the outset of the hearing, the panel heard from Mr Buxton who informed the panel that you made partial admissions to charges 1 and 2, in so far that you did accept cheques from Patient A and Person B and you did not disclose some of them to the Agency.

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 Amaning and Mr Buxton.

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:

- Claudia Alexander: Director of the Agency, at the time of the incidents
- Witness 2: Relative of Patient A and Person B
- Maureen Raynor: Carer at Condy Care Ltd
- Lorna Arellano: Carer at the Agency, at the time of the incidents

The panel also heard evidence from you under oath.

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 you.

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

Charge 1

“That you, a registered nurse:

Breached professional boundaries in that you accepted any or all of the monetary gifts, as set out at schedule 1, from Patient A and/or Patient A’s wife [Person B].”

This charge is found proved.

In reaching this decision, the panel took into account the twelve cheques, Patient A’s bank statements, your tax self-assessment forms, diary entries from Patient A, the oral evidence from the NMC witnesses and your oral and documentary evidence.

The panel noted that you made admissions to receiving monies from Patient A and Person B on all twelve occasions. This is supported by the cheques and bank statements which clearly indicated that this money was given to you by Patient A and Person B on twelve separate occasions. The panel noted that, in your witness statement, you made partial admissions that some of the transactions listed on Schedule 1 were various monetary gifts you received from Patient A and Person B for birthdays, Christmas and holidays. The panel noted that your admissions are consistent with the dates on the cheques, as they are dated around your birthday and Christmas. Therefore, the panel accepted your admissions in relation to some of the points on Schedule 1.

During your oral evidence, you stated that some of the monies you accepted from Patient A and Person B were reimbursements for purchasing medication. However, the panel did not accept your account. It noted that you were unable to evidence that these were reimbursement payments, as you did not keep any of the receipts from these purchases nor did you record anything. The panel was of the view that your evidence was inconsistent and unreliable in relation to these reimbursement payments.

In your evidence you indicated that the two £10,000 cheques were monetary gifts you received. In your witness statement, you claimed that:

“Schedule 1 I: Person B gave me this money when she learnt that she was dying and she explained to me it was in appreciation for all I had done for them. Patient A was with us at the time.

Schedule 1 II: Patient A gave me this money in appreciation for all that I did for them. It was around this time when the couple gave their carers Lorna and Eric similar amounts in appreciation. Patient A and Person B told me they had consulted with their solicitor to check that it was okay to give us gifts of money in this way, and the solicitor confirmed that as they both had mental capacity, it was for them to do with their money as they wished. Patient A did not leave anyone out of his

generosity. He gave everyone looking after him cheques including Conde Care Agency workers.”

The panel noted however that in your tax self-assessment forms from 5 April 2023, you listed the monies you received from Patient A and Person B as “*gifts*”. This indicates that, at the time you accepted the monies, you considered them to be gifts from Patient A and Person B. In light of the evidence above, the panel was of the view that on the balance of probabilities all the monies you received from Patient A and Person B were monetary gifts.

The panel then considered if, by receiving these monetary gifts, you had breached professional boundaries. The panel did note Ms Alexander’s evidence that the Agency’s policy was that nurses and carers were allowed to receive gifts from those they cared for, so long as they were declared to the Agency. However, the panel considered the NMC Code, in particular points 21.1 which states:

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

To achieve this, you must:

***21.1** refuse all but the most trivial gifts, favours or hospitality as accepting them could be interpreted as an attempt to gain preferential treatment*

...

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

The NMC Code overrides any policy that the Agency had at the time of the incidents. The panel noted that you are an experienced nurse who has been on the NMC register for 18 years, therefore you should be familiar with the NMC Code. The panel was of the view that the monies you received were not trivial, rather they were substantial amounts of money, given to you over a two and half year period, up to the value of £39,300. Further, the panel noted that, in receiving these monies, you acted in an unethical manner and breached the

standards expected of a registered nurse. Therefore, the panel determined that you did breach professional boundaries in accepting these monetary gifts.

In conclusion, the panel determined that, on the balance of probabilities, all the monies you received from Patient A and Person B were gifts and you did breach professional boundaries by accepting them. The panel finds this charge proved.

Charge 2)

“Failed to declare any or all of the monetary gifts you accepted from Patient A and/or Patient A’s wife [Person B] as detailed at schedule 1.”

This charge is found not proved.

In reaching this decision, the panel took into account your oral and documentary evidence and the oral evidence of Ms Alexander.

The panel noted that, as per Ms Amaning’s closing submissions, you had an obligation to declare all of the monetary gifts you accepted from Patient A and Person B to the Agency. The panel were not invited to accept that you had an obligation to declare these gifts to any other organisation. Therefore, in relation to this charge, the panel only considered whether or not you declared, or had a duty to declare, the monetary gifts set out in Schedule 1 to the Agency.

The panel noted that, in both your oral evidence and in your witness statement, you said you declared points V to XII on Schedule 1 to the Agency. This is supported by Ms Alexander who stated that she did recall you declaring gifts to her at the time of the incidents. The panel noted that that neither you nor Ms Alexander kept records of these gift declarations. There is no other evidence before the panel to suggest that you did not declare the monetary gifts listed above to the Agency. Therefore, on the balance of

probabilities, the panel determined that you did declare the monetary gifts as set out in points V to XII in Schedule 1.

You accepted that you did not declare monetary gifts I to IV in Schedule 1. You told the panel that you were not obligated to do so in these instances as you were working privately with Patient A and Person B. This is supported by Ms Alexander who stated during her oral evidence that, whilst she was unhappy with your private arrangement with Patient A and Person B, as you were working privately with them you were not obligated to declare these monetary gifts to the Agency.

The panel noted that you continued working with the Agency at this time, however it accepted that, as you were working privately with Patient A and Person B, you did not have an obligation to declare any gifts from them to the Agency. In light of this, the panel determined that this charge is found not proved.

Charge 3)

“In relation to your actions at charge 1 and/or charge 2, acted with a lack of integrity.”

This charge is found proved.

In reaching this decision, the panel took into account all the evidence before it, including your oral and documentary evidence.

As charge 2 was found not proved, the panel only considered whether or not you lacked integrity in relation to charge 1.

The panel was of the view that there is an expectation of a nurse working in palliative care with vulnerable patients to abide by the ethical standards set out by the regulator. The panel considered the Code, in particular points 21.1 and 21.3, which state:

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

To achieve this, you must:

21.1 refuse all but the most trivial gifts, favours or hospitality as accepting them could be interpreted as an attempt to gain preferential treatment

...

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

The panel noted you said in your oral evidence that you were confused by these points in Code. However, there is no evidence before it to suggest that you made attempts to help yourself fully understand these points, such as contacting the NMC or one of your colleagues. It was of the view that, particularly point 21.1, is very clear in what you are expected to do in your professional capacity as a registered nurse; refuse all but the most trivial gifts. The panel noted that during your oral evidence you accepted that the monies you received from Patient A and Person B were not trivial, therefore you should have known not to accept these gifts.

Further, it noted that you said during oral evidence that both Patient A and Person B were forceful in getting you to accept the gifts they offered you. The panel was of the view that you had a moral obligation under the Code to reject the gifts from Patient A and Person B. As an experienced nurse, with 18 years on the NMC register, the panel expected that you should know this. In addition, the panel noted that both Patient A and Person B were elderly, vulnerable and reliant on you for care and you repeatedly accepted monetary gifts from them on twelve separate occasions. The panel did not accept your evidence that you could not refuse these gifts.

Furthermore, the panel noted that you did not make an attempt to record when or why you received these gifts from Patient A and Person B. You failed to show transparency in

receiving these gifts by not recording them or keeping the receipts from the cheques you claim were for reimbursements.

The panel noted that a solicitor was present at one of the cheque signings, however they were present to ensure that Patient A had capacity to sign the cheque rather than to agree to the money being sent to you. The panel heard evidence that Patient A and Person B had freely given this money to you and no evidence had been submitted to it that you had coerced Patient A or Person B into giving you this money. However, it was of the view that you should have known not to accept this gifts from Patient A and Person B and, in accepting them, you lacked integrity.

Therefore, in light of the reasons above, the panel determined that you did lack integrity by accepting the monetary gifts from Patient A. The panel finds this charge proved.

Submissions 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.*'

Ms Amaning 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 Amaning identified the specific, relevant standards where your actions amounted to misconduct. She submitted that your actions set out in charge 1 fell seriously short of the standards expected of a registered nurse. She submitted that you accepting monetary gifts from vulnerable patients would be considered deplorable by your colleagues in the nursing profession. She submitted that your actions were repeated and you clearly

breached professional boundaries in continuing to accept these monetary gifts. For these reasons, she submitted that your actions at charge 1 amount to serious misconduct.

Ms Amaning submitted that your actions in charge 3 fell seriously short of the standards expected of a registered nurse. She submitted that a registered nurse is expected to act with integrity and uphold professional standards at all times. She submitted that you repeatedly accepted monetary gifts from Patient A and Person B, equalling the sum of £39,300, over a substantial amount of time and this pattern of behaviour was unethical. She submitted that this falls seriously short of the standards expected of a registered nurse and therefore amounts to serious misconduct.

Ms Amaning submitted that your actions in charges 1 and 3 do not relate to your clinical practice, however they did occur whilst you were providing care to Patient A and Person B.

Mr Buxton submitted that it is for the panel to decide whether your actions as set out in charges 1 and 3 amount to serious misconduct.

Submissions on impairment

Ms Amaning 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. This included reference to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Amaning submitted that a finding of impairment is necessary on both grounds of public protection and in the wider public interest. She submitted that your actions, as set out in charge 1, amount to a severe lack of judgement on your part, breached professional boundaries and were repeated over a considerable period of time. She submitted that, by

repeatedly accepting monetary gifts from Patient A and Person B, there was a real risk of financial harm being caused to them. She submitted that, as you had repeated your actions on twelve separate occasions over the course of almost three years, there is a real risk of repetition in this case. She submitted that a finding of impairment is necessary on the ground of public protection.

Ms Amaning submitted that public confidence in the profession would be seriously damaged if a finding of impairment is not made. She submitted that the public would be shocked to find a nurse who has accepted significant monetary gifts from vulnerable patients is allowed to practice without a finding of impairment.

Mr Buxton submitted that a finding of impairment on the ground of public protection is not necessary in this case. He submitted that you provided the highest standard of care to Patient A and Person B. He referred the panel to the glowing testimonials provided by your colleagues regarding your care. He submitted that, whilst there was a breach of professional boundaries, there was no evidence before the panel that you caused harm to either Patient A or Person B. He submitted that there is no evidence that financial harm was caused to Patient A or Person B. Rather, it would appear from the evidence that Patient A and Person B had substantial means and were very generous.

Mr Buxton submitted that the misconduct in this case is capable of remediation and has in fact already been remedied. He referred the panel to the glowing testimonials you have provided and training certificates you have undertaken. He submitted that these testimonials show that your actions in charges 1 and 3 does not reflect your usual behaviour as a registered nurse. He submitted that your actions set out in charges 1 and 3, although repeated over a substantial amount of time, had never happened before nor has it happened again. He referred the panel to a testimonial which states that you refused a gift from a patient under your care recently. He submitted your actions occurred under very specific circumstances in the context of a longstanding and unique relationship with Patient A and Person B.

Mr Buxton submitted that you have provided insight into the charges found proved and accepted that you should have known the Code. He submitted that you have shown remorse into your actions and have apologised. He submitted you have shown clear remediation and insight into your actions, and there is a low risk of repetition in this case. Therefore, he submitted that a finding of impairment is not necessary on the ground of public protection.

Mr Buxton submitted that public confidence in the profession would not be damaged if you are not found impaired. He submitted that you are a very dedicated nurse, as shown by the testimonials provided, and you have strengthened your practice in several areas. He submitted that a finding of misconduct does not automatically equate to a finding of impairment. He submitted that a fully informed member of the public would not be concerned if you are allowed to practice without a finding of impairment. He submitted that if the panel do find that you are impaired, it should only be on public interest grounds alone.

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), *General Medical Council v Meadow* [2007] QB 462 (Admin), *PSA v HCPC and Roberts* [2020] EWHC 1906 (Admin), *PSA v GMC and Uppal* [2015] EWHC 1304 (Admin) and *PSA v HCPC and Doree* [2017] EWHC Cic 22.

Decision and reasons on misconduct

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:

“20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

20.2 *act with honesty and integrity at all times...*

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...*

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)...*

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

To achieve this, you must:

21.1 *refuse all but the most trivial gifts, favours or hospitality as accepting them could be interpreted as an attempt to gain preferential treatment*

...

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

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 your actions as set out in charges 1 and 3 amount to serious misconduct. The panel did note the context in which you accepted the monetary gifts from Patient A and Person B. It noted that the Agency was aware and did not discourage the practice of receiving gifts from patients and you were not the only person receiving gifts. However, you were the only registered nurse accepting these gifts and you had a duty, as set out in the Code, to refuse them. The panel was of the view that Patient A and Person B were vulnerable, socially isolated and reliant on you for not only nursing care, but also for assistance in organising doctor appointments and other care needs. In repeatedly accepting gifts from Patient A and Person B over a

considerable period of time, your actions fell seriously short of the standards expected of a registered nurse. The panel was of the view that a registered nurse would find your actions deplorable and unacceptable.

The panel determined that your actions amounted to a serious departure from the Code, and you placed your own financial gain over the adherence to the Code of your profession. In repeatedly accepting substantial monetary gifts you created a serious conflict of interest between your professional role as a registered nurse and your own financial gain. For these reasons, the panel determined that your actions, as set out in charges 1 and 3 did fall seriously short of the conduct and standards expected of a nurse and amounted to serious 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 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;...'*

The panel considered limbs a, b and c of *Grant*.

The panel noted all the evidence before it, and noted that your clinical care of Patient A and Person B was not in question. There is no evidence that any physical harm was caused to Patient A or Person B as a result of your care. Nevertheless, the panel was of the view that there was a risk of unwarranted financial harm to Patient A and Person B as a result of your actions. The panel did not have evidence before it regarding the financial situation of Patient A and Person B. However, it noted that you accepted twelve personal cheques to the value of £39,300 over almost a three year period, including two £10,000 cheques within a month of each other. The panel was of the view that a reasonable person would consider this to be a substantial amount of money to accept in a short amount of time. Therefore, the panel was of the view that you put Patient A and Person B at an unwarranted risk of financial harm.

The panel determined that, as a result of your actions, you have brought the nursing profession into disrepute. It considered a breach of professional boundaries and a lack of integrity to be very serious.

The panel considered your reflective piece, your testimonials and the training certificates you received. The panel was of the view that, in your reflective piece, you showed good insight into your actions at charges 1 and 3; you showed remorse, explained how your actions have impacted the wider public and the profession and said how you would act if placed in a similar situation in the future. The panel also noted your training certificates, which were relevant to the charges found proved. Finally, it considered your testimonials which speak to your good practice and character as a registered nurse.

However, the panel noted that the charges relating to a lack of integrity are hard to remedy as it indicates an attitudinal issue. The panel was not satisfied by your oral evidence, it noted that you repeatedly excused your actions, in accepting gifts from Patient A and Person B, as they had capacity to sign the cheques. Further, you told the panel that the majority of these cheques were for birthdays and other special events. The panel was of the view that, regardless of whether Patient A and Person B had capacity to give you gifts, you had a moral obligation not to accept them under the Code. The panel was of the view

that, whilst there may be a low risk of repetition in this case, due to the lack of integrity you displayed, the panel is not satisfied that if you are placed in a similar situation, with other vulnerable patients, you would not repeat your actions as set out in charges 1 and 3. Therefore, the panel determined that a finding of current impairment on the ground of public protection is necessary.

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 reputation of the profession and the NMC as regulator would be seriously damaged if you are not found impaired considering the serious nature of the breaches of professional boundaries and integrity found proved. You breached several parts of the Code and repeatedly put your own financial gain over your professional obligations whilst caring for vulnerable, socially isolated individuals who were deteriorating in health. Therefore, the panel was of the view that a finding of impairment is otherwise necessary in the wider public interest.

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 striking-off order. It directs the registrar to strike you off the register. The effect of this order is that the NMC register will show that you have 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 Amaning informed the panel that in the Notice of Hearing, dated 30 April, the NMC had advised you that it would seek the imposition of a strike-off order if it found your fitness to practise currently impaired. She made reference to several aggravating and mitigating factors and submitted that a strike-off order is the most necessary and appropriate order in the circumstances of this case.

Mr Buxton submitted that the most justified and proportionate order to impose in this case is a suspension order, with a review. He submitted that the panel have determined that there is a low risk of repetition and you accept that you did fall seriously short of the standards expected of a registered nurse. He submitted that you did lack integrity at the time of the incidents, however he referred to your testimonials which indicate that you are a nurse of integrity. He submitted that, whilst your behaviour was deplorable, your actions have not been repeated since the incident and you do not have a deep-seated attitudinal issue. He submitted that you have learned from these incidents and a striking-off order would be wholly disproportionate at this stage.

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 took into account the following aggravating features:

- Abuse of a position of trust
- Deliberate and multiple breaches of the Code
- A pattern of misconduct over a considerable period of time
- Vulnerability of the Patient A and Person B

The panel also took into account the following mitigating features:

- Early admission of some of the facts
- Developing insight
- Relevant training courses
- Reflective piece

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 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 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: 28/01/2026) 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.

Furthermore, the panel concluded that the placing of conditions on your registration would not adequately address the lack of integrity found proved and would not protect the public nor uphold the public interest.

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.’*

The panel noted that there are no clinical concerns with your practice and that you are of good character. However, the panel gave these points little weight in coming to its decision as this was a case that did not relate to your clinical ability, but to professional boundaries and integrity. Whilst the panel acknowledged that the risks identified could be

managed by you 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. Particularly, the panel noted that you accepted a substantial amount of money from two vulnerable patients who were isolated and entirely reliant on you for care.

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 had regard to the NMC Guidance on ‘*Sanctions for the highest risk cases*’ (Reference SAN-4 Last Updated: 28/01/2026). [set out panels reasons] 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 found that the £39,300 you accepted, the vulnerability of Patient A and Person B and the considerable period of time you repeated your actions make you fundamentally incompatible with remaining on the register. Your actions were significant departures from

the standards expected of a registered nurse, and are fundamentally incompatible with you remaining on the register. The panel was of the view that the findings in this particular case demonstrate that your actions were serious and to allow you 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 and after 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 your 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.

Whilst the panel considered the hardship this sanction may have for you, the panel determined 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 you in writing.

Submissions on interim order

The panel took account of the submissions made by Ms Amaning. She submitted that an interim suspension order is necessary on the grounds of public protection and is otherwise in the public interest. She submitted that an interim suspension order for a period of 18 months would protect the public during any potential appeal process.

The panel also took into account the submissions of Mr Buxton, who said it is for the panel to decide which interim order is most appropriate and proportionate in this case.

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 if any appeal is made in this case.

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

That concludes this determination.