

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

**Substantive Order Review Hearing  
Tuesday, 23 June 2026**

Virtual Hearing

**Name of Registrant:** **Artiola Metallari**

**NMC PIN:** 19C2120E

**Part(s) of the register:** Nursing, Sub part 1  
RNA, Registered Nurse - Adult  
18 September 2019

**Relevant Location:** Norfolk

**Type of case:** Misconduct

**Panel members:** Nicholas Rosenfeld (Chair, lay member)  
Simon Timothy Alexander (Lay member)  
Anne Sharpe (Registrant member)

**Legal Assessor:** Robin Ince

**Hearings Coordinator:** Grace Sharp

**Nursing and Midwifery Council:** Represented by Nicola Kay, Case Presenter

**Miss Metallari:** Present and unrepresented

**Order being reviewed:** Suspension order (12 months)

**Fitness to practise:** Impaired

**Outcome:** **Conditions of practice order (12 months) to come into effect on 29 July 2026 in accordance with Article 30 (1)**

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

At the outset of the hearing, Ms Kay made an application for this case be held partly in private on the basis that proper exploration of your case involves [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

You indicated that you supported the application to the extent that any reference to your private life should be heard in private.

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

Having heard that there will be reference to your [PRIVATE], the panel determined to hold the hearing partly in private in order to protect your privacy. The panel will go into private session as and when such issues are raised throughout the hearing.

## **Decision and reasons on review of the substantive order**

The panel decided to replace the current suspension order with a conditions of practice order.

This order will come into effect at the end of 29 July 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 1 July 2025.

The current order is due to expire at the end of 29 July 2026.

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

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

*'That you a registered nurse,*

- 1) Between 1 December 2022 - 31 July 2023, whilst applying for a role and/or working at the Norfolk Community Health and Care Trust ("the Trust"), did not disclose that you were subject to an NMC investigation.*
- 2) On 10 January 2023 incorrectly answered 'No' to question 7 on the 'CR Declaration Form' provided to the Trust, namely 'Are you currently subject to any fitness to practise investigations and/or proceedings by a regulatory or licensing body in any country, which may have a bearing on your suitability for this position'.*
- 3) Your actions in charges 1) above were dishonest, in that you sought to conceal that you were being investigated by the Nursing & Midwifery Council from the Trust.*
- 4) Your actions in charge 2) above were dishonest, in that you provided false information in a declaration form to your prospective employer.*
- 5) On 10 January 2023 incorrectly answered 'No' to question 8 on the 'CR Declaration Form' provided to the Trust namely 'Have you ever been subject to any sanctions being placed on your professional registration, by a regulatory or licensing body in any country? This includes warnings, conditions, limitations, suspension, removal, or any other restrictions that have applied to your professional registration...'*
- 6) Your actions in charge 5) above were dishonest in that you sought to conceal that the Nursing & Midwifery Council had imposed an interim*

*conditions of practice order against your professional registration on 22 December 2021, from your prospective employers.*

- 7) *On 25 September 2023 whilst working for the Trust;*
  - a) *Provided an employment reference for Person A, to Supply Care Solutions;*
    - i) *Without authorisation.*
    - ii) *Without using the Trust standard template.*
  - b) *Provided inaccurate information in the reference to Supply Care Solutions, namely that Person A had worked at the Trust;*
    - i) *Between 15 March – 4 August 2023;*
    - ii) *As a Health Care Worker.*
- 8) *Your actions in one or more of the above charges 7 a) i), 7 a) ii), 7 b) i) & 7 b) ii) were dishonest, in that you provided false information in a reference for Person A.*
- 9) *During a meeting with the Ward Manager Colleague X, on 7 February 2024, you asked Colleague X to withhold information relating to an internal Trust investigation, in a reference which was to be provided to the Nursing & Midwifery Council.*
- 10) *Your actions in charge 9) above were dishonest in that you sought to conceal your internal investigation at the Trust, from the Nursing & Midwifery Council.*
- 11) *Between 8 – 18 March 2024 did not comply with condition 7 of an interim conditions of practice order imposed by the Nursing & Midwifery Council on 8 March 2024, in that you did not immediately provide a copy of the relevant conditions to your employers at the Trust.*

12) *Your actions in charge 11 above were dishonest as you concealed your interim conditions of practice order from your employers at the Trust.'*

The original panel determined the following with regard to impairment:

*'In this regard the panel considered the judgment of Mrs Justice Cox in the case of CHRE v NMC and Grant in reaching its decision. In paragraph 74, she said:*

*'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'*

*In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:*

*'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ fitness to practise is impaired in the sense that S/He:*

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

*d) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

*The panel considered each of the above limbs in turn.*

*On whether patients were put at unwarranted risk of harm, in the past, as a result of your misconduct, the panel took into account that it has no evidence that actual harm came to any of the patients, and that the misconduct did not concern your clinical practice. The panel considered that Witness 4, in her oral evidence, told the panel that there were no concerns in your clinical practice during this time. The panel therefore disagreed with Mr Donnelly's submissions that this could have led to an unwarranted risk of patient harm.*

*The panel noted Mr Donnelly's submissions that, in respect of charges 7 and 8 (and accompanying sub-charges), patients could have been put at unwarranted risk of harm if Person A was granted the job on account of your reference. However, the panel was satisfied that the Agency had other mechanisms in place to protect patients – such as training and other background checks – which would have prevented patients being placed at unwarranted risk of harm by your conduct.*

*The panel was therefore of the view that limb (a) does not apply in this case.*

*In relation to limb (b), the panel was satisfied that your misconduct brought the nursing profession's reputation into disrepute, and that confidence in the nursing profession would be seriously undermined if its regulator did not find charges relating to repeated dishonesty against your employer as well as against your regulator serious.*

*Further, in relation to limb (c), the panel was also satisfied that your misconduct had breached fundamental tenets of the nursing profession, namely honesty and integrity in relation to your nursing practice.*

*On limb (d), concerning dishonesty, the panel found that your actions – namely to conceal information in relation to ongoing NMC investigation from the Trust, concealing information in relation to ongoing internal investigation from the NMC, as well as writing a false employment reference – were several instances of dishonesty.*

*The panel took into account that impairment is a forward-thinking exercise, and it should consider whether your fitness to practise is currently impaired.*

*The panel next considered whether you are liable, in the future, to bring the nursing profession into disrepute, breach one of the fundamental tenets of the nursing profession and act dishonestly, pursuant to Grant. In reaching its decision, the panel also considered the principles derived from Cohen, namely:*

- Whether the concern is easily remediable;*
- Whether it has in fact been remedied; and*
- Whether it is highly unlikely to be repeated.*

*The panel first considered whether your actions are remediable. The panel was of the view that dishonest conduct is incredibly difficult to remedy. The panel noted that dishonesty is on a spectrum, and there are less serious forms of dishonesty which are more easily remediated. However, the panel took into account that your dishonesty was not a single incident and was repeated over a few incidents whilst you worked at the Trust. The panel considered that your dishonesty primarily concerned a lack of transparency, and two of the three incidents concerned an omission of information from others. Accordingly, the panel determined that the nature of your misconduct requires a significant degree of insight to be shown before the panel can be satisfied that it has been sufficiently remedied.*

*The panel then considered whether you have sufficiently remedied these concerns. The panel considered your oral evidence, in which you demonstrated remorse, and you promised this conduct would not repeat itself in the future.*

*The panel also had sight of the two reflective pieces you have provided, dated 8 April 2025 and 16 April 2025 respectively. The first reflective piece stated:*

*'When I applied for a permanent role at Ogden Court, I had already been working at the site via agency for over a year without any conditions on my NMC registration. I genuinely believed that the previous referral from 2021 had been closed, as there were no active restrictions at the time. My agency manager was aware of the historical investigation. In hindsight, I understand I should have proactively disclosed the existence of an investigation, even if I thought it was no longer active. I regret this and have since made a personal commitment to be fully transparent with all future employers, regardless of the perceived outcome or impact on my employability.'*

*The panel noted your oral evidence that you wish to correct this statement, and that you had not worked at the Agency for over a year at the time of applying for the permanent role at the Trust.*

*The second reflective piece stated:*

*'I understand that a further allegation, relating to dishonesty, is due to be considered at a future hearing. For clarity, this allegation has two components. The first concerns a reference I completed, which was intended as a character reference but was misunderstood as an employment reference. The second involves a communication oversight during my previous employment, where I failed to disclose an active NMC investigation when applying for a role. This was not an intentional omission—I believed I had already disclosed the matter, particularly as I had worked in the same setting previously through an agency, and the agency's manager at the time was fully aware of the investigation. I now understand the importance of full and direct communication in all cases and have reflected seriously on how I can prevent such misunderstandings in future.'*

*The panel considered that there appears to be some inconsistency between the two reflective pieces. Notwithstanding this, the panel was nonetheless of the view that neither reflective piece addressed the dishonesty concerns in sufficient depth. The*

*panel took into account that these pieces were produced for separate interim order hearings, but it had no updated reflective piece from you since 16 April 2025. The panel therefore determined that you have not demonstrated sufficient or in-depth insight or reflection into your conduct, particularly on how it impacted others around you (such as colleagues). The panel noted that, given the nature of these reflective pieces and its intended purpose before an interim order panel, your reflection was limited to the defence you presented at the facts stage of this hearing.*

*The panel then considered the CPD course which you have completed. The panel accepted that the CPD course spanned numerous areas of nursing, and you had completed this course between January and February 2025. However, the panel was of the view that your clinical practice is not of relevant concern to this panel. The panel determined that there is nothing before it within this CPD course suggesting that you have undertaken any strengthening of practice in the relevant areas, such as honesty and integrity. The panel concluded that, in the absence of any relevant training certificates, you have not undertaken specific courses to strengthen your practice in these relevant areas of concern.*

*The panel considered references that you provided. These included:*

- Two references from other registered nurses at the Trust, both dated 27 November 2023, which commented on your clinical practice;*
- A reference, dated 28 November 2023, written by Person A which confirms her view of what occurred when she asked you to provide a reference for her and gives her opinion that you are a good nurse;*
- A reference, dated 27 November 2023, from Person A's husband speaking to your character; and*
- A reference from both senior staff nurse and a healthcare assistant at a Hospice, dated 2 April 2025, confirmed that you had worked a shift there professionally and with no concerns.*

*The panel considered these references contained limited information that it could rely on to demonstrate your current fitness to practice. The panel noted that many*

*of these references comment on your clinical practice, which is not of concern in these proceedings.*

*Taking all of the above into account, the panel was of the view that you have not demonstrated a sufficient level of insight, remediation or strengthening of your practice for it to conclude that you have remediated the concerns.*

*On whether the conduct is highly unlikely to be repeated, the panel took into account that your misconduct was in the form of several incidents rather than a one-off event. Taking all the above, the panel was of the view that, in the absence of sufficient reflection, strengthening of practice or remediation, there remains a risk of repetition if you were allowed to practise without restriction.*

*Based on the above, the panel determined that you are liable, in the future to bring the nursing profession into disrepute, breach one of the fundamental tenets of the nursing profession and act dishonestly, pursuant to Grant.*

*Additionally, the panel bore in mind the overarching objectives of the NMC, namely 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 public confidence in the profession would be undermined if a finding of impairment were not made in this case, particularly given the finding of your dishonesty. The panel concluded that a reasonable and well-informed member of the public would be concerned if a finding of impairment was not made against a nurse who was dishonest to both her employer and her regulator, on three different occasions. The panel, therefore, determined that a finding of impairment is also necessary on public interest grounds.*

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

The original panel determined the following with regard to sanction:

*'The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:*

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

*The panel considered the above in turn.*

*The panel determined that your misconduct was not a single instance, and was instead three separate instances over a period of approximately one year. The panel noted that a lesser sanction would be insufficient to mark the seriousness of your conduct.*

*However, the panel was also of the view that these three instances of dishonesty were on the lower end of the seriousness spectrum. Accordingly, whilst it noted that it was not a single instance of misconduct, the panel determined that a period of suspension may remain the appropriate sanction in light of its decision on seriousness.*

*In respect of deep-seated personality or attitudinal concerns, the panel considered that your instances of dishonesty appeared to be spontaneous, rather than premeditated or systematic. The panel determined that there are attitudinal concerns in light of your misconduct, particularly in the way you respond to difficult professional situations, However, it was of the view that these concerns are not deep-seated. The panel considered, in particular, that you did not appear to plan any of the dishonesty. The*

*panel was therefore not satisfied that there is sufficient evidence of deep-seated attitudinal concerns.*

*The panel noted that there is no evidence before it of any repetition of your dishonesty since the incidents.*

*In respect of your insight, the panel was of the view that you have demonstrated some remorse and a developing insight at this hearing. The panel took into account its decision on your fitness to practise, where it acknowledged that your insight remains insufficient at this stage, and there is a real risk of repetition. However, given the panel's view that there are no deep-seated attitudinal concerns, the panel was satisfied that this risk is not significant, and that the imposition of a suspension order would be appropriate.*

*In light of the above, the panel went on to consider whether a striking-off order would be proportionate in this case. It considered Mr Donnelly's submissions, and it took into account that a striking-off order was the NMC's sanction bid in this case. In looking at a striking-off order, the panel took note of the following paragraphs of the SG:*

- Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*
- Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

*The panel considered the above in turn.*

*The panel was of the view that the regulatory concerns do raise fundamental questions about your professionalism. The panel determined that honesty and*

*integrity, particularly to your employer and to the NMC as your regulator, are fundamental tenets of the profession, which you have breached.*

*However, the panel determined that public confidence in nurses can be maintained even if you were not removed from the register. The panel was of the view that the seriousness of your misconduct can be marked through your temporary removal from the register, particularly in light of your developing insight. Whilst the panel was of the view that your insight is insufficient at this stage, it was satisfied that you are beginning to show remorse and insight into your misconduct. The panel was therefore of the view that a temporary removal from the register could maintain the public confidence in nurses.*

*Accordingly, the panel was not satisfied that a striking-off order is the only sanction which will be sufficient to protect patients, members of the public or maintain professional standards. The panel reminded itself of the legal advice, namely that the purpose of the imposition of a sanction is not to punish you for your past misconduct. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive and disproportionate in your case to impose a striking-off order.*

*Balancing all of these factors, the panel therefore concluded that a suspension order would be the appropriate and proportionate sanction. The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register, and that a striking-off order would be disproportionate at this stage.*

*The panel determined to impose this suspension order for a period of 12 months. The panel was of the view that 12 months was appropriate in this case to mark the seriousness of the misconduct and meet the public interest. The panel was of the view*

*that this would also give you the opportunity to gain sufficient insight and remediation into your misconduct.*

*The panel was also of the view that this period of suspension may also give you sufficient time to secure legal representation, which you may wish to do, prior to your next hearing at the NMC.*

*The panel noted the financial hardship a suspension order will inevitably cause you. However, the panel was satisfied that 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.*

*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 continued attendance and engagement with the NMC;*
- Evidence of your insight, including a reflective statement commenting on your misconduct, and the impact of your conduct on the wider nursing profession;*
- Evidence of continuing professional development and strengthening of practice in the relevant areas, including documentary evidence or training certificates of completion in areas of professional ethics, honesty and integrity; and*
- Testimonials from a line manager or supervisor that detail your current work practices, ideally in a healthcare setting.'*

## **Decision and reasons on current impairment**

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as the ability of a professional on 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 and the on-table papers containing character references and your reflective piece.

The panel also had regard to your oral evidence that you gave under affirmation.

You told the panel that due to the suspension order imposed, you had pursued a different career in a healthcare-related setting as a healthcare assistant but remained passionate about nursing and expressed your desire to return to the profession. You expressed disappointment that you had been unable to complete further training since the previous substantive hearing, explaining that [*PRIVATE*] had limited the time available to undertake additional professional development. You told the panel that you had intentions to complete further training, and had contacted the NMC regarding appropriate training opportunities, but were unable to do so due to [*PRIVATE*].

You acknowledged in your oral evidence the importance of honesty in nursing and stated that trust is fundamental to the relationships with patients, colleagues and the wider public. You accepted that dishonest conduct could have a significant impact on public confidence and patient care. You explained that since the substantive hearing you had prioritised being open and transparent with prospective employers and had disclosed the ongoing NMC investigations and your suspension.

When questioned by the panel about your professional development, you explained that you had continued to work in a healthcare related role and had completed mandatory training associated with that role.

You told the panel that you have used this suspension period to reflect on your misconduct and recognised that it was wrong. You stated that you would ensure greater openness and seek clarification when unsure about any matter in the future as you do not wish to place patients, the public or yourself at risk by repeating the misconduct that led to these proceedings. You explained further, if you experienced difficulties in the future that you would seek support from your manager, engage with the NMC where appropriate and other available support systems at an early stage to manage challenges with guidance.

The panel had also taken account of the submissions made by Ms Kay on behalf of the NMC.

Ms Kay took the panel through the background of the case and the charges found proved at the original substantive hearing and reminded the panel that the original panel had found impairment on public interest grounds only.

Ms Kay submitted that it is a matter for the panel to determine whether you have discharged the persuasive burden of demonstrating that your fitness to practice is no longer impaired. Ms Kay acknowledged that you have demonstrated some developed insight since the substantive hearing and that your reflective piece had addressed the impact of dishonesty on public confidence in the profession and wider public interest. The panel were reminded that you had made enquires with the NMC regarding relevant training opportunities and had provided an explanation for your inability to complete further training. Ms Kay further noted the testimonials provided in support of you.

Ms Kay submitted that it is a matter for the panel to assess the extent to which the concerns had been remediated and whether the evidence before them was sufficient to demonstrate that your fitness to practice is no longer impaired.

Ms Kay submitted that the NMC is neutral to any sanction imposed and that it is a matter for the panel.

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 you had developing insight. At this hearing the panel found that there had been a significant improvement in your insight since the previous substantive hearing. You had provided a strong reflective piece which demonstrated an understanding of the importance of honesty within nursing and acknowledge the impact of dishonesty on patients, colleagues, and public confidence in the profession which stated:

*'Since the substantive order was imposed in July 2025, I have spent significant time reflecting on the findings relating to dishonesty and the impact of my actions. I fully accept the panel's findings and recognise that dishonesty is fundamentally incompatible with the responsibilities of a registered nurse. My reflection has moved beyond understanding that honesty is a professional requirement; I now appreciate why it is essential to safe and effective care. Patients, colleagues and employers rely on the information provided by nurses to make decisions, allocate responsibilities and maintain confidence in the care being delivered. When a nurse is dishonest, that reliance is compromised.*

*I have thought carefully about the wider consequences of my actions. Although the dishonesty did not arise in the context of direct patient care, I understand that the issue is not limited to whether immediate harm occurred. Patients are entitled to expect that nurses will be truthful in all professional matters. Colleagues must be able to trust the integrity of those they work alongside. Employers and regulators depend on honesty to make informed decisions. By acting dishonestly, I risked damaging those relationships of trust and undermining confidence in my professionalism.*

*I also recognise the impact on public trust in the nursing profession. Nursing is a profession that is granted significant responsibility because the public believes*

*nurses will act with integrity, even when doing so is difficult or inconvenient. My conduct fell short of that expectation. Reflecting on this has helped me understand that every nurse's actions contribute to how the profession is viewed, and that dishonesty by one registrant can affect confidence in the profession more broadly.*

*Since the order was imposed I have remained employed within health and social care. I have worked as an agency Healthcare Assistant and as a Personal Assistant supporting vulnerable individuals. These roles have enabled me to continue demonstrating compassion, reliability, professionalism and person-centred care.*

*Importantly, I have sought to conduct myself with complete honesty and transparency. The individuals and families I have worked for have been aware of my NMC proceedings and I have been open about my circumstances. Being transparent about a matter that I found personally difficult has reinforced my understanding that trust is earned through honesty, particularly when discussing mistakes or shortcomings. The references submitted on my behalf reflect the standards I have worked hard to maintain and the professional relationships I have developed.*

*During this period [PRIVATE], I have not completed as much formal training as I had originally hoped. However, I have continued to reflect on the panel's findings and apply the lessons learned through my day-to-day practice.*

*If faced with similar circumstances in the future, I would respond differently. I would seek advice at an early stage, be open about any difficulties or concerns, and ensure that honesty guided my decision-making even where doing so might have personal consequences. My reflection has helped me understand that integrity is demonstrated through everyday choices and that maintaining trust requires consistent openness and accountability.*

*The experience of these proceedings has had a profound effect on me both professionally and personally. It has required me to confront the consequences of my actions and to consider how they affected others, not just myself. I have learned that trust can be damaged quickly but takes time and sustained conduct to rebuild. I*

*remain committed to demonstrating through my actions that I am a trustworthy, reflective and safe practitioner and that the risk of repetition is extremely low.*

*I respectfully ask the panel to consider the insight I have developed, the positive conduct I have demonstrated since the order was imposed, and my continued commitment to upholding the standards expected of the nursing profession.'*

The panel also noted in your oral evidence, in which you expressed remorse, recognised the seriousness of the concerns, and demonstrated an understanding of the importance of trust in the nurse-patient relationship. The panel took into account your recent employment within an agency and accepted that you had gained transferable experience and had undertaken mandatory training within that role. The panel also took into consideration that you have remained engaged with the NMC throughout the regulatory process and attended hearings when required.

The panel also considered the testimonials provided on your behalf, which spoke positively about your conduct in your recent employment.

*Testimonial 1:*

*'We are writing to provide our full support for Miss Artiola Metallari, who has been caring for my mother since September 2025. As a family, we have found her to be an exceptional carer, and we would like to highlight the qualities she has consistently demonstrated throughout her time with us.*

*Artiola has been fantastic in every aspect of her role. She is extremely caring, compassionate, and professional in the way she approaches her work. She is highly organised, reliable, and always manages her time well. My mother has developed a great bond with her, genuinely enjoys her company, and is always happy to see her, which reflects the warmth and kindness she brings to her role.*

*What particularly stands out is that Artiola consistently goes beyond what would normally be expected from a carer. She is flexible, approachable, and always willing to help, whether directly supporting my mother or assisting with tasks around the home. She is organised and ensures everything is managed to a very high*

*standard. Even during evenings and weekends, she has shown commitment, flexibility, and genuine dedication.*

*Artiola is also very friendly, respectful, and easy to communicate with. She has always conducted herself with excellent professionalism and integrity. From the beginning, we have been aware of her registration matter, and this has never caused us any concern. Based on our direct experience, neither my parents nor I have had any hesitation in supporting her. She has consistently demonstrated honesty, strong integrity, and we have never had any concerns regarding her professionalism or conduct.*

*We would be very happy for Artiola to continue caring for my mother and have complete confidence in her doing so.*

*In summary, Artiola has been an outstanding carer who has made a significant positive impact on my mother's wellbeing and daily life. My parents and I are extremely grateful for her support and would have no hesitation in strongly recommending and supporting her.'*

*Testimonial 2:*

*'I am writing this reference in support of Artiola in relation to the upcoming Nursing and Midwifery Council Fitness to Practise Committee substantive order review hearing.*

*Artiola has been providing care and support for me since September 2025 and throughout this time I have found her to be caring respectful reliable and committed in the support she provides. She consistently treats me with dignity patience and kindness and maintains a professional and respectful manner in our interactions.*

*In my experience Artiola has been dependable punctual and responsive to my needs. She communicates appropriately and professionally and has shown a willingness to listen and adapt where needed to ensure my comfort and wellbeing.*

*I was aware from the beginning that Artiola had ongoing Nursing and Midwifery Council proceedings and I appreciated that she was open and honest about this despite the caring role not being connected to her nursing PIN. I considered this to demonstrate honesty and transparency.*

*This reference is based solely on my own personal experience of Artiola in her caring role and the conduct I have directly observed during that time.'*

However, the panel considered that despite these positive factors, there remained concerns. The panel noted that there was limited evidence of continued professional development in relation to the matters found proved. Whilst the panel accepted and took into account your explanation for not undertaking further training due to your personal circumstances, the panel considered that there remained insufficient objective evidence of strengthened practice in the specific areas of the concern. The panel also noted that the original concerns were serious and related to fundamental aspects of professional practice, including honesty and professional conduct.

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

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

### **Decision and reasons on sanction**

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

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the misconduct, and the public interest issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'* The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel considered substituting the current suspension order with a conditions of practice order. Despite the seriousness of your misconduct, there has been evidence produced to show that you have developed further insight, demonstrated remorse and that there is no evidence of any deep-seated attitudinal problems. However, there is insufficient evidence of the steps and further training taken to strengthen your practice.

The panel was satisfied that it would be possible to formulate practicable and workable conditions that, if complied with, may lead to your unrestricted return to practice and would serve to protect the public and the reputation of the profession in the meantime, and are satisfied that there is no evidence to suggest you would not respond positively to retraining.

The panel decided that the public would be suitably protected as would the reputation of the profession by the implementation of the following conditions of practice:

'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.

1. You must work with a mentor or your line manager to create a personal development plan (PDP). Your PDP must address the concerns about areas of professional ethics, honesty and integrity. You must:
  - Send your case officer a copy of your PDP within 3 months of commencing employment as a nurse;
  - Send your case officer a report from your mentor or line manager every 3 months thereafter.This report must show your progress towards achieving the aims set out in your PDP.
  
2. You must engage with your mentor/line manager on a frequent basis to ensure that you are making progress towards aims set in your personal development plan (PDP), which include:
  - Meeting with your mentor/line manager at least once a month to discuss your progress towards achieving the aims set out in your PDP.
  
3. You will send your case officer evidence a final report from your mentor/line manager confirming what progress you have made under your PDP by your next review.
  
4. You must keep the NMC informed about anywhere you are working by:
  - (a) Telling your case officer within seven days of accepting or leaving any employment.
  - (b) Giving your case officer your employer's contact details.
  
5. You must keep the NMC informed about anywhere you are studying by:
  - (a) Telling your case officer within seven days of accepting any course of study.
  - (b) Giving your case officer the name and contact details of the organisation offering that course of study.

6. You must immediately give a copy of these conditions to:

- (a) Any organisation or person you work for.
- (b) Any agency you apply to or are registered with for work.
- (c) Any employers you apply to for work (at the time of application).
- (d) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.
- (e) Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity

7. You must tell your NMC case officer, within seven days of your becoming aware of:

- (a) Any clinical incident you are involved in.
- (b) Any investigation started against you.
- (c) Any disciplinary proceedings taken against you.

8. You must allow your NMC case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:

- (a) Any current or future employer.
- (b) Any educational establishment.
- (c) Any other person(s) involved in your retraining and/or supervision required by these conditions.

The period of this order is for 12 months.

The panel reminds you that, if your line manager were to be satisfied that you have attained the goals set out in your PDP and have otherwise fully complied with and met the conditions of practice imposed upon you before the order expires, you would be entitled to consider applying to have an early review of the order.

This conditions of practice order will take effect upon the expiry of the current suspension order, namely the end of 28 July 2026 in accordance with Article 30(1).

Before the end of the period of the order, a panel will hold a review hearing to see how well you have complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- Evidence of compliance with the conditions of practice
- References and testimonials from employers
- Evidence of continued attendance and engagement with the NMC
- Evidence of further training and strengthened practice
- Reflective piece on additional training received in areas of professional ethics, honesty, and integrity

This will be confirmed to you in writing.

That concludes this determination.