Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Monday, 22 June 2026

Virtual Hearing

Name of Registrant:	Jennifer Jane Shaw
NMC PIN:	19H0714E
Part(s) of the register:	Registered Midwife - 7 October 2019
Relevant Location:	Sheffield
Type of case:	Misconduct
Panel members:	Mandy Elizabeth Rayani (Chair, registrant member) Jayne Walker (Registrant member) Helen Kitchen (Lay member)
Legal Assessor:	Melissa Harrison
Hearings Coordinator:	Mahee Vohra
Nursing and Midwifery Council:	Represented by Soapna Roy, Case Presenter
Ms Shaw:	Present and represented by Teri Howell (33 Bedford Row)
Order being reviewed:	Suspension order (6 months)
Fitness to practise:	Impaired
Outcome:	**Suspension order (4 months) to come into effect on 2 August 2026 in accordance with Article 30 (1)**

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

During the hearing, Ms Howell, on your behalf, made a request that this case be held partially in private on the basis that proper exploration of your case [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Roy, on behalf of the Nursing and Midwifery Council (NMC), submitted that it is a matter for the panel to decide whether the hearing should be in private. Ms Roy indicated that she will not be making any detailed references to [PRIVATE] within her submissions.

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

The panel determined to go into private session in connection with [PRIVATE] as and when such issues are raised.

Decision and reasons on review of the substantive order

The panel decided to extend the current suspension order for a period of 4 months.

This order will come into effect at the end of 2 August 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a suspension order originally imposed for a period of 6 months by a Fitness to Practise Committee panel on 5 January 2026.

The current order is due to expire at the end of 2 August 2026.

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

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

'That you a registered midwife

1) *On 27 December 2023 received a conditional caution for the offence of obtaining/disclosing personal data without the consent of the controller, contrary to section 170 (1)(a) of the Data Protection Act 2018.*

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

The original panel determined the following with regard to impairment:

'24. The parties agree that Ms Shaw's fitness to practise is currently impaired by reason of her misconduct.

…

29.In regard to limb a) Ms Shaw's conduct placed Person A at unwarranted risk of harm. Person A's medical records indicated that Person B was not to be made aware of her health condition. Ms Shaw was aware of this as she confirmed this to be the case. Ms Shaw also confirmed during her police interview that she was aware that Person A had accused Person B of [PRIVATE] and she was aware that there was an investigation and a court case. It therefore follows that disclosure of Person A's medical records to Person B risked placing Person A at risk of harm from Person B. There had been no reason or justification to access Person A's medical records. Person A explains that the disclosure of her confidential information had a significant detrimental impact on her life and mental health. Person A was off work as consequence for 12 weeks. On one occasion, she was at the swimming baths with her children. Person B turned up drunk and shouted in front of other parents "you've got herpes, haven't you!" She further recounts that she was approached by someone whilst in the car park at a supermarket and they told her they heard someone had gone through her medical records and heard that she had herpes. The disclosure of

Person A's records has had a detrimental impact on her and resulted in Person A feeling both shame and embarrassment. Person A is reluctant to interact with friends and to have any form of social life.

30. In regard to limb b)

31.Ms Shaw has brought the profession into disrepute. Members of the public and patients should trust that their personal information and medical information will be used only for the purpose of providing them with clinical care and that such information would remain confidential. Ms Shaw's conduct directly breached the confidentiality of Person A and undermined the confidence which patients have in members of the profession to keep their personal data and medical information confidential.

32.In regard to limb c) Ms Shaw has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the profession. The NMC's Guidance on, Impairment (DMA-1) sets out that the fundamental tenets of the nursing, midwife and nursing associate professions are standards which are outlined in the Code. The Fitness to Practise Committee will need to consider whether any part of the Code has been breached or is liable to be breached in the future.

33.Registered nurses are expected to uphold the standards set out in the Code. Ms Shaw has breached fundamental tenets of the profession by failing to prioritise people and to promote professionalism and trust.

...

37.Ms Shaw received a Conditional Caution for accessing the records of Person A and disclosing it to Person B. Ms Shaw was required to attend and engage in an online Crime and Consequences Session on 11 January 2024, which Ms Shaw completed

38.NMC Guidance, Can the concern be addressed (FTP-15a) states that decision makers should assess the conduct that led to the outcome, and consider whether the

conduct itself, and the risks it could pose, can be addressed by taking steps, such as completing training courses or supervised practice.

39.the conduct of Ms Shaw was linked to her practice as a midwife. Ms Shaw's conduct is remediable as the failing was in a discrete and identifiable area of her practice and an isolated incident. Ms Shaw's conduct was nonetheless significantly serious and had a detrimental impact on Person A, who experienced harassment from Person B as a result of the disclosure.

40.Ms Shaw made full admissions at the local level, when interviewed by police, accepted a Conditional Caution and made full admissions to the NMC. She has expressed remorse for her conduct.

41.However, there has not been sufficient steps taken to remedy her conduct. There has been no training undertaken by Ms Shaw to address the concerns surrounding data protection and confidentiality. There is a need to undertake training and courses on data protection and confidentiality in order to strengthen her understanding of the importance of confidentiality and adhering to the law on data protection.

42.She also has limited insight into her conduct. It is agreed by the parties that contextually [PRIVATE]. However, she seeks to blame Person B for forcing her to disclose Person A's information without recognition that had she not accessed the records and informed Person B that she had accessed the records, there would not have been an opportunity for Person B to persuade her to disclose the information. Further, Ms Shaw is yet to sufficiently acknowledge that accessing a patient's medical for personal reasons, i.e. to find out details about your current partner's ex-partner, was conduct which could gravely damage the public confidence in the profession.

43.In light of the lack of training and courses undertaken by Ms Shaw and her limited insight into her conduct, the parties cannot be confident that the concerns will not be repeated in future. Given the seriousness of the conduct and risk of repetition, the parties agree that a finding of impairment is necessary on public protection grounds.
Public Interest

44.It is agreed that a finding of impairment is necessary on public interest grounds.

…

46.Consideration of the public interest therefore requires the Fitness to Practise Committee to decide whether a finding of impairment is needed to uphold the proper professional standards and conduct and to maintain public confidence in the profession.

…

The conduct of Ms Shaw is significantly serious and there has not been sufficient steps taken to put right these concerns. Ms Shaw's conduct has fallen short of the standards the public would expect of professionals caring for them and public confidence in the profession has been seriously undermined. Should a finding of impairment not be made, this would be tantamount to an indication that Ms Shaw's conduct need not have regulatory consequences. This would be an unacceptable conclusion having regard to the detrimental impact on Person A, Ms Shaw's conduct being an abuse of trust in her profession as a midwife and the lack of sufficient steps taken to remediate the concern. Thus, a finding of impairment on public interest grounds is required to maintain public confidence in the profession and to uphold professional standards to mark Ms Shaw's conduct as wholly unacceptable for a registered midwife.

48.Ms Shaw's fitness to practice is impaired on both public protection and public interest grounds.'

The original panel determined the following with regard to sanction:

'49.Ms Shaw accepts that the appropriate sanction in this case is a 6 month Suspension Order with review.

50.The parties have considered the NMC's sanction guidance SAN-1, SAN-2 and SAN-3d in reaching this agreement.

51.NMC Guidance, Sanctions for particularly serious case (SAN-2) sets out in respect of cases involving criminal convictions and cautions that:

"In the criminal courts, one of the purposes of sentencing is to punish people for offending. When passing sentence, the criminal court will look carefully at the personal circumstances of the offender. In contrast, the purpose of the Fitness to Practise Committee when deciding on a sanction in a case about criminal offences is to achieve our overarching objective of public protection. When doing so, the Committee will think about promoting and maintaining the health, safety and wellbeing of the public, public confidence in nurses, midwives and nursing associates, and professional standards."

52.The aggravating factors in this case include:

- *Limited insight into conduct*
- *Serious misconduct involving the commission of a criminal offence*
- *Abuse of position and trust*
- *Emotional harm caused to Person A*

53.The mitigating factors in this case include:

- *Admissions made at local level and during police interview*
- *Remorse expressed by registrant*
- *Fully engaged with the NMC process*
- *No previous fitness to practice concerns*
- *[PRIVATE].*

54.Taking no further action or imposing a caution order would not be appropriate in the circumstances of this case due to the seriousness of the concern.

55.Imposing a Conditions of Practice Order is neither appropriate nor proportionate in this case. As the conduct does not relate to clinical failings by Ms Shaw, there are no workable, measurable or proportionate conditions that could be formulated to address the concerns. As such, a Conditions of Practice Order would not be sufficient

to protect patients. The conduct alleged is serious and resulted in Ms Shaw accepting a Conditional Caution from the police as well as emotional harm being caused to Person A. Thus, a Conditions of Practice Order would not be sufficient to address the public interest considerations in this case.

56.The NMC guidance on suspension orders, SAN-3d provides that the factors that indicate a Suspension Order may be appropriate include:

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

57.Ms Shaw accessed Person A's medical records on a single occasion without clinical justification. There is no evidence which indicates that the access of Person A's medical records was on more than one occasion. She then disclosed this information to AT, who had coerced Ms Shaw to disclose the information to him. There is no evidence of harmful deep-seated personality or attitudinal problems.

58.There is also no evidence of repetition of the behaviour since the incident.

59.Ms Shaw has not worked in a clinical setting since leaving her role. She has demonstrated insight into her conduct, albeit on a limited basis. There is no evidence to suggest that Ms Shaw poses a significant risk of repeating the behaviour having regard to the limited insight shown and the absence of repeated conduct since the incident occurred.

60.For the reasons set out above, a 6-month Suspension Order with review is both appropriate and proportionate in this case.'

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, your witness statement, character reference, Continuing Professional Development (CPD) certificates and reflective statement. It has taken account of the submissions made by Ms Roy. She took the panel through the background of the case and submitted that your practice still remains impaired.

Ms Roy referred to the recommendation by the original panel whereby the panel had noted your insight was developing. She stated that you have now submitted a reflective statement that addresses your impact on Person A and on the midwifery profession and it is the NMC's view that you have fulfilled this recommendation.

Ms Roy submitted that you have submitted a character reference by your previous manager and not the manager/supervisor in your current employment. She stated that the original panel in their decision had noted that you were not employed at that time, however, your situation has changed now, and you ought to have provided a reference from your manager in your present employment.

With regard to strengthening of practice, Ms Roy submitted that you have provided evidence of training in safeguarding and [PRIVATE]. However, your practice is currently impaired as you have not provided evidence that you have addressed these concerns in your current role. That your current role involves data handling, and evidence in terms of your current employment, a reference from your employer would have assisted the panel in determining whether your practice remains impaired.

Ms Roy submitted that although you have provided evidence of training in safeguarding and [PRIVATE], the absence of evidence from your current employer does not alleviate the concerns. Hence, the aspect of public protection is engaged.

With regard to sanction, Ms Roy submitted that a caution order would be inappropriate given the seriousness of the charge. The panel would not be able to formulate appropriate conditions of practice order that would appropriately address the concern. Ms Roy submitted that a suspension order of three months would allow you to obtain a character reference/testimonial from your current employer and would be the appropriate sanction. Lastly, she submitted that a striking off order would be unduly punitive.

Ms Howell submitted that you have undertaken training as recommended by the original panel. Further, you have also undertaken extensive CPD training to strengthen practice.

You gave evidence on oath.

In answer to the questions put before you, you submitted that your current role is that of a pension administrator which requires you to directly deal with members of the public and discuss their case work. You have access to identifiable and personal data. You have been in this role for a year, and you have just completed a full year review with your line manager. In your full year review, you have received excellent feedback and no issues have been flagged. You have had no complaints or disciplinaries.

[PRIVATE]

In your current role where you have access to personal data, you submitted that you adopt a self-auditing approach in that you only access the records that you strictly need. This approach is what is generally followed in midwifery practice as well. Previously, you have had yearly training in the relevant data protection laws but after the decision of the original panel, you have undertaken further training, and now you are aware of the different kinds of data, how it needs to be processed and the repercussions of breach. The training undertaken by you has made you more self-aware.

Referring to your reflective statement the panel asked you to clarify your understanding of 'potential risk' and the impact that your actions had on Person A. You submitted that you had no control over a third person and how they would use the information you shared with them. However, you stated that you understand that your actions have caused actual harm and distress to Person A. Further, you clarified the statement in your reflective piece where you mentioned that you committed an error and submitted that the 'error' referred to when you accessed records of Person A.

In answer to the panel's question about not being able to obtain a reference from your manager at your current employment, you submitted that you no longer have access to the feedback you were given during your review because it was held electronically. Additionally, because your current employment is not in the healthcare sector, you did not believe that your present manager's feedback would be helpful to the panel. You further submitted that your current employer is not aware of the present proceedings against you. [PRIVATE].

Lastly, you submitted that you have worked on yourself and were satisfied that you would be able to establish clear boundaries with regard to disclosure of information and data protection.

The panel also had regard to your witness statement, character reference, CPD certificates and reflective statement, your evidence on oath and the submissions made by Ms Howell on your behalf.

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 believes that your insight has progressed since the substantive order

hearing, however there remain significant gaps in your insight and strengthening of practice that still need to be addressed.

The panel noted that you have undertaken considerable reflection and have addressed most of the issues identified by the original panel and complied with the majority of the recommendations. Although you have provided a character reference from your previous line manager, you have not been able to furnish an up to date reference and/or feedback from the manager in your current employment. Whilst the panel recognised that it is not compulsory that you provided this information in readiness for today's hearing, given that your current role involves handling personal data, it considered that an up to date reference from your current employer was a significant piece of evidence it would have wanted to consider at today's hearing. Whilst the panel was pleased to note from your oral evidence and the submissions made on your behalf that you are performing well in your current role, it would have been greatly assisted by an independent written reference from your current line manager. In the circumstances, the panel could not be satisfied that you are able to access data and maintain confidentiality in a safe and appropriate way.

You have acknowledged your actions and accepted responsibility for your conduct. However, the panel determined that your reflective statement would benefit from further development in several key areas. In particular, the panel considered that there is a need for you to demonstrate deeper insight into your behaviour and decision-making at the time of the incident, including a more comprehensive understanding of the professional standards and boundaries expected of a registered midwife. The panel found that although you have reflected on the circumstances that led to the misconduct, you have not yet sufficiently demonstrated a clear understanding of how professional boundaries should be maintained in clinical practice, [PRIVATE].

The panel further considered that it would have been assisted by your reflection containing a more detailed exploration of your responsibilities for and the risks arising from your actions. Additionally, this could address the possible consequences for service users, colleagues, public confidence in the profession, and compliance with information governance and confidentiality requirements.

In relation to accountability, while the panel acknowledged your admission of the concerns and acceptance of some responsibility, it considered that further reflection would be helpful in relation to your understanding of appropriately accessing and handling of confidential clinical information for all patients in your care.

The panel noted that you have undertaken training and learning whilst not practising as a midwife. However, the panel considered that the accompanying reflections on this learning were generally limited in depth and did not sufficiently demonstrate how the learning has enhanced your understanding of professional responsibilities and how it will inform your practice in the future. In particular, the panel considered that there remains a need to demonstrate a stronger working knowledge of information management, confidentiality, data protection, safeguarding responsibilities, and the professional standards expected of a registered midwife.

The panel identified areas within your reflective statement where your understanding of professional obligations appeared incomplete. For example, further reflection is required regarding the circumstances in which confidential information may be appropriately disclosed, including situations involving safeguarding concerns, where there may be a professional and/or legal obligation to share information for the protection of vulnerable individuals. The panel noted that you appeared to lack an understanding of the distinction between legitimate information sharing and inappropriate disclosure.

The panel considered that, although you have completed training courses relevant to the concerns raised and undertaken additional learning to further develop your practice, your reflective statement did not sufficiently demonstrate how you would apply the knowledge and skills gained from this training in your day-to-day professional practice.

Whilst the panel noted that your insight has improved since the last hearing, it considered that it has not improved sufficiently for it to be satisfied that you do not remain currently impaired. Turning to the test of *Cohen v GMC*, the panel was satisfied that the concerns in your case are capable of being addressed by taking steps to strengthen your practice. However, at this stage, the panel was not satisfied that the concerns had been addressed and that you had discharged the persuasive burden upon you to the required standard. The panel considered that a risk of repetition remains, and it could not determine at this

stage that it is highly unlikely that the conduct would be repeated. In the circumstances, the panel considered that you remain currently impaired.

The panel was of the view that if you were allowed to practice unrestricted at this time, there would continue to be a risk to the public. Therefore, the panel determined that you remained currently impaired on the grounds of public protection. In addition, public confidence would be adversely impacted, and you would bring the midwifery profession into disrepute.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the midwifery 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 also 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.

The panel then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection 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 next considered whether imposing a conditions of practice order on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel believed that while you would benefit from supervision, as the concerns centre around accessing information, and the midwifery profession is such that it would not be possible to limit the supervision to accessing data, any condition of practice imposed would be impracticable as regular and ongoing access to records is required throughout the working shift. In the circumstances the panel did not consider that there are conditions which could be imposed that would sufficiently address the concerns, protect the public, and also address public confidence and proper professional standards.

The panel determined therefore that a suspension order is the appropriate sanction which would both protect the public and satisfy the wider public interest. The panel was of the view that your conduct was not fundamentally incompatible of remaining on the register. Accordingly, the panel determined to impose a suspension order for the period of 4 months. This would provide you with an opportunity to inform your current employer of the present proceedings and secure a reference from your current line manager. Additionally, this suspension period would give you time for further reflection of your insight and application of your learning into the aspects of professional boundaries, accountability and responsibility in a professional setting going forward.

The panel considers that a suspension order is proportionate to the seriousness of the charge. The panel acknowledges that you have continued to engage with the NMC, however, you have not yet provided a character reference from your current employer. It is considered that this suspension period will allow you time to provide further reflections and an up to date character reference, thereby demonstrating your fitness to practice. The panel therefore noted that a suspension order will serve a meaningful purpose.

As required by the guidance, the panel went on to consider imposing a striking off order and considered this to be disproportionate in the circumstances of your case. The panel

did not consider that there are now fundamental questions about your professionalism. It was satisfied that public confidence in the profession could be maintained without you being struck off from the register. It bore in mind your significant engagement in these proceedings and that you have made considerable progress towards addressing the issues with your fitness to practice. It was therefore satisfied that a striking off order would be disproportionate in the circumstances of your case.

Having considered that a suspension order was the appropriate sanction to impose, it went on to consider the guidance around removal from the register when there is a substantive order in place. In particular, the panel had regard to the fact that this is the first review of a 6 month suspension order imposed in January 2026. It carefully reviewed your level of engagement with these proceedings, your improved level of insight and understanding regarding the concerns that gave rise to these proceedings. The panel was satisfied that the steps needed to be taken for you to become fit to practice without restriction can be achieved within a reasonable period of time. The panel further noted that you seek to return to practising as a midwife. In all the circumstances of the case, having applied the guidance, the panel was therefore satisfied that it was not appropriate to consider removing you from the register at this time.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 2 August 2026 in accordance with Article 30(1).

Before 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:

- Evidence of strengthened reflection demonstrating insight into how you will maintain professional boundaries and professional accountability in clinical practice, [PRIVATE].
- Evidence of how you will apply your learning and development in practice going forward.

- Character reference or testimonial from a line manager or supervisor that details your current work practices, with particular reference to data protection and management of confidential records and information.

This will be confirmed to you in writing.

That concludes this determination.