

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

Substantive Order Review Hearing

Tuesday, 24 February 2026

Resuming: Friday, 13 March 2026

Virtual Hearing

Name of Registrant: John Joseph Brennan

NMC PIN: 06H1466E

Part(s) of the register: Registered Nurse - Sub part 1
Mental Health 21 September 2006

Relevant Location: West Northamptonshire

Type of case: Misconduct

Panel members: Bryan McFarland (Chair, Lay member)
Vickie Glass (Registrant member)
Callum Lamont (Lay member)

Legal Assessor: Melissa Harrison (Tuesday, 24 February 2026)
Nigel Pascoe KC (Friday, 13 March 2026)

Hearings Coordinator: Monowara Begum (Tuesday, 24 February 2026)
Yousra, Hassan (Friday, 13 March 2026)

Nursing and Midwifery Council: Represented by Nawazish Choudhury, Tuesday, 24 February 2026)
Represented by Megan Verity (Friday, 13 March 2026)

Mr Brennan: Present and represented by Aidan Carr, Counsel

Order being reviewed: Suspension order (6 months)

Fitness to practise: Impaired

Outcome: **Suspension order (6 months) to come into effect on 5 April 2026 in accordance with Article 30 (1)**

Decision and reasons on review of the substantive order

The panel decided to confirm the current suspension order.

This order will come into effect at the end of 4 April 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the third review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 6 September 2023. This was reviewed on 23 August 2024 where the panel imposed a further 12-month suspension order. This was reviewed again on 17 September 2025 where the panel imposed a further six months suspension order.

The current order is due to expire at the end of 4 April 2026.

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

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

'That you, a registered nurse, whilst employed at St Andrew's Healthcare on Pritchard Ward around 10 October 2017;

- 1) Retrospectively completed a seclusion pack for a seclusion that commenced on 18 September 2017.*
- 2) Did not document that the seclusion pack had been recorded retrospectively.*
- 3) Recorded an incorrect Datix number in the seclusion pack.*
- 4) Recorded an incorrect date for the seclusion.*

On or around 18 August 2018:

5) ...

6) ...

7) ...

8) *On one or more occasion entered the seclusion area;*

a) Whilst being designated on a non-management and prevention of aggression period.

b) Alone/without another member of staff.

9) *Did not record the administration of Co-Codamol to Patient A on the EMAS system, in that you did not record;*

a) The timing of administration.

b) The dosage of the medication.

c) The route of administration.

10) *Did not record the administration of Olanzipine to Patient A on the EMAS system, in that you did not record;*

a) The timing of administration.

b) The dosage of the medication .

c) The route of administration.

11) *Did not secure the clinic/medication keys, in that you;*

a) Walked around with the keys in your hand.

b) Did not attach the keys to a designated belt/key ring.

c) Did not keep the keys in a designated pocket.

12) *After dispensing medication to Patient A, left Patient A alone with the medication/in possession of the medication.*

13) *On one or more occasion left Patient A alone/unattended/unobserved, during Patient A's seclusion period.*

14) *At around 10:01 a.m. did not secure the clinic door.*

15) *Inaccurately recorded in Patient A's Rio notes that;*

- a) ...
- b) ...
- c) ...
- d) ...
- e) ...
- f) ...
- g) *That Patient A's seclusion ended at 12.45p.m.*

16) ...

17) ...

18) *After calling Colleague Z into the office;*

- a) *Raised your voice/shouted at Colleague Z.*
- b) *Pointed your finger in Colleague Z's face.*
- c) *Sat/stood in front of Colleague Z in an Intimidating manner.*
- d) *Used words to the effect;*
 - (i) *'Don't you ever question my word again.'*
 - (ii) *'We sort this out now.'*
 - (iii) *'Don't roll your eyes at me.'*
 - (iv) *'I will have you punished.'*

19) *Between June 2018 and September 2018 on an unknown date, decided that Patient A would utilise his period of leave;*

- a) *After agreeing with other staff members that Patient A would not be granted leave.*
- b) ...
- c) ...

20) *Between June 2018 and September 2018 on an unknown date;*

a) ...

b) ...

c) ...

21) *On or around 04 August 2018;*

a) *Raised your voice/shouted at Colleague Y.*

b) *Inappropriately challenged Colleague Y's decision to restrict Patient B from utilising his period of leave on 31 July 2018.*

c) *Used word to the effect;*

(i) *'OTs should not be involved in clinical decisions.'*

(ii) *'You should not go over my head and change my decisions.'*

d) *Behaved in an intimidating/threatening manner towards Colleague*

Y.

That you, a registered nurse, whilst working at Mill Lodge, between 18 September 2019 and 11 November 2019 on Amrik Ward ('the Ward');

22) *On or around 2 October 2019 used an inappropriate restraint technique on Patient C, in that you;*

a) ...

b) *Pushed Patient C's feet/ankles to the ground.*

c) *Continued to grab/push Patient C ankles/feet to the grounds, despite being told by Colleague X that the restraint was incorrect.*

23) *On or around 3rd October 2019 during an incident where Patient C wielded a metal urn;*

a) *Instructed one or more colleagues to lock doors to the lounge/kitchen in an attempt to seclude Patient C.*

b) *When questioned by Colleague W about locking the doors, used words to the effect 'don't question me in the middle of an incident, yeah'*

- c) *Instructed one or more colleagues to evacuate the Ward.*
 - d) *Left one or more patients in the Ward/lounge locked in with Patient C.*
- 24) *Whilst speaking to Colleague W, used words to the effect; 'Patients don't decide when they go for a cigarette break, they can fit around our day'*
- 25) *Whilst speaking to Colleague V, used words to the effect that;*
- a) *'Colleague V wasn't good enough to be a nurse'*
 - b) *'Colleague V wasn't strong enough to be a nurse'*
- 26) *Whilst speaking to Colleague U, on one or more occasion used words to the effect that;*
- a) *'You are only/just a support worker'*
 - b) *'You should only listen to me'*
 - c) *'You are not important'*
 - d) *'Why didn't you achieve anything in life'*
 - e) *'Why are you a support worker'*
 - f) *'You will only ever be a support worker because you don't have any potential'*
- 27) *On one or more occasion;*
- a) *Unfairly dismissed the needs of other patients to spend time with Patient E*
 - b) *Disclosed information about your personal life to Patient E.*
 - c) *When describing Patient E to colleagues used words to the effect;*
 - i) *'Patient E was typical PD [personality disorder]'*
 - ii) *'Patient E was clingy'*
 - iii) *'Patient E was attention seeking'*
- 28) ...

- 29) *On one or more occasion, when referring to patients who self-harmed, used words to the effect;*
a) *'they are a not doing it right'*
b) *That you would have to tell them to 'do it properly'*
- 30) *On or around 10 November 2019, in relation to an incident where Patient D had ligatured;*
a) ...
b) ...
c) ...
d) ...
e) ...
f) ...
g) ...
h) ...
i) ...
j) ...
k) ...
l) ...
- 31) ...
- 32) ...'

The second reviewing panel determined the following with regard to impairment:

'The panel bore in mind that the persuasive burden is on you to reflect on past incidents and behaviours, as well as to demonstrate your awareness of what you did wrong and to assure the panel that you are taking necessary steps to ensure that matters of the kind found proved are not repeated. The panel determined that you have not been able to evidence either of these things.

The panel took the view that your reflective practice lacked accountability, given the severity of the charges and your role as registered nurse on an acute psychiatric ward. The panel determined that you have not demonstrated an understanding of why what you did was wrong and how this impacted negatively on patients, colleagues and the reputation of the nursing profession. When questioned about how you would handle the situation differently in the future, you were unable to provide sufficiently detailed answers.

In its consideration of whether you have taken steps to strengthen your practice, the panel carefully reviewed your reflective statements. The panel determined that your reflections demonstrate very limited insight and no remorse. Your reflective statements places responsibility on others and attempts to revisit or challenge the charges that have already been found proved rather than focusing on what you could have done differently. The panel noted that you have had a period of two years since the substantive hearing to meaningfully reflect on the issues identified. The panel is not satisfied that you have done this. The absence of clear acceptance and accountability led the panel to conclude that your insight into the seriousness of the matters found proved remains limited.

The panel was concerned that deep-rooted and enduring attitudinal issue remains present, both in your reflective practice and in the oral evidence provided in the hearing.

In considering evidence of your remediation, the panel also took into account the CPD courses you completed and the positive references you provided from families of clients that you have cared for. The panel noted that it appears that you are performing well in your current role as a live-in carer. The panel further noted that you have engaged with this process by attending this hearing and giving evidence under affirmation. However, the panel concluded that your current role is substantially different to that of a registered mental health nurse and was not

persuaded that the CPD completed and references provided were sufficient to alleviate our concerns about your fitness to practise.

Having regard to your very limited insight and reflection, the panel therefore determined that you are liable to repeat matters of the kind found proved. Accordingly, the panel decided that a finding of continuing impairment is necessary on the ground of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in 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.'

The second reviewing panel determined the following with regard to sanction:

'The panel next considered whether a conditions of practice 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 bore in mind the seriousness of the facts found proved at the original hearing and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel was not able to formulate conditions of practice that would adequately address the concerns relating to your misconduct and ongoing attitudinal issues.

The panel considered the imposition of a further period of suspension. The panel determined that you demonstrated very limited insight, no remorse and have not fully accepted your misconduct. In the panel's view, you have not taken sufficient steps to remediate the concerns

previously identified, nor have you engaged in meaningful reflection on the issues arising from the charges that were found proved. Despite having the opportunity to consider the severity of the matters found proved, your reflective statements and your oral evidence did not demonstrate an adequate understanding of the impact your actions had on patients, colleagues and the nursing profession. As such, the panel was not persuaded that the necessary improvements in your practice have been achieved.

The panel therefore concluded that a further 6 months suspension order would be the appropriate and proportionate response and would afford you adequate time to further develop your insight and take steps to strengthen your practice.

The panel considered the decision on sanction to be finely balanced and found compelling grounds to consider a strike off in the circumstances. However, having noted your recent engagement with the NMC and attendance at the hearing, it was persuaded on this occasion that a further suspension order was sufficient to protect the public and give you adequate time to continue to work on strengthening your practice and working on insight.

The panel determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. Accordingly, the panel determined to impose a suspension order for the period of 6 months would provide you with an opportunity to meaningfully reflect and remediate the concerns. It considered this to be the most appropriate and proportionate sanction available.'

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 submissions made by Mr Choudhury on behalf of the NMC and Mr Carr, on your behalf.

Mr Choudhury submitted that the NMC does not take a neutral position on this case. He submitted that it is in the panel's discretion to decide if you have discharged the persuasive burden of this case, and if it finds that you have not but have made some improvements then in terms of sanction, the panel may deem it appropriate to impose a conditions of practice order.

Mr Choudhury gave a background to the case and submitted that you have complied with the three bullet points recommendations made by the last reviewing panel.

Mr Choudhury referred the panel to your documents you sent through to the panel this morning. He referred the panel to the document titled '*Reflective Practice Document In accordance with the NMC Code (2018)*' in which you have provided responses to each of the individual charges found proved. He submitted that it appears that you have given some reflection and insight into each of those charges.

You gave evidence under affirmation.

You told the panel that your fitness to practise is no longer impaired because of the remediation and the CPD you have undertaken. However, if the panel finds you are still currently impaired then to impose a conditions of practice order.

In response to questions from Mr Choudhury, you told the panel that you apologise for the harm and the impact that you have caused to your colleagues, your employers, your practice and the governing bodies.

You told the panel that you commenced work in December 2022 as a live-in carer and since then there has been no issues or concerns that you have been made aware of. You told the panel that for the majority of the time you worked in isolation whereby you were the only carer with the patient and on some occasions the patients did not have any support or family members.

You told the panel that you enjoyed your role. There were challenges that you had to care for the patients on your own and on very rare occasions there were two carers required for a particular individual.

You told the panel that you looked at all the allegations against you and the impact it had on employers, colleagues, the regulatory body, and patients. You told the panel you undertook specific relevant training such as Safeguarding and Duty of Candour.

You told the panel that you wholeheartedly accept your misconduct and take responsibility for your misconduct.

You told the panel that in your role as a live-in carer you would be responsible on a normal day to complete six documents that would pertain to activities of daily living, and you would complete medication charts. You told the panel that you understand the seriousness of the allegations and would not want to find yourself in that position again.

You told the panel that with regard to communication, you discovered during this review period the need to be open, honest and transparent, and for a significant amount of your career you have been so.

You told the panel that if it found you were not currently impaired, you would still continue in your current role as you think there are still some improvements to be made, and you would like to attend a course in assertiveness before returning to practice. You told the panel that you have considered community nursing as an option as you did a placement

on community nursing and it is a lot more low key in the sense that you work within a small team.

You told the panel that you have kept up to date with your clinical education by undertaking relevant courses. You told the panel that before you go back to being a qualified nurse you need more time to continue reflecting, undertaking CPD and continue to learn more.

You told the panel that you were really disappointed with yourself for the last two years and you never want to go back there again. You told the panel that you will be more careful moving forward and paying attention to how you carry yourself personally and professionally. You told the panel that if you were put on a ward today you would certainly perform.

Upon panel questions, you told the panel that the reference provided by Ms 1 is your current manager and employer and you have known her since December 2022. You told the panel that the reference provided by Mr 1 is the son of one of your patients and who you cared for in 2023 and 2024 for a period of six-seven weeks at a time.

You told the panel that the Team Leadership in Health and Social Care training was a standalone course. You told the panel that the Duty of Candour and Safeguarding courses were mandatory. You told the panel you cannot remember if the Trauma Informed Care training was a standalone course or part of another course. You told the panel that Inclusive of Team Management in Health and Social Care training was a standalone course.

When asked how long you spent undertaking each course, you told the panel that the courses can be stopped at any time and the information will be saved. You said that the course that took you the longest time to complete was the Team Management in Health and Social Care as you spent a couple of days completing it. You said that you deliberately did not finish this course as you wanted to revisit the Duty of Candour and Safeguarding sections and were making notes as you were doing it. You said that you spent two days on the Communication course.

When asked about how you have developed your emotional regulation skills which you referred to in your reflective account, you told the panel that during this period of reflection and training you have understood how your colleague may have felt after you had spoken to her like that. You chose to do a Communication course as it is something you feel you need to work on and have realised the implications of your conduct and how you have communicated. You told the panel that when dealing with patients, you have to be aware of not just your interactions and how you communicate with them, but also the environment, other patients and other staff.

When asked about the challenges that you may face when returning to nursing practice that you don't currently have in your current role as a live-in carer, you told the panel that you would be returning to a new place, with new patients, new colleagues and you would be new to the organisation. You would want to present as confident, friendly, open, honest and transparent.

You told the panel that you have been working in care since 1994 and have gained a lot of experience. You learnt a lot more in the last two years, not only about your profession, but your colleagues, the organisation and the patients you worked with. You have learnt a lot about yourself in the last two years, and this has prepared you to move forward.

You told the panel that two of the documents you provided today, namely, Reflective Practice Document In accordance with the NMC Code (2018) and the Current Employment Strengthened Insight and Competence to Practise were created around the period of your last review in September 2025. After the review hearing you re-examined the reasons that led to the outcome, and you took one or two months to think about it and embrace the allegations.

You told the panel that you have had six years to think about what went wrong. When you started your new role as a live-in carer you carried the allegations with you and when you found yourself in similar situations in your new role you made sure that you weren't going to make the same mistakes again. You told the panel that since the last review hearing you have heightened awareness now of your conduct and you regularly monitor your interactions with patients, colleagues and the organisation that you work for.

You told the panel that you are not in a hurry to return to nursing practice as you want to complete an Assertiveness course. This would be in a classroom-based course. You told the panel that you struggle to practise self-care and you think that the Assertiveness course would help change that.

You told the panel that between 2019 and 2023 you were not working in a registered nursing capacity. You told the panel after being dismissed in 2023 you were not working in a registered nursing capacity.

Mr Choudhury went onto address the panel on impairment. Before doing so, Mr Choudhury told the panel that you have presented genuine remorse, attempts of developing insight and attempts of developing remediation. He submitted that in terms of confidence, you are not quite there yet as you have not worked in a clinical setting as a nurse since 2019. He submitted that a period of conditions of practice order may get you to a position where you feel confident and able to fully engage in a registered nursing capacity.

Mr Choudhury referred to your wish to complete an Assertiveness course and suggested having a Personal Development Plan (PDP) on clinical issues, medication management and documentation as well as addressing the management of your well-being.

Mr Choudhury submitted that you are still impaired on both public protection and public interest grounds. He told the panel that the training certificates are to be commended but they are somewhat limited in what you can do without it being tested in a clinical setting.

Mr Choudhury submitted that your insight is developing and your remediation is developing. He submitted that the charges found proved are serious and took place over a period of time across two different places of work. He told the panel that from September 2023 you were not engaging at that point, and you did not attend on the first substantive order review hearing. He submitted that since your engagement at the last review hearing, it has been six months since and asked whether a sufficient period of time had elapsed in order for today's panel to determine whether the concerns have been alleviated.

Mr Choudhury submitted that there is somewhat a lack of confidence in your own abilities. He submitted that you have not on this occasion, albeit made considerable progress, fully discharged your persuasive burden.

Mr Choudhury submitted that in respect of the public interest ground, it is important to send a message and further the reputation of the nursing profession and that of the NMC would be undermined if there was no finding of impairment today.

Mr Choudhury addressed the panel on sanctions. He submitted that there remains a risk which can be alleviated with conditions of practice order for a period of 12 months. He proposed the following conditions:

- To work for one substantive employer and not an agency
- To have a PDP which includes the issues of medications management, record keeping and professional boundaries
- To have monthly meetings with your manager to discuss those matters
- Being signed off on record keeping and medications management

Mr Choudhury submitted that there were issues of deep-seated attitudinal issues and therefore a further 12 months of conditions of practice in a clinical setting or clinical role would alleviate those risks as well.

Mr Carr told the panel that you have reflected and provided evidence of your reflection. He told the panel that you have achieved the persuasive burden on you in relation to persuading the panel that your fitness to practise is not currently impaired. You have engaged with the NMC and would be a great loss to the nursing profession if you were not allowed to continue practicing.

Mr Carr told the panel that there is no evidence of deep-seated attitudinal issues towards your regulator.

Mr Carr told the panel that if it finds your fitness to practise is currently impaired, then to impose a conditions of practice order which would sufficiently address the concerns in this case.

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.

In reaching its decision, the panel referred to the *Cohen* test and the NMC guidance DMA-1 (last updated on 28 January 2026) on impairment in regulatory proceedings.

The panel noted that the last reviewing panel found that you had developing insight. Today's panel determined that you have made some progress since the last review hearing and currently have developing insight.

At this hearing the panel noted that you had taken the advice of the last reviewing panel and presented today's panel with a reflective piece and certificates of relevant training you have completed. The panel noted that this evidence was compiled only six weeks before today's hearing. It noted that the reflective statement you have provided is limited and generic as it lacks detail and does not address each of the charges individually and the specific charges related to the attitudinal concerns. It noted that there was no sign of reflection around the training courses you have completed and how they relate to the specific charges, for example, the threatening and intimidating behaviour.

The panel noted that the reflection piece focused mainly on outlining the events that had happened and lacked details on the impact these incidents may have had on others. It noted that you spoke about how you feel other staff members may perceive you, and it was of the view that you needed to develop insight on how you should be acting and making people feel. It determined that you do not sufficiently acknowledge the impact your actions had on patients, colleagues and the public. In particular, charges 25 and 26, you could have demonstrated insight on the impact your words/actions may have had on Colleague V and Colleague U by acknowledging how they may have felt.

In your oral evidence today, you told the panel that you want to undertake an Assertiveness course before you decide to return to nursing practice. The panel noted that the assertiveness course is related to self-care needs, and it was of the view that this course would be beneficial to alleviate the risks as you had told the panel today that your personal circumstances at the time of the incidents had contributed to the charges that were found proved.

When questioned during the course of this hearing about how you would handle the situation differently in the future, the panel was of the view that your answers were generic and not specifically directed towards the charges or your previous behaviour. You told the panel that you would do things differently in the future to prevent yourself from being in the same situation again, but you did not mention that you would not treat someone like that again because you have realised the impact it may have had on others.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account the relevant training you have undertaken, which included Communication Skills in Health and Social Care, Duty of Candour, Health and Safety Awareness, Medicines Safety, Administration and Legal Responsibilities and Safeguarding of Vulnerable Adults Level 2.

Today's panel was of the view that although you have made some progress and are demonstrating developing insight, it noted that the concerns are wide-ranging and was not satisfied that the concerns have been addressed fully and therefore determined that you are liable to repeat matters of the kind found proved.

The panel was of the view that you have made real progress in that you recognise your shortcomings and have shown some degree of remorse for your conduct. It noted that there have been no concerns raised since the incidents that led to the charges being found proved however you are not currently working in the capacity as a registered nurse. It determined that since the last review hearing you have not sufficiently developed mechanisms to prevent such incidents from happening again in the future. However, the panel was not satisfied that you have met the persuasive burden that your fitness to practise is no longer impaired. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. In this case the charges are serious, wide ranging and over a period of time therefore the panel determined that, 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.

It 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 a conditions of practice 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 bore in mind the seriousness

of the facts found proved at the original hearing. It noted that you have made progress towards addressing the attitudinal issues, however, it determined that there remains existence of deep-seated personality and attitudinal issues which have not been fully addressed. It further noted that you have only recently embraced the allegations and have stated that you want to complete an Assertiveness course. The panel concluded that there remains a risk to patients and colleagues and therefore a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel was not able to formulate conditions of practice that would adequately address all of the concerns relating to your misconduct.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow you further time to fully reflect on your previous conduct. The panel concluded that a further six months suspension order would be the appropriate and proportionate response and would afford you adequate time to further develop your insight and take steps to strengthen your practice. It would also give you an opportunity to approach past and current health professionals to attest to your honesty and integrity in your workplace assignments since the substantive hearing.

The panel determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. It considered that in the circumstances of this case; a further suspension order would serve meaningful purpose. Accordingly, the panel determined that imposing a suspension order for the period of six months would provide you with an opportunity to continue engaging with the NMC proceedings, continue reflecting and developing insight and to address the attitudinal issues. It considered this to be the most appropriate and proportionate sanction available and determined that this would be fair to you, the public and the NMC.

The panel did consider a striking-off order, however, determined that with the progress you have shown thus far, such an order will be punitive and disproportionate.

The panel determined that allowing the order to lapse on impairment would not be appropriate in these circumstances, as it was of the view that you are capable of reaching a stage where you can return to nursing practice within a reasonable period of time if you

sufficiently engage with the NMC proceedings and provide the next reviewing panel with evidence of further reflection, insight and action taken to alleviate the attitudinal issues.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 4 April 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.

At a further review a future panel maybe assisted by:

- Demonstrating that your reflection and development process continues from point of last review.
- A further developed reflective piece that is less generic and more specific to the charges and deficiencies.
- Within your reflections acknowledging and examining the impact of your attitude and behaviour towards Colleagues V and U and attitudes towards service users.
- Demonstrating that you have developed mechanisms to prevent recurrence of past behaviours which may include reference to your self-care strategies.

This will be confirmed to you in writing.

That concludes this determination.