

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

**Substantive Meeting
Thursday, 19 March 2026**

Virtual Meeting

Name of Registrant:	Nuriat Nantume Bukenya
NMC PIN:	08L0320E
Part(s) of the register:	Registered Nurse Sub part 1 RNA: adult nurse, level 1 (26 March 2009)
Relevant Location:	London
Type of case:	Conviction
Panel members:	Angela Kell (Chair, lay member) Katrina Maclaine (Registrant member) Caroline Taylor (Lay member)
Legal Assessor:	Charlotte Mitchell-Dunn
Hearings Coordinator:	Franchessca Nyame
Consensual Panel Determination:	Accepted
Facts proved:	Charge 1
Facts not proved:	None
Fitness to practise:	Impaired only on public interest grounds
Sanction:	Suspension order (6 months) with no review
Interim order:	No interim order imposed

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Ms Bukenya's registered email address by secure email on 28 January 2026.

Further, the panel noted that the Notice of Meeting was also sent to Ms Bukenya's representative at the Royal College of Nursing (RCN) on 28 January 2026.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, date and the fact that this meeting was to be held virtually.

In the light of all of the information available, the panel was satisfied that Ms Bukenya has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004' ('the Rules').

Details of charge

That you a Registered Nurse,

1. On 12 October 2022 at Wood Green Crown Court were convicted of dishonestly make false representation to make gain for self/another or cause loss to other/expose other to risk.

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

Consensual Panel Determination

At the outset of this meeting, the panel was made aware that a provisional agreement of a Consensual Panel Determination (CPD) had been reached with regard to this case between the Nursing and Midwifery Council (NMC) and Ms Bukenya.

The agreement, which was put before the panel, sets out Ms Bukenya's full admissions to the conviction in the charge, and that her fitness to practise is currently impaired by reason of that conviction. It is further stated in the agreement that an appropriate sanction in this case would be suspension order for a period of 6 months.

The panel considered the provisional CPD agreement reached by the parties.

The provisional CPD agreement reads as follows:

'The Nursing & Midwifery Council ("the NMC") and Nuriat Nantume Bukenya, PIN 08L0320E ("the Registrant") ("the Parties") agree as follows:

1. Ms Bukenya is content for her case to be dealt with by way of a CPD meeting.

2. Ms Bukenya is aware of the CPD meeting.

The charge

3. Ms Bukenya admits the following charges:

That you a Registered Nurse,

1. On 12 October 2022 at Wood Green Crown Court were convicted of dishonestly make false representation to make gain for self/another or cause loss to other/expose other to risk.

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

The facts

4. On 29 January 2021, the NMC received a self-referral from Ms Bukenya about attending a formal police interview on 6th February 2021. On 3rd February 2021, she received a referral from the North Middlesex University Hospital NHS Trust (the Trust) in relation to the same incident.

5. Ms Bukenya stated on the referral form that on 20 January 2021, a friend contacted her and informed her that her brother missed work on 08 December 2020 at 13:15 and was in trouble with his employers. Her friend asked her if she could send an email to her brother's email account and say that he had an appointment on that day at the North Middlesex University Hospital (the hospital).

6. On 21 January 2021, she sent an email from her nhs [sic] account stating that her friend's brother had attended an appointment at the hospital on the date requested.

7. On 25 January 2021 the police attended her home address in relation to the email she sent on 21 January 2021.

8. On 28 January 2021, she was met the police at her home address where she told them that she sent the email dated on 21 January 2021. The police informed her that she would formally be interviewed on 6 February 2021. She stated that she informed her employer about the incident on 29 January 2021.

9. The content of this email was false, and Ms Bukenya knew it to be false. The police allegations were that this email was provided by way of a false

alibi in respect of very serious suspected offending - initially investigated as conspiracy to murder but ultimately charged as conspiracy to cause grievous bodily harm - and to assist in such offending.

10. Ms Bukenya was charged and subsequently appeared before Wood Green Crown Court for the offence of dishonestly make false representation to make gain for self/another or cause loss to other/expose other to risk.

11. On 12 October 2022, Ms Bukenya pleaded guilty to this offence on the basis that she believed the email would help her friend's brother keep his job by providing false evidence to his employers that he had been at a hospital appointment when he had not. This has been referred to in the sentencing remarks dated 8 August 2024.

12. On 8 August 2024, Ms Bukenya was sentenced for the offence on the basis of plea above. She was sentenced to pay a fine of £1000 or in default to serve 20 days imprisonment; 12 months to pay; to pay a victim surcharge of £100 and prosecution cost of £350.00. To be paid within 12 months.

13. His Honour Judge Godfrey made the following remarks during sentencing:

“you made a representation that you knew was untrue. You did so to benefit your friend, and her brother.

The email was to be used as false evidence to mislead the police and the prosecution, intended to support a false defence that MI did not take part in a criminal activity alleged, to suggest that he was not the individual suspected.

There is the undoubted high culpability factor that you abused your position of trust or responsibility in the hospital by sending the email that you did in your position as a nursing manager.

In terms of medium culpability factors, you played a significant role in what was group activity. You committed the fraud, but it was at the request of others to be used by those others. And of course, if you had not created it, there would not have been any fraud.

There are also, however, lesser culpability factors. You do appear to me to have been exploited by your friend, or former friend, who, from what I have read, had not been in touch with you for quite some time, and then got back in touch with you, effectively, to use you to provide this email. And you thought you were helping a friend. You were not motivated by personal gain, and you had limited awareness or understanding of the extent of the fraudulent activity, as I have already explained...

I must next assess the harm that you caused, or that was caused by your offence. As counsel agree, the harm falls into the lowest category because we are concerned here with financial harm. There was none or none of any consequence...

There is the other harm factor, however, as I have already observed; that the email was to be used in the context of very serious criminality, and ultimately, to pervert the course of justice. You did not know that but that was the intended harm."

The Code

14. *At the relevant time, Ms Bukenya was subject to the provisions of the Code. The Parties agree that the following provisions of the Code have been breached in this case:*

20. *Uphold the reputation of your profession at all times*

To achieve this, you must:

20.2 *act with honesty and integrity at all times*

20.4 *keep to the laws of the country in which you are practising*

20.8 *act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to*

Impairment

15. *The Parties agree that Ms Bukenya's fitness to practise is currently impaired by reason of her conviction.*

16. *The NMC's guidance¹ explains that impairment is not defined in legislation but is a matter for the Fitness to Practise Committee to decide. This involves a consideration of both the nature of the concern and the public interest. The question that will help decide whether a professional's fitness to practise is impaired is: "Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"*

17. *The parties agree that consideration of the nature of the concern involves looking at the factors set out by Dame Janet Smith in her Fifth Report from Shipman, approved in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) by Cox J;*

"Do our findings of fact in respect of the [nurse'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:

- 1) 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*
- 2) Has in the past brought and/or is liable in the future to bring the professions into disrepute; and/or*
- 3) Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the professions; and/or*
- 4) Has in the past acted dishonestly and/or is liable to act dishonestly in the future?*

18. It is the submission of the NMC that limbs 2 - 4 above can be answered in the affirmative in this case.

19. Limb 2 is engaged because Ms Bukenya's criminal conviction has brought the nursing profession into disrepute. The public, quite rightly, expects registrants to be individuals of unimpeachable probity and the NMC is tasked by statute to: (1) promote and maintain public confidence in the profession and (2) promote and maintain proper professional standards and conduct.

20. The impairment guidance at DMA-1 states:-

"In deciding whether fitness to practise is impaired, 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. Any breach would be considered alongside other relevant factors. Not all breaches of the Code require a finding of impairment but where a breach of the Code involves breaching a fundamental tenet of the profession, the Committee would be entitled to conclude that a finding of impairment is required. The finding of impairment would be required to mark the profound unacceptability of the

behaviour, emphasise the importance of the fundamental tenet breached, and to reaffirm proper standards or behaviour.”

21. Limb 3 is engaged as Ms Bukenya has clearly breached fundamental tenets of the nursing profession when taking into account Code 20.2 - act with honesty and integrity at all times. Registered nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients’ and the public’s trust in the profession. Ms Bukenya has failed to promote professionalism and trust by her intrinsically dishonest act of sending an email from her NHS email account providing false information that her friend’s brother had attended the hospital on 8 December 2020 when she knew he had not.

22. Limb 4 is engaged because Ms Bukenya’s action was dishonest and she broke the fundamental tenets of the profession namely Code 20.2 as stated above. Although Ms Bukenya has indicated that she thought she was helping her friend’s brother from losing his job, she knew what she was doing was dishonest and yet agreed to send the email.

Remorse, reflection, insight, training and strengthening practice

23. In the case of Cohen v General Medical Council [2008] EWHC 581 (Admin), the court set out three matters which it described as being ‘highly relevant’ to the determination of the question of current impairment;

- Whether the conduct that led to the charge(s) is easily remediable.*
- Whether it has been remedied.*
- Whether it is highly unlikely to be repeated.*

24. *The NMC guidance “Can the concern be addressed?” Reference FTP-15a states that sometimes, the conduct of a particular nurse, midwife or nursing associate can fall so far short of the standards the public expect of professionals caring for them that public confidence in the nursing and midwifery professions could be undermined. It is submitted that it is the case here. Ms Bukenya’s dishonesty related criminal conviction is serious, which is more difficult to remediate. However, it is acknowledged that the dishonesty wasn’t sustained over a period of time and nor was it directly linked to her professional practice.*

25. *Taking the NMC guidance “Has the concern been addressed? Reference FTP-15b into account, it is noted that the Registrant has taken the steps set out below to remedy her conduct.*

26. *Ms Bukenya fully cooperated with the Police, and it has been relayed by herself and her representative that she fully cooperated with the disciplinary process conducted by her employer and on 25 February 2021, she was made subject to a final warning to be held on file for 18 months, which has now expired. She has since been promoted to a more senior role of Lead Nurse for Safer Staffing from 4 April 2022.*

27. *Ms Bukenya has provided a reflection where she set out the circumstances that led to the conviction and stated that she informed the police that the information in the email was false when they came to meet her on 28 January 2021 and apologised for wasting their time and expressed that she was deeply remorseful of her actions. She then informed her employer about the incident the next day and self-referred to the NMC.*

28. Ms Bukenya has stated that she takes full responsibility for what she did. As a professional nurse, she is responsible and accountable for her own actions. She has expressed that she was going through a challenging and stressful time during the time of the incident which could have clouded her judgment and affected her decision making. However, she has emphasised that this is not an excuse for what happened and takes responsibility for her conduct.

29. She has stated that she is aware of the importance of prioritising people, practising effectively, preserving safety and promoting professionalism and trust and that her actions did not promote professionalism and abused the position of trust she was in.

30. Ms Bukenya has stated that should another similar situation arise, she will act differently by not acting in a way that “is not befitting of a nurse”. She took part in a course “Powerful Honesty: Develop Superior Communication Skills” and says that she studied the course “to improve and equip myself with more skills about honest communication.” She goes on to further state:

“Among the skills I learnt from this course was the importance of taking responsibility for my actions and the importance of being vulnerable. I have further learnt the importance of saying “NO” even if its with friends, family and colleagues and not to be pressured into situations that I am not comfortable with. I also ensure that I continue to communicate openly and honestly with my line manager or colleagues if I am struggling with situations and seek help and support to prevent me from making mistakes.”

31. Ms Bukenya has also reflected on the fact that her action could have had negative effect on delivering justice in a criminal case. She recognised that a member of public could lose trust in the profession should they learn

of her action. She has stated that she sincerely regrets and apologises for her actions and conduct that led to the incident and states that it was a one-off error in judgment on her part in the 15 years she has spent in nursing, and she has no history of being dishonest prior to this incident.

32. Ms Bukenya has continued to work and there have been no further issues. The Panel is presented with positive references from her colleagues with regards to her professional practice in the Registrant's response bundle. The Parties agree that Ms Bukenya has taken steps to remedy the concerns and has shown insight into the concern raised.

33. When considering "is it highly unlikely that the conduct will be repeated?" Reference FTP-15c, the Panel may wish to consider Ms Bukenya's insight into the concerns and will also consider whether the steps taken to address concerns are sufficient. The Panel may wish to consider that there has been no repetition of a similar conduct and Ms Bukenya has been working without any further concerns. Ms Bukenya has also shown insight and remorse into the concerns and has apologised for her actions.

34. In view of Ms Bukenya's insight into her criminal offending and the low risk of repetition, the parties agree that a finding of impairment is not required on public protection grounds.

Public interest

35. In Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) at paragraph 74 Cox J commented that:

“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.”

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

37. In upholding proper professional standards and conduct and maintaining public confidence in the profession, the Fitness to Practise Committee will need to consider whether the concern is easy to put right. For example, it might be possible to address clinical errors with suitable training. A concern which hasn't been put right is likely to require a finding of impairment to uphold professional standards and maintain public confidence.

38. However, there are types of concerns that are so serious that, even if the professional addresses the behaviour, a finding of impairment is required either to uphold proper professional standards and conduct or to maintain public confidence in the profession.

39. The Panel will have in mind Article 3(4A) of the Nursing and Midwifery Order 2001, which states –

The pursuit by the Council of its over-arching objective, which involves the pursuit of the following objectives –

(a) to protect, promote and maintain the health, safety and well-being of the public;

(b) to promote and maintain public confidence in the professions regulated under this Order; and

(c) to promote and maintain proper professional standards and conduct for members of those professions.

40. We consider that there is a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behaviour. Committing fraud is an intrinsically dishonest action and it undermines the very core of trust needed for the profession to be effective. A member of public would be shocked and appalled to learn of a nurse who was convicted of fraud being allowed to practise with no consequences.

Sanction

41. The parties have agreed that the appropriate sanction in this case is a suspension order for 6 months.

42. Aggravating factors include:

- Abuse of a position of trust*
- Serious criminal conviction that is dishonesty related.*

43. Mitigating factors include:

- Early admissions, self-referral/apologies/pleaded guilty/takes full responsibility.*
- Personal mitigation – stress and challenging circumstances during the time of the incident.*
- No previous fitness to practise history.*
- Developing insight and reflection*

44. NMC guidance SAN-2 makes reference to forms of dishonesty which are most likely to call into question whether a nurse, midwife or nursing associate should be allowed to remain on the register and premeditated dishonesty and misuse of power have been listed as examples. It is submitted that Ms Bukenya's dishonest action was premeditated and misuse of her position as a nurse. The guidance also notes fraud as being an intrinsically dishonest action.

45. Considering the available sanctions, we submit the following:

46. Taking no further action is not appropriate as there is evidence to show that the Registrant was responsible for conduct or failing that undermined the public's trust in nurses, midwives or nursing associates, and breached one of the fundamental tenets of the professions.

47. A caution order is only appropriate if the Fitness to Practise Committee has decided that there is no risk to the public or to patients requiring the nurse, midwife or nursing associate's practice to be restricted, meaning the case is at the lower end of the spectrum of impaired fitness to practise. However, having considered the seriousness of the case where Ms Bukenya's dishonesty was intrinsic namely providing false alibi to help her friend's brother and abused position of trust, the Fitness to Practise committee may consider it necessary to mark that the behaviour was unacceptable and must not happen again and that a caution order would not sufficiently mark the seriousness of the matter.

48. Conditions of Practice Order is not appropriate as there are no clinical concerns to be addressed, and no workable conditions could be formulated.

49. *The parties agree that a suspension order would be appropriate and necessary in this case. The following questions can be responded to affirmatively:*

- i. *Whether the seriousness of the case requires temporary removal from the register. Yes, the case is serious as it involves a serious dishonesty related criminal conviction. Ms Bukenya was in a position of trust and she misused it.*
- ii. *Will a period of suspension be sufficient to protect patients, public confidence in nurses, midwives or nursing associates, or professional standards? Yes. The following factors have been taken into consideration when responding to this question:*

- It is a single instance of misconduct but where a lesser sanction is not sufficient the case involves intrinsic dishonesty and therefore is serious and a lesser sanction would not be sufficient.

– Although it is noted that premeditated dishonesty indicates towards underlying attitudinal concerns, it should be noted that it was a one off and isolated incident which has not been repeated and where Ms Bukenya took responsibility for her actions when the police questioned her.

- There is no evidence of repetition of behaviour since the incident.

- The Registrant has provided insight and does not pose a significant risk of repeating behaviour. The Panel may wish to consider the registrant's response bundle with regards to this.

50. *As such, it is submitted that a suspension order is the most appropriate sanction.*

51. *It is acknowledged that the NMC Guidance SAN-2 reads, “Honesty is of central importance to a nurse, midwife or nursing associate’s practice. Therefore, allegations of dishonesty will always be serious and a nurse, midwife or nursing associate who has acted dishonestly will always be at some risk of being removed from the register.” However, in this case of a single, albeit serious instance of dishonesty and evidence of strong practice, it is submitted that a striking-off order is not necessary, nor would it be proportionate.*

52. *Although the concerns raised fundamental questions about Ms Bukenya’s professionalism, the public confidence in nurses, midwives and nursing associates can be maintained if Ms Bukenya is not struck off from the register and striking-off is not the only sanction which will be sufficient to protect patients, members of the public or maintain professional standards*

53. *As a finding of impairment is made on public interest grounds only the parties agree that a review of the suspension order prior to expiry is not required.*

54. *Interim order*

55. *An interim order is not required in this case. In view of Ms Bukenya’s insight into her criminal offending and the low risk of repetition, the parties agree that an interim order is not necessary on the public protection ground. It would be relatively rare for an interim order to be made only on the grounds that an order is otherwise in the public interest if there is no evidence of a risk of harm to the public. An interim order is therefore not necessary on public interest grounds either. The Parties agree that Ms Bukenya has been practising unrestricted to date.*

56. The Parties understand that this provisional agreement cannot bind a panel, and that the final decision on findings impairment and sanction is a matter for the panel. The Parties understand that, in the event that a panel does not agree with this provisional agreement, the admissions to the charges and the agreed statement of facts set out above, may be placed before a differently constituted panel that is determining the allegation, provided that it would be relevant and fair to do so.

Comments from the Referrer

57. The NMC sought comments from the Trust in respect of this agreement on 11 November 2025. Ms Bukenya's line manager responded on 5 December 2025 and have stated that they agree with the provisional agreement.

58. They have stated that Ms Bukenya is a Lead for Safer Staffing and this is a standalone position which requires registration to undertake in full.

59. They have stated that Ms Bukenya has adhered to the NMC code and they have no reason to question Ms Bukenya's honesty and professional judgement. Ms Bukenya is an invaluable member of their team. Her judgment on professional matters has been consistent and reliable and she has earned and maintained the respect of her colleagues and wider nursing body.

60. In relation to the incident that prompted the NMC referral, Ms Bukenya has demonstrated openness, insight and considerable remorse. Her line manager states that they remain committed to working with Ms Bukenya to maintain her confidence and capability through the current NMC process.

Here ends the provisional CPD agreement between the NMC and Ms Bukenya. The provisional CPD agreement was signed by Ms Bukenya and the NMC on 20 January 2026.

Decision and reasons on the CPD

The panel decided to accept the CPD.

The panel heard and accepted the legal assessor's advice. The panel was referred to the NMC's guidance on CPDs, Impairment, and Sanctions. The panel was reminded that they could accept, amend or outright reject the provisional CPD agreement reached between the NMC and Ms Bukenya. Further, the panel was advised to consider whether the provisional CPD agreement would be in the public interest. This means that the outcome must ensure an appropriate level of public protection, maintain public confidence in the professions and the regulatory body, and declare and uphold proper standards of conduct and behaviour. The legal assessor made reference to the cases of *Lusinga v NMC* [2017] EWHC 1458 (Admin) and *Wingate, Evans And Malins v SRA* [2018] EWCA CIV 366 in respect of dishonesty. Reference was also made to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin) and *Cohen v General Medical Council* [2008] EWHC 581 (Admin) in respect of impairment.

The panel noted that Ms Bukenya admitted the charge. Accordingly, the panel was satisfied that the charge is found proved by way of Ms Bukenya admission as set out in the signed provisional CPD agreement.

Decision and reasons on impairment

The panel then went on to consider whether Ms Bukenya's fitness to practise is currently impaired. Whilst acknowledging the agreement between the NMC and Ms Bukenya, the

panel has exercised its own independent judgement in reaching its decision on impairment.

The panel was satisfied that Ms Bukenya's actions breached the following sections of the Code:

'20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

20.2 act with honesty and integrity at all times

20.4 keep to the laws of the country in which you are practising

20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to'

In coming to its decision, panel had regard to the NMC guidance on 'DMA-1: Impairment' (last updated 28 January 2026), in which the following is stated:

'Being fit to practise is not defined in our legislation but for us it means that a professional on our register can practise as a nurse midwife or nursing associate safely and effectively without restriction.'

The NMC guidance goes on to set out the questions formulated by Dame Janet Smith in the fifth Shipman report, namely:

- 1. has the professional in the past acted and/or is liable in the future to act as so to put those receiving care at unwarranted risk of harm; and/or*
- 2. has the professional in the past brought and/or is liable in the future to bring the profession into disrepute; and/or*

3.has the professional in the past committed a breach of one of the fundamental tenets of the [nursing/midwifery] profession and/or is liable to do so in the future and/or

4.has the professional in the past acted dishonestly and/or is liable to act dishonestly in the future.'

The panel determined that the last three limbs of the test are engaged in this case in respect of the past.

The panel noted the sentencing remarks made by His Honour Judge Godfrey that '*you abused your position of trust or responsibility in the hospital by sending the email that you did in your position as a nursing manager.*' The panel agreed that Ms Bukenya abused her position of trust as a senior nursing manager by using her Trust email account to knowingly provide a false alibi for her friend's brother's whereabouts in the context of very serious criminality. The panel noted that Ms Bukenya had limited awareness or understanding of the extent of this fraudulent activity. However, Ms Bukenya's actions resulted in a serious criminal conviction of dishonesty. The panel concluded that these factors, and the direct link to her place of employment, had in the past brought the Trust and the wider nursing profession into disrepute.

The panel was of the view that, in abusing her position, being dishonest and breaching sections of the Code, Ms Bukenya breached the fundamental tenets of honesty, integrity and promoting professionalism and trust. The panel determined that Ms Bukenya's actions therefore fell far short of the standards expected of a registered nurse.

As this case centres on a dishonest act upheld by a conviction, the panel concluded that Ms Bukenya has acted dishonestly in the past.

The panel had regard to the case of *R (on application of Cohen) v General Medical Council* [2008] EWHC 581 (Admin), which instructs the panel to consider whether the

concern is easily remediable, whether it has in fact been remedied and whether it is highly unlikely to be repeated.

The panel considered whether the dishonesty in this case is remediable. The panel noted NMC guidance 'SAN-4: Sanctions for the highest risk cases' (last updated 28 January 2026), in particular that *'[n]ot all dishonesty is equally serious.'* Ms Bukenya's dishonesty in this case involved an abuse of trust in using her status as a nurse to knowingly provide a false email, and was not spontaneous in that the email was sent the day after the request was made. The panel acknowledged that this was a one-off incident from which she made no direct personal gain. The panel therefore determined that her dishonesty was not at the highest end of the spectrum in terms of seriousness and had the potential to be remedied.

The panel then went on to consider whether Ms Bukenya has remediated her actions. Ms Bukenya provided the panel with a comprehensive reflection. The panel was of the view that Ms Bukenya's reflection was broader than the impact of her dishonesty and subsequent conviction on herself. Ms Bukenya's reflection includes consideration on how and why it occurred, however she did not use the explanations as an excuse nor minimise the seriousness of the conduct. Ms Bukenya recognised how her actions fell below the standards expected of registered nurses, and speaks about the impact on her employer, wider nursing profession and the public. The panel noted that Ms Bukenya takes full responsibility for her actions, and looks to how she will change her practice in the future. In particular, Ms Bukenya reflects:

'I will act differently by not acting in a way that is not befitting of a nurse...I have further learnt the importance of saying "NO" even if its [sic] with friends, family and colleagues and not to be pressured into situations that I am not comfortable with. I also ensure that I continue to communicate openly and honestly with my line manager or colleagues if I am struggling with situations and seek help and support to prevent me from making mistakes.'

The panel noted positive testimonials, including two from senior managers in the Trust where she has remained employed since the offence, which demonstrate the strength and depth of Ms Bukenya's reflection. Her current line manager stated:

'She is remorseful and reflective and realises what she did was ultimately wrong, but I am also confident she was not fully aware of what she was doing or the reasons behind it until it was too late... I am not sure I have seen anyone who has acknowledged her wrongdoings and accepted her fate with dignity, honesty, and ownership.'

The panel therefore determined that Ms Bukenya has demonstrated significant and comprehensive insight into her actions.

The panel further noted that Ms Bukenya has expressed remorse from the outset and on multiple occasions. The panel was mindful that Ms Bukenya was remorseful for the impact of her dishonesty on others, not herself.

The panel noted that Ms Bukenya secured and completed training herself, of her own volition, specifically *'Powerful Honesty: Develop Superior Communication Skills'*. In Ms Bukenya's reflection, she commented on what she learned from the training course and how she would change her practise going forward.

Additionally, the panel took into consideration that Ms Bukenya admitted her dishonesty at the earliest opportunity, was open with her employers and self-referred to the NMC. The panel recognised that lack of integrity resulting in dishonesty in itself raises attitudinal concerns.

The panel had regard to DMA-1, particularly:

'There may be circumstances in which there is compelling evidence that a professional has genuinely reflected on their behaviour and attitudes, recognised

the impact on those affected by it and the wider profession, and taken steps to effect genuine change. Where a professional can demonstrate insight, learning and development they may no longer pose a risk to public safety.'

The panel determined that this was a single incident of dishonesty and was not a sustained course of conduct indicative of a single lapse in judgment rather than an ingrained mindset or belief system. The panel therefore concluded that Ms Bukenya's behaviour was not the result of a deep-seated attitudinal issue.

The panel further acknowledged that the 12 months to repay the £1,000 fine ended in August 2025, and that the 18-month final warning following the Trust's disciplinary procedure expired in July 2022. The panel noted that Ms Bukenya's managers have not raised any concerns with her integrity and behaviour since that time, and she has been promoted to a more senior role of Lead Nurse for Safer Staffing from 4 April 2022.

For all the above reasons, the panel was satisfied that it is highly unlikely that Ms Bukenya's dishonest behaviour will be repeated in the future. The panel therefore determined that Ms Bukenya's fitness to practise is not currently impaired on public protection grounds.

The panel considered the following passage from DMA-1:

'A finding of impairment based on public confidence or maintaining professional standards is more likely to occur in cases where the conduct breaches a fundamental tenet of the profession as set out in the Code... In some cases the misconduct may be so serious that a finding of impairment will be required to maintain public confidence and uphold professional standards, notwithstanding evidence of substantial insight and remediation.'

The panel considered that, although Ms Bukenya's dishonesty was not sustained, it was sufficiently serious to result in a criminal conviction. The panel was of the view that Ms

Bukenya's false representation was an intrinsically dishonest action which undermined public trust and confidence in the nursing profession. Further, the panel determined that public confidence in the NMC as a regulator would be undermined if a nurse who was convicted of fraud were allowed to practise without consequences. The panel therefore concluded that a finding of impairment on public interest grounds is required to promote and maintain public confidence in the nursing profession and in the NMC as a regulator, and to uphold proper professional standards for members of the profession.

In this respect, the panel endorsed paragraphs 15 to 40 of the provisional CPD agreement and found Ms Bukenya currently impaired on public interest grounds alone.

Decision and reasons on sanction

Having found Ms Bukenya's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel bore in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Ms Bukenya abused her position of trust as a senior nurse manager
- She has a serious criminal conviction related to dishonesty
- Her dishonesty was deliberate and non-spontaneous

The panel also took into account the following mitigating features:

- Ms Bukenya made early admissions and took full accountability, including self-referral and a guilty plea
- Her dishonest behaviour was a one-off

- Ms Bukenya has demonstrated full insight, remorse and reflection
- At the time of the offence, Ms Bukenya was not aware that her email was going to be used to provide an alibi for a serious offence. As such, she was exploited by her friend
- There was no direct personal gain from her dishonesty

The panel considered the seriousness of the dishonesty in this case. NMC guidance SAN-4 states:

'...in every case the Committee must carefully consider the kind of dishonest conduct that has taken place. Not all dishonesty is equally serious.'

The panel was mindful that Ms Bukenya used her Trust email account and misused her position of power as a senior nursing manager. However, the panel took note of, and agree with, sentencing remarks. In particular:

'You do appear to me to have been exploited by your friend, or former friend, who, from what I have read, had not been in touch with you for quite some time, and then got back in touch with you, effectively, to use you to provide this email. And you thought you were helping a friend. You were not motivated by personal gain, and you had limited awareness or understanding of the extend of the fraudulent activity,'

The panel took note of NMC guidance SAN-4 which states:

'The Committee should always consider the sanctions in ascending order of seriousness, and work upwards to the next most serious sanction if it needs to. However, it is very unlikely that a sanction less than suspension will be proportionate to findings of dishonesty. Conditions of practice are unlikely to be an appropriate sanction, because dishonesty is an attitudinal concern which cannot easily be mitigated by conditions.'

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

The panel next considered a caution order and had regard to the NMC guidance on ‘SAN-2b: Caution order’ (last updated 28 January 2026), in which the following is stated:

‘A caution is only appropriate if the Committee has decided there’s no risk to the public or to people using services that requires the professional’s practice to be restricted. This means the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.’

The panel considered that Ms Bukenya’s conviction and dishonesty was not at the lower end of the spectrum. As such, 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 placing conditions of practice on Ms Bukenya’s registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account NMC guidance ‘SAN-2c: Conditions of practice order’ (last updated 28 January 2026), in particular:

- *‘no evidence of deep-seated personality or attitudinal problems*
- *identifiable areas of the professional’s practice in need of assessment and/or retraining*
- *competence cases where there is a realistic likelihood that the concerns about their practice can be resolved*
- *potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*

- *insight into any health problems, alongside willingness to abide by conditions relating to a medical condition, treatment and supervision*
- *people using services will not be put at risk either directly or indirectly as a result of the conditions*
- *conditions can be created that can be monitored and assessed.'*

The panel determined that there are no practical or workable conditions that could be formulated given the nature of the conviction in this case as there are no concerns in respect of Ms Bukenya's clinical practice.

Furthermore, the panel concluded that the placing of conditions on Ms Bukenya's registration would not adequately address the seriousness of this case and the public interest concerns.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC guidance on 'SAN-2d: Suspension order' (last updated 28 January 2026), in which the following factors on when a suspension order may be appropriate are set out:

- *'the impairment is very serious but not fundamentally incompatible with continuing to be a registered professional*
- *an outcome less severe than strike-off would still satisfy the over-arching objective.'*

The panel also had regard to the key considerations as set out in the NMC Guidance to weigh up before imposing a suspension. It noted the following list of circumstances that may make a suspension order an appropriate sanction:

- *'the charges found proved are at the most serious end of the spectrum and call into question the professional's suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their*

practice through reflection, the development of their professional skills and / or development of insight and remediation

- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.'*

The panel was satisfied that the dishonest act in this case was not such that it is fundamentally incompatible with Ms Bukenya remaining on the Register. However, the panel did consider Ms Bukenya's criminal conviction for dishonesty so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time. The panel bore in mind that Ms Bukenya's deliberate abuse of trust breached fundamental tenets of the profession and brought both the Trust and the wider nursing profession into disrepute.

The panel noted from NMC guidance that cases involving dishonesty are most likely to result in a striking-off order.

As such, the panel had regard to the following considerations as set out in the NMC guidance 'SAN-2e: Striking-off order' (last updated 28 January 2026):

- *Do the charges found proved raise fundamental questions about their professionalism?*
- *Can public confidence in the profession be maintained if the professional is not removed from the Register?*

- *Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?*
- *Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?*

Taking account of the level of insight demonstrated by Ms Bukenya together with her remorse and remediation, as well as the positive testimonials provided which attest to her honesty and integrity, the panel concluded that a striking-off order would be disproportionate and overly punitive.

Balancing all of these factors the panel agreed with the CPD that a suspension order would be the appropriate and proportionate sanction.

The panel noted the hardship such an order will inevitably cause Ms Bukenya. However, this is outweighed by the public interest in this case.

The panel considered that this order is necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

The panel determined that a suspension order for a period of six months was appropriate in this case in recognition of the insight, remorse and remediation from Ms Bukenya, as well as to mark the seriousness of the dishonesty and abuse of position of trust.

In accordance with Article 29 (8A) of the Order, the panel may exercise its discretionary power and determine that a review of the substantive order is not.

The panel had regard to 'SAN-5: Directing reviews of final orders' (last updated 28 January 2026), in which it is stated that *'The Committee should always give separate reasons for their decision whether or not to direct a review of the final order.'*

The panel made the substantive suspension order having found Ms Bukenya's fitness to practise currently impaired on public interest grounds alone. The panel was satisfied that a review would serve no useful purpose on the basis that the panel did not find that Ms Bukenya presented a current risk to the public. The panel did not require Ms Bukenya to demonstrate that her skills were up to date in order that she could safely return to practice.

Accordingly, the current substantive order will expire, without review.

This will be confirmed to Ms Bukenya in writing.

Decision and reasons on interim order

The panel considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Ms Bukenya's own interest.

The panel heard and accepted the advice of the legal assessor who referenced the case of *NMC v Persand* [2003] EWHC 3356 (Admin).

The panel noted that the parties agree that an interim order is not necessary on public protection or public interest grounds. The panel was satisfied that an interim order is not necessary for the protection of the public for the reasons already identified in the panel's determination on impairment in this case.

The panel recognised that the threshold for an interim order on public interests grounds alone is very high. The panel had regard to the mitigating features in this case, and it took into account that Ms Bukenya has been practising unrestricted to date.

In light of the above, the panel concluded that an interim order is not necessary for the protection of the public, the public interest, nor in Ms Bukenya's own interest.

That concludes this determination.