

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

**Substantive Meeting  
Friday, 20 March 2026**

Virtual Meeting

**Name of Registrant:** **Reeja Maria**

**NMC PIN:** 19H0635O

**Part(s) of the register:** Registered Nurse – Sub Part 1  
Adult Nursing (Level 1) - 27 August  
2019

**Relevant Location:** Manchester

**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

**Facts proved:** Charges 1a and 1b

**Facts not proved:** None

**Fitness to practise:** Impaired

**Sanction:** **Striking-off order**

**Interim order:** **Interim suspension order (18 months)**

## **Decision and reasons on service of Notice of Meeting**

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Ms Maria's registered prison address by recorded delivery and by first class post on 11 February 2026.

The panel had regard to the Royal Mail 'Track and trace' printout which showed the Notice of Hearing was delivered to Ms Maria's registered prison address on 13 February 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 Maria 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 11 July 2025, at Manchester Crown Court, were convicted of:
  - a) Causing grievous bodily harm with intent contrary to s.18 of the Offences against the Person Act 1861
  - b) Causing or allowing a child to suffer serious physical harm contrary to s.5 of the Domestic Violence, Crime and Victims Act 2004

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

## **Background**

On 29 October 2020, Ms Maria was referred to the NMC by Greater Manchester Police ('the Police'). Ms Maria had secured a position as a nurse at Salford Royal Foundation Trust ('the Trust') in 2019 while living in India. She had not known she was pregnant with her second child ('Baby A') at this time. She had initially come to the UK alone but was subsequently joined by her husband and older child a very short time before Baby A was born on 19 October 2019. As a result of these circumstances, she had only worked for one month in her post before Baby A was born.

On 7 December 2019, the Police were called to Salford Royal Hospital ('the Hospital') after concerns were raised about Baby A who had presented with potentially non-accidental injuries allegedly caused by Ms Maria and/or Baby A's father.

When the Police attended the Hospital, they were informed that Baby A was six weeks old and had been brought to the Hospital with swelling to the left thigh and right forearm.

From X-rays, it was revealed that Baby A had a fractured left femur and fractured both arms. Further medical examination revealed subconjunctival haemorrhage to the left eye, multiple scratches to the face, bruising to the face and abdomen along with numerous fractures of the skeleton involving clavicles, ribs, arms, wrists and legs caused at different times. Consultant Paediatric assessment included evaluation for underlying causes including deficiencies and no alternative explanation could be found. The paediatrician concluded that the injuries indicated non-accidental injury.

Both Ms Maria and Baby A's father were arrested on suspicion of Section 18 Grievous Bodily Harm. During the police interview, Ms Maria denied the allegations, blaming her oldest, two-year-old child for Baby A's injuries.

On 11 July 2025, Ms Maria was found guilty of causing grievous bodily harm with intent and causing or allowing a child to suffer serious physical harm. On 11 December 2025, Ms Maria was sentenced to 6 years and 6 months imprisonment.

## **Decision and reasons on facts**

The charges concern Ms Maria's conviction and, having been provided with a copy of the certificate of conviction dated 11 July 2025, the panel found the charges proved in accordance with Rule 31 (2) and (3). The Rules state:

**'31.—** (2) *Where a registrant has been convicted of a criminal offence—*

- (a) *a copy of the certificate of conviction, certified by a competent officer of a Court in the United Kingdom (or, in Scotland, an extract conviction) shall be conclusive proof of the conviction; and*
- (b) *the findings of fact upon which the conviction is based shall be admissible as proof of those facts.*

(3) *The only evidence which may be adduced by the registrant in rebuttal of a conviction certified or extracted in accordance with paragraph (2)(a) is evidence for the purpose of proving that she is not the person referred to in the certificate or extract.'*

### **Fitness to practise**

Having found the charge proved, the panel considered whether, on the basis of the facts found proved, Ms Maria's fitness to practise is currently impaired by reason of Ms Maria's conviction. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

The NMC requires the panel to bear in mind its overarching objective to protect the public and the wider public interest. This includes the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin), *Cohen v General Medical Council* [2008] EWHC 581 (Admin).

## **Decision and reasons on impairment**

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 make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

The panel was satisfied that Ms Maria's offending behaviour 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.*

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

*20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress.*

In coming to its decision on impairment, the panel had regard to the NMC Guidance on 'Impairment' (Reference: DMA-1 Last Updated: 28/01/2026) in which the following is stated:

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

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

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

*undermined if a finding of impairment were not made in the particular circumstances.'*

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

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

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

The panel determined that the first three limbs of the test are engaged in this case.

The panel noted that Ms Maria had a very limited period of nursing practice in UK, and that her offending behaviour did not occur during the course of her clinical practice. As such, the panel did not have any evidence before it that Ms Maria put patients at unwarranted risk of harm in the past. However, the panel had regard to the sentencing remarks of Judge Johnston, in particular:

*'Professor Arthurs concluded this was one of the most severe cases of abuse of a child he had seen where the child had survived its injuries... As a result of these*

*injuries individually and collectively, Baby A will have endured unimaginable and incalculable pain and distress.'*

In light of the above, the panel concluded that Ms Maria's offending behaviour, namely the abuse of her infant child which resulted in severe and significant physical harm, meant that she was liable in the future to act so as to put patients at unwarranted risk of harm.

Ms Maria's conviction centres on protracted cruelty of an infant in her care with multiple incidents occurring over the lifetime of Baby A, resulting in severe physical injuries which required use of significant force. The panel was of the view that members of the public and fellow practitioners would consider Ms Maria's offending behaviour deplorable. As such, the panel concluded that Ms Maria has in the past brought the nursing profession into disrepute.

The panel considered the following passage from Judge Johnston's sentencing remarks:

*'...your son aged 48 days had suffered at least 48 separate fractures, some of them refractures to his small body. This is at least one fracture for each day of his life... There were, therefore, at a minimum five separate episodes of trauma... There were multiple incidents of cruelty and the use of very significant force...'*

Judge Johnston further commented:

*'It is aggravated in your case by a failure to seek medical help, satisfied as I am [sic] as a nurse that you knew you had harmed your baby.'*

The panel agreed with the above remark, particularly that Baby A's injuries were visible (such as multiple bruises, scratches and swelling) and, in spite of being a qualified nurse, Ms Maria continued abusing Baby A and did not seek help for her child's injuries. The panel therefore determined that Ms Maria's sustained and severe abuse of Baby A breached fundamental tenets of the nursing profession. The conduct was contrary to the very values which underpin the nursing profession.

The panel had regard to NMC guidance 'FTP-2c: Criminal convictions and cautions' (last updated 06/05/2026) and FTP-2c-1: Directly referring specified offences to the Fitness to Practise Committee' (last updated 27/02/2024). This guidance stipulates that a serious crime is classified by the NMC as a specified offence, which includes serious offences involving children such as:

*'- Cruelty to a child – assault and ill treatment, abandonment, neglect, and failure to protect*

*-Causing or allowing a child to suffer serious physical harm or causing or allowing a child to die'*

The panel took the above into account when considering whether the concerns in this case are remediable. The panel noted the sentencing remarks, namely:

*'What the report does not establish, however, is that there was a relevant psychiatric history or condition that impacts to any material extent upon your culpability for these offences.'*

The panel did not have any evidence before it which indicated that there were psychological factors that would have impacted on Ms Maria's behaviour at the time of the offence. The panel determined that the Ms Maria's repeated and severe abuse of Baby A, together with the fact that she did not seek help, demonstrates that her offending behaviour was not a single lapse of judgment but rather evidence of harmful, deep-seated attitudinal issues. The panel noted that deep-seated attitudinal issues are difficult to put right. Given that Ms Maria's specified offence was sustained, repeated and of the utmost gravity, the panel concluded that it is highly unlikely that such behaviour is remediable.

The panel then went on to consider whether Ms Maria has remediated her actions. The panel noted that Ms Maria did not own her part in the abuse of Baby A and repeatedly sought to blame her two year old child during hospital interviews and police interviews. The panel did not have any evidence before it to demonstrate that Ms Maria has reflected, expressed remorse, or shown any level of insight of the impact of her behaviour on her children or the nursing profession. There was also nothing before the panel to show that Ms Maria has taken steps to address her offending behaviour nor remediate her actions.

For the above reasons, the panel was not satisfied that it is highly unlikely that Ms Maria would repeat her offending behaviour, potentially with infants and children under her care. The panel therefore decided that a finding of impairment is necessary on the ground of public protection.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect the wider public interest.

The panel had regard to NMC guidance DMA-1, in particular:

*'Decision makers will therefore need to consider whether:*

- *The conduct or behaviour was by and of itself so serious that a finding of impairment is necessary to maintain the public's confidence and trust in the professions and to uphold, declare and maintain professional standards.*
- *The conduct or behaviour arose because of a deep seated attitudinal issue that places those receiving care at risk of harm or that undermines public confidence and professional standards.'*

The panel considered the nature of the offending was such that it breached fundamental tenets of the profession and brought the profession into disrepute. The panel therefore decided that a finding of impairment on public interest grounds is necessary to promote and maintain public confidence in the nursing profession and the NMC as a regulatory body, and to uphold the proper professional standards for members of the profession.

Having regard to all of the above, the panel was satisfied that Ms Maria's fitness to practise is currently impaired on public protection and public interest grounds.

## **Sanction**

The panel considered this case very carefully and decided to make a striking-off order. It directs the registrar to strike Ms Maria off the register. The effect of this order is that the NMC register will show that Ms Maria has been struck-off the register.

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

The panel heard and accepted the advice of the legal assessor which included reference to the cases of *CHRE v GDC and Fleischmann* [2005] EWHC 87 (QB) and *PSA v GDC & Naveed Patel* [2024] EWHC 243 (Admin).

Having found Ms Maria's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. 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 regard to the NMC Guidance on '*The sanctions available*' (Reference: SAN-2 Last Updated: 28/01/2026). 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 Maria's serious criminal offence relates to a vulnerable, defenceless, dependent infant who was reliant on her as their mother at the time of the offence
- Ms Maria enacted repeated, deliberate and sustained violence over the course of Baby A's life
- The ongoing assaults on Baby A occurred when the child was already suffering from untreated injuries
- As a nurse, Ms Maria would have recognised signs of harm Baby A was displaying and deliberately ignored them
- The abuse of Baby A was perpetrated in a home where Ms Maria's other child was present
- Ms Maria sought to blame Baby A's two-year-old sibling for Baby A's injuries
- Ms Maria has demonstrated a complete lack of insight, remorse and remediation

The panel noted Judge Johnston's sentencing remarks state:

*'You were isolated from extended family, possibly under financial pressure and possibly suffering from emotional exhaustion.'*

Notwithstanding this, the panel concluded that there are no compelling mitigating features in this case.

Given Ms Maria's harmful, deep-seated attitudinal issues and the severe, sustained abuse she inflicted on Baby A, the panel determined that Ms Maria's offending behaviour is at the highest end of the spectrum in terms of seriousness.

The panel had regard to NMC guidance 'SAN-4: Sanctions for the highest risk cases' (last updated 28/01/2026) and noted the following:

*'Abuse or neglect of children or vulnerable adults can have a particularly severe impact on:*

- *public confidence*
- *a professional's ability to uphold the standards and values set out in the Code*
- *the safety of people receiving care.'*

The panel first considered whether to take no action and concluded that this would be inappropriate in view of the seriousness of the case. The panel found that there is a significant risk of harm to public. The panel therefore decided that it would be neither proportionate nor in the public interest to take no further action.

The panel next considered a caution order and had regard to the NMC Guidance on 'Caution order' (Reference: SAN-2b Last Updated: 28/01/2026) in which the following is stated:

*'A caution is only appropriate if the Committee has decided there's no risk to the public or to people using services that requires the professional's practice to be restricted. This means the case is at the lower end of the spectrum of impaired*

*fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'*

The panel was mindful that Ms Maria's offence was not at the lower end of the spectrum of seriousness, and that it found that there is a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict Ms Maria practise would not protect the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether to place a conditions of practice order on Ms Maria's registration. In considering whether conditions of practice are appropriate, the panel had regard to the factors set out in the NMC Guidance on 'Conditions of practice order' (Reference: SAN-2c Last Updated: 28/01/2026). Having found that Ms Maria has behaved in a manner indicative of harmful, deep-seated attitudinal issues, and given the nature and seriousness of her offending behaviour, the panel determined that a conditions of practice order would not be appropriate in the circumstances. The panel considered that there are no relevant, proportionate, workable or measurable conditions that could be formulated to protect the public and to uphold professional standards.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on 'Suspension order' (Reference: SAN-2d Last Updated: 28/01/2026) in which the following factors on when a suspension order may be appropriate are set out:

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

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

- *'the charges found proved are at the most serious end of the spectrum and call into question the professional's suitability to continue practising, either currently or at all'*

- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation*
- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.'*

The panel considered the principles of *Fleischmann* and the case of *PSA v GDC & Naveed Patel* [2024] EWHC 243 (Admin) and exercised flexibility in application of the cases' principles. The panel noted that Ms Maria is likely to be serving a considerable part of her sentence, dependent upon any time which she may have spent on remand pending sentencing.

However, the panel was of the view that Ms Maria's behaviour is fundamentally incompatible with her remaining on the Register. It determined that, due to the nature and seriousness of her conviction, temporarily removal from the Register would not be sufficient to uphold public confidence in the profession, maintain professional standards or mark the gravity of her offending behaviour. As Ms Maria has neither demonstrated insight and remorse, nor provided evidence of remediation, the panel considered that there is no realistic possibility that, with a period of temporary suspension, she would address the concerns to such a level where she could return to practise safely.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

In considering a striking-off order, the panel had regard to the NMC Guidance on 'Sanctions for the highest risk cases' (Reference SAN-4 Last Updated: 28/01/2026).

Having regard to all of the above, the panel determined that this case falls within the definition of being a '*highest risk case*'.

The panel had regard to the following considerations as set out in the NMC Guidance entitled 'Striking-off order' (Reference: SAN-2e Last Updated; 28/01/2026):

- *Do the charges found proved raise fundamental questions about their professionalism?*
- *Can public confidence in the profession be maintained if the professional is not removed from the Register?*
- *Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?*
- *Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?*

Ms Maria's conviction relates to the worse possible abuse of her defenceless baby. The panel determined that Ms Maria's offending behaviour raises fundamental questions about her professionalism. The panel also previously determined that there is no realistic prospect that, after suspension, Ms Maria will have gained insight and remediated her actions such that the risk she poses will have reduced. The panel was mindful of the severity of the abuse Baby A suffered and the harmful, deep-seated attitudinal issues Ms Maria has exhibited. For these reasons, the panel concluded that public confidence in the professions, and in the NMC as a regulatory body, could not be maintained if she is not removed from the Register.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Ms Maria's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel concluded that nothing short of a striking-off order would be sufficient in this case.

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

This will be confirmed to Ms Maria in writing.

### **Interim order**

As the striking-off order cannot take effect until the end of the 28-day appeal period, 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 Maria's own interests until the striking-off sanction takes effect.

### **Decision and reasons on interim order**

The panel heard and accepted the advice of the legal assessor. It also had regard to NMC guidance 'SAN-6: Interim orders after a sanction is imposed' (last updated 28/01/2026). The panel was aware of the example provided in SAN-6 in relation to a midwife imprisoned for grievous bodily harm where it was determined an interim order was not required while the midwife remained in prison. However, the panel considered that it did not have sufficient information before it in relation to any qualifying period spent on remand by Ms Maria. As such, the panel could not be confident that Ms Maria would remain in prison for the length of any appeal process.

The panel was therefore satisfied that an interim suspension order is necessary to protect the public and otherwise in the public interest. In reaching the decision to impose an interim order, the panel had regard to the seriousness of the conviction and the reasons set out in its decision for the substantive order. It considered that to not impose an interim suspension order would be inconsistent with its earlier findings.

The panel imposed an interim suspension order for a period of 18 months to cover the appeal period and any appeal if made.

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

That concludes this determination.