

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

**Substantive Hearing
Monday 15 December 2025 – Friday 19 December 2025;
Wednesday 27 May 2026**

Virtual Hearing

Name of Registrant:	Asha Bitita
NMC PIN:	19G2113E
Part(s) of the register:	Registered Nurse – Adult Nursing (RNA) 28 May 2020
Relevant Location:	Oxfordshire
Type of case:	Misconduct
Panel members:	Derek Artis (Chair, Lay member) Purushotham Kamath (Registrant member) Tommy McIlravey (Lay member)
Legal Assessor:	Lucia Whittle-Martin
Hearings Coordinator:	Aisha Charway (15-19 December 2025) Emily Mae Christie (27 May 2026)
Nursing and Midwifery Council:	Represented by Alastair Kennedy (15-19 December 2025), and Stephanie Stevens (27 May 2026), Case Presenter
Miss Bitita:	Not present and unrepresented
Facts proved:	Charges 1 and 2
Fitness to practise:	Impaired
Sanction:	Suspension order (12 months)
Interim order:	No order

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Miss Bitita was not in attendance and that the Notice of Hearing letter had been sent to Miss Bitita's registered email address by secure email on 13 November 2025.

Mr Kennedy, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the '*Nursing and Midwifery Council (Fitness to Practise) Rules 2004*', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegation, the dates and times, and that it was to be held virtually, including instructions on how to join and, amongst other things, information about Miss Bitita's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In light of this, the panel was satisfied that Miss Bitita had been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Miss Bitita

The panel next considered whether it should proceed in the absence of Miss Bitita. It had regard to Rule 21 and heard the submissions of Mr Kennedy who invited the panel to continue in the absence of Miss Bitita. He submitted that Miss Bitita had voluntarily absented herself.

Mr Kennedy referred the panel to the documentation from Miss Bitita, which included a document titled '*Final Statement*', received by the NMC on 27 November 2025, in which she stated:

'Reason for Non-Attendance

I deny the charges as stated. I am unable to attend the hearing because I recently [PRIVATE]. I also do not have legal representation, which further impacts my ability to engage effectively in the process.'

The panel also took account of an email from Miss Bitita sent on 28 November 2025 in which she said:

'I am happy for the hearing to proceed in my absence as I do not have legal representation'

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised *'with the utmost care and caution'* as referred to in the case of *R v Jones (Anthony William) (No.2)* [2002] UKHL 5.

The panel has decided to proceed in the absence of Miss Bitita. In reaching this decision, the panel has considered the submissions of Mr Kennedy, the representations from Miss Bitita, and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Miss Bitita;
- Miss Bitita had informed the NMC that she had received the Notice of Hearing. She had suggested in her *'Final Statement'* that she was not fit to attend the hearing [PRIVATE]. However, she had provided no medical evidence to suggest that she was unable to attend the hearing by reason of

this. The only evidence she provided consisted of [PRIVATE]. Further in her email, 28 November 2025, Miss Bitita had confirmed she is content for the hearing to proceed in her absence.

- There is no reason to suppose that adjourning would secure her attendance at some future date, as she had not applied for an adjournment.
- Three witnesses have been called to give live evidence for this hearing. Not proceeding may inconvenience the witnesses, their employers and, for those involved in clinical practice, the clients who need their professional services.
- The charges relate to events that occurred in 2022, to which the allegations speak. Further delay may have an adverse effect on the ability of witnesses to accurately recall events; and
- There is a strong public interest in the expeditious disposal of the case.

The panel balanced these factors against the disadvantage to Miss Bitita in not attending to give evidence. However, in the panel's judgement, this can be mitigated to some degree by the existence of her written submission received on 27 November 2025 entitled '*Final Statement*', albeit the panel understood that it would be unlikely to attach as much weight to these submissions as to evidence under affirmation or oath.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Miss Bitita. The panel will draw no adverse inference from Miss Bitita's absence in its findings of fact.

Details of charge

That you a registered nurse,

1. Told your employer on or about the 5 April 2022 you had called 999 on the 31 March 2022 when you had not .

2. Your actions at charge 1 were dishonest in that you sought to create the impression that you had called 999 when you knew you had not .

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

Background

The charges arose whilst Miss Bitita was employed as a registered nurse at Stowford House Care Home (the Home). Miss Bitita worked on the first floor, where Resident A resided.

The usual practice in the home is that when a resident is found unresponsive, staff are expected to activate the emergency call bell for assistance. If there is no do-not-attempt-CPR (DNACPR) order in place, the nurse is expected to start resuscitation and call 999. The Home also had a system in place for residents without a DNACPR: a white name badge on their room doors as a visual reminder.

On 31 March 2022, Miss Bitita was on duty on the first floor of the Home, and part of her duties that day included caring for Resident A.

Miss Bitita found Resident A unresponsive in his room later that evening, and she set off the emergency call bell.

It is alleged that she did not start resuscitation or call 999.

During the local investigation interview, Miss Bitita informed the interim manager that she had called 999. However, when the call log was reviewed for 31 March 2022, it showed that Miss Bitita had called 111, and there was no evidence of a 999 call being made. When questioned by her manager on why she had not attempted CPR when she found the patient unresponsive, she had stated that Resident A was '*already dead*'.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Mr Kennedy on behalf of the NMC.

The panel has drawn no adverse inference from the non-attendance of Miss Bitita.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

The panel heard live evidence from the following witnesses called on behalf of the NMC:

- Ms Kellie Shiers: Deputy Manager of the Home at the time the events occurred
- Ms Adriana Boboia: Nursing Assistant at the Home at the time the events occurred
- Mr Gary Foley: Interim Manager of the Home at the time the events occurred.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the witness and documentary evidence provided by the NMC.

The panel then considered each of the disputed charges and made the following findings.

Charge 1

'That you a registered nurse

1. *Told your employer on or about the 5 April 2022 you had called 999 on the 31 of March 2022 when you had not.'*

This charge is found proved.

The panel was satisfied on the balance of probabilities that Miss Bitita told her employer on 5 April 2022 that she had called 999 on 31 March 2022. The panel had regard to the investigatory meeting minutes at the point when Mr Foley asked Miss Bitita if she had called 999, which read:

'[Miss Bitita] said yes, I came downstairs and call 999.'

The panel noted that the minutes were unsigned, but Mr Foley confirmed in evidence that they were accurate and that this is what Miss Bitita had said. The panel acknowledged that Mr Foley was not a permanent employee of the home at the time. However, he was assigned to work there at the relevant time on behalf of Miss Bitita's employer.

Miss Bitita stated in her Final Statement dated 27 November 2025 to the NMC that she had called 999. She made reference to Ms Boboia's statement on what had occurred:

'[Miss Bitita] called the Surgery, but they were closed. I advised her to call 999, which she did...'

The panel noted that in the investigatory meeting notes, Ms Boboia had stated that Miss Bitita had called 999. During the panel questions, Ms Boboia clarified that she had

assumed Miss Bitita had called 999 as she had been told to, but she had not seen which number had been dialled.

Miss Bitita claimed that she had called 999 on a phone, which she referred to as a '*banner phone*'. She said:

'The call logs submitted do not reflect use of the banner phone, which I used due to the known poor signal in that part of the home. This is consistent with the technical limitations of that device, which may not register in the same way as personal mobiles.'

The panel gave less weight to Miss Bitita's submissions than to oral evidence given on affirmation or on oath. Further, the suggestion that she had used a different phone did not accord with Ms Boboia's evidence, which stated that Miss Bitita used the same device to make two calls. The first call was in response to Ms Boboia's request for Miss Bitita to call 999. The second call was in response to a subsequent request made by Ms Shiers for Miss Bitita to phone 111, which Ms Boboia witnessed. Ms Boboia confirmed that the same phone was used by Miss Bitita on both occasions. The call log showed a call lasting 2920 seconds made from the first-floor nurse station to 111 at 18.54 hours. The panel concluded that this was the call made by Miss Bitita on the instruction of Ms Shiers, and that it was witnessed by Ms Boboia. The call immediately preceding this, according to the log, was made at 18.45 hours, from the first-floor nurse station to the GP and was not a 999 call. There was no 999 call recorded in the log. The panel concluded that the 18.45 call was made by Miss Bitita, which Ms Boboia wrongly presumed was a call to 999.

The panel noted that Miss Bitita had not brought up the use of an alternative phone in the investigation meeting and that the first time she had made this suggestion was in her Final Statement.

In all the circumstances, the panel concluded that Miss Bitita had not made a phone call to 999 on 31 March 2022

Accordingly, the panel was satisfied that Bitita had not called 999 on 31 March 2022, yet told her employer during the investigation meeting held on 5 April 2022 that she had done so.

Charge 2

'That you a registered nurse

2. *Your actions at charge 1 were dishonest in that you sought to create the impression that you had called 999 when you knew you had not.'*

This charge is found proved.

Having found charge 1 proved, the panel went on to consider whether Miss Bitita's conduct in charge 1 was dishonest in that she sought to create the impression that she had called 999 when she had not.

The panel had regard to the NMC guidance on *'Making decisions on dishonesty charges'* (DMA-8, last updated 6 May 2025).

- *'What the nurse, midwife or nursing associate knew or believed about what they were doing, the background circumstances, and any expectations of them at the time*
- *Whether the panel considers that the nurse, midwife or nursing associate's actions were dishonest, or*
- *Whether there is evidence of alternative explanations, and which is more likely.'*

It also had regard to the test as set out in the case of *Ivey v Genting Casinos UK Limited* [2017] UKSC 67. The panel applied the following test:

- *'What was the nurse's actual state of knowledge or belief as to the facts; and*
- *Was the nurse's conduct dishonest by the standards of ordinary decent people?'*

The panel reminded itself of Miss Bitita's good character and the burden on the NMC to prove that she had acted dishonestly.

The panel gave consideration to the possibility that Miss Bitita genuinely believed that she had phoned 999 and had made a mistake.

The panel noted that Miss Bitita had several opportunities during the investigatory meeting and thereafter to raise the possibility that she might have made an error and called the wrong number, and yet did not raise the issue.

Further, the panel was satisfied that it could not have been the case that Miss Bitita acted mistakenly, in light of her representations in paragraph three of her Final Statement, which were as follows:

'Whilst I was on the 999 call, still in the queue and waiting to be transferred to the ambulance service, the DM phoned and instructed that I end the call and contact 111 instead. Following her directive, I cancelled the 999 call and called 111. I remained on the line for over 30 minutes before finally speaking to an operator who sent the ambulance.'

The panel was satisfied on the balance of probabilities that, when Miss Bitita told her employer on 5 April 2022 that she had phoned 999, she knew she had not done so and was deliberately seeking to create the impression that she had done so to cover up a failing on her part.

The panel was satisfied that a reasonable member of the public would regard this as dishonest behaviour.

Accordingly, the panel found charge 2 proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Miss Bitita's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage, and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved, amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, Miss Bitita's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

Mr Kennedy invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of '*The Code: Professional standards of practice and behaviour for nurses and midwives 2015*' (the Code) in making its decision.

Mr Kennedy submitted that Miss Bitita had breached codes 8.2, 20.1, 20.2 and 20.3. Mr Kennedy noted that not all breaches of the code amount to misconduct; however, in regard to Miss Bitita's breaches of the code, he submitted that this had amounted to misconduct.

He further submitted that Nurses have a duty of candour and that Miss Bitita had breached that duty. He referred to the NMC's guidance on serious concerns, specifically breaching the professional duty of candour to be open and honest. He submitted that Miss Bitita had attempted to cover up when something went wrong. He further stated that Miss Bitita was a newly qualified nurse who was faced with an unexplained death for the first time and that she did not carry out CPR. He referred the panel to FTP-12 for guidance in relation to deciding misconduct.

Mr Kennedy submitted that Miss Bitita's conduct in giving incorrect and dishonest information to her manager fell well below the standard of what is expected of a nurse and is sufficiently serious and amounts to misconduct.

Submissions on impairment

Mr Kennedy moved on to the issue of impairment. This included reference to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin). He submitted to the panel that limbs B, C and D are engaged, but not A. Mr Kennedy submitted that Miss Bitita's dishonesty breached fundamental tenets of the profession and brought the profession into disrepute.

Mr Kennedy submitted that Miss Bitita has denied the charges against her. He noted that her denial does not make her behaviour in relation to this incident any worse, but the panel must look at her current impairment too.

Mr Kennedy made reference to Miss Bitita's bundle at page 39 and he submitted that it had not addressed insight in relation to why her dishonesty may raise concerns in relation

to public confidence or professional standards. Mr Kennedy then referred to Miss Bitita's reasons as to her actions in which she stated:

'My actions were guided by the urgent need to help Resident X'

Mr Kennedy submitted that Miss Bitita did not help Resident A. Mr Kennedy noted that trust is an important fundamental foundation of patient and nurse relationships, and a breach of this trust could result in the public not wanting to engage with Miss Bitita. Mr Kennedy further submitted there is a risk of repetition if the panel is not satisfied that Miss Bitita has insight.

Mr Kennedy submitted that Miss Bitita's behaviour is remediable but noted that dishonesty is difficult to remediate. He made reference to her reflective bundle and noted that this had dealt with clinical issues, but it did not address the matter of dishonesty. He further noted that there were not up to date testimonials and that Miss Bitita has not been working as a registered nurse and has not been able to demonstrate honesty and integrity, whilst subject to the responsibilities that nurses have.

Mr Kennedy noted that the case examiners in their decision stated that dishonesty in relation to Miss Bitita's behaviour doesn't carry a clinical risk. He submitted that it was for the panel to decide if it agrees with the case examiner's assessment.

Mr Kennedy submitted that a finding of current impairment is necessary to satisfy public interest. He stated that the public should be able to trust nurses, and dishonesty is the type of behaviour and attitude which could lead to people being reluctant to engage with members of the nursing profession. The public would expect the NMC as a regulator to take action to ensure that the nurse doesn't repeat the behaviour.

Mr Kennedy submitted that a finding of no current impairment would send out a message that it is acceptable for a nurse to be dishonest and not be found impaired. He stated that a finding of current impairment is necessary in order to uphold public confidence in the

NMC as a regulator, protect the reputation of the profession and maintain proper standards in the profession.

The panel heard and accepted the advice of the legal assessor.

Decision and reasons on misconduct

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311, which defines misconduct as a '*word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.*'

The panel bore in mind that breaches of the code do not automatically result in a finding of misconduct, the panel had regard to the terms of the Code.

It was of the view that Miss Bitita's actions did fall significantly short of the standards expected of a registered nurse, and that Miss Bitita's actions amounted to a breach of the Code. Specifically:

'8 Work cooperatively

To achieve this, you must:

8.2 maintain effective communication with colleagues

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 ...

20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people'.

The panel found that Miss Bitita had acted dishonestly and was of the view that her actions fell significantly short of what the conduct expected of a registered nurse and amounted to misconduct. The dishonesty was directly linked to her professional practice in that she sought to cover up her actions.

The panel referred to guidance DMA-8 and to the joint GMC and NMC guidance on professional duty of candour, and considered that Miss Bitita had a professional duty of candour to be honest, open, and truthful both in her dealings with patients and their loved ones, and with organisations, including her then employer. The panel concluded that her dishonesty had breached her professional duty of candour.

The panel found that the dishonesty and the breach in the professional duty of candour meant that Miss Bitita actions fell seriously short of the standards expected of a registered nurse and these separately and cumulatively amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Miss Bitita's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the NMC guidance on '*Impairment*' (DMA-1, last updated 3 March 2025) in which the following is stated:

'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?"

If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'

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.

In this regard, the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* [2011] in reaching its decision. In paragraph 74, she said:

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

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

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

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

c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

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

The panel first considered whether any of the limbs of the Grant 'test' were engaged as to Miss Bitita's past conduct.

In its consideration, the panel explored in detail whether limb a was engaged in this case. The panel concluded that this limb did not specifically address the issue and noted that Miss Bitita's dishonesty related to her responses during the investigatory meeting on 5 April 2022. The panel concluded that no risk of harm was established by reason of the questioning in the investigatory meeting.

The panel then considered limbs b, c and d. It concluded that Miss Bitita's dishonesty had breached a fundamental tenet of the nursing profession and had brought its reputation into disrepute. The panel therefore concluded that limbs b, c, and d of the Grant 'test' are engaged in respect of Miss Bitita's past dishonest conduct. It was satisfied that confidence in the nursing profession would be undermined if a finding of impairment were not made in the circumstances.

The panel next considered whether the limbs of the Grant 'test' are engaged as to the future. In this regard, the panel considered the case of *Cohen v General Medical Council* [2008] EWHC 581 (Admin) in which the Court addressed the issue of impairment with regard to the following three considerations:

- a. *Is the conduct that led to the charge easily remediable?*
- b. *Has it in fact been remedied?*

c. *Is it highly unlikely to be repeated?*

In this regard, the panel also considered the factors set out in the NMC guidance on *'Insight and strengthened practice'* (FTP-16, last updated 14 April 2021).

The panel first considered whether Miss Bitita's misconduct is capable of being addressed. In the NMC guidance *'Can the concern be addressed'* (FTP-16a, last updated 27 February 2024), the panel noted the following paragraph:

'In cases like this, and in cases where the behaviour suggests underlying problems with the nurse, midwife or nursing associate's attitude, it is less likely the nurse, midwife or nursing associate will be able to address their conduct by taking steps, such as completing training courses or supervised practice.

Examples of conduct which may not be possible to address, and where steps such as training courses or supervision at work are unlikely to address the concerns include:

-
- *dishonesty, particularly if it was serious and sustained over a period of time, or is directly linked to the nurse, midwife or nursing associate's professional practice'*

The panel was of the view that this misconduct in this case is not easily remediable, as it involves dishonesty.

The panel then considered whether Miss Bitita's misconduct is capable of being addressed. In the NMC guidance *'Has the concern been addressed'* (FTP-16b, last updated 25 March 2026), the panel noted the following paragraph:

'Before effective steps can be taken to address concerns, the nurse, midwife or nursing associate must recognise the problem that needs to be addressed. Therefore insight on the part of the nurse, midwife or nursing associate is crucially important.

A nurse, midwife or nursing associate who shows insight will usually be able to:

- step back from the situation and look at it objectively*
- recognise what went wrong*
- accept their role and responsibilities and how they are relevant to what happened*
- appreciate what could and should have been done differently*
- understand how to act differently in the future to avoid similar problems happening'*

Regarding insight, the panel considered that Miss Bitita had not demonstrated sufficient insight. The panel had regard to Miss Bitita's reflection, which included the following passage:

'What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

I learned that honesty is essential in nursing practice. Even under pressure, providing inaccurate information undermines trust, team cohesion, and patient safety. I also gained insight into the professional and emotional impact perceived dishonesty can have on colleagues, the organisation, and my own credibility.'

However, Miss Bitita had continued to deny the allegation of dishonesty. Whilst this could not be held against her, she had provided no evidence of insight into dishonesty other

than the passage above. The panel was of the view that this demonstrated insufficient insight into the impact of dishonesty on the public confidence in the nursing profession.

It concluded that Miss Bitita could have sought to more fully understand the impact of dishonesty and how an ordinary member of the public would find it deplorable that a registered nurse had behaved dishonestly. The panel further noted that Miss Bitita's testimonials were not current, as they were from two years ago and did not address her character regarding honesty and integrity.

The panel also considered the NMC guidance, '*Is it highly unlikely that the conduct will be repeated?*' (FTP-16c, last updated 14 April 2021). The panel noted the following paragraph:

When considering how likely it is that conduct will be repeated, decision makers will assess the extent of the nurse, midwife or nursing associate's insight into the concerns, and will also consider whether the steps taken to address concerns are sufficient.

Decision makers will consider whether the nurse, midwife or nursing associate is likely to repeat the conduct that caused the concerns. When doing this, they should take into account whether the nurse, midwife or nursing associate has been practising in a similar environment to where the conduct took place. If they have, and have therefore been exposed to occasions when there was a risk of past conduct being repeated, then the absence of repetition will be significant. If they have not been practising in a similar environment (whether because restrictions have been placed on their practice or for any other reason), the absence of repetition will be of little or no relevance.

Decision makers can also take into account the full circumstances of the case. The likelihood of the conduct being repeated in the future may be reduced where:

- The nurse, midwife or nursing associate has demonstrated sufficient insight and has taken appropriate steps to address any concerns arising from the allegations.*
- The behaviour in question arose in unique circumstances. While this may not excuse the nurse, midwife or nursing associate's behaviour, this may suggest that the risk of repetition in the future is reduced.*
- The nurse, midwife or nursing associate has an otherwise positive professional record, including an absence of any other concerns from past or current employers and of any previous action by us or another regulatory body.*
- The nurse, midwife or nursing associate has engaged with us throughout our processes*

The panel acknowledged that Miss Bitita joined the register in 2020 and that this was an isolated incident in her career.

However, the panel is of the view that there is a risk of repetition based on Miss Bitita's insufficient insight and that she had not addressed her dishonesty adequately. The panel therefore decided that a finding of impairment is necessary on the grounds of public interest.

The panel bore in mind that the overarching objectives of the NMC include promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case, and proper professional standards

would not be upheld, and therefore found Miss Bitita's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Miss Bitita's fitness to practise is currently impaired.

Submissions on interim order

Mr Kennedy submitted that there was no interim order put in place and the NMC did not seek for one to be imposed, as it did not meet the required threshold.

Decision and reasons on interim order

The panel accepted the advice of the Legal assessor.

The panel agreed with the NMC submission that in the circumstances of this public interest only impairment decision the high threshold for an interim order had not been met. The panel therefore did not impose an interim order.

At the time of making this decision, it has been indicated to the panel that dates to resume these proceedings will not be before 27 May 2026. The panel acknowledged that the dates for the resuming was 27 May 2026 of this substantive hearing have been confirmed.

Decision and reasons on service of Notice of Hearing

The hearing resumed on 27 May 2026. At the start of the resuming hearing, the panel was informed that Miss Bitita was not in attendance and that the Notice of Hearing letter had been sent to Miss Bitita's registered email address by secure email on 14 April 2026.

Ms Stevens, on behalf of the NMC, submitted that it had complied with the requirements of Rules 11 and 34.

The panel heard and accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegation, the time, date and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Miss Bitita's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In light of all the information before it, the panel was satisfied that Miss Bitita had been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34 of the rules.

Decision and reasons on proceeding in the absence of Miss Bitita

The panel next considered whether it should proceed in the absence of Miss Bitita. It had regard to Rule 21 of the rules and heard the submissions of Ms Stevens, who invited the panel to continue in the absence of Miss Bitita. She submitted that Miss Bitita had voluntarily absented herself.

Ms Stevens referred the panel to the email from Miss Bitita to the hearings coordinator, dated 27 May 2026, where she stated, *'Further to my previous emails, and for the reasons already set out therein, I confirm that I will not be attending the hearing.'*

The panel heard and accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 of the rules is not absolute and is one that should be exercised *'with the utmost care and caution'*.

The panel has decided to proceed in the absence of Miss Bitita. In reaching this decision, the panel has considered the submissions of Ms Stevens, the email from Miss Bitita, and

the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *General Medical Council v Adeogba* [2016] and had regard to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Miss Bitita;
- Miss Bitita informed the NMC hearings coordinator via email on 27 May 2026 that she would not be attending the hearing for the same reasons as she had previously set out;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- The charges relate to events that occurred in 2022; and
- There is a strong public interest in the expeditious disposal of the case.

The panel noted that there is some disadvantage to Miss Bitita in proceeding in her absence. However, the evidence upon which the NMC relies will have been sent to her at her registered email address, and she has confirmed that she will not be attending this hearing. Therefore, the panel was of the view that the limited disadvantage is the consequence of Miss Bitita's decisions to absent herself from the hearing, waive her rights to attend, and/or be represented, and not provide evidence or make submissions on her own behalf.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Miss Bitita. The panel will draw no adverse inference from Miss Bitita's absence in its findings of fact.

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of 12 months. The effect of this order is that the NMC register will show that Miss Bitita's registration has been suspended.

Submissions on sanction

Ms Stevens submitted that since the hearing in December 2025, Ms Bitita has not engaged with the NMC and has not provided any further information regarding impairment, insight or remediation.

Ms Stevens referred the panel to the NMC guidance '*The sanctions available*' (SAN-2, last updated 28 January 2026).

Ms Stevens submitted that the aggravating features are as follows:

- Deliberate breaches of the code as found by the panel;
- Repeated dishonesty; and
- Continuing insufficient insight.

Ms Stevens accepted that there was one mitigating factor, namely that this related to an isolated incident.

In light of the aggravating and mitigating factors, Ms Stevens submitted that the most appropriate and proportionate sanction in this case is a suspension order for a period of 12 months.

Ms Stevens submitted that taking no further action would not be appropriate in this case, given that the misconduct involved repeated dishonesty. She referred the panel to the NMC guidance on '*Taking no further action*' (SAN-2a, last updated 28 January 2026). She submitted that the panel found that Miss Bitita has insufficient insight and that there is no basis to conclude that the concerns have been fully remedied. Therefore, she submitted that taking no further action would fail to mark the seriousness of the misconduct and would not uphold public confidence or professional standards.

In relation to a caution order, Ms Stevens submitted that this would also be inappropriate. She referred the panel to the NMC guidance on '*Caution order*' (SAN-2b, last updated 28

January 2026), specifically the three factors that may make a caution order appropriate. Although she accepted that Miss Bitita had provided some evidence of resuscitation training, she had not provided any comparable evidence of retraining, reflection or remediation in relation to her dishonesty or need for a professional duty of candour. In light of this, Ms Stevens submitted that the threshold for significant retraining reflection is not met.

In relation to the second factor, which relates to insight, Ms Stevens submitted that the panel have already found Miss Bitita's insight to be insufficient, and there is an ongoing risk of repetition. In relation to which sanction would be necessary to uphold professional standards and public confidence in the profession, she submitted that a caution order would be insufficient to uphold these. Therefore, she submitted that a caution order is not an appropriate order in this case.

Ms Stevens turned to the conditions of practice order. She referred the panel to the NMC guidance on '*Conditions of practice order*' (SAN-2c, last updated on 28 January 2026). She submitted that there are no workable or measurable conditions that could adequately address attitudinal concerns of this nature. She submitted that conditions would fail to address the wider public interest and would be neither appropriate nor proportionate.

Ms Stevens invited the panel to make a suspension order for a period of 12 months. She referred the panel to the NMC guidance on '*Suspension order*' (SAN-2d, last updated 28 January 2026). She submitted that this was the most appropriate order, as the charges found proved are serious, involving deliberate, repeated dishonesty. She submitted that Miss Bitita's dishonesty is at the more serious end of the spectrum. Ms Stevens submitted that to date, Miss Bitita has not demonstrated any meaningful remorse or fully acknowledged her dishonesty; and therefore, her insight remains limited. Furthermore, Miss Bitita has provided limited engagement with some relevant training, but there is no recent evidence, such as testimonials, to demonstrate strength in practise or professional values of remediation.

Ms Stevens submitted that, as the concerns are attitudinal and remain unresolved, a temporary period of removal from the register is required. She submitted that a period of suspension would be sufficient to uphold public confidence in the profession and maintain professional standards, while also giving Miss Bitita an opportunity to further reflect, develop insight and demonstrate meaningful behavioural change. She acknowledged that Miss Bitita engaged with the process until recently, suggesting a realistic prospect of remediation and eventual return to practice, which supports the panel's decision to issue a suspension order rather than a striking-off order.

Ms Stevens submitted that the impairment in this case is very serious but not so serious as to be fundamentally incompatible with continued registration. She submitted that an outcome lesser than a suspension would not be able to satisfy the overarching objective. In those circumstances, she submitted that a suspension order is the only sanction that properly reflects the seriousness of the misconduct, maintains public confidence in the profession and upholds professional standards, whilst giving Miss Bitita an opportunity to remediate.

The panel heard and accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found Miss Bitita's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. The panel has borne 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 decision on sanction is a matter for the panel independently exercising its own judgment.

The panel took into account the NMC guidance on '*Sanctions for the highest risk cases*' (SAN-4, last updated 28 January 2026).

The panel took into account the following aggravating features:

- Miss Bibita, in the course of her dishonesty, also breached her professional duty of candour;
- A personal gain, in that Miss Bitita was dishonest as a way of avoiding the consequences of her actions, namely, potential dismissal from her employment;
- Miss Bitita has demonstrated insufficient insight into the impact of her dishonesty on the public confidence in, and the reputation of the profession; and
- Miss Bitita sought to blame others for her own misconduct.

The panel also took into account the following mitigating features:

- Miss Bitita's previous good character; and
- The misconduct was a one-off incident

The panel went on to consider the type of sanction order it should make. In doing so, the panel had regard to all the latest NMC guidance on sanctions.

The panel had regard to the NMC guidance SAN-4, in particular the section '*Cases involving dishonesty*'. The panel noted that Miss Bitita's dishonest conduct amounted to a breach of her professional duty of candour as she had said that she had called 999, when in fact she had not, during an internal investigation. The panel was of the view that this was an isolated incident and had not been repeated.

Having balanced these factors, the panel found Miss Bitita's dishonesty, albeit serious, was not at the most serious end of the spectrum.

The panel then considered each of the possible sanctions in the order required by the NMC guidance on '*The sanctions available*' (SAN-2, last updated 28 January 2026).

The panel first considered taking no further action, taking into account the NMC guidance SAN-2a, whereby only in exceptional circumstances, after a finding of impairment, would no further action be sufficient. The panel concluded that this would be inappropriate given

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 at SAN-2b, 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.'

A caution may be appropriate when any of the following factors are apparent (this list is not exhaustive):

- *Significant evidence of re-training and reflection*
- *significant insight which makes repetition highly unlikely*
- *a sanction is necessary to uphold professional standards and public confidence in the profession, but the professional is able to practise safely and a more restrictive sanction would be disproportionate'*

The panel was of the view that the three bullet points as noted in the guidance are not engaged in this case. It considered that Miss Bitita's misconduct and dishonesty was not at the lower end of the spectrum. Miss Bitita has not provided any further evidence of retraining of the issues identified for the charges found proved, nor has she provided a sufficient reflection into her misconduct. Furthermore, the panel noted that per its finding of impairment, Miss Bitita has not shown significant insight. The panel therefore determined that a sanction that does not restrict Miss Bitita's practice would not be in the public interest. 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 placing conditions of practice on Miss Bitita's registration would be appropriate. The panel was mindful that any conditions imposed must be relevant, proportionate, workable and measurable. The panel had regard to the NMC guidance SAN-2c and had regard to the following factors:

'Conditions may be appropriate when any of the following factors are apparent (this list is not exhaustive):

- *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 considered that this is not a competency case; it is a dishonesty case involving behavioural concerns. It noted that there are no concerns regarding Miss Bitita's clinical competence; the concerns pertain to a behavioural concern regarding dishonesty in her professional practice. Therefore, the panel was of the view that no relevant, proportionate, workable, and measurable conditions could be formulated in light of the issues identified.

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

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC guidance at SAN-2d, 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 at SAN-2d 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 took the guidance into account. It noted that the charges found proved relate to dishonesty and therefore call into question Miss Bitita's suitability to continue practising. Further, the panel noted that it had found Miss Bitita had not demonstrated meaningful insight into the concern, especially in relation to her dishonesty or her duty of candour.

The panel was mindful that it had found Miss Bitita impaired on the grounds of public interest only. The panel was of the view that this case falls between considering a suspension order or a striking-off order. To assist the panel's decision, it considered the NMC guidance *'Deciding between suspension and strike off'* (SAN-3, last updated on 28 January 2026).

'Determining the proportionate sanction is often difficult when the Committee is deciding between a suspension or a striking-off order. In such cases, the Committee should:

- consider all of the relevant aggravating and mitigating factors.*
- consider that, unless the Committee directs otherwise, a suspension order will be reviewed before its expiry and may be extended. However, the Committee cannot direct that the suspension must be extended on review. As such the Committee should consider whether public confidence in the profession would be protected if the professional returned to practice after one year, or ever.*
- Consider the professional's insight and attitude to addressing the concerns, and whether it is realistically possible that these will change positively during the suspension period. If it is unlikely the professional will try to address the concerns, there may not be appropriate for them to be suspended in the hopes that they will eventually return to practice.*
- Professionals are under an obligation to cooperate with their regulator. Where professionals have failed to engage with the fitness to practise process, it won't usually be appropriate to use a suspension*

order as a means of giving them a 'last chance' to engage, reflect or show insight.'

The panel considered all the information before it, including aggravating and mitigating factors.

The panel noted that Miss Bitita was engaging with the NMC up until recently and, although she did not attend this hearing, she did communicate with the NMC on both occasions, stating that she would not be in attendance. It noted that Miss Bitita's previous engagement included her sending documents, which were before the panel, including two unsigned testimonials, seven training certificates, her final statement, and her reflective account. The panel was of the view that although Miss Bitita has engaged in the past, it has been limited and not directly related to the issues identified in the charges. However, the panel also noted that this was an isolated incident of dishonesty, with no evidence that Miss Bitita has repeated the misconduct.

The panel took into account the NMC guidance '*Striking-off order*' (SAN-2e, last updated 28 January 2026), and considered the following:

- *'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?'*

The panel noted that although Miss Bitita's misconduct raises serious questions about her professionalism, it was of the view that this did not require her removal from the register. The panel was not satisfied that the imposition of a striking-off order was the only sanction sufficient to address the public interest considerations of this case. Therefore, the panel determined that a striking-off order, in all the circumstances of this case, would be disproportionate.

In light of this, the panel determined that, given Miss Bitita's previous engagement, that this was an isolated incident, and given Miss Bitita's good character, the panel was of the view that a period of suspension would give her the opportunity to fully address the issues identified from the charges, and be able to demonstrate a sufficiently developed insight and strengthened practice into the concerns.

Balancing all of these factors, the panel has concluded that a suspension order would be the appropriate and proportionate sanction to mark the seriousness of the misconduct and satisfy the public interest. It noted the hardship such an order would inevitably cause Miss Bitita. 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 a clear message to the public and the profession about the standard of behaviour required of a registered nurse.

The panel determined that a suspension order for a period of 12 months was appropriate in this case to mark the seriousness of the dishonesty.

At the end of the period of suspension, another panel will review the order. At the review hearing, the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- Miss Bitita's attendance and engagement at the review of this suspension order;
- An up-to-date reflective piece and other relevant evidence that points to developed insight into the charges found proven; and
- Up-to-date testimonials from current colleagues in a clinical setting that speak to Miss Bitita's honesty and integrity.

This will be confirmed to Miss Bitita in writing.

Interim order

As the suspension order cannot take effect until the end of the 28-day appeal period, the panel has 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 Miss Bitita's own interests until the suspension sanction takes effect.

Submissions on interim order

Ms Stevens submitted that the NMC does not seek an interim order in this case. This is because interim orders on the grounds of public interest only have a high threshold.

Ms Stevens submitted that it is a matter for the panel to decide whether an interim order is required.

The panel heard and accepted the advice of the legal assessor.

Decision and reasons on interim order

The panel was of the view that, in the circumstances of Miss Bitita's impairment and the substantive suspension order being made solely on the grounds of public interest, an

interim order is not required, as the high threshold for making an interim order on the grounds of public interest is not met in the circumstances.

Therefore, the panel did not impose an interim order.

That concludes this determination.