

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

**Substantive Meeting  
Monday, 18 May 2026 – Tuesday 19 May 2026**

Virtual Meeting

**Name of Registrant:** Laura Coulbeck

**NMC PIN:** 20F0812E

**Part(s) of the register:** Registered nurse – sub part 1  
RNA Adult nurse (level 1) – 8 September 2020

**Relevant Location:** East Lincolnshire

**Type of case:** Misconduct

**Panel members:** Dave Lancaster (Chair, lay member)  
Lesley Foulkes (Registrant member)  
Karen Naya (Lay member)

**Legal Assessor:** Suzanne Palmer

**Hearings Coordinator:** Ekaette Uwa

**Facts proved:** All

**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 Coulbeck's registered email address by secure email on 12 February 2026.

Further, the panel noted that the Notice of Meeting was also sent to Ms Coulbeck's representative at Thompsons Solicitors on 12 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 and date the meeting would be held.

In the light of all of the information available, the panel was satisfied that Ms Coulbeck 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', as amended (the Rules). The panel considered that it was appropriate to proceed with a substantive meeting.

## **Decision and reasons on application to admit hearsay evidence**

The Nursing and Midwifery Council (NMC) submitted an application under Rule 31 to allow the local statements of Danielle Mallabone (exhibit JF/1 appendix 14), Kirsty Dent (exhibit JF/1 appendix 15) and Hannah Day (exhibit JF/1 appendix 16) into evidence. The NMC submitted that the statements provide direct evidence in relation to Ms Coulbeck's untruthful disclosures. It submitted that the local statements are not the sole or decisive evidence in support of the charges.

The NMC further submitted that given Ms Coulbeck's detailed response at the local investigation, it did not consider it necessary to obtain NMC witness statements as part of the investigation.

The NMC concluded that it would not be unfair to admit this evidence having regard to Ms Coulbeck's admissions and her lack of engagement in the regulatory process since June 2024.

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

The panel noted that the evidence relied upon was contemporaneous and not the sole and decisive evidence in support of the charges.

The panel noted that Ms Coulbeck had admitted to the allegations during the local investigation and determined that the evidence is highly relevant and though not provided during the course of the NMC's investigation, was produced for the purpose of the internal investigations.

The panel therefore accepted the application to admit the hearsay evidence under Rule 31 and determined to give what it deemed appropriate weight once it had evaluated all the evidence before it.

### **Details of charge**

That you, a Registered Nurse:

- 1) On 26 September 2021, told your employer that you had suffered a close family bereavement.
- 2) From 26 September 2021 to 10 October 2021 were paid compassionate leave by your employer.
- 3) Your actions at charge 1 and/or 2 were dishonest in that:
  - a) You had not suffered a bereavement;
  - b) You represented to your employer that you were entitled to compassionate leave when you knew you were not.
- 4) On one or more of the dates set out in Schedule 1 reported a pregnancy related illness to your employer.
- 5) Your actions at charge 4 resulted in you being paid sick leave by your employer for a pregnancy related illness.
- 6) Your actions at charge 4 and/or 5 were dishonest in that:

- a) You were not pregnant at the material times;
- b) You represented to your employer that you were entitled to paid sick leave when you knew you were not.

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

Schedule 1

15 June 2022

21 June 2022

13 July 2022

30 July to 7 August 2022

## **Background**

The charges arose whilst Ms Coulbeck was employed as a Band 5 nurse by the Northern Lincolnshire and Goole NHS Foundation Trust (“the Trust”).

The Trust informed the NMC about concerns regarding Ms Coulbeck’s honesty, integrity and [PRIVATE]. It was alleged that Ms Coulbeck had been dishonest about a pregnancy and that she was currently on sick leave but had told her ex-partner that she was on maternity leave. The referral also reported she had told her ex-partner and others that her father had died earlier in the year, however this was untrue.

It is also alleged that Ms Coulbeck received sick leave for pregnancy related illness and compassionate leave for a close family bereavement both of which are alleged to be untrue.

The Trust conducted an investigation, and Ms Coulbeck was dismissed from her post. [PRIVATE]. Although taking into account the evidence at her internal investigation, the panel took no consideration of the outcome of that investigation.

### **Decision and reasons on facts**

In reaching its decisions on the disputed facts, the panel took into account all the documentary evidence in this case together with the representations made by the NMC in their written Statement of Case.

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 had regard to the written statements of the following witnesses on behalf of the NMC:

- Joanne Foster: Deputy Nurse Director at the Trust.

[PRIVATE].

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

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

### **Charges 1) and 2)**

“That you, a registered nurse:

- 1) On 26 September 2021, told your employer that you had suffered a close family bereavement.
- 2) From 26 September 2021 to 10 October 2021 were paid compassionate leave by your employer.

**This charge is found proved.**

Given the similarity of the allegations, which arise out of the same incident, the panel considered charges 1 and 2 together.

In reaching this decision, the panel took into account all the documentary evidence before it which included the following:

- Ms Foster's witness statement;
- Relevant Eroster records;
- The local investigation report;
- Disciplinary hearing outcome letter dated 2 March 2023; and
- Ms Coulbeck's response to the regulatory concerns

The panel took account of the report from the local investigation which stated that Ms Coulbeck rang the Ward Manager and informed her that her '*that her father had suffered a cardiac event and had suddenly passed.*' The panel also had regard to the email from Danielle Mallabone dated 25 January 2023 where she stated as follows:

*'...said I just wanted to bring to your attention and this is really sensitive but I have been made aware that you have been seen with your father last week and we have been made aware that someone has spoken to him. She said she sick of this and no doubt this is the OT from stroke that is saying all this to cause her more heart break. I said I am sorry to ask and she said well Danni my dad is dead and sorry I want to move on and come to work...'*

The panel also considered Ms Coulbeck's later explanation to the effect that her father was '*dead to me*'. The panel determined that this explanation did not support a finding that she genuinely believed her father had died.

The panel next considered the Eroster records, which showed that Ms Coulbeck was absent from work from 26 September 2021 to 10 October 2021 and was granted paid compassionate leave during that period.

Taking all of these together, the panel was satisfied that Ms Coulbeck had indeed told her employer that she had suffered a close family bereavement and that, as a consequence, she received paid compassionate leave.

Accordingly, the panel found charges 1 and 2 proved.

### **Charge 3)**

“That your actions at charge 1 and/or 2 were dishonest in that:

- a) You had not suffered a bereavement;
- b) You represented to your employer that you were entitled to compassionate leave when you knew you were not.

**This charge is found proved.**

In reaching this decision, the panel took into account the report from the local investigation as well as the report of Dr Haroon Moosa.

The panel considered that there was no evidence that your father had passed away or that you reasonably believed this to be the case.

[PRIVATE].

The panel also considered that Ms Coulbeck knowingly made a false representation that her father had died, the panel was satisfied that Ms Coulbeck understood that compassionate leave was granted on the basis of bereavement.

The panel determined that Ms Coulbeck knew that she was not entitled to compassionate leave but nevertheless sought and received that benefit.

The panel concluded that your actions at charge 3 were intended to deceive and were dishonest. Accordingly, the panel found charges 3a and 3b proved.

### **Charge 4)**

“That you, a registered nurse:

On one or more of the dates set out in Schedule 1 reported a pregnancy related illness to your employer.”

Schedule 1

15 June 2022

21 June 2022

13 July 2022

30 July to 7 August 2022

**This charge is found proved.**

In reaching this decision, the panel took into account the Fit note dated 10 August 2022, the sickness records on the Eroster and the statements from the local investigation.

[PRIVATE].

[PRIVATE].

The panel considered that there was insufficient evidence to demonstrate whether Ms Coulbeck had ever been pregnant during these times. However, it was satisfied that at one or more of the dates in Schedule 1, that Ms Coulbeck had informed her employer that her sickness absence was related to her pregnancy when it was not.

Accordingly, the panel found charge 4 proved.

**Charge 5)**

“That your actions at charge 4 resulted in you being paid sick leave by your employer for a pregnancy related illness.”

**This charge is found proved.**

In reaching this decision, the panel took into account the sickness records on Eroster and the Trust’s Managing Attendance Policy and Procedure.

The panel considered the Trust's Eroster records demonstrating Ms Coulbeck's absence due to sickness. The panel was satisfied that that, Ms Coulbeck was absent from work on one or more occasions for pregnancy-related sickness absence.

### **Charge 6)**

"That your actions at charge 4 and/or 5 were dishonest in that:

- a) You were not pregnant at the material times;
- b) You represented to your employer that you were entitled to paid sick leave when you knew you were not.

### **This charge is found proved.**

The panel considered Ms Coulbeck's own admission during the local investigation that she was not pregnant during the relevant period.

[PRIVATE]. The panel was referred to a Fit Note from her GP recording absence for morning sickness. However, there was no evidence the GP had confirmed the pregnancy. Ms Coulbeck told the Trust that she had done a home pregnancy test [PRIVATE].

[PRIVATE].

The panel was particularly persuaded by Ms Coulbeck's admission that she was not pregnant at the material times.

Having established Ms Coulbeck's knowledge or belief as to the facts at the time of these incidents, the panel moved on to decide whether her conduct was dishonest when viewed objectively by an ordinary, decent person. It was in no doubt that, applying these standards, Ms Coulbeck's actions were dishonest.

The panel therefore finds the allegation of dishonesty proved on the balance of probabilities.

## **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 Ms Coulbeck'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 safely and effectively without restriction.

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, Ms Coulbeck's fitness to practise is currently impaired as a result of that misconduct.

## **Representations on misconduct and impairment**

In coming to its decision, the panel had regard to the case of *Roylance v GMC (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 NMC 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.

The NMC identified the specific, relevant standards where Ms Coulbeck's actions amounted to misconduct:

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

*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, treating people fairly and without discrimination, bullying or harassment'*

The NMC submitted that Ms Coulbeck's conduct was serious, fell far short of what is expected of a registered nurse and was a flagrant departure from the standards expected of a registered nurse.

The NMC submitted that limbs 2-4 of the test in *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin) are engaged.

The NMC submitted that Ms Coulbeck's dishonesty was premeditated and long standing and that she displayed no remorse or an understanding of the impact of her actions.

The NMC requires the panel to bear in mind its overarching objective to protect the public and the wider public interest. This included 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 has referred to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

The NMC submitted that Ms Coulbeck is impaired on both public protection and public interest grounds.

There were no representations from Ms Coulbeck before the panel.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), *R (Remedy UK Ltd) v GMC* [2010] EWHC 1245 (Admin), *R (Calhaem) v GMC* [2007] EWHC 2606 (Admin), *Johnson & Maggs v NMC (No. 2)* [2013] EWHC 2140 (Admin), *Cohen v GMC* [2008] EWHC 581 (Admin), *CHRE v NMC & Grant* [2011] EWHC 927 (Admin), *Schodlok v*

GMC [2015] EWCA Civ 769, *Kimmance v GDC* [2016] EWHC 1808 (Admin), and *Lusinga v NMC* [2017] EWHC 1458 (Admin).

## **Decision and reasons on misconduct**

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel was of the view that Ms Coulbeck's actions did fall significantly short of the standards expected of a registered nurse, and that Ms Coulbeck's actions amounted to a breach of the Code. Specifically:

### ***'1 Treat people as individuals and uphold their dignity***

*To achieve this, you must:*

*1.1 treat people with kindness, respect and compassion*

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

*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, treating people fairly and without discrimination, bullying or harassment*

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that Ms Coulbeck engaged in repeated and deliberate dishonesty in respect of two separate incidents.

First, falsely representing that her father had died and, as a result, obtained two weeks of paid compassionate leave to which she was not entitled. On the first occasion when she was challenged, she maintained that her father had died.

Secondly, Ms Coulbeck falsely represented on several occasions that she was pregnant [PRIVATE].

The panel considered the nature of Ms Coulbeck's conduct to be particularly serious. The lies concerned highly emotive matters that would ordinarily elicit sympathy, compassion and support and cause distress for others. Further the panel determined that this would have had an impact on the service and her colleagues due to having to cover for her absence. The panel considered that Ms Coulbeck's actions were manipulative in that they took advantage of the compassion and goodwill of her colleagues and managers. It concluded that Ms Coulbeck's actions represented a serious departure from the standards expected of a registered nurse and amounted to misconduct.

### **Decision and reasons on impairment**

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

In coming to its decision, 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.'*

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. 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* 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) ...
- 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.'*

In reaching its decision, the panel had regard to its previous findings on facts and was satisfied that limbs 2 – 4 of the Grant test were engaged as set out in the NMC's Statement of Case.

The panel considered the observations made by J Silber in the case of *Cohen v General Medical Council* [2008] EWHC 581 by asking the questions that the Court set out as being 'highly relevant' to the determination of the question of current impairment:

- *Is the conduct that led to the charge easily remediable?*
- *Has it in fact been remedied?*
- *Is it highly unlikely to be repeated?'*

The panel considered that dishonesty is more difficult to remediate because of its attitudinal nature. It was of the view that in this case, the repeated, deliberate dishonesty and its sustained nature was indicative of deep-seated attitudinal issues.

The panel also considered that whilst attitudinal concerns are inherently more difficult to address, it accepted that dishonesty is not incapable of remediation.

The panel noted the absence of any evidence of any meaningful remediation. It noted that Ms Coulbeck made admissions during the local investigation. However, beyond those admissions, there was no evidence of any reflections, training, testimonials, or any other material demonstrating efforts to address the underlying concerns. The panel noted Ms Coulbeck's lack of engagement with these proceedings. There was also no evidence of remorse or of insight into her actions and their impact on her colleagues, her employer, and the profession.

[PRIVATE].

Given the circumstances, the panel was not satisfied that repetition is highly unlikely. It therefore concluded that there remains a significant risk that Ms Coulbeck would repeat similar dishonest conduct in the future.

The panel bore in mind the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel next considered whether a finding of impairment was required on public protection grounds. There was no evidence before the panel that her actions resulted in direct patient harm, although these actions would have placed pressure on the Trust and her colleagues to cover these absences. None of the charges before the panel indicated issues with her clinical practice. The panel therefore determined that a finding of impairment on public protection grounds is not required.

However, the panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case, where a nurse engaged in repeated and deliberate dishonesty involving matters as emotive as bereavement and pregnancy were permitted to practise unrestricted in the absence of insight and remediation. The panel therefore finds Ms Coulbeck's fitness to practise impaired on the grounds of public interest.

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

### **Sanction**

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

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had regard to the NMC Guidance on '*The sanctions available*' (Reference: SAN-2 Last Updated: 28/01/2026).

The panel accepted the advice of the legal assessor.

### **Representations on sanction**

The panel noted that in the Notice of Meeting, dated 12 February 2026, the NMC had advised Ms Coulbeck that it would seek the imposition of a striking-off order if it found Ms Coulbeck's fitness to practise currently impaired.

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

Having found Ms Coulbeck'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 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:

- Repeated dishonesty in two separate and distinct contexts;
- A pattern of misconduct over a period of time;
- The misconduct was premeditated;
- Personal gain;
- Abuse of a position of trust by taking advantage of the good nature of others;
- Deliberate breaches of the Code;
- No expression of remorse
- failure to engage in the Fitness to Practise (FitP) process; and
- absence of insight and remediation.

The panel also took into account the following mitigating features:

- Ms Coulbeck made some admissions at the local level; and
- [PRIVATE].

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would not be 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 considered that Ms Coulbeck's misconduct was not at the lower end of the spectrum and that there was a risk of repetition of breaches of the Code, of a nature likely to undermine public confidence in the profession, including dishonesty. The panel determined that it would not be in the public interest to impose a caution order.

The panel next considered whether to place a conditions of practice order on Ms Coulbeck'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 Ms Coulbeck's fitness to practise impaired on public interest grounds and having regard to the nature and seriousness of Ms Coulbeck's conduct, the panel determined that a conditions of practice order would not be appropriate in the circumstances. The panel further considered that there are no relevant, proportionate, workable or measurable conditions that could be formulated to address the misconduct in this case, which is attitudinal in nature.

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.'*

Whilst the panel acknowledged that the issues identified could be managed by Ms Coulbeck being temporarily removed from the Register, it considered that it would not be sufficient to uphold public confidence in the profession and maintain professional standards due to the seriousness and nature of the facts found proved. Given Ms Coulbeck's lack of engagement, lack of insight and remorse, together with no evidence of training and development, the panel considered that there appears to be no realistic possibility that she would address the concerns to such a level where she could return to practise professionally. The panel concluded that a suspension order would not be sufficient to uphold public confidence in the profession. It determined that the nature and seriousness of the misconduct, and the lack of reflection and full accountability were such that Ms Coulbeck's actions was fundamentally incompatible with her remaining on the register. 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?*

The panel found that Ms Coulbeck has demonstrated a sustained lack of engagement and has failed to remediate or take any steps to address her failings. The panel determined that Ms Coulbeck's actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with her remaining on the register.

The panel was of the view that the findings in this particular case demonstrate that Ms Coulbeck's actions were serious and to allow her to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body. It concluded that there remains a real risk of repetition and determined that it was necessary to take action to prevent Ms Coulbeck from practising in the future. It concluded that the only sanction that would adequately serve the public interest in these circumstances was a striking off order.

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 Coulbeck'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 has concluded that nothing short of this would be sufficient in this case.

The panel considered that this order was necessary to mark the seriousness of the misconduct in order to maintain 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 Coulbeck in writing.

### **Interim order**

As the striking-off 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 Ms Coulbeck's own interests until the striking-off sanction takes effect.

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

### **Representations on interim order**

The panel took account of the representations made by the NMC in its Statement of Case as follows:

*'If a finding is made that the registrant's fitness to practise is impaired on a public protection basis and a restrictive sanction imposed, we consider an interim order in the same terms as the substantive order should be imposed on the basis that it is necessary for the protection of the public and otherwise in the public interest.'*

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

The panel was satisfied that an interim order is necessary in the public interest, notwithstanding the high bar for imposing an interim order solely on that ground. The panel had regard to the seriousness of the facts found proved, compounded by the absence of remorse, insight, remediation and engagement. It considered that public confidence in the profession would be significantly undermined in this case if an interim order were not in place pending any appeal.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim

suspension order for a period of 18 months to allow time for the appeal period before the striking-off order comes into effect.

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

That concludes this determination.