

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

**Substantive Hearing
Monday 6 – Friday 10 October 2025
Friday 22 May 2026 (Panel in camera)
Tuesday 26 May 2026 – Thursday 28 May 2026**

Virtual Hearing

Name of Registrant: Ibukunola Oyekunle Omoniyi Fisher

NMC PIN: 19F1377E

Part(s) of the register: RNA: Registered Nurse – (sub part 1)
Adult – Level 1- 21 November 2019

Relevant Location: Northampton

Type of case: Misconduct

Panel members: Michelle Lee (Chair, registrant member)
Rebecca Aylward (Registrant member)
Alison James (Lay member)

Legal Assessor: Andrew Young (6 – 10 October 2025)
John Bassett (22 – 28 May 2026)

Hearings Coordinator: Rebecka Selva

Nursing and Midwifery Council: Represented by Selena Jones, Case Presenter

Miss Fisher: Present and not represented at the hearing (6 – 10 October 2025)
Not present and not represented at the hearing (26 - 28 May 2026)

Facts proved: Charges 1, 2, 3 and 4

Facts not proved: N/A

Fitness to practise: Impaired

Sanction:

Striking off order

Interim order:

Interim suspension order (18 months)

Decision and reasons on application to amend the charge

The panel heard an application made by Ms Jones, on behalf of the Nursing and Midwifery Council (NMC), to amend the wording of charges 2 and 3.

It was submitted by Ms Jones that the proposed amendment would provide clarity.

“1. Whilst working for Northampton General Hospital NHS Trust:

a) produced a falsified sick note dated 19th January 2022 **and/or**

b) produced a falsified sick note dated 21st March 2022 **and/or**

c) produced a falsified sick note dated 22nd December 2022

2. Your actions at Charge 1a), 1b) **and/or** 1c) were dishonest in that you knew the sick notes provided were false.

3. On one or **more** of the dates set out in Schedule 1, worked shifts as a nurse for the agency Interact Medical Ltd while in receipt of sick pay from Northampton General Hospital NHS Trust”

The panel accepted the advice of the legal assessor and had regard to Rule 28 of ‘Nursing and Midwifery Council (Fitness to Practise) Rules 2004’, as amended (the Rules).

The panel was of the view that such an amendment, as applied for, was in the interest of justice. The panel was satisfied that there would be no prejudice to you and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment, as applied for, to ensure clarity and accuracy.

Details of charge (as amended)

That you, a registered nurse:

1. Whilst working for Northampton General Hospital NHS Trust:
 - a) produced a falsified sick note dated 19th January 2022 and/or
 - b) produced a falsified sick note dated 21st March 2022 and/or
 - c) produced a falsified sick note dated 22nd December 2022

2. Your actions at Charge 1a), 1b) and/or 1c) were dishonest in that you knew the sick notes provided were false.

3. On one or more of the dates set out in Schedule 1, worked shifts as a nurse for the agency Interact Medical Ltd while in receipt of sick pay from Northampton General Hospital NHS Trust.

4. Your actions at charge 3 were dishonest in that you represented to Northampton General Hospital NHS Trust that you were entitled to receive sick pay when you knew you were not.

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

Schedule 1

07/02/2022

08/02/2022

09/02/2022

10/02/2022

15/02/2022

28/03/2022

31/03/2022

04/04/2022
05/04/2022
17/04/2022
18/04/2022
19/04/2022
21/12/2022
22/12/2022
27/12/2022
03/01/2023
04/01/2023
05/01/2023
09/01/2023
10/01/2023
11/01/2023
12/01/2023
16/01/2023
18/01/2023

Background

On 15 June 2023 the NMC received a referral from the Associate Director of Nursing for Surgery at the Northampton General Hospital NHS Trust (the Trust).

You had been absent from work for the Trust since November 2021 due to sickness. On 4 April 2022, some discrepancies were noticed by your Trust employer regarding three sickness notes which had been submitted by yourself.

Your GP was contacted in May 2022 to verify how many sickness notes they had issued; they advised that only three sickness notes had been issued between November 2021 and 4 April 2022.

In August 2022 this information was shared with TIAA, an anti-crime specialist service, who investigated the matter further. The TIAA investigation concluded in April 2023 and found that out of the six sick notes allegedly submitted by you between 3 November 2021 and 22 December 2022, three had been forged and had not been issued by the GP surgery. You had commenced this sickness absence on 1 November 2021.

As a result of the forged sick notes, it was alleged that you had been paid £5,835.54 which you were not entitled to.

A local investigation was undertaken by the Trust into the concerns. A disciplinary hearing, which was heard in your absence, determined that your behaviour amounted to gross misconduct, and you were referred to the NMC.

Through the course of the investigation, the NMC contacted Interact Medical Agency (the Agency) for whom you undertook shift work. It was noted that you had worked multiple bank shifts as an agency nurse whilst allegedly claiming sick pay from the Trust [PRIVATE].

Decision and reasons on facts

The panel heard all the oral and documentary evidence in this case together with the submissions made by Ms Jones on behalf of the NMC and by you.

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

- Simon Spires: Counter Fraud Specialist at TIAA
Counter Fraud and Security Division
at the time of the incidents.

- Sabrah Al-Hardan: Senior GP Partner at Abington Medical Centre.
- Catherine Dartnell: Senior Manager at the Trust at the time of the incidents.
- Hanif Miller: Recruitment Manager and Head of Nursing at the Agency.

Decision and reasons on application of no case to answer

Following the oral evidence of Hanif Miller, the legal assessor advised the panel, given that you are not represented, that it ought to consider of its own volition whether there is a case to answer in respect of charge 4. He referred the panel to *Crown R v Galbraith* [1981] 1 WLR 1039, 73 Cr App R 124. He advised the panel that the contention within the charge is that, upon hearing the oral evidence of Catherine Dartnell, you may have been entitled to receive sick pay. What you were not entitled to do is, work as an agency nurse, but that is not contained within charge 4. He advised that charge 4 is arguably wrongly worded. He referred the panel to the Trust's policy that was put before the panel on day 2 of the hearing.

The legal assessor advised that what the panel has to consider is whether the evidence that it has heard is capable of proving charge 4. The important part of the charge is '*when you knew you were not*'. He advised that the panel needs to consider very carefully if this is factually correct. He clarified his advice is isolated to charge 4.

Following a private discussion, the legal assessor informed the panel that you indicated that you were working at the Trust, at the time in question, on a part time contractual basis. You informed that this was arranged in consultation with your manager at the time. As such, in reference to the Trust's policy, this would address charge 3 and 4 directly.

The legal assessor advised that your employment contract with the Trust and overall employment contract file held by the Trust be made available to the panel. He advised that it would be unsafe to proceed with charge 4.

Ms Jones made an observation that these matters were not discovered before day 3, after all NMC witnesses had been heard. She outlined that Catherine Dartnell could have been asked in respect of this.

Ms Jones submitted that enquires will need to be made in respect of your employment contract with the Trust and overall employment contract file held by the Trust – both of which will take considerable time.

You clarified that there were circumstances which prevented you from getting a full chance to produce these files.

Ms Jones informed the panel that the contractual file and a bundle from Catherine Dartnell has been produced to the legal assessor and yourself.

Ms Jones submitted that a statement had been gathered from William Timlin, who worked in HR at the Trust and has been submitted to the panel. She requested whether William Timlin would be required to provide oral evidence.

You informed the panel that you did not want the contractual file to be before the panel.

The panel decided to allow the NMC to call William Timlin to give oral evidence.

You confirmed that you did not want the bundle produced by Catherine Dartnell to be before the panel.

Following private discussions, the legal assessor advised the panel on your behalf that you did not want the panel to consider an application of no case to answer in respect of

charge 4. Accordingly, the application would no longer be pursued and instead the panel proceeded with its fact finding.

The panel then heard oral evidence from the following witness called on behalf of the NMC:

- William Timlin: HR at the Trust.

The panel also heard evidence from yourself under oath.

Decision and reasons on application for hearing to be held in private

During your evidence at the facts stage, you made a request that this case be held partly in private on the basis that proper exploration of your case involves references to your health. The application was made pursuant to Rule 19.

Ms Jones indicated that she supported the application.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

The panel determined to go into private session in connection with your health as and when such issues are raised in order to protect your privacy.

Decision and reasons on facts continued

The panel heard further oral evidence from the following witness called on your behalf:

- Wole Adeeko: Your brother-in-law.

Decision and reasons on application to further amend the charge

The panel, while deliberating on facts, considered that the wording of charges 1c should be amended to provide clarity and more accurately reflect the evidence. It was apparent from the face of the document (Exhibit SAH/6) that the allegedly false certificate was undated but purported to be a sick note in respect of the period from 22 December 2021 to 19 January 2022 notwithstanding the fact that, on its face, it purported to have been issued on '22/12/2022'. The panel considered that the following amendment would be appropriate:

“That you, a registered nurse:

1. Whilst working for Northampton General Hospital NHS Trust:

a) produced a falsified sick note dated 19th January 2022 and/or

b) produced a falsified sick note dated 21st March 2022 and/or

c) produced a falsified sick note ~~dated 22nd December 2022~~ **purporting to be in respect of the period 22nd December 2021 to 19th January 2022.**

After discussion, the panel communicated its proposal to the parties and invited them to make any submissions on the proposed amendment when the hearing resumed but before handing down its decision on the facts.

The panel heard from Ms Jones who did not oppose the amendment and agreed that it better reflected the evidence.

The panel did not receive a response from Miss Fisher.

The panel accepted the advice of the legal assessor and had regard to Rule 28.

The panel was of the view that such an amendment, as applied for, was in the interest of justice. The panel was satisfied that there would be no prejudice to Miss Fisher as she did not challenge the fact that the sick note was false and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment, as applied for, to ensure clarity and accuracy.

In permitting the amendment, the panel was conscious that the last 12 sick notes listed in schedule 1 to the charges appeared to fall outside the periods covered by the three allegedly false sick notes. The panel assumed they had been included in Schedule 1 due to the erroneous belief that Exhibit SAH/6 was dated 22 December 2022. The wording of charge 3 begins 'On one or more of the dates set out in Schedule 1'. Consequently, the panel did not consider it necessary to also amend schedule 1. Instead, the panel regarded it as unnecessary for it to consider the last 12 sick notes referred to in schedule 1, in other words those from '21/12/2022' to '18/01/2023'.

Decision and reasons on facts continued

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 both the NMC and Miss Fisher.

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

Charge 1a, 1b and 1c)

That you, a registered nurse:

1. Whilst working for Northampton General Hospital NHS Trust:
 - a) produced a falsified sick note dated 19th January 2022 and/or
 - b) produced a falsified sick note dated 21st March 2022 and/or

c) produced a falsified sick note purporting to be in respect of the period 22nd December 2021 to 19th January 2022.

This charge is found proved.

In reaching this decision, the panel took into account the oral evidence of Simon Spires, Sabrah Al-Hardan, Catherine Dartnell, Hanif Miller and their documentary evidence. The panel also had regard to Miss Fisher's oral and documentary evidence, as well as Wole Adeeko's oral evidence.

[PRIVATE]

The panel had regard to the TIAA NHS Investigation Report dated April 2023 exhibited by Simon Spires and noted that Miss Fisher had effectively given the same account when interviewed by him:

'The subject denied knowledge of the three forged documents, [PRIVATE] However, it was pointed out by the ACS that as an employee of the Trust, it was themselves who were responsible for any documentation that was submitted in their name... [PRIVATE].'

Each of the sub-charges within charge 1 alleges that Miss Fisher "produced a false sick note". The panel considers that it is not necessary for the NMC to prove that she was the person who actually created the false sick notes. It is sufficient that she was a willing "participant" in their creation.

In reaching its decision, the panel has been acutely aware that the burden of proof remains on the NMC throughout. [PRIVATE]. It is for the NMC to prove, on the balance of probabilities, that Miss Fisher's account is untruthful.

The panel has also borne in mind that, prior to December 2021, there have been no regulatory concerns of any nature concerning Miss Fisher. The panel has recognised that this is relevant in considering both the credibility of Miss Fisher's evidence and her propensity to act in the manner alleged.

In considering the three sub-charges the panel was assisted by a "timeline of events". It accepted the evidence of Hanif Miller and found that the spreadsheet he produced (Exhibit HM/1) accurately recorded the shifts Miss Fisher worked through the agency, Interact Medical Ltd. The panel noted that Miss Fisher had not worked any shifts for the Agency between 6 September and 7 December 2021 which was consistent [PRIVATE]. In this regard, the panel noted that the genuine sick notes issued on 3 November 2021 (Exhibit SAH/1) and on 25 November 2021 (Exhibit SAH/2) respectively recorded the reason for Miss Fisher being unfit for work [PRIVATE].

Despite being "validly" signed off as unfit for work until 22 December 2021, it is apparent from the spreadsheet produced by Hanif Miller that Miss Fisher regularly and repeatedly worked shifts booked through the agency from 7 December 2021 until 14 March 2023. The panel noted that none of these shifts was worked at either Northampton General Hospital or its "near neighbour" Kettering Hospital which, Mr Spires told the panel, were the only hospitals usually checked by the Trust in order to see if a nurse, signed off as sick, had working as a bank nurse while signed off sick.

The first false certificate submitted to the Trust was Exhibit SAH/3 which, on its face, purported to cover the period from 22 December 2021 to 19 January 2022. If, as she maintains, Miss Fisher was not a knowing participant in its production, [PRIVATE]. After careful consideration of the evidence, the panel has concluded that Miss Fisher's account is wholly implausible and untrue for the following reasons:

- [PRIVATE]
- [PRIVATE]
- In her evidence Dr Al-Hardan told the panel that at the relevant time there was no "*special consent*" in place for someone to request sick notes on behalf of Miss

Fisher.

- [PRIVATE]
- The panel noted the question put by Miss Fisher when cross-examining Simon Spires, namely:

'I was just going to ask was if he remembers me asking, saying that, you know, to rectify the situation at the time that I was willing to, you know, put a payment plan forward and things. I don't know, he didn't include that in the statement. Because of the amount that was owed or the 5000, if I remember, I recall that, you know, with everything that was said, I did.'

This indicated that at the time when Simon Spires questioned Miss Fisher on the sick notes, she offered to pay the sum of money back. The panel considered that such an offer was inconsistent with Miss Fisher's account that, not only did she have no knowledge of the production of the false sick notes, but also that she had not personally received any of the sick pay paid as a result of the false sick notes being produced.

- In her evidence, Miss Fisher stated that she *"has always cared deeply about [her] patients and [her] professional integrity as a nurse"*. In that circumstance, the panel finds it extremely surprising that, when she was sufficiently recovered to be capable of managing her affairs, she made no contact with the Trust before learning Simon Spires wanted to interview her and assumed she was no longer employed by the Trust.

Miss Fisher's credibility as a witness was also undermined by her assertion that [PRIVATE] it had been agreed with her line manager that she would only work one day a week. The panel accepted the evidence of William Timlin that, had such an adjustment in Miss Fisher's hours been agreed, it would have needed to be recorded, especially by payroll, and there was no such record in Miss Fisher's employment file. The panel was of the view that, by claiming it had been agreed she would only work one day a week, Miss Fisher was intending to argue that any agency work she had undertaken from December 2021 was in line with paragraphs 7.7.1 and 7.7.2 of the Trust's on Supporting & Managing Workforce Sickness Absence.

Having found that Miss Fisher's account is implausible and untrue, the panel has concluded that the only logical and reasonable explanation for her putting forward an untruthful account is that she was a knowing participant in the production and submission to the Trust of the three false certificates. Indeed, that she still had use of her email account is underlined by the oral evidence of Catherine Dartnell:

'All the sick notes that had been received were sent by e-mail... They were sent from an e-mail pertaining to be that of Miss Fisher... And previous communication had been done through that e-mail. So sick notes that had been sent in legitimately had been sent from that e-mail. So there was no reason to believe that there was any difference with the others.'

In finding Miss Fisher's evidence to be implausible, the panel did not overlook the evidence of Wole Adeeko. However, from hearing his oral evidence it was apparent to the panel that his evidence was heavily based on what Miss Fisher had told him [PRIVATE]. In those circumstances, given the panel's finding of her account to be implausible, it gave little weight to Wole Adeeko's evidence.

On the balance of probabilities, the panel found the entirety of this charge proved.

Charge 2)

2. Your actions at Charge 1a), 1b) and/or 1c) were dishonest in that you knew the sick notes provided were false.

This charge is found proved.

In reaching this decision, the panel referred to its findings for charge 1, NMC Guidance DMA-8 and *Ivey v Genting Casinos (UK) Ltd t/a Crockfords* [2017] UKSC 67.

In reference to its findings under charge 1, the panel rejected Miss Fisher's account that she knew nothing about the false sick notes at all. The panel has determined that Miss Fisher was knowingly a party to the production of the false sick notes.

With regard to Miss Fisher's state of mind at the time of the production of the false sick notes, the obvious question to be asked is: "Why would she be a party to the production of false sick notes?" The only feasible answer is that she knew that the intention was to submit (or in the word of the charge "provide") them to the Trust in order to receive sick pay to which she was not entitled. In other words, she knew at the time of their production that she was acting dishonestly.

With regard to the second "stage" of the test in *Ivey v Genting Casinos*, the panel is in no doubt that an ordinary, reasonable and decent member of the public would consider Miss Fisher's actions of submitting/providing false sick notes in order to receive sick pay to which she was not entitled to be dishonest.

Accordingly, the panel found this charge proved on the balance of probabilities.

Charge 3)

3. On one or more of the dates set out in Schedule 1, worked shifts as a nurse for the agency Interact Medical Ltd while in receipt of sick pay from Northampton General Hospital NHS Trust.

This charge is found proved.

In order to find this charge has been proved, the panel has to determine that:

- Miss Fisher did in fact work one or more of the shifts set out in Schedule 1; and
- Miss Fisher was in fact in receipt of sick pay from the Trust at the same time.

In reaching this decision, the panel took into account the oral evidence of Simon Spires, Catherine Dartnell, Hanif Miller and their documentary evidence. The panel also had regard to Miss Fisher's oral and documentary evidence.

For the reasons already set out, the panel considered only the first 12 dates in schedule 1:

'07/02/2022
08/02/2022
09/02/2022
10/02/2022
15/02/2022
28/03/2022
31/03/2022
04/04/2022
05/04/2022
17/04/2022
18/04/2022
19/04/2022'

As already stated, the panel accepted the evidence of Hanif Miller that the spreadsheet exhibited by him accurately reflected the agency shifts worked by Miss Fisher. In her evidence, Miss Fisher ultimately accepted that she had worked those shifts. The 12 dates set out above are dates on which Miss Fisher worked agency shifts.

The panel also accepted the evidence of Simon Spires and Catherine Dartnell that Miss Fisher had received sick pay from the Trust in respect of those dates.

On the balance of probabilities, the panel found this charge proved as a matter of fact.

Charge 4)

4. Your actions at charge 3 were dishonest in that you represented to Northampton General Hospital NHS Trust that you were entitled to receive sick pay when you knew you were not.

This charge is found proved.

The panel recognised that charge 4 could have been better drafted. At the request of the legal assessor, the NMC case presenter confirmed that the representation referred to in the charge was the implicit representation made in each of the false sick notes that Miss Fisher was unfit to work and therefore entitled to be paid sick pay by the Trust.

In reaching this decision, the panel took into account the oral evidence of Simon Spires, Sabrah Al-Hardan, Catherine Dartnell, Hanif Miller and their documentary evidence. The panel also had regard to Miss Fisher's oral and documentary evidence. The panel also had regard to the fact that it has found, in respect of charges 1 and 2, that Miss Fisher had been a knowing participant in the production of the three false certificates and that she had acted dishonestly in their production.

Nevertheless, in fairness to Miss Fisher and at the suggestion of the legal assessor, the panel has carefully considered whether the implicit representations:

- Were, in fact, false; and
- If not, whether Miss Fisher can properly be found to have acted dishonestly.

This consideration has arisen because, in her oral evidence, Dr Al-Hardan told the panel that a genuine sick note had been issued by her practice on 17 May 2022. Therefore, the

panel has considered whether this may suggest that Miss Fisher had in fact been unfit for work and therefore entitled to receive sick pay from 3 November 2021 until at least the end of the period covered by the sick note issued on 17 May 2022.

Having considered the relevant evidence, the panel has rejected any such suggestion for the following reasons:

- If, as at 22 December 2021, [PRIVATE] there would have been no reason for her to be a knowing participant in the production of the false sick note for the four-week period commencing on that date.
- Similarly, if, as at 21 March 2022, [PRIVATE], not only would there have been no reason for her to be a knowing participant in the production of the false sick note for the four week period commencing on that date, but there would also have been no good reason for her produce a false sick note stating that she was unfit for work due to a [PRIVATE]- a condition that has not been evidenced by any documentation provided to the panel.
- In her evidence, Dr Al-Hardan told the panel that the sick note dated 3 November 2021 was issued following a telephone consultation with her. In accordance with the “system” in operation at the time, the sick note dated 25 November 2021 would have been issued following a telephone or text request to the receptionist for a further sick note, but there would have been no consultation with the doctor who issued it. It is correct that Dr Al-Hardan went on to say that, had there been a request for a further sick note on 22 December 2021, it would also have been issued without a consultation because *‘We don’t generally judge whether patients are well enough to go to work or not if they don’t feel [able to do so]’*. As the panel understood Dr Al-Hadran’s evidence, a further consultation would only be “flagged up” as required after three sick notes had been issued. There is no evidence that Miss Fisher was actually aware that this was the “system” operated by the practice. However, the panel considers that, as a registered nurse, she would know it would be unlikely that the practice would continue to issue sick notes indefinitely without there being a further consultation.

- The panel has noted that the date of genuine sick note issued on 17 May 2022 followed the period when Catherine Dartnell had been making repeated email requests to meet Miss Fisher and/or for her to send in sick notes covering the periods of her absence after December 2021. The panel has already found as a fact that at this time, contrary to her assertion, Miss Fisher retained “control” of her email account.

Accordingly, the panel is satisfied that Miss Fisher did make the implicit representations in the false sick notes knowingly and with the intention that she would be paid sick pay that she was not entitled to.

The panel is in no doubt that an ordinary, reasonable and decent member of the public would consider Miss Fisher’s actions of producing false sick notes in order to receive sick pay to which she was not entitled to be dishonest.

Therefore, on the balance of probabilities the panel found this charge proved.

Decision and reasons on service of Notice of Hearing

The panel was informed at the resumption of this hearing that Miss Fisher was not in attendance and that the Notice of Hearing letter had been sent to Miss Fisher’s registered email address by secure email on 30 April 2026.

Ms Jones submitted that the NMC had complied with the requirements of the relevant Rules.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided the time, dates and that the hearing was to resume virtually, including instructions on how to join.

In the light of all of the information available, the panel was satisfied that Miss Fisher has been served with the Notice of Hearing in accordance with the requirements of Rules 32(3) and 34.

Decision and reasons on proceeding in the absence of Miss Fisher

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

Ms Jones submitted that there had been no engagement at all by Miss Fisher with the NMC in relation to this resuming hearing and, as a consequence, there was no reason to believe that an adjournment would secure her attendance on some future occasion.

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*'.

The panel decided to proceed in the absence of Miss Fisher. In reaching this decision, the panel has considered the submissions of Ms Jones, 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] 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 Fisher;

- Miss Fisher has not engaged with the NMC and has not responded to any of the emails or phone calls sent to her about this resuming hearing;
- The panel has made its decision on the facts of the case, during which stage Miss Fisher was present;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Miss Fisher in proceeding in her absence. The limited disadvantage is the consequence of Miss Fisher's decisions to absent herself from the resumption of the hearing, waive her rights to attend, and/or be represented.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Miss Fisher.

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

Submissions 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.*'

Ms Jones 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.

Ms Jones identified the specific, relevant standards where Miss Fisher's actions amounted to misconduct.

Ms Jones referred to specific paragraphs of the Code: 20.1 and 20.8.

Ms Jones submitted that whilst breaches of the Code do not automatically result in a finding of misconduct, in this case, she invited the panel to find that Miss Fisher's actions fell seriously short of the conduct and standards expected of a registered nurse and that these actions amount to misconduct.

Submissions on impairment

Ms Jones moved on to the issue of impairment and addressed the panel on the need to have regard to protecting 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. This included reference to the case of *Council for*

Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant [2011] EWHC 927 (Admin).

Ms Jones submitted that as a result of Miss Fisher's misconduct, her fitness to practise is currently impaired.

Ms Jones submitted that on balance, and having considered the evidence before the panel, Miss Fisher is likely to repeat her misconduct. She outlined that there is no evidence of accountability or insight before the panel.

In reference to Miss Fisher's response bundle, Ms Jones highlighted that there is a complete denial (which Miss Fisher is entitled to do) of the facts of the case and there is no evidence before the panel to demonstrate a change in Miss Fisher's mindset.

Ms Jones submitted that in the absence of any training or up-to-date reflective piece there is nothing to guarantee that this behaviour would not be repeated again in the future.

Ms Jones submitted that the misconduct identified is indicative of attitudinal issues, she also referred to the panel's findings in regard to dishonesty and submitted that dishonesty is harder to remediate.

Ms Jones submitted that a finding of impairment is in the wider public interest. She submitted that there is a risk of repetition in this case and that a member of the public would be concerned if a finding of impairment were not made in a case of this nature.

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 (on the application of Calhaem) v General Medical Council* [2007] EWHC 2606 (Admin) and *Johnson & Maggs v NMC (No 2)* [2013] EWHC 2140 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 Miss Fisher's actions did fall significantly short of the standards expected of a registered nurse, and that Miss Fisher's actions amounted to a breach of the Code. Specifically:

8 Work co-operatively

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...

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

21 Uphold your position as a registered nurse, midwife or nursing associate

To achieve this, you must:

21.3 act with honesty and integrity in any financial dealings you have with everyone you have a professional relationship with...

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 each of the charges found proved involves serious misconduct. The panel determined that Miss Fisher's actions amounted to misconduct in that; she falsely produced multiple sick notes and worked for the Agency whilst receiving sick pay when she knew she should not have.

The panel found that Miss Fisher's actions fell seriously short of the conduct and standards expected of a nurse and amounted to misconduct

Decision and reasons on impairment

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

In coming to its decision, the panel had regard to the NMC's Guidance on Impairment DMA-1, updated on 26 January 2026, which states:

'Being fit to practise is not defined in our legislation but for us it means a professional on our register can practise as a nurse, midwife or a 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. 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/ 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 found that no patients were at risk of unwarranted harm as a result of Miss Fisher's misconduct. However, Miss Fisher's dishonest misconduct breached fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious. Therefore, the panel found that limbs b, c and d were engaged.

In assessing whether Miss Fisher was liable, in the future, bring the profession into disrepute and/or breach one of the fundamental tenets of the medical profession or liable

to act dishonestly, the panel applied the test as set out in *Cohen v GMC* [2008] EWHC 581 (Admin) with regard to impairment:

- a. is the misconduct easily remediable?*
- b. has the misconduct already been remedied?*
- c. is the misconduct highly unlikely to be repeated?*

The panel determined that Miss Fisher's misconduct identified is not easily remediable given the misconduct involved serious and sustained dishonesty that evidenced a deep-seated attitudinal issue.

The panel in assessing whether the misconduct had been remedied, considered that there was no evidence of any training, strengthening of practice or insight into the misconduct. The panel determined that there is little recognition of Miss Fisher's role and responsibility in the misconduct identified. The panel therefore determined that the misconduct has not been remedied.

In the absence of any insight or remorse the panel considered the misconduct highly likely to be repeated.

The panel bore in mind that 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 determined that while a finding of impairment was not necessary on the ground of public protection, a finding of impairment on public interest ground is required as a well-informed member of the public would be concerned if a finding of impairment was not made for a nurse who had falsely produced false sick notes and whilst in receipt of sick pay, dishonestly worked as a nurse via an agency. In addition, the panel concluded that

public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also found Miss Fisher's fitness to practise impaired on the grounds of public interest.

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

Sanction

The panel considered this case very carefully and decided to make a striking-off order. It directs the registrar to strike Miss Fisher off the register. The effect of this order is that the NMC register will show that Miss Fisher 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 careful regard to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

Submissions on sanction

In the Notice of Hearing, dated 4 September 2025, the NMC had advised Miss Fisher that it would seek the imposition of a Strike off if it found Miss Fisher's fitness to practise currently impaired.

Ms Jones invited the panel to impose a striking off order.

Ms Jones submitted that she would adopt and endorse her submissions made at the misconduct and impairment stage of this hearing.

Ms Jones reminded the panel that there has been a significant period since the commission of the charges for this case and, up to the present date, there would have

been sufficient time for Miss Fisher to demonstrate remediation or insight, however, there is none before the panel.

Ms Jones outlined that the panel ought to consider the principle of proportionality, public interest and public confidence in considering the sanction. She submitted that Miss Fisher's personal interest is outweighed by the public interest given the severity of the charges found proved.

Ms Jones outlined the aggravating and mitigating features in the case.

Ms Jones submitted that in this case a suspension order would not be proportionate as the finding of impairment raises significant questions about Miss Fisher's professionalism.

Ms Jones submitted that the necessary and proportionate sanction in this case is a striking off order. She submitted that the public would be concerned as there is no excuse or explanation for the dishonest misconduct.

Decision and reasons on sanction

Having found Miss Fisher's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. 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 careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Abuse of a position of trust
- Lack of insight into failings
- Lack of remorse for dishonest misconduct

- Misconduct which was for financial gain
- A pattern of misconduct over a period of time

The panel also took into account the following mitigating features:

- Difficult personal circumstances and [PRIVATE] health

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public interest issues identified, an order that does not restrict Miss Fisher's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Miss Fisher's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Miss Fisher's registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The misconduct identified in this case was not something that can be addressed through retraining. Furthermore, the panel concluded that the placing of conditions on Miss Fisher's registration would not adequately address the seriousness of this case and would not protect the public.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- *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 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*
- *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 conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse and at the most serious end of the spectrum. Miss Fisher has not engaged with the NMC since October 2025. The panel has already stated that Miss Fisher has not developed any meaningful insight nor strengthened her practice since the matters giving rise to the misconduct. It does not consider that there is any realistic possibility of her doing so were she to be temporarily suspended from practice.

Furthermore, the panel considers that public confidence in the profession and the NMC as its regulator would be undermined were Miss Fisher only temporarily suspended from practice.

The panel was of the view that the serious breach of the fundamental tenets of the profession evidenced by Miss Fisher's actions is 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.

Finally, in looking at a striking-off order, the panel took into account the NMC guidance, SAN 4 which states that dishonesty is considered particularly serious:

Generally, the forms of dishonesty which are most likely to require consideration of striking-off will involve (but are not limited to):

- *personal or financial gain from a breach of trust*
- *premeditated, systematic or longstanding deception.*

The panel then asked itself the following questions in accordance with SAN 3:

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

The panel answered the first question in the affirmative and the last three questions in the negative.

Miss Fisher'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 Miss Fisher'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.

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 effect of Miss Fisher'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 importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

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 Miss Fisher's own interests until the striking-off sanction takes effect.

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

Submissions on interim order

The panel took account of the submissions made by Ms Jones. She submitted that an interim suspension order for a period of 18 months is required on public interest grounds. She invited the panel to impose the interim suspension order on the same factual and regulatory basis as the substantive striking off order.

Ms Jones submitted that the interim order would cover the appeal period.

Decision and reasons on interim order

The panel was satisfied that an interim order is in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

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 cover any potential appeal period.

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

This will be confirmed to Miss Fisher in writing.

That concludes this determination.