Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday, 27 April – 6 May 2026

Nursing and Midwifery Council
10 George Street, Edinburgh, EH2 2PF

Name of Registrant:	Kirstie Louise Imrie
NMC PIN:	14I1955S
Part(s) of the register:	Nurses part of the register Sub part 1 RNA: Adult nurse, level 1 (03 October 2019)
Relevant Location:	Fife
Type of case:	Misconduct
Panel members:	Paul O'Connor (Chair, Lay member) Joanna Bower (Lay member) Patience McNay (Registrant member)
Legal Assessor:	Gerard Coll
Hearings Coordinator:	John Kennedy (27 April 2026 – 1 May 2026) Fionnuala Contier-Lawrie (5 May 2026 – 6 May 2026)
Nursing and Midwifery Council:	Represented by Alistair Kennedy, Case Presenter
Ms Imrie:	Not present and unrepresented (27 April – 30 April 2026) Present and unrepresented (1 May – 6 May 2026)
Facts proved:	Charges 1ai, 1aii, 1aiii, 1b, 1c, 1d, 2, 3, 7a, 7b, 7c, and 11
Facts not proved:	Charges 4, 5, 6, 8, 9, 10, 12, and 13
Fitness to practise:	Impaired
Sanction:	**Conditions of practice order (18 months)**
Interim order:	**Interim conditions of practice order (18 months)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Ms Imrie was not in attendance and that the Notice of Hearing letter had been sent to Ms Imrie's registered email address by secure email on 24 March 2026.

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 time, dates and venue of the hearing and, amongst other things, information about Ms Imrie's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In the light of all of the information available, the panel was satisfied that Ms Imrie has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

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

At the outset of the hearing, Mr Kennedy made a request that this case be held partly in private as there are references in the documentation to Ms Imrie's private life. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

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 that those parts of the hearing that relate to Ms Imrie's private life and to her health will be held in private while the rest of the hearing will be held in public.

Decision and reasons on proceeding in the absence of Ms Imrie

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

Mr Kennedy referred the panel to the response to charges letter received from Ms Imrie which indicated that she would not be attending the hearing but is content for it to proceed in her absence.

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 Ms Imrie. In reaching this decision, the panel has considered the submissions of Mr Kennedy, the written representations from Ms Imrie, 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 Ms Imrie;
- Ms Imrie has informed the NMC that she has received the Notice of Hearing and 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;

- Five witnesses had been warned to attend to give live evidence;
- Not proceeding may inconvenience the witnesses, their employer(s) and, for those involved in clinical practice, the clients who need their professional services;
- The charges relate to events that occurred in 2022 and 2023;
- Further delay may have an adverse effect on the ability of witnesses accurately to recall events; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Ms Imrie in proceeding in her absence. Although the evidence upon which the NMC relies will have been sent to her at her registered address, and she has made responses to the allegations. She will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on her own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage to Ms Imrie is the consequence of her decision to absent herself from the hearing, waive her rights to attend, to not be represented, and to 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 Ms Imrie. The panel will draw no adverse inference from Ms Imrie's absence in its findings of fact.

Details of charge

That you, a registered nurse:

1) Whilst working at Lochleven Care Home, on 8 October 2022, in relation to resident D:
a) Did not administer and/or contemporaneously record administration on their MAR chart for:
i) Laxido for the morning and tea time doses;

ii) Fluvastatin for the tea time dose;
iii) Lansoprazole for the morning dose;

b) Did not contemporaneously record administration on their MAR chart for Tamsulosin for the morning dose;

c) Signed the medication tracker as having administered medicines as set out in charge 1ai-iii;

d) Your actions at charge 1c were dishonest in that you knew you had not administered the medication as set out in charges 1ai /1aii /1aiii but signed the medication tracker indicating you had administered these medications anyway.

Whilst working at Lomond View Nursing Home

2) On 6/7 January 2023, unknown medications were not administered to Resident B.

3) On 6/7 January 2023, unknown medications were not administered to Resident A.

4) Signed Resident A and/or B's MAR chart that the medication as set out in charges 2 and/or 3 had been administered.

5) Your actions at charge 4 were dishonest in that you knew you had not administered the medication as set out in charges 2/3 but signed the MAR charts indicating you had administered these medications anyway.

6) Failed to correctly dispose of unadministered medication as set out in charges 2 and/or 3.

7) On 20 January 2023, in relation to Resident C:
a) Did not examine their burn for 2 hours;
b) Did not provide pain relief;

c) Did not contact NHS-out- of-hours service;

8) Between 22 and 24 January 2023, in relation to Resident E, did not administer the daily dose of Aspirin and/or failed to correctly update the corresponding MAR chart and/or the stock count.

9) Between 22 and 24 January 2023, in relation to Resident G, did not administer the daily dose of Levothyroxine and/or failed to correctly update the corresponding MAR chart and/or stock count.

10) Between 22 and 24 January 2023, in relation to Resident H, did not administer the daily dose of Omeprazole and/or failed to correctly update the corresponding MAR chart and/or stock count.

11) On an unknown date confirmed to Colleague 1 that you did not take MAR charts with you when administering medication and/or did not complete MAR charts at the time of medication administration.

12) Falsified medication stock levels following an audit on 24 January 2023.

13) Your actions at charge 12 were dishonest in that you intended to alter the stock
count of medications after being told that they were incorrect.

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

Background

The charges arose whilst Ms Imrie was employed as a registered nurse with agency on placement at two care homes. At Lochleven Care Home concerns were raised in

2022 over Ms Imrie's practice relating to medication errors, ineffective record keeping, and dishonestly signing medication trackers.

In 2023 concerns were raised at Lomond View nursing home relating to Ms Imrie's medication administration and record keeping, alleged dishonesty, and failure to provide timely care to patients.

Decision and reasons on facts

At the outset of the hearing, the panel heard from Mr Kennedy who informed the panel that Ms Imrie submitted a response to charges document in which she admitted charge 1 in its entirety and charge 7b.

The panel therefore finds charges 1ai,1aii, 1aiii, 1b, 1c, 1d, and 7b proved in their entirety, by way of Ms Imrie's admissions.

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.

The panel has drawn no adverse inference from the non-attendance of Ms Imrie.

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:

- Linda Walker: Nurse Manager at Staff Scanner nursing agency;

- Kirsty Currie: In relation to Charge 11, Colleague A. Quality Officer for

	Holmes Care Group who carried out medications audit at Lomond View Home;
• Roseanne Sommerville:	Quality Officer for Holmes Care Group who carried out medications audit at Lomond View Home;
• Moses Johnson:	Manager at Pristine Healthcare Group nursing agency;
• Kelly Mulholland:	Deputy Manager of Lomond View Home.

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 Ms Imrie's written submission.

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

Charges 2 and 3

2) On 6/7 January 2023, unknown medications were not administered to Resident B.

3) On 6/7 January 2023, unknown medications were not administered to Resident A.

These charges are found proved.

The panel considered these charges together as the evidence for both comes from the same witness, with the difference being the MAR chart relating to the named Resident and the existence of a photograph of medications relating to Resident A.

Mr Johnson stated that he was shown a photograph of a pot of unknown medications for Resident A that were not administered, and at the same time a similar pot of medications was found relating to Resident B although there is no photograph of this pot. On 10 January he emailed Ms Imrie asking about the drug error and the finding of unknown medications for both residents. Ms Imrie replied that these were from her shift but were not administered and she had locked them away intending to attempt to administer them later, but subsequently forgot to return and dispose of them owing to illness.

The panel concluded that this amounts to a local informal admission that Ms Imrie did not administer unknown medications to the relevant residents on the 6 or 7 January 2023. The panel noted that there is nothing to suggest that the medications were administered. Therefore, on the balance of probabilities the panel found charges 2 and 3 proved.

Charge 4

> 4) Signed Resident A and/or B's MAR chart that the medication as set out in charges 2 and/or 3 had been administered.

This charge is found not proved.

The panel had sight of the MAR charts for Resident A and Resident B for these dates. The panel noted that the MAR charts were exceptionally difficult to read and interpret what the various markings were and therefore was unable to confidently determine what was written for each medication.

The panel considered that the MAR chart lists what exact medication was administered and when; however, the panel was unable to identify the medication set out in charges 2 and 3 which had not been administered.

Therefore given the lack of identification of the precise medication in question, and the difficulties faced in the quality of the MAR charts making it impossible to

accurately read the panel found that there is insufficient evidence to find this charge proved.

Charge 5

> 5) Your actions at charge 4 were dishonest in that you knew you had not administered the medication as set out in charges 2/3 but signed the MAR charts indicating you had administered these medications anyway.

This charge is found not proved

As charge 4 is found not proved this charge cannot be found proved and so falls away.

Charge 6

> 6) Failed to correctly dispose of unadministered medication as set out in charges 2 and/or 3.

This charge is found not proved

The panel found that Ms Imrie was under a duty to correctly dispose of unadministered medication.

The panel had regard to the informal local admission that Ms Imrie had not disposed of the medications but left them in a locked cabinet with the intention to attempt to administer them later, but subsequently forgot to return and dispose of them owing to illness.

In his oral evidence Mr Johnson confirmed that Ms Imrie left the shift early [PRIVATE] was not able to complete a proper handover because of this. The panel was aware from Mr Johnson's evidence that Ms Imrie was the only registered nurse on duty that day.

The panel considered that despite her duty to correctly dispose of the medication, the early unplanned departure of Ms Imrie [PRIVATE] meant that she was unable to complete her work. Furthermore, as there was no other registered nurse available she was unable hand over any unfinished tasks to another registered nurse.

As such the panel found this was not a neglect of duty and a failure had not been established.

Therefore this charge is not proved.

Charge 7a

7) On 20 January 2023, in relation to Resident C:
a) Did not examine their burn for 2 hours;

This charge is found proved

The panel considered the oral evidence from Ms Mulholland where she stated that the exact timeline of the incident was unclear in respect of when Ms Imrie was informed that the resident had suffered a burn and how long after that she checked on the resident. There was also no information about the details of the burn passed onto Ms Imrie nor the context in relation to other matters that may have required her attention as the only registered nurse on duty at the time. The panel therefore had no information to suggest that Ms Imrie's decisions regarding the clinical priorities for residents under her care were right or wrong.

The panel had sight of the incident report form which stated that there was a delay in Ms Imrie examining the resident's burn of at least two hours.

Therefore on the balance of probabilities the panel found that there was a delay in Ms Imrie checking the resident and this charge is found proved.

Charge 7c

7) On 20 January 2023, in relation to Resident C:

c) Did not contact NHS-out- of-hours service;

This charge is found proved

The panel had sight of the incident report which stated that Ms Imrie should have contacted out of hours medical assistance or advice but she did not. This is confirmed by Ms Mulholland's statement that Ms Imrie did not call NHS out of hours service.

Additionally the panel noted that there has been no suggestion or evidence that a call was placed or that Ms Imrie considered calling the out of hours service, or that a call to the NHS out of hours service was necessarily required.

The panel found this charge proved.

Charge 8

8) Between 22 and 24 January 2023, in relation to Resident E, did not administer the daily dose of Aspirin and/or failed to correctly update the corresponding MAR chart and/or the stock count.

This charge is found not proved

The panel had sight of the MAR chart for the resident. However, it noted that the marks were difficult to clearly identify and it was unable to determine with certainty what the written codes and/or signatures were for each entry. Additionally the panel noted that the stock count section of the MAR chart had a number of missing entries from before 22 January 2023 and therefore it is unclear if this was fully maintained and accurate before Ms Imrie came on duty that day, and who was responsible for these omissions.

The panel considered that if there had been errors in the stock count before Ms Imrie was working it is unclear if it was her responsibility to correct this and check what it should have been.

Therefore the panel considered that the NMC has not discharged the burden of proof and this charge is found not proved.

Charge 9

> 9) Between 22 and 24 January 2023, in relation to Resident G, did not administer the daily dose of Levothyroxine and/or failed to correctly update the corresponding MAR chart and/or stock count.

This charge is found not proved

The panel had sight of the MAR chart for the resident. However, it noted that the marks were difficult to clearly identify and it was unable to determine with certainty what the written codes and/or signatures were for each entry. Additionally the panel noted that the stock count section of the MAR chart had a number of missing entries from before 22 January 2023 and therefore it is unclear if this was fully maintained and accurate before Ms Imrie came on duty that day, and who was responsible for these omissions.

The panel considered that if there had been errors in the stock count before Ms Imrie was working it is unclear if it was her responsibility to correct this and check what it should have been.

Therefore the panel considered that the NMC has not discharged the burden of proof and this charge is found not proved.

Charge 10

> 10) Between 22 and 24 January 2023, in relation to Resident H, did not administer the daily dose of Omeprazole and/or failed to correctly update the corresponding MAR chart and/or stock count.

This charge is found not proved

The panel had sight of the MAR chart for the resident. However, it noted that the marks were difficult to clearly identify and it was unable to determine with certainty what the written codes and/or signatures were for each entry. Additionally the panel noted that the stock count section of the MAR chart had a number of missing entries from before 22 January 2023 and therefore it is unclear if this was fully maintained and accurate before Ms Imrie came on duty that day, and who was responsible for these omissions.

The panel considered that if there had been errors in the stock count before Ms Imrie was working it is unclear if it was her responsibility to correct this and check what it should have been.

Therefore the panel considered that the NMC has not discharged the burden of proof and this charge is found not proved.

Charge 11

> 11) On an unknown date confirmed to Colleague 1 that you did not take MAR charts with you when administering medication and/or did not complete MAR charts at the time of medication administration.

This charge is found proved

The panel had regard to the oral evidence of Ms Currie who stated that Ms Imrie informed her that the MAR charts were not completed at the time of administering the medication and that the charts were not taken with Ms Imrie.

The panel also noted Ms Imrie's written submission that she left the MAR charts in the resident's room and took the medication to the resident to administer it with the intention to fill in the MAR chart at a later time.

Therefore the panel found this charge proved.

Charge 12

12) Falsified medication stock levels following an audit on 24 January 2023.

This charge is found not proved

The panel had regard to Ms Currie's evidence that she considered the MAR chart to have been altered after the audit was carried out. However, in the written submission Ms Imrie denies having altered these.

The panel did not have before it a copy of the MAR chart at the time of the audit, the version it had sight of was said to have been copied after the audit. Therefore it was unable to determine whether there had been any alteration to the MAR chart.

The panel considered that there is nothing additional to support or favour the evidence of the witness over the statement of Ms Imrie and the panel is therefore not able to prefer one statement to the other.

Therefore the panel considered that the NMC has not discharged the burden of proof and this charge is not proved.

Charge 13

13) Your actions at charge 12 were dishonest in that you intended to alter the stock
count of medications after being told that they were incorrect.

This charge is found not proved

As charge 12 is found not proved this charge cannot be found proved and so falls away.

Fitness to practise

You attended the hearing on day 5, and gave evidence under oath on stage 2, you also provided a written account and submissions to the panel which it had regard to.

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 your 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. Furthermore, 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, your 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.'*

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 referred the panel to the NMC Guidance FTP-3 and FTP-12 when considering misconduct and the context of the actions. While there may have been

contextual circumstances, he submitted that your actions were a departure from the expected standards of a registered nurse and amount to serious misconduct.

You gave oral evidence which showed that you are remorseful for your actions. In your written submissions, you stated:

> *'I accept that I failed to administer prescribed medication to residents in my care. I understand this was a serious professional failing and fell below the standards expected of a registered nurse.'*

Submissions on impairment

Mr Kennedy 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 cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin) and any other cases referred to.

Mr Kennedy submitted on impairment, that the second, third, and fourth limbs of the test set out in the case of *Grant* are engaged in this case. He submitted that while there was no actual harm caused there was a real risk of significant harm being caused as a result of your actions.

Mr Kennedy submitted that your admissions to charge 1 and the evidence you provided demonstrate some insight but that this is not fully developed and that as you have not worked as a registered nurse since 2023 you have not yet applied your new learning in a clinical setting. He submitted that there therefore remains a risk of repetition.

Mr Kennedy submitted that public confidence in the nursing profession would be undermined if your fitness to practise was not found to be impaired given the dishonesty found proved.

You stated that due to [PRIVATE] you have not worked as a registered nurse since 2023 but you have maintained your current skills by completing online courses with the Royal College of Nursing and reading updated current best practice. You stated that you hope to return to nursing and when you do, you would apply the learning and reflection you have done, and would seek additional support to ensure you were safe to practise. You expressed remorse for your actions and that you would not repeat them in the future.

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*, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), and *General Medical Council v Meadow* [2007] QB 462 (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 your actions did fall significantly short of the standards expected of a registered nurse, and that your actions amounted to a breach of the Code. Specifically:

> *'1.2 make sure you deliver the fundamentals of care effectively*
>
> *10.1 complete records at the time or as soon as possible after an event, recording if the notes are written some time after the event*
>
> *10.2 identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need*
>
> *10.3 complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements*

10.4 attribute any entries you make in any paper or electronic records to yourself, making sure they are clearly written, dated and timed, and do not include unnecessary abbreviations, jargon or speculation

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 panel appreciated that breaches of the Code do not automatically result in a finding of misconduct.

The panel considered that your actions in charges 1, 2, 3, and 11 did amount to breaches of the Code and were serious misconduct. The panel considered that dishonesty is serious and a significant departure from the expected standards of a registered nurse. The panel considered that the correct, safe administration of all prescribed medications and accurate record keeping are fundamental tenets of the nursing profession and that by failing to do so you have breached your duty of care.

The panel found that your actions at charges 1, 2, 3, and 11 did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

The panel considered that in charge 7 your actions did not amount to professional misconduct. It noted your statement and evidence of the incident, it determined that it was unable to state what information you received from the care assistant who reported the accident to you or if there were other matters that required your attention as the only registered nurse on duty. It noted that the information available states that the resident's skin was intact and there were no signs of blistering when you examined them. The panel accepted your evidence that the resident had already received four doses of paracetamol that day and so could not receive any further nonprescribed pain relief medication, but that you administered a cold compress which would afford some degree of pain relief. Furthermore, the panel considered that you exercised your appropriate clinical judgement in determining that the out of hours service did not need to be contacted. Therefore, the panel did not find that your actions as set out in charge 7 amount to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, your 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. 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* (use full citation if not already used) 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 while no actual harm was caused to residents there was a real risk of serious harm being caused as a result of your misconduct. Your misconduct had breached the fundamental tenets of the nursing profession, by acting dishonestly and failing to administer medication and maintain accurate records, 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 considered that all four limbs of the above quoted test are engaged.

The panel was satisfied that the misconduct in this case is capable of being remedied, although it noted that the dishonesty element is more difficult to remediate and may be indicative of attitudinal concerns. The panel accepted your evidence that you have completed a number of relevant online courses, but notes that there is no documentary evidence to support this, nor were there details which validate the courses. The panel noted that you did attend the medication training organised by Ms Walker, in order to strengthen your practice following the concerns highlighted in charge 1. However, the panel considered that as you have not worked in a clinical role since March 2023 you have not been able to apply this learning in practice and

therefore have not been able to demonstrate any strengthening of practice in respect of charges 2,3 and 11.

With regard to your insight, the panel noted that you were remorseful and admitted your dishonesty in charge 1 early, and cooperated with the internal investigation at the time. You gave oral evidence to the panel accepting your errors, and in your written submissions you state:

> *'Although no harm came to the residents, I recognise there was a real potential for harm. I understand that patient safety cannot depend on chance outcomes. At the time, the shift was busy and* [PRIVATE]. *However, I recognise that workload* [PRIVATE] *do not remove my professional accountability. I should have recognised sooner that I was not functioning at my best and escalated concern immediately, asked for support, or declared myself unfit to continue safely if necessary. I also recognise that medication omissions must always be documented and communicated promptly. Safe care requires openness and timely escalation. Since this incident, I have reflected deeply on my practice and taken steps to prevent recurrence.'*

The panel noted however that you need to recognise as the most senior clinician present, your behaviour has the potential to influence the behaviour of more junior staff. However, to be the only nurse on duty for up to 100 patients in Lochleven Care Home, must have placed significant additional pressure on you.

The panel is of the view that there is a risk of repetition due to the lack of applied practice since the incidents in question and the developing degree of insight. The panel therefore decided that a finding of current impairment is necessary on the grounds of public protection.

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 determined that a finding of impairment on public interest grounds is required to declare, maintain, and uphold the professional standards expected of a registered nurse. Particularly relating to the dishonesty, which was directly concerned with clinical practice, the panel considered that public confidence in nurses would be undermined without a finding of impairment being made.
In addition, the panel concluded that public confidence in the profession and in the regulator would be undermined if a finding of impairment were not made in this case and therefore also finds your fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired.

Sanction

The panel has considered this case very carefully and has decided to make a conditions of practice order for a period of 12 months. The effect of this order is that your name on the NMC register will show that you are subject to a conditions of practice order and anyone who enquires about your registration will be informed of this order.

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.

Submissions on sanction

Mr Kennedy informed the panel that in the Notice of Hearing dated 24 March 2026, the NMC had advised you that it would seek the imposition of a striking off order if it found your fitness to practise currently impaired. During the course of the hearing, the NMC revised its proposal and submits that a short period of suspension with a review, is more appropriate in light of the panel's findings.

Mr Kennedy referenced the case of *Sawati v General Medical Council* [2022] EWHC 283 (Admin).

Mr Kennedy submitted that medication errors could be addressed by a conditions of practice order, however, due to your admission of dishonesty in relation to charge 1, the NMC's position is that a conditions of practice order would not be appropriate.

Mr Kennedy submitted that a temporary removal from the register is appropriate in this case. However, if the panel feels that a conditions of practice order is more appropriate, the NMC's position is that the following suggested conditions would be appropriate:

- Limiting your employment to one employer
- Any placement should be for a minimum period of three months
- You should not be the nurse in charge of any shift
- You should be subject to indirect supervision of medication administration
- You should provide evidence of these competencies to the NMC
- Monthly meetings with your line manager or supervisor to discuss your performance, in particular on your medication administration, record keeping and duty of candour
- You should provide a report from your supervisor in relation to performance in these areas for any reviewing panel

Mr Kennedy submitted that it was a matter for the panel to decide what sanction is appropriate.

The panel also bore in mind your submission that a suspension order would be too strict, however you agree with the proposed conditions of practice order and are satisfied with the proposed conditions as set out by Mr Kennedy.

Decision and reasons on sanction

Having found your 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 judgement.

The panel took into account the following aggravating features:

- Your conduct which recklessly put people receiving care at risk of suffering harm
- A pattern of medication errors over a period of time
- Inappropriate leadership as the nurse in charge

The panel also took into account the following mitigating features:

- You were the only nurse on duty in a care home with up to 100 patients in Lochleven and up to 50 in Lomond View
- Short staffing issues which you had raised with your employer
- Inadequate support and training at Lomond view
- Your early admission of dishonesty found proved in charge 1
- You have apologised and showed genuine remorse
- Your developing insight
- You have taken part in some relevant training following the dishonesty found proved
- Negative attitude from other staff to you being an agency nurse
- [PRIVATE]

The panel had regard to the guidance on seriousness and, in particularly dishonesty (Reference: SAN-4 Last Updated: 28/01/2026). It found the following sections to be relevant to your case:

'Dishonest conduct will generally less serious in cases of

- *one-off incidents*
- *spontaneous conduct*
- *no direct personal gain…*

Professionals who have behaved dishonestly can engage with the committee to:

- *show that they feel remorse*
- *recognise that they acted in a dishonest way…'*

Having balanced these factors, the panel found that although your conduct was dishonest, it was not premeditated and arose in the context of the extreme pressure arising from the difficult circumstances of your working environment at the time. Although dishonesty in a clinical setting is serious, given the risk of harm to patients, it was not at the most serious end of the spectrum and you have shown genuine remorse.

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.

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 your actions were not at the lower end of the spectrum, and it found that there is a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict your practice would not protect the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on your registration would be appropriate. The panel had regard to the NMC Guidance on *'Conditions of practice order'* (Reference: SAN-2c Last Updated: 28/01/2026) and had regard to the following factors:

- *‘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)*
- *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 had regard to the fact that you have told the panel that you wish to return to practice and have acknowledged that when you do so, you would need to be supported to return to practice unrestricted. The panel also had regard to the fact you acknowledged that conditions of practice would be appropriate, and you have shown willingness to comply to those suggested by Mr Kennedy. The panel was of the view that it was in the public interest that, with appropriate safeguards, you should be able to return to practise as a nurse.

The panel determined that it would be possible to formulate relevant, proportionate, workable and measurable conditions which would address the failings highlighted in this case. The panel accepted that you would be willing to comply with conditions of practice.

Balancing all of these factors, the panel determined that that the appropriate and proportionate sanction is that of a conditions of practice order.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case. The panel considered that you have engaged with the proceedings, there is no evidence of repeated misconduct since the incidents, there is no evidence of deep-seated attitudinal issues and you have demonstrated a willingness to engage with proposed conditions of practice.

Having regard to the matters it has identified, the panel has concluded that a conditions of practice order will protect the public, mark the importance of maintaining public confidence in the profession, and will send to the public and the profession a clear message about the standards of practice required of a registered nurse.

The panel recognised [PRIVATE]

The panel determined that the following conditions are appropriate and proportionate in this case:

'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.'

1. You must limit your nursing practice to one employer or series of employers, each with a minimum period of three months

2. You must not be the nurse in charge of any shift

3. You must ensure that you are at least indirectly supervised during medicine administration, including medicine record keeping

4. You must keep records of your improved competence

5. You must engage with your supervisor or manager at a monthly meeting to discuss your progress regarding medication practice, medicine record keeping and duty of candour

6. You will send the NMC a report seven days in advance of the next NMC hearing or meeting from your superior, addressing these areas

7. You must keep us informed about anywhere you are working by:

a) Telling your case officer within seven days of accepting or leaving any employment.
b) Giving your case officer your employer's contact details.

8. You must keep us informed about anywhere you are studying by:
    a) Telling your case officer within seven days of accepting any course of study.
    b) Giving your case officer the name and contact details of the organisation offering that course of study.

9. You must immediately give a copy of these conditions to:
    a) Any organisation or person you work for.
    b) Any agency you apply to or are registered with for work.
    c) Any employers you apply to for work (at the time of application).
    d) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.
    e) Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity

10. You must tell your case officer, within seven days of your becoming aware of:
    a) Any clinical incident you are involved in.
    b) Any investigation started against you.
    c) Any disciplinary proceedings taken against you.

11. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:
    a) Any current or future employer.
    b) Any educational establishment.
    c) Any other person(s) involved in your retraining and/or supervision required by these conditions

The period of this order is for 12 months, coming into effect 28 days from today.

Before the order expires, a panel will hold a review hearing to see how well you have complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- Evidence of further reflection, learning and insight in relation to your medical administration, record keeping and duty of candour
- Evidence of further reflection on your role as the most senior practitioner in terms of how your behaviour may be seen and interpreted by more junior practitioners

This will be confirmed to you in writing.

Interim order

As the conditions of practice 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 your own interests until the substantive conditions of practice order 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 Mr Kennedy. He submitted that an interim conditions of practice of order for a period of 18 months would be necessary to cover the appeal period and protect the public during this period. The conditions would be the same as in the original sanction.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise 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 the suitable interim order would be that of a conditions of practice order, as it is proportionate and to do otherwise would be incompatible with its earlier findings. The conditions for the interim order will be the same as those detailed in the substantive order for a period of 18 months to cover the appeal period.

If no appeal is made, then the interim conditions of practice order will be replaced by the substantive conditions of practice order 28 days after you are sent the decision of this hearing in writing.

That concludes this determination.