

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

**Substantive Meeting
Tuesday, 19 May 2026**

Virtual Meeting

Name of Registrant: Alison Jayne Marshall

NMC PIN: 95D0085N

Part(s) of the register: Registered Nurse – Sub Part 1
RNA Adult Nurse (Level 1) – 21 November 1998

Relevant Location: Northern Ireland

Type of case: Conviction

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

Legal Assessor: Suzanne Palmer

Hearings Coordinator: Ekaette Uwa

Facts proved: All

Facts not proved: N/A

Fitness to practise: Impaired

Sanction: Striking-off order

Interim order: Interim suspension order (18 months)

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Mrs Marshall's registered email address by secure email on 15 April 2026.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, and that the meeting would be held on or after 19 May 2026.

In the light of all of the information available, the panel was satisfied that Mrs Marshall's has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules). The panel considered that it was appropriate to proceed with a substantive meeting.

Details of charge

That you, a registered nurse:

- 1) Were convicted on 24 September 2024 at the Magistrates' Court that on dates between and including 11 September 2023 and the 18th day of September 2023 stole medication to the value unknown belonging to Northern Health and Social Care Trust, contrary to Section 1 of the Theft Act (Northern Ireland) 1969.

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

Decision and reasons on facts

The charge concerns Mrs Marshall's conviction and, having been provided with a copy of the certificate of conviction, the panel finds that the facts are found proved in accordance with Rule 31 (2) and (3). These state:

- ‘31.—** (2) *Where a registrant has been convicted of a criminal offence—*
- (a) *a copy of the certificate of conviction, certified by a competent officer of a Court in the United Kingdom (or, in Scotland, an extract conviction) shall be conclusive proof of the conviction; and*
 - (b) *the findings of fact upon which the conviction is based shall be admissible as proof of those facts.*
- (3) *The only evidence which may be adduced by the registrant in rebuttal of a conviction certified or extracted in accordance with paragraph (2)(a) is evidence for the purpose of proving that she is not the person referred to in the certificate or extract.’*

Background

Mrs Marshall was referred to the Nursing and Midwifery Council (NMC) on 29 September 2023 by Direct Medics Ltd (the Agency), where she commenced employment on a full-time basis in March 2021. Mrs Marshall was working shifts at Antrim Hospital (the Hospital) under Northern Health and Social Care Trust (the Trust) as a Band 5 nurse in general surgical and medical wards for two years.

The Agency was notified about alleged concerns of theft by Mrs Marshall by the Trust on dates between and including 11 September 2023 and 18 September 2023.

Mrs Marshall pleaded guilty to theft and was sentenced at Antrim Magistrates’ Court on 24 September 2024 with 150 hours of unpaid work. Mrs Marshall is currently living in Portugal and has no plans to return to the UK. Mrs Marshall states she has asked to be removed from the NMC register.

Decision and reasons on facts

The panel accepted the advice of the legal assessor.

The panel finds that the facts of this case are proved by way of Mrs Marshall’s conviction.

Fitness to practise

Having announced its findings on the facts, the panel then considered whether, on the basis of the facts found proved, Mrs Marshall's fitness to practise is currently impaired by reason of her conviction. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

Representations on impairment

The NMC requires the panel to bear in mind its overarching objective to protect the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. The panel has referred to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

There was no representation from Mrs Marshall before the panel.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments.

Decision and reasons on impairment

The panel next went on to decide if as a result of the conviction, Mrs Marshall's fitness to practise is currently impaired.

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

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

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

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

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

- a) ...; 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 noted that Mrs Marshall's conviction arose from the theft of medication from her employer. The panel was concerned that Mrs Marshall originally told the police that the medications were taken by her to give to patients later. If so, that would potentially give rise to broader concerns regarding her inappropriate handling of medication. However, the conviction itself, and the information placed before the panel about that conviction, related solely to theft, which Mrs Marshall subsequently admitted at court. There was no evidence before the panel that any patient was deprived of medication, that any patient suffered harm, or that Mrs Marshall's clinical judgment, performance or health were adversely affected at the time of these events.

The panel considered that a conviction for theft, involving the repeated dishonest removal of medication from the workplace was very serious. It was satisfied that such conduct would undermine public confidence in the nursing profession and bring the profession into disrepute.

The panel further considered that Mrs Marshall's conduct breached fundamental tenets of the nursing profession, including honesty, integrity, and trustworthiness. Specifically:

'20 Uphold the reputation of your profession at all times

20.1 keep to and uphold the standards and values set out in the Code

20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment

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

The panel had regard to Mrs Marshall's certificate of conviction. The panel was of the view that theft is, by its very nature, an act of dishonesty. The panel considered that Mrs Marshall's conviction established conduct which involved deliberately and dishonestly appropriating property belonging to the Trust where she had been sent to work by her employer.

The panel also considered that the theft was repeated over a number of occasions and involved medication intended for patient use, which had been entrusted to Mrs Marshall in her capacity as a nurse. It noted that Mrs Marshall was captured on CCTV removing individual tablets or strips of medication from the medicine cupboard and putting them in her hand, mouth or pocket on 12 occasions in the space of eight days. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

In these circumstances, the panel was satisfied that limbs b, c and d of the Test were engaged in this case.

Regarding insight, the panel considered the extent to which Mrs Marshall had demonstrated insight into her conduct. The panel noted that, beyond her very limited admissions during her police interview and her full admissions at court, Mrs Marshall has not provided any reflective statement, evidence of remediation, and no material to demonstrate that she understands the wider impact of her actions. The only information she provided in her limited correspondence with the NMC was to say in March 2024 that she was not currently working and in August 2025, that she was now living in Portugal with no plans to return to the UK, was no longer paying registration fees and had asked to be removed from the register.

The panel considered whether there remains a risk that Mrs Marshall may repeat the conduct. The panel took into account that the dishonesty was repeated over several occasions and involved deliberate acts carried out by Mrs Marshall while on duty. It determined that this conduct was not isolated.

The panel also took into account the absence of insight, any meaningful remediation and her limited engagement with these proceedings. It noted that, aside from referring to a sore knee during her police interview, Mrs Marshall has provided no explanation for the underlying circumstances that led to the conduct, nor any evidence to reassure the panel that the behaviour would not be repeated. Given the circumstances, the panel concluded that there is a risk of repetition of the conduct found proved.

The panel considered whether a finding of current impairment is required on public protection grounds. The panel was concerned by Mrs Marshall's conduct and noted that the medication stolen was intended for patient use. However, there was no direct evidence that any patient was deprived of medication, suffered actual harm, or that Mrs Marshall's clinical practice or health was adversely affected by her conduct.

The panel was not satisfied that there was sufficient evidence before it to conclude that Mrs Marshall currently poses a direct risk to patient safety. The panel therefore decided that a finding of impairment is not necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect the wider public interest, which 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, in this case, a finding of impairment on public interest grounds was required. It concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case, and the public would be concerned if a nurse convicted of repeated theft of medication from her workplace was permitted to practise unrestricted in the absence of insight and remediation. The panel therefore finds Mrs Marshall's fitness to practise impaired on the grounds of public interest.

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

Sanction

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

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

The panel accepted the advice of the legal assessor.

Representations on sanction

The panel noted that in the Notice of Meeting, dated 15 April 2026, the NMC had advised Mrs Marshall that it would seek the imposition of a striking-off order if it found her fitness to practise currently impaired.

Decision and reasons on sanction

Having found Mrs Marshall's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had regard to the NMC Guidance on '*The sanctions available*' (Reference: SAN-2 Last Updated: 28/01/2026). The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- The conviction involved repeated acts of theft over a period of eight days;
- Abuse of a position of trust;
- The medication stolen was intended for patient use;
- The conduct took place while Mrs Marshall was on duty;
- The conduct was initially denied; and
- No evidence of insight or remediation.

The panel also took into account the following mitigating features:

- Full admission by way of a guilty plea at the first court appearance.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would not be in the public interest to take no further action.

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

‘A caution is only appropriate if the Committee has decided there’s no risk to the public or to people using services that requires the professional’s practice to be restricted. This means the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.’

The panel considered that Mrs Marshall’s conduct was at the higher end of the spectrum of seriousness, and that there was a risk of repetition of breaches of the Code, of a nature likely to undermine public confidence in the profession, including criminal dishonesty. The panel determined that it would not be in the public interest to impose a caution order.

The panel next considered whether to place a conditions of practice order on Mrs Marshall’s registration. In considering whether conditions of practice are appropriate, the panel had regard to the factors set out in the NMC Guidance on ‘*Conditions of practice order*’ (Reference: SAN-2c Last Updated: 28/01/2026). Having found Mrs Marshall’s fitness to practise impaired on public interest grounds and having regard to the nature and seriousness of her conduct, the panel determined that a conditions of practice order would not be appropriate in the circumstances. Given the underlying attitudinal issues and the absence of any insight or remediation, the panel further considered that there are no relevant, proportionate, workable or measurable conditions that could be formulated to address the conduct in this case, particularly given that Mrs Marshall’s stated wish is to leave the profession and it therefore appears that she may not be willing or able to remedy the concerns about her practice.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on ‘*Suspension order*’ (Reference: SAN-2d Last

Updated: 28/01/2026) in which the following factors on when a suspension order may be appropriate are set out:

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

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

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

Whilst the panel acknowledged that the issues identified could be managed by Mrs Marshall being temporarily removed from the Register, it considered that a suspension order would not be sufficient to uphold public confidence in the profession and maintain professional standards due to the seriousness and nature of the facts found proved. Given Mrs Marshall’s lack of insight and remorse, together with no evidence of remediation, the panel considered that there appears to be no realistic possibility that she would address the concerns to such a level where she could return to practise professionally. The panel

concluded that a suspension order would not be sufficient to uphold public confidence in the profession. It determined that the nature and seriousness of the conduct, and the lack of reflection and remediation were such that Mrs Marshall's actions was fundamentally incompatible with her remaining on the register. In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

In considering a striking-off order, the panel had regard to the NMC Guidance on '*Sanctions for the highest risk cases*' (Reference SAN-4 Last Updated: 28/01/2026). Having regard to all of the above, the panel determined that this case falls within the definition of being a '*highest risk case*'.

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

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

Mrs Marshall'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 Mrs Marshall'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 only appropriate and sufficient sanction is that of a striking-off order.

The panel considered that this order was necessary to mark the seriousness of Mrs Marshall's actions, in order to maintain public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

This will be confirmed to Mrs Marshall in writing.

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Mrs Marshall's own interests until the striking off sanction takes effect.

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

Decision and reasons on interim order

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

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

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

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

That concludes this determination.