

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

**Substantive Order Review Hearing**

**Tuesday, 19 May 2026**

Virtual Hearing

**Name of Registrant:** Julie Clare New

**NMC PIN** 07B0167E

**Part(s) of the register:** Registered Nurse – Sub part 1  
RNA: Adult Nursing (Level 1) - 20 April 2007  
RNLD: Learning Disabilities Nursing – 20 April 2007

**Relevant Location:** Oxfordshire

**Type of case:** Misconduct

**Panel members:** Oluwasola Falola (Chair, registrant member)  
Susan Madden (Registrant member)  
Rosemary Chapman (Lay member)

**Legal Assessor:** Fiona Barnett

**Hearings Coordinator:** Peaches Osibamowo

**Nursing and Midwifery Council:** Represented by Nina Dunn, Case Presenter

**Mrs New:** Present and unrepresented

**Order being reviewed:** Suspension order (9 months)

**Fitness to practise:** Impaired

**Outcome:** **Suspension order (6 months) to come into effect on 25 June 2026 in accordance with Article 30 (1)**

## **Decision and reasons on review of the substantive order**

The panel decided to confirm the current suspension order.

This order will come into effect at the end of 25 June 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order originally imposed for a period of nine months by a Fitness to Practise Committee on 27 August 2025.

The current order is due to expire at the end of 25 June 2026.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved which resulted in the imposition of the substantive order were as follows:

*'That you, a registered nurse:*

1) *On 30 July 2020, you:*

- a) *Erased and/or altered one or more entries in the Controlled Drug Book*
- b) *Forged signature on the Controlled Drug Book*
- c) *.....*
- d) *Forged signature on T Mar Chart*
- e) *Administered controlled drugs without having a witness present.*

2) *.....*

- a) *.....*
- b) *.....*

- 3) *On one more than one occasion between 07 February 2022 and 09 February 2022, you administered Haloperidol to a patient that was no longer prescribed the medication.*
- 4) *...*
- 5) *On 03 March 2022, did not update care plans properly by using another patient's name in the care plan.*
- 6) *On 09 March 2022, did not record incidents in patient's notes.*
- 7) *On one or more occasions between 27 March 2021 and 09 March 2022, you did not attend to monitor and attend to distressed patient under your care.*
- 8) *Your conduct at charges 1 and/or 3 and/or 4 was dishonest, in that you intended to cover up care and medication administration errors.*
- 9) *....*

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

The original panel determined the following with regard to impairment:

*....*

*The panel first considered whether any of the limbs of the Grant test were engaged as to Mrs New's past conduct. The panel was of the view that Mrs New's misconduct placed patients at unwarranted risk of harm.*

*The panel found that Mrs New's misconduct constituted a serious breach of fundamental tenets of the nursing profession in that she failed to practise effectively, preserve safety and promote professionalism and trust. It determined that Mrs New failed to uphold*

*the standards and values of the nursing profession, thereby bringing the reputation of the nursing profession into disrepute. The panel also found Mrs New to have acted dishonestly.*

*The panel therefore concluded that limbs a, b, c and d of the Grant test are engaged in respect of Mrs New's past conduct.*

*The panel next considered whether the limbs of the Grant test are engaged as to the future. In this regard, the panel considered the case of Cohen v GMC in which the Court addressed the issue of impairment with regard to the following three considerations:*

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

*In this regard, the panel also considered the factors set out in the NMC Guidance on Insight and strengthened practice (FTP-15).*

*The panel first considered whether Mrs New's misconduct is capable of being addressed. In the NMC Guidance – Can the concern be addressed (FTP-15a), the panel noted the following paragraph:*

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

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

- ....*

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

*Generally, issues about the safety of clinical practice are easier to address, particularly where they involve isolated incidents. Examples of such concerns include:*

- *medication administration errors*
- *poor record keeping*
- *failings in a discrete and easily identifiable area of clinical practice'*

*The panel was of the view that Mrs New's clinical misconduct with respect to medication administration errors, poor recordkeeping and failings in fundamental areas of nursing practice, could be addressed through a process of insightful reflections, retraining in the areas of concern and evidence of good practice. Therefore, the panel determined that it is capable of remediation.*

*In respect of Mrs New's dishonest conduct, the panel noted that the NMC Guidance set out that dishonesty was generally difficult to address. The panel considered that Mrs New's dishonesty in this case was opportunistic and not done for personal gain. However, it did have the potential to negatively impact on vulnerable patients and pose a risk to people receiving her care. The panel in considering her behaviour in the context of the working environment was not satisfied that this was premeditated or systematic but was a consequence of custom and practice in the workplace.*

*The panel then went on to consider whether the concerns have been addressed and remediated. It had regard to the NMC Guidance – Has the concern been addressed (FTP-15b). The panel took into account Mrs New's undated reflective statement, her training certificates and the various references made on her behalf.*

*The panel also considered the context of the misconduct. It noted that Mrs New had raised allegations of bullying and harassment, during her disciplinary appeal process at [PRIVATE], and that she felt isolated from the team there.*

*The panel accepted there was a culture of general lapse in custom and practice in relation to witnessing Controlled Drugs administration.*

*The panel also noted that there was a failure with the electronic data system at [PRIVATE]. However, the panel was of the view that, given Mrs New's experience as a registered nurse, such failures at the time of the incidents were not reasonable justifications for her misconduct. Mrs New did not attend to or monitor patients progress with the result that patients were distressed and did not receive timely intervention or appropriate care.*

*Regarding insight, the panel considered that Mrs New made some admissions during the investigative meetings, demonstrated some insight into the seriousness and impact of her actions as well as what she could have done differently. However, the panel noted that Mrs New sought to deflect responsibility for some of her actions and tended to provide justifications for them. The panel was concerned that Mrs New failed to demonstrate sufficient insight into her dishonest conduct and its impact on patients, her colleagues, the nursing profession and the wider public. The panel further noted that Mrs New's reflective statement was undated, and in the absence of her engagement with these proceedings, the panel could not evaluate her current insight into her misconduct.*

*In considering whether Mrs New has strengthened her nursing practice, the panel considered the various training certificates and references made on her behalf. The panel noted that some of the training certificates were outdated, irrelevant or made prior to the*

*incidents. The panel also noted that although Mrs New's testimonials were positive, they were outdated as the most recent reference was two years ago. The panel therefore could only attach limited weight to them given that it is considering current impairment and there is no updated information on Mrs New's current practice.*

*In light of this, the panel was not satisfied that Mrs New's misconduct had been remediated, nor has she strengthened her nursing practice. Accordingly, the panel determined that Mrs New's misconduct is not highly unlikely to be repeated. Therefore, limbs a, b, c and d of the Grant test are engaged as to the future.*

*Consequently, the panel concluded that a finding of impairment is 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 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 had regard to the serious nature of Mrs New's misconduct and the public protection issues identified. It determined that public confidence in the profession, particularly as the misconduct involved dishonesty, would be undermined if a finding of impairment were not made in this case. For these reasons, the panel determined that a finding of current impairment on public interest grounds is required. It decided that this finding is necessary to mark the seriousness of the misconduct, the importance of maintaining public confidence in the nursing profession, and to uphold proper professional standards for members of the nursing profession.*

*Having regard to all of the above, the panel was satisfied that Mrs New's fitness to practise is currently impaired on both public protection and public interest grounds.'*

The original panel determined the following with regard to sanction:

*'.....*

*The panel then went on to consider whether a suspension order would be an appropriate sanction.*

*The panel was satisfied that in this case the misconduct was not fundamentally incompatible with remaining on the register.*

*The panel considered the guidance within SAN-3d and determined that it was sufficiently serious and required a temporary removal from the register.*

*The panel have taken particular note of the reference dated 16 August 2023 in which the registered nurse and registered manager spoke "I have witnessed good practice. Mrs New is fit to practice as a registered nurse without restrictions...her practice is safe and effective".*

*Consequently, a period of suspension would be sufficient to protect patients and public confidence in nurses.*

*The panel did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Mrs New's case to impose a striking-off order.*

*The panel recognised the importance of competent nurses remaining on the register to continue their nursing practice.*

*Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.*

*The panel noted the hardship such an order could inevitably cause Mrs New, however this is outweighed by the public interest in this case.*

*The panel considered that this order is necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.*

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

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

*Any future panel reviewing this case would be assisted by:*

- *Mrs New's engagement with the NMC and attendance at any future hearings*
- *Updated reflective piece, particularly addressing the issue of insight into the proven charges*
- *Information on her recent relevant education and training*
- *Current employers reference'*

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

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's suitability to practise safely and effectively without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle. It has taken account of the submissions made by Ms Dunn on behalf of the NMC.

Ms Dunn took the panel through the background of the case and referred it to the relevant pages within the bundle.

Ms Dunn submitted that the substantive panel found that you were impaired on both public protection and public interest grounds and decided that the concerns could be addressed through insightful reflection and retraining. She submitted that the substantive panel noted that you failed to demonstrate sufficient insight into your dishonest conduct.

Ms Dunn submitted that it is positive to see you in attendance at the hearing today.

Ms Dunn submitted that you are currently working as a care assistant in the community and your duties include administering medication, raising concerns, ensuring that patients have access to health professionals and delivering daily personal care.

Ms Dunn submitted that there is a positive testimonial from your operations manager who comments on your work with medication and states that you raise errors and complete incident reports when necessary. She submitted that the panel should note that the reference does not confirm that your manager is aware of the nature of the concerns that led to these NMC proceedings.

Ms Dunn submitted that you provided a number of training certificates this morning including a certificate in medication supporting and assisting. She submitted that there is no evidence of training in record keeping, the duty of candour or the importance of

maintaining ethical standards, which were areas that the last panel was particularly concerned about.

Ms Dunn submitted that evidence of training may be particularly important given that you have been unable to practise as a registered nurse in the last 9 months.

Ms Dunn submitted that there is no evidence of a reflective piece in relation to your dishonest conduct and its impact on patients, colleagues and the nursing profession.

Ms Dunn submitted that the persuasive burden is on you to demonstrate that you are no longer impaired.

Ms Dunn submitted that there remains a risk of repetition and your fitness to practise remains impaired on both the public protection and public interest grounds today. She submitted that if the panel agrees, the panel will need to consider what if any sanction to impose.

Ms Dunn submitted that the most appropriate sanction would be to extend the current suspension order to allow you additional time to undertake additional training and develop insight whilst the public is protected. She submitted that you are engaging in the fitness to practise process and your employment in a healthcare setting is suggestive of your intention to return to nursing.

The panel had regard to your oral evidence given under affirmation.

You submitted that in your current role as a carer you travel to client homes, provide them with personal care and administer their medications. You submitted that you raise concerns immediately and complete incident reports promptly.

You submitted that your training is currently up to date and you have undertaken supervisions. You submitted that you are monitored monthly and you send regular reports to your managers.

You submitted that you apologised to the family for leaving a tablet in the blister pack. You submitted that you have undertaken training in medicines administration and strengthened your practice in this area. You stated that you ensure that you double check your actions when administering medication.

You submitted that you have learnt from your mistakes and noted that perhaps you should not have handed over issues to a colleague in the past. You submitted that you now ensure that you follow up on issues independently, rather than handing over to colleagues at the end of your shift.

You submitted that you now write up your own notes to ensure that none of your notes are falsified. You stated that the electronic record keeping system at your place of work ensures that your managers can see what you have recorded. You stated that if a nurse were to falsify records the public may lose trust in the profession.

You submitted that you have been a care assistant since March 2026 and joined [PRIVATE] in August 2025. You submitted that at your interview for this role you were honest about these NMC proceedings.

You submitted that you have undertaken further training since August 2025 including courses in: promoting wellbeing within clients with dementia, safeguarding in the community, equality and diversity and whistleblowing policy training which included learning on the duty of candour.

You submitted that the medication error occurred when you were administering medication from a cellophane blister pack and you did not see that an aspirin tablet was caught in the cellophane. You submitted that you telephoned the family to apologise. You submitted that this error was discovered by one of your care workers who visited the patient later that day and you now ensure that you double check the cellophane when administering medication.

You submitted that [PRIVATE] would like to employ you as a registered nurse. You submitted that this would enable you to change dressings, undertake catheter care and work with community nurses in palliative care.

You accepted some medication errors and explained that you were still learning how to use the electronic system and input some details incorrectly. You stated that you asked colleagues to check your entry on the system but this entry was not checked as you requested. You accepted that you accepted a fraudulent pen and you have learnt to whistle blow when appropriate.

You submitted that if you were allowed to practise unrestricted you would be subject to a risk assessment that would monitor your progress as a nurse. You submitted that you have a good support network at your current place of work, which you did not have with your previous employers.

You submitted that you are passionate about nursing and would like the opportunity to do so. You submitted that your practice is not currently impaired.

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

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether your fitness to practise remains impaired.

The panel noted that the original panel found that you had not demonstrated sufficient insight. At this hearing the panel acknowledged that you have engaged with these proceedings and attended this hearing. However, your insight into your serious misconduct, particularly the dishonesty, is limited. The panel recognised that you maintain your denial with respect to the dishonesty matters which you are entitled to do so. However, you have not shown, given the findings of the substantive panel, that you have acquired sufficient insight into those findings. The panel decided that you have not demonstrated that you know and understand why your misconduct has been found proven.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account that you have undertaken some training courses, including:

- Medication Supporting and Assisting dated 21 August 2025
- Safeguarding Adults dated 29 August 2025
- Infectious Disease Control and Prevention dated 5 November 2025
- Deprivation of Liberty Safeguards Essentials dated 31 August 2025
- Skin integrity and Pressure Ulcers dated 27 August 2025

The panel did not see evidence as to how you applied this training in your current role and its impact on your practice.

The panel further noted that the training certificates do not directly address the duty of candour which go to the concerns identified at the substantive hearing

The last reviewing panel determined that you were liable to repeat matters of the kind found proved. Today's panel has heard that you are currently working as a care assistant and you are hoping to return to nursing practice in the future. The panel accepted the positive testimonial from your manager but noted that they are not a registered nurse and the document did not include specific examples of your safe practice or an awareness of the fitness to practise proceedings.

The panel considered three supervision notes dated 10 February 2026, 28 April 2026 and 8 May 2026. It noted that they do not address the core concerns in this case or evidence sufficient strengthened practice. It noted that one supervision record documents a further medication error in your current role which you reported appropriately.

The panel identified a number of positive matters today. You attended the hearing, gave evidence to the panel, and have made efforts to keep up to date with clinical practice. You have also provided a testimonial from a colleague who has spoken positively about your contribution in the organisation for which you work. However, overall, the panel found that you have not demonstrated that you have focused sufficiently on the findings of the last panel. Consequently, you have not taken effective steps to demonstrate that you have understood the seriousness of the misconduct found, strengthened your practice in the relevant areas, and developed sufficient insight into the findings made by the last panel.

In light of this, this panel determined that you are liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the ground of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that your fitness to practise remains impaired.

Having found your fitness to practise impaired, the panel went on to decide what sanction, if any, to impose.

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 protection issues identified, an order that does not restrict your 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 your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether a conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel bore in mind the seriousness of the facts found proved at the original hearing and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel was

not able to formulate conditions of practice that would adequately address the concerns relating to your misconduct, in particular the dishonesty, which is attitudinal in nature.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow you further time to fully reflect on the previous panel's findings including your dishonesty. It considered that you need to gain a full understanding of how the dishonesty of one nurse can impact upon the nursing profession as a whole and not just the organisation that the individual nurse is working for.

The panel concluded that a further 6 month suspension order would be the appropriate and proportionate response and would afford you adequate time to further develop your insight and take steps to strengthen your practice. It would also give you an opportunity to approach past and current health professionals to attest to your honesty and integrity in your workplace assignments since the substantive hearing.

The panel determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. Accordingly, the panel determined to impose a suspension order for the period of 6 months. This period of time would provide you with an opportunity to demonstrate sufficient insight and strengthened practice. It considered this to be the most appropriate and proportionate sanction available.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 25 June 2026 in accordance with Article 30(1).

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

Any future panel reviewing this case would be assisted by:

- A reflective piece demonstrating insight into the finding of dishonesty made against you

- Evidence of more recent and in depth training particularly in relation to medication administration and the duty of candour
- Reflection on the impact of your training and how you would apply this in your practice
- A reference from a current employer, preferably a registered nurse, who is aware of these NMC proceedings
- Evidence that demonstrates your readiness to return to safe nursing practice

This will be confirmed to you in writing.

That concludes this determination.