Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Wednesday 18 – Friday 20 November 2026

Virtual Meeting

Name of Registrant:	**Jill Newnham**
NMC PIN:	08H0610E
Part(s) of the register:	Registered Midwife - December 2008
Relevant Location:	London
Type of case:	Misconduct
Panel members:	Nilla Varsani (Chair, lay member) Jayne Walker (Registrant member) Graham Woodham (Lay member)
Legal Assessor:	Natalie Byrne
Hearings Coordinator:	Shela Begum
Facts proved:	Charges 1, 2a, 2b, 3a, 3b, 3c, 3d, 3e, 3f, 3g, 4a, 4b, 5a and 5b
Facts not proved:	None
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**
Final outcome:	**FTP impaired - striking off order**

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 Newnham's registered email address by secure email on 24 August 2026.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegations and the fact that this case would be considered at a meeting on or after 28 September 2026.

In the light of all of the information available, the panel was satisfied that Mrs Newnham had 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 noted that the Rules do not require the NMC to evidence effective delivery and that it is the responsibility of any registrant to maintain an effective and up-to-date registered address.

Decision and reasons for parts of the determination to be marked in private

The panel had regard to the NMC's statement of case in which it submitted:

> *"1. Although this matter is being considered at a meeting, so there is no issue of the public observing these proceedings, the Nursing and Midwifery Council ("the NMC") would ask that, for the purposes of producing any written decision in relation to these matters, [PRIVATE].*
>
> *2. Although not directly applicable to meetings, this application is made in line with the principles of Rule 19(3) of The Nursing and Midwifery Council's (Fitness to Practise) Rules 2004, ('the Rules'). This rule provides that a hearing before the Fitness to Practise Committee ('FtPC') can be considered either wholly or partially in private where this is justified by the interests of any party or third party or by the public's interests. [PRIVATE]"*

The legal assessor referred the panel to Rule 19 of the Rules. While Rule 19(1) provides, as a starting point, that proceedings shall be conducted in public, Rule 19(3) states that the panel may direct that parts of or the entirety of a case may be conducted 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 the parts of this determination [PRIVATE] should be marked as private. It considered that [PRIVATE] keeping this information private was justified, proportionate and necessary to protect her right to privacy.

Details of charge

That you, a registered midwife:

1. On an unknown date/dates prior to 20 May 2023, recorded the results of tests you did not conduct.

2. Your actions as set out in charge 1 were dishonest in that:
    a. You knew you had not carried out the tests as recorded.
    b. You intended anyone reading the patients' records to believe you had carried out the tests.

3. On 20 May 2023:
    a. Did not appropriately review Patient A's notes prior to or during their appointment.
    b. Did not take a urine sample for Patient A.
    c. Recorded urinalysis results for Patient A as if a urine sample had been taken.
    d. Did not take Patient A's temperature.
    e. Recorded Patient A's temperature as if you had taken it.
    f. Did not record that Patient A was considering an elective caesarean section.
    g. Measured Patient A's fundus without clinical justification.

4. Your actions as set out in charge 3(c) were dishonest in that:
    a. You knew you had not undertaken urinalysis on a sample of Patient A's urine.
    b. You intended anyone reading Patient A's records to believe you had undertaken urinalysis on a sample of Patient A's urine.

5. Your actions as set out in charges 3(e) were dishonest in that:
    a. You knew you had not taken Patient A's temperature as recorded.
    b. You intended anyone reading Patient A's records to believe you had taken their temperature.

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

Background

Mrs Newnham has been registered with the NMC as a midwife since 3 December 2008. At the time of the events under consideration, she was employed as a Band 6 midwife by King's College Hospital NHS Foundation Trust (the Trust), at Princess Royal University Hospital (the Hospital), where she had worked since 2008.

On 20 May 2023, Patient A attended the Hospital for a 16-week antenatal appointment with Mrs Newnham.

On 19 June 2023, the Trust received a complaint from Patient A concerning her appointment with Mrs Newnham. Patient A, who is also a registered midwife, raising concerns about the care she had received during the appointment. These included concerns that Mrs Newnham appeared unfamiliar with her medical history and had not reviewed her clinical notes; that no urine sample or temperature reading had been taken, despite results being recorded in her records; that there was no documentation that she was considering an elective caesarean section; and that her fundus had been measured without apparent clinical justification.

As part of the Trust's investigation, a meeting took place on 30 June 2023, attended by Mrs Newnham, her line manager, Ann Gibbs, and the Interim Head of Midwifery at the Hospital at the time, Aldyth Walker. During that meeting, Mrs Newnham is reported to have acknowledged that she had not provided the appropriate care to Patient A and that she had completed the relevant documentation using guesswork rather than actual test results. She is also reported to have acknowledged that she had previously recorded test results for other patients without having conducted the corresponding tests.

On 7 September 2023, Mrs Newnham emailed the NMC, stating that she took full responsibility for her actions but was unable to explain her conduct. She advised that she had retired from practice with effect from 31 July 2023. [PRIVATE].

Mrs Newnham reiterated her position in an agreed removal application form dated 12 September 2023 and in subsequent correspondence with the NMC dated 11 July 2024. In her most recent correspondence, dated 31 July 2025, Mrs Newnham indicated that she did not wish to engage further with the NMC proceedings when invited to respond to the specific charges.

Decision and reasons on facts

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

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

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

- Amanda Nielsen: Community Matron, Kings College Hospital NHS Foundation Trust at Princess Royal University Hospital
- Aldyth Walker: Maternity Matron, Kings College Hospital NHS Foundation Trust at Princess Royal University Hospital
- Patient A: Patient A

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor.

The panel did not have written representations from Mrs Newnham. However, the panel noted that Mrs Newnham had previously submitted an agreed removal application to the NMC, dated 12 September 2023. Within that application, Mrs Newnham stated: *"I fully admit the allegations made against me. I have no knowledge as to why I did this and* [PRIVATE] *…"* The panel had no further information before it regarding the outcome of Mrs Newnham's agreed removal application, including whether it had been progressed or why it had not resulted in her removal from the register.

The panel also noted Mrs Newnham's subsequent correspondence with the NMC, including her email dated 11 July 2024, in which she reiterated her position that she took full responsibility for her actions but could not explain her conduct. In her most recent correspondence, dated 31 July 2025, Mrs Newnham indicated that she did not wish to engage further with the proceedings.

The panel considered that Mrs Newnham's statements within the agreed removal application and her subsequent correspondence were relevant to its consideration of the charges, particularly insofar as they appeared to contain admissions in respect of the conduct alleged. However, the panel was mindful that these statements did not constitute formal admissions to the charges within these proceedings. Accordingly, the panel proceeded to consider each charge individually and determine whether the NMC had established the facts alleged, on the balance of probabilities. In doing so, the panel took into account the witness evidence and documentary evidence provided by the NMC alongside Mrs Newnham's apparent admissions.

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

Charge 1

1. On an unknown date/dates prior to 20 May 2023, recorded the results of tests you did not conduct.

This charge is found proved.

In reaching this decision, the panel took into account the evidence provided by the NMC, including the witness statements of Amanda Nielsen and Aldyth Walker.

The panel took into account the evidence of Aldyth Walker, who stated in paragraph 5 of her witness statement, dated 24 February 2025:

“On 30 June 2023, I met with Ms Newnham alongside Ann Gibbs (Ms Newnham’s

line manager) and Amanda to discuss [Patient A]'s appointment. At that meeting, Ms Newnham was shown [Patient A]'s email and she admitted that correct care was not completed at [Patient A]'s appointment and that documents were falsified. When asked what correct care/normal practice is, Ms Newnham admitted to essentially documenting guesses. She also admitted that she had done this before. She also admitted she measured the fundus for no reason, but didn't recall being critical of [Patient A]'s birth plan or saying she'd document that after the appointment. [PRIVATE]. Documentation was reviewed of all other patients seen by Ms Newnham on the day of [Patient A]'s appointment and there was no evidence of any other issues and no harm came to these patients."

The panel also noted the evidence of Amanda Nielsen, who stated in paragraph 6 of her witness statement, dated 13 February 2025:

"I met with Ms Newnham and her line manager to discuss the complaint. At this time, I thought the behaviour was accidental, as in the observations may have been documented in the incorrect notes by mistake, however Ms Newnham said she didn't know why but she did it. She also said she had falsified records of tests like this previously."

The panel considered that the evidence of both witnesses was consistent and provided a clear account of Mrs Newnham's admissions during the Trust's investigation. In particular, the panel noted that Mrs Newnham had acknowledged that she had previously falsified test results in respect of other patients and had recorded results based on guesswork rather than having undertaken the relevant tests.

The panel also took into account Mrs Newnham's agreed removal application, in which she stated that she fully admitted the allegations made against her [PRIVATE]. The panel noted that she subsequently reiterated to the NMC that she took full responsibility for her actions but was unable to explain her conduct.

The panel was satisfied that the evidence of the two witnesses, together with Mrs Newnham's own acknowledgements, provided sufficient evidence to establish that she had previously recorded the results of tests which she had not conducted. The panel noted that

the charge referred to unknown dates prior to 20 May 2023 and considered that the absence of specific dates did not prevent it from making a finding, given the nature of Mrs Newnham's admissions that she had done this previously.

Accordingly, the panel was satisfied, on the balance of probabilities, that the NMC had established charge 1 and found it proved.

Charges 2a and 2b

2. Your actions as set out in charge 1 were dishonest in that:
    a. You knew you had not carried out the tests as recorded.
    b. You intended anyone reading the patients' records to believe you had carried out the tests.

This charge is found proved.

In reaching this decision, the panel applied the test for dishonesty set out *in Ivey v Genting Casinos (UK) Ltd* [2017] UKSC and took into account the NMC guidance on 'Making decisions on dishonesty charges and the professional duty of candour' reference DMA-8.

The panel first considered what Mrs Newnham knew or believed about her actions at the time. Having found charge 1 proved, the panel was satisfied that Mrs Newnham knew that she had not carried out the tests but had nevertheless recorded results as though she had done so. The panel considered that, as an experienced registered midwife, Mrs Newnham would have understood the importance of ensuring that patient records accurately reflected the care provided and that any test results recorded were based on tests actually undertaken.

The panel noted that Mrs Newnham had offered no explanation for her actions, stating that she did not know why she had acted in this way. [PRIVATE]. The panel therefore considered the evidence available and was satisfied, on the balance of probabilities, that Mrs Newnham knew she had not conducted the tests and intended those reading the records to believe that she had done so.

The panel then considered whether Mrs Newnham's actions were dishonest by the standards of ordinary decent people. The panel considered that recording test results without having undertaken the relevant tests, with the intention that others would believe those tests had been completed, was fundamentally dishonest. The panel considered that this was particularly serious in a clinical setting, where colleagues and other healthcare professionals must be able to rely on the accuracy and integrity of patient records when making decisions about patient care.

Accordingly, applying the test in *Ivey v Genting Casinos (UK) Ltd*, the panel was satisfied, on the balance of probabilities, that Mrs Newnham's actions were dishonest and found charges 2a and 2b proved.

Charge 3a – 3g

3. On 20 May 2023:
    a. Did not appropriately review Patient A's notes prior to or during their appointment.
    b. Did not take a urine sample for Patient A.
    c. Recorded urinalysis results for Patient A as if a urine sample had been taken.
    d. Did not take Patient A's temperature.
    e. Recorded Patient A's temperature as if you had taken it.
    f. Did not record that Patient A was considering an elective caesarean section.
    g. Measured Patient A's fundus without clinical justification.

These charges are found proved.

In reaching its decision, the panel considered Patient A's evidence about the appointment, together with of Patient A's appointment record dated 20 May 2023 and the evidence of Amanda Nielsen and Aldyth Walker concerning the meeting with Mrs Newnham on 30 June 2023.

In relation to sub-charge a, the panel took into account the witness statement of Patient A dated 04 March 2025 in which she stated

“6. During the appointment, Ms Newnham asked me if this was my second baby, and I said no this is my first, but I know from BadgerNet that my notes include that there was a previous termination of pregnancy (‘TOP’).
[…]
8. Ms Newnham then measured me despite me not yet being at 25 weeks which made me doubt whether she knew how many weeks along I was. I felt like she hadn’t read my notes and wasn’t paying attention.”

The panel considered that Patient A’s evidence indicated that Mrs Newnham appeared unaware of information already recorded in her notes about her previous pregnancy and did not look at the notes when asking about Patient A’s scan. The panel also noted that Mrs Newnham measured Patient A’s fundus despite her being less than 25 weeks pregnant. The panel considered these two matters together and concluded that they supported Patient A’s account that Mrs Newnham had not appropriately reviewed her notes before or during the appointment.

The panel acknowledged that Mrs Newnham’s question about whether this was Patient A’s second baby, considered in isolation, would not necessarily establish that she had failed to review the notes. However, when considered alongside the fundal measurement and Patient A’s evidence about her stage of pregnancy, the panel was satisfied that the evidence supported the allegation. The panel therefore found this sub-charge proved.

In relation to sub-charge b, the panel had sight of the email from Patient A to Amanda Nielsen dated 19 June 2023 in which she stated:

“I just wanted to email you regarding concerns I had after attending my 16/40 cmw appointment at QMS with Jill Chance.
During my appointment, which was not reassuring, I never provided a sample as I was unable to at the time and she documented it on BadgerNet as being NAD. She said it "probably would be negative, and if I wanted to I could dip my own". I had had 2 UTIs in the pregnancy by this gestation.
[…]

She seemed entirely disinterested in the appointment, repeatedly asking me about my previous pregnancy which was a TOP at 6/40, is one thing, but to make up that she had performed a urinalysis and observations and to complete documentation without me being present is an issue for me."

The panel took into account the witness statement of Patient A dated 04 March 2025, paragraph 4, in which she stated:

"From what I remember, Ms Newnham took me in and took my blood pressure but no other observations. I wasn't able to provide a urine sample initially and she said that was fine we can do it in a minute. At the end of the appointment, I asked Ms Newham if she needed the urine sample and she said no, that it would probably be negative anyway."

The panel considered Patient A's account to be clear and consistent. She explained that she had initially been unable to provide a urine sample but had been told by Mrs Newnham that she could provide one later. Patient A then specifically asked towards the end of the appointment whether the sample was still required and was told that it was not.

The panel considered that Patient A's evidence was supported by the evidence of Amanda Nielsen and Aldyth Walker regarding the meeting with Mrs Newnham on 30 June 2023. The panel noted that both witnesses described Mrs Newnham accepting that the correct care had not been completed during the appointment and that she had recorded guesses. The panel considered this evidence alongside Patient A's account and was satisfied that no urine sample had been taken. Accordingly, the panel found this sub-charge proved.

In relation to sub-charge c, the panel considered the appointment record for Patient A dated 20 May 2023, which recorded a urinalysis result for Patient A. The panel considered this alongside its finding in sub-charge b that no urine sample had been taken.

The panel also took into account the evidence of Amanda Nielsen and Aldyth Walker concerning the meeting with Mrs Newnham on 30 June 2023. As set out in its consideration of charge 1, both witnesses described Mrs Newnham accepting that she had

recorded results of tests which had not been undertaken and that she had documented guesses.

The panel considered that the clinical record demonstrated that a urinalysis result had been entered, notwithstanding its finding that no urine sample had been taken. It also considered the evidence of the two witnesses concerning Mrs Newnham's admissions. Having considered this evidence together, the panel was satisfied that Mrs Newnham had recorded a urinalysis result as if a urine sample had been taken when no sample had in fact been obtained. The panel therefore found this sub-charge proved.

In relation to sub-charge d, the panel took into account the witness statement of Patient A dated 04 March 2025 in which she stated:

> *" Ms Newnham didn't take a temperature observation, she just asked if I was hot and when I said no, she just put down that it was normal. From my experience I would have expected her to just leave this blank rather than write it down like inaccurately that."*

The panel considered that Patient A gave a clear account of what had happened. She explained that Mrs Newnham had asked whether she felt hot but had not actually taken her temperature. The panel noted that Patient A expressly distinguished between being asked how she felt and having a temperature observation taken.

The panel also considered the evidence of Amanda Nielsen and Aldyth Walker concerning Mrs Newnham's admissions during the meeting on 30 June 2023. The panel noted that both witnesses described Mrs Newnham accepting that the correct care had not been completed and that she had recorded guesses. The panel considered this evidence to be consistent with Patient A's account.

Having considered the evidence, the panel accepted Patient A's account that Mrs Newnham had not taken her temperature. It therefore found this sub-charge proved.

In relation to sub-charge e, the panel had sight of the email from Patient A to Amanda Nielsen dated 19 June 2023 in which she stated:

“She then asked me if I felt hot and when I said no she documented a temperature and pulse on the system which she never took.”

The panel considered Patient A’s appointment record dated 20 May 2023, which contained a recorded temperature for Patient A. The panel also took into account the evidence of Amanda Nielsen and Aldyth Walker concerning the meeting with Mrs Newnham on 30 June 2023.

As set out in its consideration of charge 1, the panel noted that both witnesses described Mrs Newnham accepting that she had recorded results of tests which had not been undertaken and that she had documented guesses.

The panel considered this evidence alongside its finding in sub-charge d that Mrs Newnham had not taken Patient A’s temperature. It was satisfied that the appointment record contained a recorded temperature, despite no temperature measurement having been taken. The panel considered that the evidence of Amanda Nielsen and Aldyth Walker supported the conclusion that the recorded result had been entered without the corresponding observation having been undertaken.

The panel was therefore satisfied, on the balance of probabilities, that Mrs Newnham had recorded Patient A’s temperature as if she had taken it when she had not. It found this sub-charge proved.

In relation to sub-charge f, the panel had sight of the email from Patient A to Amanda Nielsen dated 19 June 2023 in which she stated:

“Whilst I was there she said "oh we have to ask you about your birth plan" but seemed quite dismissive of the question in itself and when I said I was considering an ELCS she responded "ok I fill all that out when you leave then". I have no idea what she has documented as I cannot see it on my BadgerNet.
She did not look at my scan, just asked me if it was ok, and when I told her my EDD had changed she said "well it's just a couple of days so I'll leave it as it is".

The panel took into account the witness statement of Patient A dated 04 March 2025 in which she stated:

> *"When we talked about my birth plan and a possible elective caesarean section ('ELCS'), which Ms Newnham said she would note this down when I wasn't here. I'm not sure if this was due to lack of time and it wasn't a huge deal as I didn't have a specific plan yet but I found it odd."*

The panel considered that Patient A's evidence was clear and consistent that she had discussed the possibility of an elective caesarean section with Mrs Newnham during the appointment and that Mrs Newnham had said she would make a note of this after Patient A had left.

The panel then considered the clinical record for the appointment and noted that it did not contain a record of Patient A considering an elective caesarean section. The panel considered Patient A's evidence alongside the absence of any corresponding entry in the clinical record. It accepted that the discussion had taken place and that the information had not subsequently been recorded.

The panel noted Patient A's explanation that she did not yet have a specific birth plan. However, it considered that this did not alter its finding that the discussion had taken place and that the information was absent from the notes.

The panel was therefore satisfied, on the balance of probabilities, that Mrs Newnham had not recorded that Patient A was considering an elective caesarean section. It found this sub-charge proved.

In relation to sub-charge g, the panel had sight of the email from Patient A to Amanda Nielsen dated 19 June 2023 in which she stated:

> *"She then measured my fundus at 19/40 for no clinical reason."*

The panel took into account the witness statement of Patient A dated 04 March 2025 in which she stated:

"Ms Newnham then measured me despite me not yet being at 25 weeks which made me doubt whether she knew how many weeks along I was. I felt like she hadn't read my notes and wasn't paying attention."

The panel considered Patient A's evidence that Mrs Newnham had measured her fundus despite her being less than 25 weeks pregnant. The panel noted that Patient A was 16 weeks pregnant at the time of the appointment.

The panel also took into account the evidence of Aldyth Walker, who stated in paragraph 5 of her witness statement dated 24 February 2025 that Mrs Newnham had admitted during the meeting on 30 June 2023 that she had measured Patient A's fundus for no reason.

The panel considered this admission to be directly relevant to the particular. It was consistent with Patient A's account that the measurement had been undertaken and provided an explanation from Mrs Newnham herself that there had been no reason for doing so.

The panel was therefore satisfied, on the balance of probabilities, that Mrs Newnham had measured Patient A's fundus without clinical justification. It found this sub-charge proved.

Charges 4a and 4b

4. Your actions as set out in charge 3(c) were dishonest in that:
    a. You knew you had not undertaken urinalysis on a sample of Patient A's urine.
    b. You intended anyone reading Patient A's records to believe you had undertaken urinalysis on a sample of Patient A's urine.

These charges are found proved.

In reaching its decision, the panel applied the test for dishonesty set out in Ivey v Genting Casinos (UK) Ltd [2017] UKSC 67. The panel first considered what Mrs Newnham knew or

believed about her actions at the time and then considered whether those actions were dishonest by the standards of ordinary decent people.

In relation to sub-charge 4a, the panel took account of its finding under sub-charge 3b that no urine sample had been taken from Patient A. The panel considered that Mrs Newnham was aware that Patient A had not provided a sample, as Patient A had told her that she was initially unable to do so and had subsequently asked whether a sample was still required. The panel also took account of the evidence from the Trust investigation that Mrs Newnham admitted that the correct care had not been completed and that she had been documenting guesses. In those circumstances, the panel was satisfied that Mrs Newnham knew that she had not undertaken urinalysis when she recorded a result.

In relation to sub-charge 4b, the panel considered the nature of the entry made in Patient A's records. It was a recorded urinalysis result, rather than an indication that a test was outstanding or had not been completed. The panel considered that Mrs Newnham would have understood that recording a result in this way conveyed that urinalysis had been undertaken. Given its finding that she knew no sample had been taken and no test had been performed, the panel was satisfied that she intended anyone reading the records to believe that urinalysis had taken place.

Having established Mrs Newnham's knowledge and intention, the panel considered whether her actions were dishonest by the standards of ordinary decent people. It concluded that they were. The panel considered that an ordinary decent person would regard knowingly recording a urinalysis result when no sample had been provided and no test had been undertaken, with the intention of leading readers of the records to believe otherwise, as dishonest.

[PRIVATE]. The panel therefore reached its findings on the evidence available and was satisfied, on the balance of probabilities, that charge 4 is proved in its entirety.

Charges 5a and 5b

5. Your actions as set out in charges 3(e) were dishonest in that:
    a. You knew you had not taken Patient A's temperature as recorded.
    b. You intended anyone reading Patient A's records to believe you had taken their temperature.

These charges are found proved.

In reaching its decision, the panel applied the test for dishonesty set out in Ivey v Genting Casinos (UK) Ltd [2017] UKSC 67. The panel first considered what Mrs Newnham knew or believed about her actions at the time and then considered whether those actions were dishonest by the standards of ordinary decent people.

In relation to sub-charge 5a, the panel relied on its finding under sub-charge 3d that Mrs Newnham had not taken Patient A's temperature. The panel took account of Patient A's evidence that Mrs Newnham had asked whether she felt hot and, when Patient A said that she did not, recorded that her temperature was normal. The panel also considered the evidence from the Trust investigation that Mrs Newnham had admitted documenting guesses. Having considered this evidence, the panel was satisfied that Mrs Newnham knew she had not taken Patient A's temperature when she recorded a specific result.

In relation to sub-charge 5b, the panel considered that the recording of a specific temperature, in the absence of any actual measurement, conveyed that the temperature had been taken. The panel was satisfied that Mrs Newnham understood this and, having knowingly entered a temperature that she had not measured, intended anyone reading Patient A's records to believe that the measurement had taken place.

The panel then considered whether this conduct was dishonest by the standards of ordinary decent people. For the same reasons as set out in relation to charge 4, the panel concluded that knowingly recording a specific temperature that had not been taken, with the intention that readers would believe it had been measured, would be regarded as dishonest by ordinary decent people.

[PRIVATE]. The panel therefore reached its findings on the evidence available and was satisfied, on the balance of probabilities, that charge 5 is proved in its entirety.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Mrs Newnham's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise safely and effectively without restriction.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, Mrs Newnham's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

The panel had regard to the NMC's statement of case in which it provided representations on misconduct and impairment. The NMC submitted as follows:

> *"18. Whether the facts found proved amount to misconduct is a matter entirely for the panel's professional judgment. There is no burden or standard of proof (per Council for the Regulation of Health Care Professionals v (1) General Medical Council (2) Biswas [2006] EWHC 464 (Admin)).*
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> *19. The comments of Lord Clyde in Roylance v General Medical Council [1999] UKPC 16 provide some assistance when seeking to define misconduct:*

'[331B-E] Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rule and standards ordinarily required to be followed by a [nurse] practitioner in the particular circumstances'. 20. Similarly the comments of Jackson J in Calheam v GMC [2007] EWHC 2606 (Admin) and Collins J in Nandi v General Medical Council [2004] EWHC 2317 (Admin), also provide guidance on misconduct stating respectively:

'[Misconduct] connotes a serious breach which indicates that the doctor's (nurse's) fitness to practise is impaired'.

And

'The adjective "serious" must be given its proper weight, and in other contexts there has been reference to conduct which would be regarded as deplorable by fellow practitioner'.

21. Where the acts or omissions of a registered midwife are in question, what would be proper in the circumstances (per Roylance) can be determined by having reference to the Nursing and Midwifery Council's Code of Conduct.

[…]

23. The NMC submits that the Registrant's conduct is serious, and fell far short of what is expected of a registered midwife. The Registrant in providing care to Patient A failed to undertake the relevant assessments as part of Patient A's antenatal care. Having failed to do so, she proceeded to falsify records to give the appearance that those assessments had been completed. This conduct clearly represents a pattern of behaviour as she has also admitted to falsifying documentation of previous patients. The Registrant's failure to undertake assessments of Patient A and others placed these patients at unwarranted risk of harm. For example, Patient A had previously suffered a urinary tract infection and thus, in the case of a urinalysis, a sample should have been undertaken to

ensure that there were no concerns in this regard and address any potential risk of harm which may result.

24. It is submitted that the Registrant's conduct was a serious breach of the Code and standards expected of her as a registered midwife and would be regarded as deplorable by fellow practitioners. The panel are thus invited to find that her conduct as outlined in the charges constitutes misconduct.

Impairment

25. The NMC's guidance on impairment (DMA-1) explains that impairment is not defined in legislation but is a matter for the Fitness to Practise Committee to decide. The guidance sets out that a question that will help a panel decide whether a professional's fitness to practise is impaired is:
Can the nurse, midwife or nursing associate practise kindly, safely and professionally?

26. This involves a consideration of both the nature of the concern and the public interest.

27. It is noted that the Registrant has indicated that she no longer wishes to practice and has retired. It is submitted that the fact that the Registrant no longer wishes to practice does not prevent a finding that her fitness to practice impaired. In Clarke v General Optical Council [2018] EWCA Civ 1463, it was held that the fact that the registrant was not intending to resume practice could be of little or no consequence. Where repetition is improbable merely because a registrant will no longer be practising, that would not seem to be indicative of fitness to practise. If anything, cessation of practice may point in the opposite direction since a registrant's skills can deteriorate with lack of use.

Public Protection

28. The consideration of the nature of the concern involves looking at the factors set out by Dame Janet Smith in her Fifth Shipman Report, approved in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) by Cox J:

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 professions 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 professions; and/or
d. Has in the past acted dishonestly and/or is liable to act dishonestly in the future?

29. It is submitted that the questions a - d can be answered in the affirmative in this case.

[…]

41. In her response to the allegations, the Registrant made admissions to the underlying conduct but has provided no reasons for her actions. [PRIVATE]The Registrant has not taken any steps to undertake further training.
She has also shown no insight into her conduct and has failed to demonstrate an understanding of the impact of her actions. It is submitted that the remains a risk of repetition of her conduct.

42. Impairment is a forward-thinking exercise which looks at the risk the Registrant's practice poses in the future. The NMC's guidance on impairment (DMA-1) adopts the approach of Silber J in the case of R (on application of Cohen) v General Medical Council [2008] EWHC 581 (Admin) by asking the questions: whether the concern is easily remediable; whether it has in fact been remedied; and whether it is highly unlikely to be repeated.

43. The NMC considers that the concerns are not easily remediable due to the Registrant's repeated acts of dishonesty. In any case, the Registrant has not undertaken any steps to address the concerns raised in relation to her clinical practice, has not provided any reflections to demonstrate insight and has not undertaken any relevant training, for example training to address the clinical concerns and training on probity and ethics.

44. The NMC considers that there is a continuing risk to the public due to the Registrant's lack of insight, lack of strengthening of clinical practice and lack of understanding of the impact of her behaviour on patients, members of the public and public confidence in the profession.

45. For the reasons referred to above, it is submitted that a finding of impairment on public protection grounds is necessary.

Public Interest Ground

46. In the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) at paragraph 74 Cox J commented that:

"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."

47. Consideration of the public interest therefore requires the Fitness to Practise Committee to decide whether a finding of impairment is needed to uphold proper professional standards and conduct and/or to maintain public confidence in the profession.

48. In upholding proper professional standards and conduct and maintaining public confidence in the profession, a Fitness to Practise Committee will need to consider whether the concern is easy to put right. A concern which has not been put right is likely to require a finding of impairment to uphold professional standards and maintain public confidence.

49. However, there are types of concerns that are so serious that, even if the professional addresses the behaviour, a finding of impairment is required either to uphold proper professional standards and conduct or to maintain public

confidence in the profession. It is submitted that in cases where the nurse has been dishonest, a finding of impairment is often required to uphold proper professional standards.

50. In Khan v General Medical Council [2015] EWHC 301 (Admin), Mostyn J, at paragraph [8] said
"In cases of proven dishonesty, the balance can be expected to fall down on the side of maintaining public confidence in the profession by a severe sanction."

51. The NMC considers there is a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behavior. The Registrant failed to undertake relevant assessments for various patients and, having done so, she falsified results and documented the false results within the patients' records on more than one occasion. Her conduct placed multiple patients at unwarranted risk of harm. The Registrant also has a lack of insight and there have been no steps taken to remediate her conduct. It is submitted that it would be an unacceptable conclusion if a finding of impairment was not made. Her conduct fails to promote and maintain professional standards and public trust."

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), 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 Mrs Newnham's actions did fall significantly short of the standards expected of a registered nurse, and that Mrs Newnham's actions amounted to a breach of the Code. Specifically:

"1 Treat people as individuals and uphold their dignity

1.1 treat people with kindness, respect and compassion

1.2 make sure you deliver the fundamentals of care effectively

1.3 avoid making assumptions and recognise diversity and individual choice

2 Listen to people and respond to their preferences and concerns

2.1 work in partnership with people to make sure you delivery care effectively

2.2 recognise and respect the contribution that people can make to their own health and wellbeing

2.3 respect the level to which people receiving care want to be involved in decision about their own health, wellbeing and care

6 Always practise in line with best available evidence

6.1 make sure that any information or advice given is evidence-based including information relating to using any health and care products or services

10 Keep clear and accurate records relevant to your practice

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

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 [….]

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

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. It therefore went on to consider whether the conduct found proved was

sufficiently serious to amount to misconduct and in doing so, considered each charge independently.

In relation to charges 1 and 3, the panel considered that the matters found proved went beyond a failure to complete aspects of an appointment or an isolated lapse in documentation. They demonstrated a failure to undertake elements of the assessment and to ensure that the records accurately reflected what had taken place. The panel was particularly concerned that Patient A's records contained information which gave an inaccurate account of the care provided, while her expressed wishes in relation to her birth plan were not properly recorded. The panel considered that this also reflected a failure to give Patient A the involvement and consideration she was entitled to expect during her appointment. The panel determined that Mrs Newnham's conduct represented a serious departure from the standards expected of a registered midwife.

The panel acknowledged that no actual harm to Patient A or any other patient had been identified. However, it considered that this did not diminish the seriousness of the conduct. The inaccurate records created a potential risk because anyone subsequently relying on them could be misled into believing that tests and observations had taken place when they had not. The panel considered that the potential consequences of relying on such inaccurate information could be significant, even though no actual harm had been established in this case.

In relation to charges 2, 4 and 5, the panel considered the dishonesty to be especially serious. The panel had found that Mrs Newnham knowingly recorded tests and observations that she had not undertaken, with the intention that anyone reading the records would believe that they had been completed. This was not an isolated instance of inaccurate recording but conduct which had occurred on more than one occasion. The panel considered that the repeated and deliberate nature of this dishonesty represented a fundamental departure from the standards of honesty and integrity required of a registered midwife. It was particularly concerning that the records were not simply inaccurate but had been completed in a way intended to give a false impression of the care that had been provided.

The panel considered the charges individually and determined that on their own each charge amounted to serious misconduct. The panel did not rely merely on the cumulative effect of the charges to reach that conclusion. Rather, it considered that the repeated dishonesty was serious in its own right and that, when considered alongside the underlying shortcomings in the care and documentation of Patient A's appointment, it further compounded the seriousness of Mrs Newnham's conduct.

The panel therefore concluded that Mrs Newnham's actions did fall seriously short of the conduct and standards expected of a midwife and amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Mrs Newnham'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.'*

Midwives occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust midwives with their lives and the lives of their loved ones. To justify that trust, midwives 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) *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 finds that limbs a – d of the "test" are engaged in this case.

In relation to limb a, the panel was satisfied that Mrs Newnham's misconduct had placed Patient A at an unwarranted risk of harm. The panel considered that the inaccurate recording of tests and observations meant that anyone subsequently relying on those records could be misled about the assessments that had actually taken place. The panel also took account of the fact that Mrs Newnham had admitted during the Trust investigation that she had falsified records on previous occasions. The panel considered

that this demonstrated that the conduct was not confined to the appointment with Patient A but was evidence of a pattern of behaviour which had the potential to put other patients in Mrs Newnham's care at a real risk of harm.

In relation to limb b, the panel considered that Mrs Newnham's conduct had brought the midwifery profession into disrepute. It considered that members of the public and other healthcare professionals are entitled to expect midwives to provide appropriate care and to record that care honestly and accurately. The panel considered that knowingly falsifying records, particularly on repeated occasions, was fundamentally inconsistent with those expectations and had the potential to undermine public confidence in the profession.

In relation to limb c, the panel was satisfied that Mrs Newnham had breached fundamental tenets of the midwifery profession. In particular, her conduct was contrary to the fundamental requirements to provide appropriate care, work in partnership with patients, maintain accurate records and act with honesty and integrity. The panel considered that these were central, rather than peripheral, professional obligations.

In relation to limb d, the panel had found that Mrs Newnham had acted dishonestly in relation to the recording of tests and observations. It was particularly concerned that this dishonesty had occurred on more than one occasion and that Mrs Newnham had admitted to the Trust that she had falsified records previously. The panel therefore considered that dishonesty was not an isolated feature of this case.

The panel next considered whether Mrs Newnham's fitness to practise remained impaired and, in doing so, had regard to the guidance in DMA-1. It considered whether the concerns were capable of being remedied, whether they had been remedied and whether there was a low risk of repetition.

The panel considered that the concerns were capable of being remedied through appropriate reflection, insight and steps to strengthen practice. However, it had no evidence before it that Mrs Newnham had undertaken any relevant training, reflection or other steps to address the concerns. The panel had also not been provided with evidence demonstrating that she had developed an understanding of the seriousness of her

conduct, the potential consequences for patients or the impact of her actions on public confidence in the profession.

Regarding insight, the panel took account of Mrs Newnham's admissions during the Trust investigation and her subsequent agreed removal application, in which she stated that she fully admitted the allegations and took responsibility for her actions. However, the panel noted that she had also stated that she did not know why she had acted in this way [PRIVATE]. While the panel acknowledged these statements, it did not consider that an admission of the conduct, without further evidence of reflection or understanding of its impact, demonstrated sufficient insight. [PRIVATE].

The panel also noted that Mrs Newnham had indicated that she wished to retire and had sought voluntary removal from the register. However, the panel had no further information about the outcome of that application or whether her removal had been completed. It therefore did not consider that it could place significant weight on her stated intention not to practise. The panel also took account of the advice arising from the case of *Clarke v General Optical Council* [2018] EWCA Civ 1463, which it considered relevant to the weight to be attached to a registrant's stated intention not to return to practice. The panel considered that, in the absence of a substantive order or a completed application for removal, there remained the possibility that Mrs Newnham could return to practice.

Having considered the evidence as a whole, the panel was not satisfied that the concerns had been remedied or that the risk of repetition was low. It was particularly concerned by the repeated nature of the dishonesty, the absence of evidence of meaningful insight and the lack of any demonstrated steps to strengthen practice. The panel therefore concluded that there remained a risk of repetition should Mrs Newnham return to practice.

The panel therefore decided 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; 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 also required. The panel considered that the findings in this case involved repeated dishonesty and a serious departure from the standards expected of a registered midwife. It was of the view that public confidence would be damaged if a registrant who had knowingly and repeatedly falsified records, and in respect of whom there was no evidence of meaningful insight or remediation, were found not to be impaired. The panel considered that a finding of impairment was necessary to maintain public confidence in the profession and to declare and uphold proper professional standards.

Having regard to all of the above, the panel was satisfied that Mrs Newnham'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 Newnham off the register. The effect of this order is that the NMC register will show that Mrs Newnham 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

In the Notice of Meeting, dated 24 August 2026, the NMC had advised Mrs Newnham that it would seek the imposition of a striking off order if Mrs Newnham's fitness to practise was found to be currently impaired.

The NMC provided written representations in its statement of case which were as follows:

“52. The NMC considers the a striking-off order is the appropriate sanction in this case.[sic]

53. NMC Guidance on the purpose of and approach to sanctions (SAN-1) sets out the factors to consider before deciding on sanctions. Having regard to the sanctions guidance, the following aggravating and mitigating factors are present in this case:

Aggravating Factors
• Lack of insight into failings
• A pattern of misconduct over a period of time
• Repetition of misconduct
• Unwarranted risk of harm to vulnerable patients
• Premeditated and longstanding deception
• Direct risk to people receiving care

Mitigating Factors
• Some evidence of remorse

54. NMC Guidance on sanctions for the highest risk cases (SAN-4) deals with sanctions for particularly serious cases including cases involving dishonesty. The guidance highlights that honesty is of central importance to a nurse’s practice. It is therefore set out that allegations of dishonesty will almost always be serious and a nurse who has acted dishonestly will be at some risk of being removed from the register.

55. With regards to sanction, the proper approach is to start with consideration of the least severe sanction and work upwards.

Taking no action
56. Taking the least serious sanctions first, it is submitted that taking no further action would not be appropriate in the circumstances of this case. It cannot be said that the Registrant’s conduct will not be repeated due to her lack of insight

and lack of steps taken to address the concerns. The NMC also considers that the allegations are too serious to take no further action.
57. In order to achieve the NMC's overarching objective of public protection, action does need to be taken to secure public trust in nurses and to promote and maintain proper professional standards of conduct.

Caution order
58. It is submitted that a caution order would also not be appropriate as it could not be said that the case is at the lower end of the spectrum of impaired fitness to practise due to the seriousness of the concerns. This was a case where there were repeated acts of dishonesty.

Conditions of practice order
59. The NMC's guidance on conditions of practice orders (SAN-2c) sets out the factors to consider in determining whether conditions of practice order is suitable. It is submitted that, having regard to the guidance, a conditions of practice order is unsuitable. The Registrant has indicated that she no longer wishes to practice and has retired and so conditions would appear entirely unworkable. There has not been and does not appear to be any willingness on the part of the Registrant to strengthen her practice or return to practice. It is further submitted that the Registrant's dishonest conduct is evidence of harmful deep-seated attitudinal problems. It is submitted that there are no conditions which can be created that would be relevant, proportionate workable or measurable to address the Registrant's current impairment.

Suspension
60. It is submitted that a suspension order would not be an appropriate sanction. NMC Guidance SAN -2d provides that key factors to weigh up before imposing a suspension order include:
a. Whether the risk posed to the public, or to people receiving care, can only be managed by temporary removal from the Register?
b. Will suspension be sufficient to protect people using services, public confidence in the profession, or professional standards?
c. Is it realistic that the professional could return to unrestricted practice in the

future, even if it is not appropriate for them to do so now?
d. What would the registrant need to do in order to be fit to practise in the future? Is it realistic that they will be able to do this?
61. It is submitted that the Registrant's conduct was repeated and placed patients at unwarranted risk of harm. There is also evidence of deep-seated attitudinal issues and thus a temporary removal from the register would not be sufficient. It is submitted that a period of suspension will not sufficiently protect members of the public or public confidence in nurses or professional standards.

Striking-off
62. It is submitted that a striking off order is the appropriate and proportionate sanction in this case. NMC Guidance on striking-off orders (SAN-2e) provides that before imposing a striking off order, a panel should take into account:
a. Do the regulatory concerns about the nurse raise fundamental questions about their professionalism?
b. Can public confidence in nurses be maintained if the nurse is not struck off from the register?
c. 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?
d. 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?

63. The Registrant placed patients at unwarranted risk of harm and was repeatedly dishonest. Honesty is of central importance to a professional's practice because of the large degree of trust placed in them. The Registrant's dishonest placed the public at risk of harm as she was not conducting relevant assessments and was falsifying results. In addition, there has been no training undertaken by her, she has demonstrated no insight or understanding of the impact of her conduct on patients, members of the public and her colleagues.

64. It is submitted that her conduct raises fundamental questions about her professionalism. Having regard to her conduct, it is submitted that public

confidence could not be maintained if she was not struck off from the register. As set out above, there are no other sanctions which are appropriate or sufficient to protect members of the public or maintain professional standards. Thus, a striking-off order is the only sanction which will be sufficient in this case."

Decision and reasons on sanction

Having found Mrs Newnham'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:

- Mrs Newnham admitted during the Trust investigation that she had falsified records on previous occasions involving other patients. This indicated that the conduct was not an isolated incident.
- The dishonesty was deliberate, repeated and occurred in three distinct respects.
- The inaccurate records created a risk of harm to Patient A
- There was limited insight and no evidence of meaningful reflection, training or other steps to strengthen her practice or reduce the risk of repetition.
- Deliberate breaches of the Code
- Failure to work collaboratively

The panel also took into account the following mitigating features:

- Mrs Newnham made early admissions during the local Trust investigation
- There was no evidence that she had obtained any direct personal gain from the dishonesty.

[PRIVATE].

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would 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 Mrs Newnham's misconduct was 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 Mrs Newnham's practise 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 to place a conditions of practice order on Mrs Newnham'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).

The panel considered whether the concerns identified could be addressed through conditions requiring Mrs Newnham to undertake further training, reflect on her practice and demonstrate an improved understanding of her professional responsibilities. However, it was not satisfied that conditions of practice would be appropriate or effective in this case. The concerns were not limited to a lack of knowledge or a specific clinical skill that could be addressed through targeted training or supervision. They involved repeated and deliberate dishonesty in the completion of clinical records, including Mrs Newnham's admission that she had falsified records on previous occasions involving other patients.

The panel had also found that Mrs Newnham had demonstrated limited insight. Although she had accepted responsibility for her actions, there was no evidence of meaningful reflection, relevant training or other steps taken to address the concerns. In particular, there was no evidence that she had developed an understanding of how she would ensure that similar conduct would not happen again. The panel was therefore not satisfied that Mrs Newnham would engage sufficiently with conditions or that any conditions could be devised to address the underlying concerns and provide adequate assurance of safe practice.

The panel also noted that Mrs Newnham was not currently practising and had indicated that she wished to leave the register. There was no evidence before the panel that she intended to return to practice or that she would engage with a conditions of practice order. In these circumstances, the panel considered that conditions would not provide a workable or reliable means of addressing the risks identified.

Having regard to the nature and seriousness of Mrs Newnham's conduct, the panel determined that a conditions of practice order would not be appropriate in the circumstances. The panel considered that there are no relevant, proportionate, workable or measurable conditions that could be formulated to protect patients and to uphold professional standards.

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.'*

The panel considered whether the misconduct was capable of being addressed through a period away from practice and whether there was a realistic prospect that Mrs Newnham could develop sufficient insight and strengthen her practice to return safely.

The panel acknowledged that a suspension order would temporarily prevent Mrs Newnham from practising and would therefore provide protection during the period of suspension. However, it considered that suspension must serve a useful purpose beyond temporarily removing a professional from practice.

The panel was not satisfied that there was a realistic prospect of this. Although Mrs Newnham had accepted responsibility, there was no evidence that she had taken any steps to develop her insight or address the concerns. The panel had no evidence of reflection, training or professional development, or of any intention on her part to undertake such work. It therefore had no basis on which to conclude that a period of suspension would result in any meaningful change in her understanding or approach. The panel considered that the passage of time,

without active engagement in remediation, would not in itself address the concerns.

The panel also considered the nature of the misconduct and whether, following a period of suspension, a return to practice could be consistent with maintaining public confidence and professional standards. It concluded that it could not. The repeated dishonesty, including Mrs Newnham's admission that she had falsified records on previous occasions, raised serious questions about her professional suitability. The panel considered that a return to practice after a period of suspension, without clear evidence that the underlying concerns had been addressed, would not provide the necessary reassurance to the public that she could be trusted to act honestly and maintain accurate clinical records.

The panel also considered Mrs Newnham's stated intention to leave the register. It had no information about the outcome of her agreed removal application. However, it did not consider that her stated intention not to practise could determine the appropriate sanction. Having regard to the case referred to in the NMC's submissions, the panel considered that limited weight should be attached to an intention not to return to practice. The sanction had to be determined by reference to the seriousness of the findings and the need to protect the public and uphold confidence in the profession, rather than an intention which might change.

In light of all of the above, and Mrs Newnham's lack of engagement, limited insight together with no evidence of training and development, the panel considered that there is no realistic possibility that she would address the concerns to such a level where she could return to practise safely.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

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

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

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

The panel found that the findings raised fundamental questions about Mrs Newnham's professionalism, particularly in relation to her honesty and integrity. It considered that public confidence in the profession could not be maintained if she remained on the register, given the repeated and deliberate nature of the dishonesty. In the absence of meaningful insight or remediation, the panel was not satisfied that any further reflection or a period of suspension would provide sufficient reassurance that the concerns would be addressed or that Mrs Newnham could return to practice safely. The panel therefore concluded that her continued registration was fundamentally incompatible with the standards expected of a registered midwife.

Mrs Newnham's actions were significant departures from the standards expected of a registered midwife 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 Newnham's actions were serious and to allow her to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Mrs

Newnham's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered midwife should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case.

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

This will be confirmed to Mrs Newnham 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 Newnham's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Representations on interim order

The panel took account of the representations made by the NMC which were as follows:

> *"65. The NMC Guidance on interim orders after a sanction is imposed (SAN-6), sets out that sanctions cannot take effect until the end of the appeal period, that is 28 days after the date on which the decision letter is served, or, if an appeal has been lodged, before the appeal has been finally determined.*
>
> *66. If a finding is made that the Registrant's fitness to practise is impaired on a public protection and w public interest basis, and a striking-off order is imposed, the NMC considers an interim suspension should be imposed on the basis that it is necessary for the protection of the public and otherwise in the public interest. Where a finding has been made that the Registrant's conduct was fundamentally incompatible with continued registration, the NMC submits an*

interim suspension order to cover the appeal period is the only appropriate order.

67. It is submitted that such an order should be for a period of 18 months to ensure that, should the Registrant appeal, the order will cover the period of the appeal process."

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 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 ensure that, should Mrs Newnham decide to lodge an appeal, the order will cover the period of the appeal process.

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

That concludes this determination.