Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday, 2 November – Wednesday, 4 November 2026

Nursing and Midwifery Council
2 Stratford Place, Montfichet Road, London, E20 1EJ

Name of Registrant:	M'mah Soumah	
NMC PIN	12A1564E	
Part(s) of the register:	Registered Nurse – Adult Nursing RNA – (25 April 2012)	
Relevant Location:	Horwich	
Type of case:	Misconduct	
Panel members:	Alisa Newman Richard Luck Rachel Cerfontyne	(Chair, Lay member) (Registrant member) (Lay member)
Legal Assessor:	William Hoskins	
Hearings Coordinator:	Nicola Nicolaou	
Nursing and Midwifery Council:	Represented by Georgina Lane, Case Presenter	
Miss Soumah:	Present and not represented at the hearing	
Facts proved by admission:	Charge 1	
Fitness to practise:	Impaired	
Sanction:	**Suspension order (6 months)**	
Interim order:	**Interim suspension order (18 months)**	
Final outcome:	**FTP impaired - suspension order**	

Decision and reasons on application to admit the hearsay evidence of Keelie Hilton and Loanna Orr

The panel heard an application made by Ms Lane, on behalf of the Nursing and Midwifery Council (NMC), under Rule 31 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules) to allow the witness statement and supporting exhibits of Keelie Hilton, and the hearsay testimony of Loanna Orr into evidence. Ms Lane referred the panel to the factors set out in the case of *Thorneycroft v Nursing and Midwifery Council* [2014] EWHC 1565 (Admin), and also *El- Karout v NMC* [2019] EWHC 28 (Admin).

Ms Lane submitted that Ms Hilton's witness statement has not been signed by her, despite the NMC taking steps to ensure that she had done so. Ms Lane submitted that the NMC had emailed Ms Hilton on numerous occasions, namely 29 August 2025, 9 September 2025, 23 February 2026, 24 March 2026, 4 June 2026, and 2 September 2026. The NMC also sent a letter to Ms Hilton's postal address on 21 July 2026. Ms Lane submitted that there has been no response by Ms Hilton to any of the correspondence sent by the NMC.

Ms Lane submitted that Ms Hilton had previously informed the NMC that [PRIVATE], and the NMC explained the available special measures that could be applied at a hearing, however, Ms Hilton did not engage.

Ms Lane submitted that the evidence of Ms Hilton is not sole or decisive, as it is supported by the evidence of Keeley McHugh, who will be attending this hearing to give live evidence. She submitted that the evidence is also supported by the CCTV footage. Ms Lane submitted that it would be fair to admit Ms Hilton's witness statement as hearsay evidence.

In relation to Ms Orr, Ms Lane submitted that she provided a local statement at the time of the alleged incident. Ms Orr did not witness the alleged incident, but was informed by Ms McHugh and Ms Hilton that Resident A had kicked you, to which you responded by hitting Resident A.

Ms Lane submitted that it has not been considered proportionate to obtain a formal statement from Ms Orr, given that she did not witness the alleged incident. Ms Lane submitted that Ms Orr's local statement is not sole or decisive, and is supported by the evidence of Ms McHugh, as well as the CCTV footage. Ms Lane submitted that it would be fair to admit the local statement of Ms Orr as hearsay evidence.

You did not oppose the NMC's application to admit the hearsay evidence of Ms Hilton and Ms Orr.

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included that Rule 31 provides that, so far as it is 'fair and relevant', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings.

The panel gave the application in relation to Ms Hilton and Ms Orr serious consideration. It considered the factors set out in the case of *Thorneycroft* when making its decision. The panel considered each application in turn.

With regard to Ms Hilton, the panel considered that Ms Hilton's evidence is not sole or decisive as it is supported by the evidence of Ms McHugh, and Jenna Finch, who will be attending this hearing to give live evidence, and is also supported by CCTV footage. It noted that Ms Hilton has not responded to any of the correspondence from the NMC but that she had previously informed the NMC that [PRIVATE]. The panel considered that there is no evidence before it to suggest that Ms Hilton had a reason to fabricate her evidence. It considered that Ms Hilton has not provided a good reason for her non-attendance, however, the NMC has taken reasonable steps to ensure that Ms Hilton signed her witness statement. The panel took into account that you do not oppose the NMC's application. The panel considered that Ms Hilton's evidence is relevant, and that it would be fair to admit her witness statement and supporting evidence as hearsay evidence.

With regard to Ms Orr, the panel noted Ms Lane's submission that Ms Orr did not directly witness the alleged incident. The panel considered that Ms Orr's evidence is

not sole or decisive as it is supported by the evidence of Ms McHugh and Ms Finch, who will be attending this hearing to give live evidence, and is also supported by CCTV footage. It took into account Ms Lane's submission that the NMC did not consider it proportionate to obtain a formal witness statement as Ms Orr did not directly witness the alleged incident. The panel considered that there is no evidence before it to suggest that Ms Hilton had a reason to fabricate her evidence. The panel took into account that you do not oppose the NMC's application. The panel considered that Ms Orr's evidence is relevant, and that it would be fair to admit her local statement as hearsay evidence.

The panel considered that it would not be unfair to you to admit the witness statement of Ms Hilton, and the local statement of Ms Orr as hearsay evidence. In these circumstances, the panel came to the view that it would be fair and relevant to accept into evidence the witness statement and supporting evidence of Ms Hilton, and the local statement of Ms Orr, but would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it.

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

At the outset of the hearing, Ms Lane made a request that this case be held partly in private on the basis that reference may be made to [PRIVATE]. The application was made pursuant to Rule 19 of the Rules.

You indicated that you supported the application.

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

The panel determined to go into private session as and when any matters regarding [PRIVATE] are raised, in order to protect your privacy.

Details of charge

That you, a registered nurse:

1. On 23 December 2024, struck Resident A with your hand

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

Background

The NMC received a referral on 23 January 2025 from the Clinical Lead at Swallowfield Gardens Care Home ('the Home').

It is alleged that on 23 December 2024, Patient A had asked for their inhaler. When you went to administer the inhaler, Patient A kicked you. You are alleged to have retaliated and struck Patient A on their leg.

You were suspended on 23 December 2024 pending an investigation. An investigation meeting was held on 30 December 2024 and a disciplinary meeting took place on 13 January 2025.

Decision and reasons on facts

At the outset of the hearing, you informed the panel that you admit to charge 1.

The panel therefore finds charge 1 proved, by way of your admission.

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

- Keelie McHugh: Support worker at the Home at the time of the alleged incident

- Jenna Finch: Clinical Lead at the Home at the time of the alleged incident

The panel also had sight of the CCTV footage of the incident on 23 December 2024.

The panel also heard evidence from you under affirmation.

Fitness to practise

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

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. 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, your fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a *'word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.'*

Ms Lane invited the panel to take the view that the facts found proved amount to misconduct. She referred the panel to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code).

Ms Lane submitted that this case involves your action of hitting Resident A, a vulnerable service user who was known to behave in an unpredictable or volatile manner. She submitted that your conduct was not in line with the standards of care or professionalism expected of a registered nurse and submitted that your action at charge 1 was so serious as to amount to misconduct.

Submissions on impairment

Ms Lane moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Lane submitted that your action put Resident A at an unwarranted risk of harm, and that your conduct fell short of the standards expected of a registered nurse and brought the nursing profession into disrepute. Ms Lane submitted that your conduct breached fundamental tenets of the nursing profession.

Ms Lane submitted that there have not been any previous concerns raised regarding your clinical practice. She submitted that this appears to be an isolated incident. However, Ms Lane submitted that your action of hitting Resident A was serious. She submitted that, should the conduct be repeated in the future, further service users may be at risk of harm.

Ms Lane set out the context which led to the incident. She submitted that you were upset in the aftermath of the incident. She further submitted that you were angry with another member of staff for a different reason earlier in the day. Ms Lane reminded the panel of your evidence during which you stated that you intended to report the

incident yourself, but that you did not do this immediately. Ms Lane submitted that you have demonstrated remorse for your action, however, it may be inferred that you did not initially treat the incident as seriously as was warranted.

Ms Lane submitted that whilst there may be some context surrounding the incident, this does not absolve your responsibility to keep those in your care safe. Ms Lane submitted that you have demonstrated some understanding as to what you should have done differently. She referred the panel to your training certificate in physical restraint awareness, and your reflective piece. However, Ms Lane submitted that you have not been able to provide a full explanation as to why you reacted in the way that you did, nor what you would do differently if you were faced with the same situation again.

Ms Lane submitted that there is a risk of repetition and a real risk of significant harm and therefore submitted that a finding of current impairment is necessary on the ground of public protection.

Ms Lane submitted that public confidence in the nursing profession would be undermined if a finding of impairment was not made in this case and therefore also invited the panel to find your fitness to practise impaired on the ground of public interest, in order to protect the public and maintain public confidence in the nursing profession, and to uphold the proper professional standards expected of a registered nurse.

You told the panel that you should not have reacted in the way that you did and that it was not appropriate. You said that you have learned from the incident and that it has impacted you very badly. You said that you are a caring person and that being a parent means that you care for your children. You told the panel that you felt so ashamed by what happened with Resident A that it had prevented you from applying to return to practise.

The panel accepted the advice of the legal assessor.

Decision and reasons on misconduct

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel was of the view that your action at charge 1 did fall significantly short of the standards expected of a registered nurse, and that your action amounted to breaches of the Code. Specifically:

> *'**1 Treat people as individuals and uphold their dignity***
> *To achieve this, you must:*
> ***1.1** treat people with kindness, respect and compassion*
> ***1.2** make sure you deliver the fundamentals of care effectively*
>
> ***3 Make sure that people's physical, social and psychological needs are assessed and responded to***
> *To achieve this, you must:*
> ***3.1** pay special attention to promoting wellbeing, preventing ill health and meeting the changing health and care needs of people during all life stages*
>
> ***4 Act in the best interests of people at all times***
> *To achieve this, you must:*
> ***4.3** keep to all relevant laws about mental capacity that apply in the country in which you are practising, and make sure that the rights and best interests of those who lack capacity are still at the centre of the decision-making process*
>
> ***13 Recognise and work within the limits of your competence***
> *To achieve this, you must, as appropriate:*
> ***13.4** take account of your own personal safety as well as the safety of people in your care*
>
> ***14 Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place***
> *To achieve this, you must:*

14.1 *act immediately to put right the situation if someone has suffered actual harm for any reason or an incident has happened which had the potential for harm*
14.2 *explain fully and promptly what has happened, including the likely effects, and apologise to the person affected and, where appropriate, their advocate, family or carers*
14.3 *document all these events formally and take further action (escalate) if appropriate so they can be dealt with quickly*

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice
19.1 *take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place*

20 Uphold the reputation of your profession at all times
To achieve this, you must:
20.1 *keep to and uphold the standards and values set out in the Code*
20.3 *be aware at all times of how your behaviour can affect and influence the behaviour of other people*
20.5 *treat people in a way that does not take advantage of their vulnerability or cause them upset or distress*
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. However, the panel considered that there were no circumstances in which a registered nurse should hit a service user, especially when that individual is vulnerable. The panel noted that this incident occurred within the workplace, and took into account that you were very aware of Resident A's unpredictable behaviour, and strategies to deal with such behaviour which was recorded in the Crisis Prevention Intervention (CPI) plan. The panel considered that your action caused physical and emotional harm to Resident A and would be considered deplorable by another registered nurse. The panel found that your action

at charge 1 did fall seriously short of the conduct and standards expected of a registered nurse and amounted to misconduct.

Decision and reasons on impairment

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

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

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

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

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

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

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

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

a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*

b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

d) *...'*

The panel considered that Resident A was put at risk of harm as a result of your misconduct. It had sight of photographs of reddening and later, a bruise on Resident A's leg, which in all of the circumstances was likely caused by you striking her with your hand. The panel considered that your misconduct had breached fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

Regarding insight, the panel acknowledges your early admission to the charge at both the local investigation, and at the outset of this hearing. It considered that you have demonstrated limited understanding of why what you did was wrong and the impact on public confidence in the nursing profession. In your evidence, you said, *"I know I was wrong* […] *I put myself in their shoes* […] *that could have been my mum."* The panel also considered that you have demonstrated genuine remorse for your actions and that you had felt bad for what you had done.

The panel considered the context at the time of the incident, including the anger you felt towards your colleague who had been vaping in the office earlier that day, and [PRIVATE]. However, the panel did not have sight of [PRIVATE]. The panel considered that you did not prioritise the safety of those in your care. The panel considered that you have not sufficiently demonstrated how you would handle a similar situation differently in the future in terms of managing your emotional regulation in the workplace, responding to the patient's behavioural risks, exercising the fundamental tenets of nursing practice, and practising the professional standards expected. It was evident that you found it emotionally difficult to talk about, and reflect on the incident, and that it brought feelings of shame. The panel considered that this has created a degree of avoidance, and thereby a barrier to full reflection on how and why your action negatively impacted public confidence and the reputation of the nursing profession.

The panel considered the factors set out in the case of *Ronald Jack Cohen v General Medical Council* [2008] EWHC 581 (Admin) and determined that the misconduct is capable of being addressed. Therefore, the panel carefully considered the evidence before it in determining whether or not you have taken steps to strengthen your practice. The panel took into account the certificate for the physical restraint awareness training course which you completed on 11 February 2025, after the incident occurred. The panel also took into account your reflective piece, and your oral evidence. Further, the panel had sight of the positive testimonials which speak to your good character. It was recognised that colleagues verbally, and the Home manager, in writing, attested to your diligence, good practice, and caring attitude towards patients, and that this incident was not reflective of your overall practice. Further, that there had been no previous disciplinary actions of this nature from the employer, nor was there any evidence of a previous referral to the NMC. However, the panel noted that you have not worked as a registered nurse since the incident occurred in December 2024, and therefore have not had the opportunity to apply your learning and reflection to your clinical practice, or demonstrate a period of safe and effective practice within a clinical setting. The panel also considered that your reflective piece did not go into sufficient detail for it to be satisfied that the misconduct will not be repeated in the future.

Although the panel considered the risk of repetition to be low, it did not consider it to be sufficiently low at this stage to avoid a finding of impairment on the ground of public protection. The panel considered that there was a need for further structured reflection in relation to this incident so as to help to ensure that there would be no repetition in adverse circumstances in the future. The panel therefore decided that a finding of impairment is necessary on the ground 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 considered that public confidence in the nursing profession would be undermined if a finding of impairment were not made in a case where a registered nurse hit a vulnerable service user, and therefore also finds your fitness to practise impaired on the ground of public interest.

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

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of six months with a review. The effect of this order is that the NMC register will show that your registration has been suspended.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC and last updated on 28 January 2026.

Submissions on sanction

Ms Lane informed the panel that in the Notice of Hearing, dated 23 September 2026, the NMC had advised you that it would seek the imposition of a suspension order for a period of six-months with a review, if it found your fitness to practise currently impaired.

Ms Lane submitted that taking no action or imposing a caution order would not be appropriate or proportionate given the circumstances in this case.

Ms Lane submitted that a conditions of practice order would not be appropriate and that there are no workable conditions that could be formulated in this particular case, which involves the physical assault of a vulnerable service user.

Ms Lane submitted that this case involves misconduct arising from a single incident. She submitted that the NMC do not take the position that your misconduct suggests a deep-seated attitudinal concern, and noted your genuine regret and remorse. However, Ms Lane submitted that a six month suspension order is a proportionate sanction to mark the seriousness of the misconduct, to protect the public, and to maintain public confidence in the nursing profession.

You told the panel that you have applied to some nursing roles, and were invited to an interview, but on the day of the interview you made the decision not to attend and said that there was no point in you going because you would have to tell them what you had done.

You said that this has not been easy for you and that every time you take a step, you feel that you are being dragged back. You said that at this moment in time, you do not feel like you would be able to practise as a registered nurse.

The panel accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in

mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- conduct which caused physical harm to a vulnerable service user
- limited insight of the impact of your actions and limited understanding of the environmental personal stressors that contributed to the incident
- limited insight on the impact of your actions on public confidence in the nursing profession

The panel also took into account the following mitigating features:

- early admission of the facts
- genuine remorse for misconduct
- no evidence of deep-seated attitudinal concerns
- the incident appeared to be isolated
- personal mitigation at the time regarding [PRIVATE]

The panel also noted that you had undertaken an online training course in physical restraint awareness and has received a number of supportive testimonials from your colleagues.

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

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

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

The panel considered that your 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 placing 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 took into account the SG, in particular:

- *no evidence of deep-seated personality or attitudinal problems*
- *potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*
- *people using services will not be put at risk either directly or indirectly as a result of the conditions*
- *conditions can be created that can be monitored and assessed.*

The panel considered that the misconduct in this case was not at the lower end of the spectrum, however, it considered that there was no evidence before it to indicate a deep-seated attitudinal concern. The panel reminded itself of its previous finding that the misconduct in this case is capable of being addressed. It noted that you have not worked as a registered nurse since the incident occurred in December 2024 and this is a self-imposed position, anchored in your shame and remorse for your actions. As a consequence, the panel considered that you have not been able to evidence any steps taken by you to strengthen your practice in a clinical setting. The panel noted your evidence in which you stated that you do not feel that you can return to work as a registered nurse at this time due to [PRIVATE]. The panel therefore considered it unlikely that you would be willing and able, at this stage, to

engage with any conditions imposed. The panel considered that you would benefit from a period of time to sufficiently address the concerns identified.

The panel considered that a conditions of practice order would not be appropriate in the present circumstances.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The latest edition of the SG states that in considering a suspension order the panel should take into account a number of key factors the most relevant of which were:

- *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?*
- *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?*

The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register. It considered that there is a realistic prospect that you could return to unrestricted practice in the future, if you were to take additional steps to strengthen your practice and further reflect on your misconduct. The panel considered that a period of suspension would be appropriate and proportionate and would allow you an opportunity to reflect on your past actions and take steps to strengthen your practice. The panel also considered that you could develop strategies and behaviours to better manage your emotional regulation and the impact that this has on your nursing practice.

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 your case to impose a striking-off order. It considered that this was an isolated incident which was entirely uncharacteristic as evidenced by the testimonial and oral

evidence before the panel offered by your colleagues who were called on behalf of the NMC.

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 will inevitably cause you. However, this is outweighed by the public interest in this case.

The panel determined that a suspension order for a period of six months was appropriate in this case to mark the seriousness of the misconduct, 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. It would also provide you with an opportunity to address the concerns identified and take further steps to strengthen your practice.

Shortly 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:

- Your attendance at the future review hearing
- A structured reflective piece using an appropriate model which demonstrates evidence of further insight addressing the impact on public protection, and public confidence in the nursing profession and the NMC as the regulator
- Insight into what you would do differently in the future to ensure that the misconduct is not repeated
- An understanding of how you would manage workplace and external stressors

This will be confirmed to you in writing.

Interim order

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

Submissions on interim order

The panel took account of the submissions made by Ms Lane. She submitted that an interim order is necessary to protect the public and maintain public confidence in the nursing profession. Ms Lane invited the panel to impose an interim suspension order for a period of 18 months to allow time for any possible appeal.

You did not address the panel in relation to an interim order.

The panel accepted the advice of the legal assessor.

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 allow time for any possible appeal.

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

That concludes this determination.