Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Thursday, 29 October 2026

Virtual Hearing

Name of Registrant:	Joyce Shingai Bare
NMC PIN	12C1155E
Part(s) of the register:	Registered Nurse – Sub Part 1 Adult Nursing – 14 September 2012
Relevant Location:	Leeds
Type of case:	Misconduct
Panel members:	Michael Williams (Chair, lay member) Mandy Tyson (Registrant member) Joanne Stewart (Lay member)
Legal Assessor:	Mark Piercy
Hearings Coordinator:	Stanley Udealor
Nursing and Midwifery Council:	Represented by Jon Trussler, Case Presenter
Ms Bare:	Not present and unrepresented at the hearing
Order being reviewed:	Conditions of practice order (9 months)
Fitness to practise:	Impaired
Outcome:	**Conditions of practice order (12 months) to come into effect on 2 December 2026 in accordance with Article 30 (1)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Ms Bare was not in attendance and that the Notice of Hearing had been sent to her registered email address by secure email on 29 September 2026.

Further, the panel noted that the Notice of Hearing was also sent to Ms Bare's representative at the Royal College of Nursing (RCN) on 29 September 2026.

Mr Trussler, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the substantive order being reviewed, the time, date and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Ms Bare's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In light of all of the information available, the panel was satisfied that Ms Bare has been served with notice of this hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Ms Bare

The panel next considered whether it should proceed in the absence of Ms Bare. The panel had regard to Rule 21 and heard the submissions of Mr Trussler who invited the panel to continue in the absence of Ms Bare.

Mr Trussler drew the panel's attention to the email from Ms Bare's representative at the RCN dated 26 October 2026, which stated:

'Our member will not be attending the hearing nor will they be represented. No disrespect is intended by their non-attendance. Our member has received the notice of hearing and is happy for the hearing to proceed in their absence. They are keen to engage with the proceedings.'

Mr Trussler highlighted that it has been confirmed by Ms Bare's representative in their email that Ms Bare will not be attending this hearing nor be represented. Mr Trussler therefore submitted that Ms Bare has voluntarily absented herself from today's hearing.

Mr Trussler submitted that, as this is a mandatory review of the current order which would expire on 2 December 2026, there is a strong public interest in the expeditious review of this case, and it is therefore fair and appropriate for the hearing to proceed in the absence of Ms Bare.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Ms Bare. In reaching this decision, the panel has considered the submissions of Mr Trussler, the email from Ms Bare's representative at the RCN dated 26 October 2026 and the advice of the legal assessor. It has had particular regard to the relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- Ms Bare's representative at the RCN has informed the NMC that Ms Bare is aware of today's hearing and is content for the hearing to proceed in her absence.
- Ms Bare's representative has provided written representations on behalf of Ms Bare for the purpose of this hearing;
- It appears that Ms Bare has voluntarily absented herself;
- Although Ms Bare's representative has indicated that Ms Bare is content for the hearing to proceed in her absence, they have requested for an adjournment if the panel is not minded to agree with their representations;

- This is a mandatory review of the current suspension order as it is scheduled to expire on 2 December 2026 and
- There is a strong public interest in the expeditious review of the case.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Ms Bare.

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

The panel noted that Ms Bare's representative has made an application in their written representations dated 26 October 2026 for this case to be held in private. It stated the following:

> *'This is a case that falls under Rule 19(3) of the Nursing and Midwifery Council (FTP) Rules 2004. In accordance with this rule, hearings may be held, wholly or partly, in private if the Committee is satisfied that this is justified and outweighs any prejudice by the interests of any party or of any third party or by the public interest.*
>
> *We submit that any public interest in this case or any third party interest would not outweigh the need to protect the privacy and confidentiality of the registrant and therefore the hearing should remain in private.'*

The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Mr Trussler indicated that the NMC was neutral in respect of 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 accepted the advice of the legal assessor.

The panel considered the written representations of Ms Bare's representative. It noted that there was no specific reason provided in the application from Ms Bare's representative for the hearing to be held in private. The panel also noted that there was no reference to any private matter in the written representations of Ms Bare's representative and the concerns in this hearing were not related to any private matter. In this regard, the panel did not grant the application for the hearing to be held in private.

Decision and reasons on review of the substantive order

The panel decided to extend the current conditions of practice order for a period of 12 months.

This order will come into effect at the end of 2 December 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive conditions of practice order originally imposed for a period of nine months by a Fitness to Practise Committee on 29 January 2026.

The current order is due to expire at the end of 2 December 2026.

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

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

> *'That you, a registered nurse, whilst working at Leeds Teaching Hospital NHS Trust:*
>
> *1) On 23 September 2022, administered Furosemide to Patient A at a rate of 24ml per hour instead of the prescribed rate of 2.08ml per hour;*
>
> *2) On 21 February 2023, failed to administer Digoxin to Patient B;*

3) …..

4) Between 15 September 2023 and 16 September 2023 whilst working at Harrogate and District NHS Foundation Trust:

a) …..

b) ….

c) …..

d) in relation to Patient C's request for further pain relief you:

i) ….

ii) informed Patient C and/or their carer that you were awaiting a response from the duty doctor and/or nurse in charge;

e) failed to update, adequately or at all, Patient C's medical records, in that you:

i) did not document that Patient C had refused to have their observations taken;

ii) did not document that you had requested further pain relief for Patient C and/or had bleeped the duty doctor;

iii) did not document that you had administered codeine to Patient C;

iv) did not document the reason why you had not given Oxycodone to Patient C in a timely manner;

5) …..

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

The original panel determined the following with regard to impairment:

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

The panel first had regard to your reflective piece dated 24 October 2023 in relation to charge 1 which reads:

'As soon as I received the message on my email, I called my clinical manager so I could have a clear picture of what happened Understanding the pressure of working understaffed had made me administer the medication despite being tired as a way helping and lessening pressure on day staff. Unfortunately, it ended up as an error I was booked in the same ward on 23/09/23 and the patient was not discharged, I went to the patient and apologised for the error I had made in the morning and the patient was ok with me looking after her throughout the night

When administering a medicine, I will ensure I have an overall understanding of the medicine being administered and seek advice if necessary from a prescriber or a pharmacist.

Prioritisation of patients
I will make sure critical patients are my priority by make their care and safety your main concern and make sure that their dignity is preserved and their needs are recognised, addressed and responded to with immediate effect My communication with other healthcare professionals should be clear, timely and discrete (NMC code of conduct on communication). Effective

communication is needed to make accurate diagnoses, ensure that treatments are appropriately provided. [sic]'

The panel noted that your reflective piece outlines what you would do differently and that you extended your apologies to the patient for the drug error. Having demonstrated that you have insight into your failings in respect of charge 1, the panel went on to consider if this was featured within the charges on which misconduct was found.

In regard to charge 2, the panel noted your developed insight in relation to the context of the event, but you did not evidence sufficient insight into your own admitted failings.

Similarly, with regards to charges 4a, 4e(i),4e(ii), 4e(iii), 4e(iv), the panel determined that you have not evidenced sufficient insight. In reaching this decision, the panel took into account the following in your reflective statement:

'Appropriate staffing plays an important part in the delivery of safe and effective health and care. Safe staffing must be matched to patients' needs and is about skill-mix as well as numbers, about other staff as well as nurses, and other settings as well as hospitals.'

With regards to your reflective piece, the panel was of the view that you did not adequately explain how your actions had impacted Patient C. It noted that you sought to blame external factors, including staff levels to ensure patient needs are met. However, there is limited reflections within your written reflection as to what you would have done differently if faced with a similar situation. As such, the panel determined that your insight is limited and that you are still liable to put patients at risk of harm.

With regards to your record-keeping, the panel had regard to the following within your reflective piece:

'I am dedicated to maintaining impeccable records'

The panel was concerned that statement is an assertion of behaviour rather than a demonstration that you knew your record keeping fell below the required standards, you knew why this had happened and that you had a plan in place to ensure that it would not happen again.

The panel noted that you had completed 'medicines management and administration training' on 15 March 2023 and this had included medication administration records, prescribing practices and types and reasons for errors. This training was valid for one year and covered the period during which the events of night of 15 September 2023 took place. The panel therefore questioned how effective the March 2023 training was for you.

The panel also noted you had undertaken comprehensive CPD of 31 hours in October 2023 which the panel found to be commendable. However, the panel was of the view that this training touches on only some of the concerns, namely medicines administration and does not address pain relief nor record keeping. As a result, the evidence before the panel does not sufficiently address how you are dedicated to maintaining impeccable records.

The panel then considered whether any of the limbs of the case of Grant are engaged. It concluded that failing to administer medication and failing to keep adequate medical records is liable to put a patient at unwarranted risk of harm. It further concluded that putting patients at unwarranted risk of harm and failing to keep adequate medical records, is liable to put the profession into disrepute and breaches fundamental tenets of the nursing profession. The panel accepted that limb d of the case of Grant was not engaged in this case.

The panel also had regard to the positive testimonial you provided. However, the panel noted that the testimonial speaks to your character, not your clinical practice. Therefore, the reference has not sufficiently alleviated the concerns raised.

The panel next took into account your evidence under affirmation where you state that you are currently a cleaner and have not worked as a nurse since 2024. In the absence of any evidence of strengthened practice, the panel concluded that the concerns have not been sufficiently addressed.

The panel then considered the questions posed in Cohen and concluded that your conduct is easily remediable, but was of the view that it has not been remedied and therefore it cannot be said that it is highly unlikely to be repeated.

The panel noted that at this stage your insight is developing but the concerns have not been sufficiently addressed through sufficient insight and remediation. In light of this, the panel determined that a risk of repetition remains.

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 because members of the public would be

shocked to find that a nurse, failed to administer medication which could have resulted in a cardiac arrest, withheld pain relief from a patient in pain and failed to update medical records.

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

The original panel determined the following with regard to 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 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 harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

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

The panel had regard to the fact that other than the charges found proven relating to conduct in February 2023 and September 2023, you have had an unblemished career of 12 years as a nurse. The panel was of the view that it was in the public interest that, with appropriate safeguards, you should be able to return to practise as a nurse.

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

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case because you have demonstrated developing insight. The panel further determined that whilst serious, the charges found proved were not at the most serious end of the spectrum, and that there is no risk to the public if you are allowed to continue practising as a conditions of practice order is an appropriate safeguard.

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

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

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

1. *You must ensure that you are working at all times on the same shift as, but not always directly observed by a registered nurse.*

2. *You must administer medication in the presence of another registered nurse until you have completed:*

   a) *Medication administration training*
   b) *Medication administration competence*

3. *You must have fortnightly meetings with your workplace supervisor to monitor your record keeping until you are signed off as competent.*

4. *You must send your case officer evidence that you have successfully completed medicines administration and record keeping training.*

5. *You must keep a reflective practice profile. The profile will:*

   a) *Detail a sample of your cases (minimum of six) where you administer medication and make an adequate record.*
   b) *Be signed by your workplace supervisor each time.*
   c) *Contain feedback from your workplace supervisor.*

6. *You must keep us informed about anywhere you are working by:*
   a) *Telling your case officer within seven days of accepting or leaving any employment.*
   b) *Giving your case officer your employer's contact details.*

7. *You must immediately give a copy of these conditions to:*
   a) *Any organisation or person you work for.*
   b) *Any agency you apply to or are registered with for work.*
   c) *Any employers you apply to for work (at the time of application).*

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

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

The period of this order is for nine months. The panel considered nine months to be an appropriate period because it was of the view that you have demonstrated some insight and that remediation of your medication administration and record keeping could be successfully achieved within this period. The panel considered that restricting your practice by a nine month conditions of practice order was a sufficient and proportionate length of time to satisfy the public interest.

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

A future panel reviewing this case would be assisted by:

- *An up-to-date reflective piece addressing this panel's concerns, showing sufficient insight and how you can practise kindly, safely and professionally.*
- *References from any work you have undertaken in a healthcare or non-healthcare role (including voluntary roles).*
- *Any training undertaken since January 2026.'*

Decision and reasons on current impairment

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

The panel has had regard to all of the documentation before it, including the NMC bundle. It has taken account of the submissions made by Mr Trussler and the written representations of Ms Bare's representative at the RCN.

Mr Trussler took the panel through the background of the case. He highlighted that Ms Bare's representative at the RCN had conceded that given that Ms Bare has not been able to secure employment as a registered nurse, she has not yet complied with the current conditions of practice order and the recommendations of the previous panel. He noted that Ms Bare's representative has sought an extension of the current conditions of practice order.

Mr Trussler submitted that given that the current substantive order is due to expire on 2 December 2026 and the concession of Ms Bare's representative, the panel may consider it appropriate to extend the conditions of practice order.

The panel also had regard to written representations from Ms Bare's representative which stated:

‘We set out below our member’s representations and ask that this letter be placed before the panel at the hearing.

Our member is currently not working as a nurse. She has unfortunately found it extremely difficult to find a new role following the conditions of practice order being issued. However, through relentless effort and perseverance, she recently was offered a voluntary nurse role by Villa Care Group subject to DBS clearance then shall receive a commence date. They are aware of her conditions of practice order and our member will be working alongside qualified nurses in this role.

We hope that once our member is settled in, she will be able to complete a reflective profile.

Whilst trying to find new employment, our member has been working on upskilling. She has recently finished her first year in BSc Psychology and Counselling. Whilst this is not a course that is connected to nursing, midwives or nursing associates, this course complements the nursing skills that our member is working hard to strengthen.

As our member has not had enough time to demonstrate sustained improvement, due to no fault of her own, we would greatly appreciate that the reviewing panel considers continuing the current order, to give our member the opportunity and more time to demonstrate that she is improving her practise in relation to medication administration and record keeping.

If you are not minded to agree with our submission then please adjourn this review to the earliest available date to allow our member to attend and be represented.’

The panel accepted the advice of the legal assessor.

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

The panel considered whether Ms Bare's fitness to practise remains impaired.

The panel took into account that Ms Bare has not been able to secure employment as a registered nurse and therefore she has not had the opportunity to be able to demonstrate evidence of her compliance with the current conditions of practice order. The panel considered the written representations of Ms Bare's representative that Ms Bare has recently secured a voluntary nursing role subject to the Disclosure and Barring Service (DBS) clearance and that she has recently finished her first year in her bachelor's degree in psychology and counselling

The panel however noted that Ms Bare has not yet fully complied with the recommendations of the previous panel and she has not provided any evidence that she has further developed her insight and strengthened her nursing practice.

In light of this, the panel determined that there remains a real risk of repetition and a consequent risk of harm to the public. It therefore concluded that a finding of continuing impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. In the particular circumstances of this case, where there are serious concerns relating to failures in fundamental areas of nursing and there was insufficient evidence of strengthened practice and insight, the public would expect the regulator to take action. The panel determined that public confidence in the profession, would be seriously undermined and damaged if a finding of impairment were not made in this case. For these reasons, the panel determined that a finding of current impairment is necessary on the grounds of public interest.

Having regard to all of the above, the panel finds that Ms Bare's fitness to practise remains impaired on both public protection and public interest grounds.

Decision and reasons on sanction

Having found Ms Bare's fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. It had found that there remains a risk of repetition, that Ms Bare has failed to demonstrate sufficient insight into the concerns and she has not yet strengthened her nursing practice. The panel therefore decided that it would neither protect the public nor be in the public interest to take no further action.

The panel then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your nursing practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Ms Bare's 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 a caution order would neither protect the public nor be in the public interest.

The panel next considered whether extending the current conditions of practice order would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

The panel noted that Ms Bare has not been able to comply with the current conditions of practice due to her inability to secure employment as a registered nurse. It noted that Ms Bare has now secured a voluntary nursing role subject to the Disclosure and Barring Service (DBS) clearance and that she has been actively engaging with these proceedings. The panel therefore determined that a conditions of practice order remains appropriate

and proportionate to address the failings highlighted in this case. It was of the view that an extension of the current conditions of practice order would provide Ms Bare with the opportunity to further develop her insight and to strengthen her nursing practice. The panel determined that a conditions of practice order remains sufficient to protect the public and satisfy the public interest considerations in this case.

The panel was of the view that to impose a suspension order or striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of this case as such an order would deprive you of the opportunity to strengthen your nursing practice and address the concerns in this case.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 12 months, which will come into effect on the expiry of the current order, namely at the end of 2 December 2026. It decided to extend the current conditions of practice order and determined that the following conditions remains appropriate and proportionate in this case:

> *'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.'*
>
> 1. *You must ensure that you are working at all times on the same shift as, but not always directly observed by a registered nurse.*
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4. *You must send your case officer evidence that you have successfully completed medicines administration and record keeping training.*

5. *You must keep a reflective practice profile. The profile will:*

    a) *Detail a sample of your cases (minimum of six) where you administer medication and make an adequate record.*
    b) *Be signed by your workplace supervisor each time.*
    c) *Contain feedback from your workplace supervisor.*

6. *You must keep us informed about anywhere you are working by:*
    a) *Telling your case officer within seven days of accepting or leaving any employment.*
    b) *Giving your case officer your employer's contact details.*

7. *You must immediately give a copy of these conditions to:*
    a) *Any organisation or person you work for.*
    b) *Any agency you apply to or are registered with for work.*
    c) *Any employers you apply to for work (at the time of application).*

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

9. *You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:*

a) *Any current or future employer.*
b) *Any other person(s) involved in your retraining and/or supervision required by these conditions.'*

The period of this order is for twelve months.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 2 December 2026 in accordance with Article 30(1).

Before the end of the period of the order, a panel will hold a review hearing to see how well Ms Bare has complied with the order. At the review hearing, the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- An up-to-date reflective piece from Ms Bare addressing the concerns in this case, demonstrating sufficient insight and how Ms Bare could practise kindly, safely and professionally.
- References from any work Ms Bare has undertaken in a healthcare or non-healthcare role (including voluntary roles).
- Any training undertaken since January 2026.

This will be confirmed to Ms Bare in writing.

That concludes this determination.