Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Meeting
Wednesday, 28 October 2026

Virtual Meeting

Name of Registrant:	**Kelly Anne Thurston**
NMC PIN:	04J1118E
Part(s) of the register:	Registered Midwife (RM) 13 October 2004
Relevant Location:	Westminster
Type of case:	Misconduct
Panel members:	James Carr (Chair, Lay member) Richard Curtin (Registrant member) Sabrina Sheikh (Lay member)
Legal Assessor:	Alice Robertson Rickard
Hearings Coordinator:	Emily Mae Christie
Order being reviewed:	Conditions of practice order (12 months)
Fitness to practise:	Impaired
Outcome:	**Striking-Off order to come into effect at the end of 15 December 2026 in accordance with Article 30 (1)**

Decision and reasons on service of Notice of Meeting

The panel noted at the start of this meeting that the Notice of Meeting had been sent to Ms Thurston's registered email address by secure email on 21 September 2026.

The panel took into account that the Notice of Meeting provided details of the review, that the review meeting would be held no sooner than 26 October 2026, and invited Ms Thurston to provide any written evidence seven days before this date.

The panel accepted the advice of the legal assessor.

In the light of all of the information available, the panel was satisfied that Ms Thurston 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).

Decision and reasons on review of the current order

The panel decided to replace the current conditions of practice order with a striking off order. This order will come into effect at the end of 15 December 2026 in accordance with Article 30(1) of the *'Nursing and Midwifery Order 2001 (as amended)'* (the Order).

This is the first review of a substantive conditions of practice order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 18 November 2025. The current order is due to expire at the end of 15 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 midwife:

1. *Failed to demonstrate appropriate management and/or leadership by engaging in bullying and/or intimidating behaviour towards colleagues in that you:*
    a. *In relation to Colleague A:*
        i. *…*
        ii. *In January 2020, upon Colleague A's phone ringing during a handover, shouted "who is that, whose phone is ringing?"*
        iii. *…*
        iv. *…*
        v. *Shouted at Colleague A on 30 August 2020 for not giving antibiotics to a patient*
        vi. *Shouted at Colleague A on 30 August 2020 following a medication error*

…

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 considered that although there is no evidence before it that patients came to harm, colleagues were put at risk and Colleague A in particular was caused emotional harm as a result of your misconduct. Your misconduct had breached fundamental tenets of the midwifery profession and therefore brought its reputation into disrepute.

The panel considered the factors set out in the case of Ronald Jack Cohen v General Medical Council [2008] EWHC 581 (Admin) and considered that the misconduct in this case is capable of remediation. 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 your extensive genuine reflection, in which you demonstrated an understanding of how your actions may have impacted your colleagues, and have demonstrated how you would handle the situation differently in the future. However, the panel considered that your learning and reflection has not been tested in a high-pressure environment, or in a managerial capacity. It considered that your current role as a carer is very different to working as a Labour Ward Coordinator. The panel also considered that there is no evidence before it of any training undertaken on communication or leadership and management styles.

The panel was therefore of the view that there is a risk of repetition and subsequent risk of harm to colleagues if the misconduct was repeated. The panel therefore decided that a finding of impairment is necessary on the ground of public protection.

The panel bore in mind 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 concluded that public confidence in the profession would be undermined if a finding of impairment were not made in a case where allegations of bullying have been found proved, and the learning undertaken had not been tested. The panel 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.'

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 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:

- *Abuse of a position of trust*
- *Bullying behaviour*
- *Conduct which put people receiving care at risk of suffering harm*

The panel also took into account the following mitigating features:

- *Evidence of insight and steps taken to address the concerns*
- *Difficult culture on the ward as evidenced by the culture review that was launched at the time of the incidents*
- *Personal mitigation including level of support in the workplace*

The panel first considered whether to take no action but concluded that this would be inappropriate given the current public protection and public issues identified. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where ‘the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.’ The panel considered that a caution order may be appropriate to mark the seriousness of the case, however, it would not be sufficient to

manage the risk 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:

- *…*
- *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 manage the risk identified, protect the public, and meet the public interest. The panel noted in your reflective piece that you would like to return to practice as a registered midwife. 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 midwife.

Balancing all of these factors, the panel determined that 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 given that there are no

concerns regarding your clinical practice, and taking into consideration the steps you have taken to reflect and remediate. The panel considered that there is evidence before it that you remain willing to engage and further remediate on your behaviour in the workplace and how people perceive you as a leader. The panel considered that a suspension order would temporarily remove you from the register which may impact your ability to further remediate. It considered that a suspension order was not necessary given that a conditions of practice order can achieve the same level of public protection. Therefore, whilst a suspension order was a viable option, the panel determined that a conditions of practice order was proportionate in this case.

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 midwife. It further considered that a conditions of practice order with robust and enforceable requirements will adequately protect the public, while supporting remediation, which aligns with the principle of proportionality, and the NMC's overarching objective of public protection.

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 undertake additional learning, with a particular focus on leadership, management, and appropriate communication with colleagues.*

2. *You must meet monthly with your line manager or supervisor to hold documented discussions regarding the following:*
   a) *Leadership skills*
   b) *Communication with colleagues*
   c) *Behaviour when working in high-pressure environments*

3. *You must send your case officer a report from your line manager or supervisor within seven days of any review hearing or meeting. This report must address your:*
   a) *Leadership skills*
   b) *Communication with colleagues*
   c) *Behaviour when working in high-pressure environments*

4. *You must keep a personal reflective practice profile. Your reflections should focus on:*
   a) *Leadership skills*
   b) *Communication with colleagues*
   c) *Behaviour when working in high-pressure environments*

5. *You must provide your case officer with a copy of your personal reflective practice profile within seven days of any review hearing or meeting.*

6. *You must keep the NMC 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 employers you apply to for work (at the time of application).*

c) *Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity*

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 12 months. The panel considered that 12 months would be sufficient time for you to complete any training, and also secure employment in a midwifery role, should you intend to return to practice.'

Decision and reasons on current impairment

The panel considered whether Ms Thurston's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as the ability of a professional on our register to practise as a nurse, midwife or nursing associate 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 and the email from Ms Thurston, dated 21 September 2026, in which she stated:

‘I will not be attending, I am currently not practising , and have made the decision to not to practice, or pursue a role as a midwife.’

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 Thurston’s fitness to practise remains impaired.

The panel noted that the original panel found that Ms Thurston had some insight but had not sufficiently strengthened her practice. At this meeting, the panel had nothing before it to evidence that Ms Thurston had demonstrated any further insight into the charges found proved, or taken further steps to strengthen her practice. Accordingly, the panel found that it had no information before it to come to a different conclusion, and determined that Ms Thurston did not have full insight, nor had she sufficiently strengthened her practice.

The original panel determined that Ms Thurston was liable to repeat matters of the kind found proved. In light of the fact that the panel has no evidence before it today to show that Ms Thurston has addressed the concerns through insight or strengthened practice, the panel determined that Ms Thurston remains liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel bore 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 light of its finding that Ms Thurston has not demonstrated full insight or sufficiently strengthened her practice, the panel was of the view that a member of the public informed of the charges found proved would be concerned that the NMC, as regulator, did not find continuing impairment in this case. Therefore, the panel determined that a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that Ms Thurston's fitness to practise remains impaired.

Decision and reasons on sanction

Having found Ms Thurston'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. It also took into account the NMC's guidance on sanctions, and substantive order reviews, 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 accepted the advice of the legal assessor.

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Ms Thurston's 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, but the Committee wants to mark that what happened was unacceptable and must not happen again.'* The panel considered that Ms Thurston'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 it would be neither proportionate nor in the public interest to impose a caution order.

The panel then took into account the NMC guidance, titled *'Standard reviews of substantive orders before they expire'* (REV-2a, last updated 30 August 2024) and considered the following:

> *'A panel should ask whether, in the circumstances, suspending the professional or imposing a conditions of practice order will*
> - *maintain proper professional standards and public confidence in the profession; and*

- *mean the professional is likely to return to safe unrestricted practice within a reasonable period of time.*

A panel should remember that any conditions considered must be relevant, proportionate, workable and measurable, and that imposing a suspension order must serve a useful purpose.

Relevant considerations include, but are not limited to:

- *the length of time the professional has already been subject to substantive orders.*
- *the professional's level of engagement;*
- *the professional's level of insight/understanding;*
- *the amount of progress made (and remaining) towards being fit to practise;*
- *any barriers to the professional progressing and whether/when these are likely to be surmounted.*

If the panel concludes that continuing or imposing a conditions of practice order or suspension order is unlikely to result in the professional returning to safe unrestricted practice within a reasonable period of time, it should ensure that the professional is removed from the register.'

The panel considered whether extending or varying the conditions of practice order on Ms Thurston's registration would remain a sufficient and appropriate response. Having regard to the considerations outlined in REV-2a, the panel noted that Ms Thurston has been subject to this substantive order for nearly 12 months, having been imposed at a substantive hearing in November 2025. During this time, Ms Thurston has not made any progress towards being fit to practise, and the barriers to this progression are that she is not practising and has decided not to practise or pursue a role as a midwife, as stated in her email dated 21 September 2026. In light of this, the panel was of the view that a further conditions of practice order would not be workable and would serve no useful purpose.

The panel then considered whether a suspension order would be appropriate and proportionate, noting that this was the first review of the conditions of practice order. However, in light of Ms Thurston's lack of engagement, her decision not to pursue employment as a midwife, lack of insight, and having not taken steps to strengthen her

practice, the panel determined that escalating to a suspension order would not facilitate Ms Thurston's safe return to practice within a reasonable timeframe and would not be appropriate or proportionate.

In the circumstances, the panel then considered the NMC guidance, titled *'Removal from the register when there is a substantive order in place'* (REV-2h, last updated 13 May 2026). The panel took into account the following:

'Panels and professionals should bear in mind that:

- *It is not in the public interest or a professional's interests to remain on the register indefinitely when they are not fit to practise;*
- *public confidence in the professions is more important than the fortunes of any individual professional. Panels should explain how they have taken this into account and how public confidence will be upheld when deciding whether to allow someone to lapse with impairment.*
- *…*
- *…*
- *sometimes a conditions of practice order will no longer be workable and there are no alternative conditions that will ensure the public is safe and maintain confidence in the professions we regulate;*
- *a professional who is struck off can only apply to be restored to the Register after a period of five years has elapsed; by contrast, professionals who leave the register by way of agreed removal or lapse while impaired can apply for readmission at any time if they consider they are no longer impaired – for example, their health or language skills have demonstrably improved. When deciding whether or not to strike someone off or to allow them to lapse while impaired, it is essential that panels bear this distinction in mind…*
- *a panel has to take into consideration the case before them as it currently stands, bearing in mind our overarching objective of public protection (which will include consideration of public safety, public confidence and the need to uphold professional standards) and the purpose of professional regulation. Panels should not base their decision whether strike off or lapse with impairment is appropriate solely*

upon the nature of the allegations as proven by the original panel. Although the seriousness of the original allegations is a relevant factor, what is also important is whether or not the registrant has meaningfully engaged since the substantive decision, any conduct and progress since the last panel determination, any attitudinal concerns present, and the current overall circumstances of the case.

- *in any application for readmission the decision maker will be aware of the concerns that led to the original substantive finding of impairment, and that the professional left the register while impaired.'*

The panel considered that, given its findings of impairment, and that Ms Thurston does not wish to practise, having allowed her PIN to lapse on 31 October 2025, it is neither in her interest nor the public interest for her to remain on the register when she is not fit to practise. Furthermore, given that the panel has found that neither a further conditions of practice order nor a suspension order would serve any useful purpose, the appropriate outcome from this meeting is that Ms Thurston is removed from the register.

In considering whether the most appropriate sanction is one of a striking-off order, or to allow Ms Thurston's registration to lapse with impairment, the panel also took into account the NMC guidance at REV-2h, on the specific circumstances in which it may allow a registrant's registration to lapse with impairment:

*'A panel should consider allowing a professional to lapse with impairment only in cases where **all** the following factors are present:*

- *the professional would no longer be on the register but for the order in place;*
- *the panel concludes that the professional is unlikely to return to safe unrestricted practice within a reasonable period of time;*
- *The case relates solely to health or English language **or** is one where the professional has retired and has made it clear through engagement with the NMC and evidence that they do not intend to return to practice **or** situations where a professional's inability to address impairment not related to health (for example misconduct or lack of competence) is clearly related to a health condition;*

- *The case doesn't involve concerns of the kind referred to in our guidance on sanctions for the highest risk cases.'*

The panel considered that Ms Thurston would no longer be on the register but for the order in place, and that she is unlikely to return to safe, unrestricted practice within a reasonable period of time. However, the panel also noted that this is a misconduct case, and although Ms Thurston has informed the NMC that she no longer wishes to practise, there is no evidence before the panel that this is due to retirement or ill-health.

Accordingly, the panel then considered the NMC guidance at REV-2h on when it would be appropriate to make a striking-off order.

'In particular, striking off will be appropriate in most cases relating to:

- *misconduct*
- *…*

Two possible exceptions to the general approach in these cases will be situations

- *where the professional's inability to address the misconduct / criminal conduct is clearly related to a health condition - in these situations there must be independent, contemporaneous medical evidence of the relevant health condition and that this is impacting on their ability to address the concerns*
- *situations where the professional has retired and made it clear through engagement with the NMC that they do not intend to return to practice, providing evidence of this.*

In some cases (where the misconduct, or the offence for which the criminal conviction or caution was imposed was particularly serious,) striking off will still be appropriate even where there are relevant health issues or the professional has made it clear that they intend to retire. Panels should refer to our guidance on sanctions for the highest risk cases.

Our guidance on conditions of practice orders sets out that a nurse, midwife

or nursing associate must comply with the conditions of a conditions of practice order. A deliberate failure to comply with a conditions of practice order is likely to be proper grounds for making a striking off order.

Similarly, when imposing a suspension order a panel might set a number of expectations it has, or actions the nurse, midwife or nursing associate could take that would help a future Committee reviewing the order before it expires. It is appropriate for a reviewing panel to look at those requirements and consider whether they have been met when determining what action to take in future. As with conditions of practice, where there has been a failure to satisfy those expectations or a lack of meaningful engagement, then strike off is likely to be the appropriate sanction.'

The panel noted that the charges relate to misconduct, and Ms Thurston has not demonstrated any further insight, or strengthened practice since the substantive hearing. It took into account that in her email dated 21 September 2026, she stated *'…I am currently not practising , and have made the decision to not to practice ,or pursue a role as a midwife'*, and that it does not have any evidence before it to indicate that this is due to retirement or ill-health. Furthermore, the panel considered that, although Ms Thurston has not necessarily deliberately failed to comply with the substantive order, she has not meaningfully engaged with the conditions of practice, and a period of suspension would be unlikely to lead to her returning to safe, unrestricted practice within a reasonable period of time.

In light of this, the panel determined that it was necessary to take action to prevent Ms Thurston from practising in the future and concluded that the only sanction that would adequately protect the public and serve the public interest was a striking-off order. The panel, therefore, directs the registrar to strike Ms Thurston's name off the register.

This striking-off order will take effect upon the expiry of the current conditions of practice order, namely the end of 15 December 2026, in accordance with Article 30(1).

This will be confirmed to Ms Thurston in writing.

That concludes this determination.