Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Wednesday 9 – Thursday 10 September 2026

Virtual Meeting

Name of Registrant:	**Merja Hannele Hiidenkari**
NMC PIN:	97L0021C
Part(s) of the register:	Registered Nurse – Sub Part 1 Adult nurse, level 1 (05 December 1997)
Relevant Location:	Lewisham and Greenwich
Type of case:	Misconduct and Health
Panel members:	Mark Gower (Chair, lay member) Sharon Peat (Registrant member) Tracey Jones (Lay member)
Legal Assessor:	Gaon Hart
Hearings Coordinator:	Shela Begum
Facts proved:	Charges 1, 2a and 3
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Mrs Hiidenkari's registered email address by secure email on 5 February 2026.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting contained all relevant matters including details of the allegations, the time, dates and the fact that this meeting was to be heard virtually.

In the light of all of the information available, the panel was satisfied that Miss Hiidenkari has 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).

Details of charge

That you, a registered nurse;

1. [PRIVATE].
2. [PRIVATE];
    a. attempted to administer a 90mg dose of dihydrocodeine to a patient when the prescribed dose was 30mg.
3. On 5 January 2021, sent a discriminatory comment in your correspondence with the Nursing and Midwifery Council.

Schedule 1
[PRIVATE]

AND in light of the above, your fitness to practise is impaired by reason of [PRIVATE] and/or your misconduct in relation to charge 3.

Background

The Registrant, Merja Hannele Hiidenkari ("the Registrant"), is a registered nurse who, at the relevant time, was working as a bank nurse at Lewisham and Greenwich NHS Trust ("the Trust"), on Juniper Ward ("the Ward").

On 24 December 2020, Miss Hiidenkari was referred to the NMC by the Head of Nursing Professional Practice and Standards at the Trust following concerns regarding her practice. The referral included an alleged medication incident on 10 September 2020. It is alleged that, at approximately 06:00, she attempted to administer three 30mg tablets of dihydrocodeine, amounting to 90mg, to Patient A when the prescribed dose was 30mg. It is alleged that Patient A refused to take the medication because of the number of tablets and subsequently raised a concern about the incident. An incident report was completed by Corinne Stewart, the Deputy Ward Manager. In a statement dated 7 October 2020, Miss Hiidenkari denied making a medication error but accepted that she had placed three dihydrocodeine tablets intended for separate patients 'in a small blue tray'. [PRIVATE].

The NMC's investigation also concerned correspondence sent Miss Hiidenkari's on 5 January 2021. In an email to the NMC investigator, she made comments concerning Nigerian nurses and her own experience of racism within the Trust. The NMC alleges that these comments amounted to discriminatory language. On 5 January 2021, the Registrant sent an email to the NMC investigator in which she advised:

> *'I have had a brilliant career but Lewisham/ Greenwich I have been bullied a lot by Nigerian nurses. I have tried to ask help all these nearly 20 years but nothing has happened. […]*
> *[PRIVATE].*
> *[…]*
> *I am not a danger to the patients. It is these Nigerians who sleep 2-3 hours on night duties and patients are in mess calling help without any response. I have seen it hundreds of times. I have experienced that racism at this thrust* [sic] *is not against black, it's towards white, especially me. I have worked also with good black nurses but they are not from Nigeria…'*

[PRIVATE].

Decision and reasons on facts

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

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

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

- Corrine Stewart: Ward Manager on Juniper Ward ("the Ward") at University Hospital Lewisham ("the Hospital").
- Imran Inamdar: Senior Screening Manager, NMC.
- Dr Leonard Emordi: Senior General Practitioner ("GP") and Clinical Director at Belmont Hill Surgery

[PRIVATE].

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the documentary evidence provided by both the NMC and the emails from Miss Hiidenkari.

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

Charge 1

1. [PRIVATE].

This charge is found proved.

[PRIVATE].

Charge 2a

2. [PRIVATE];
    1. attempted to administer a 90mg dose of dihydrocodeine to a patient when the prescribed dose was 30mg. [proved]

This charge is found proved.

The panel considered the evidence of Corinne Stewart, the contemporaneous incident report, the medication records and Miss Hiidenkari's own account.

The panel placed weight on Corinne Stewart's witness statement. Ms Stewart was the Senior Staff Nurse (Band 6) on duty on 10 September 2020. She stated:

> *"On 10 September 2020 I came on duty as the Senior Staff Nurse (Band 6). I was approached by Theresa Egbe (Band 5), who was the Nurse in charge at night. She told me that Patient A had alerted her to the fact that the Registrant had given him 3 x 30mg tablets of Dihydrocodeine at 06:00. Due to the number of tablets he had refused to take the medication and refused to give the medication back to the Registrant, as he wished to raise a concern.*
>
> *[…]*
>
> *The medication documentation was not signed off by the Registrant, as she became angry at Patient A's bedside (side room) and accused both Patient A and*

Staff Nurse Theresa of lying. I then showed the Registrant the medicine pot I had been handed by Patient A, pointing out that there were 3 Dihydrocodeine tablets in the pot. The Registrant then walked out of the side room. The Registrant did not wait to record on the chart that Patient A had refused the medication. Therefore, AV updated the records at 11:11, recording that the patient had refused to take that morning's dose (06:00). This appears in red text in the records as a default for delayed dose on the ICare system."

The panel recognised that Ms Stewart's evidence as to what Theresa Egbe and Patient A had told her was hearsay. However, the panel placed particular weight on the part of Ms Stewart's evidence which was within her own knowledge, namely that Patient A handed her the medication and that she personally saw three dihydrocodeine tablets in the medicine pot.

The panel also considered the contemporaneous incident report, CS01, pages 27–29. This recorded:

"Patient A has complained that the named nurse administered 90mg of Dihydrocodeine instead of the prescribed 30mg. One of the permanent ward nurses (Theresa Egbe) Raised this incident. When Hannele was asked about this incident, she claimed that both Patient A and Theresa Egbe were lying"

The panel recognised that the incident report did not record all of the detail contained in Ms Stewart's later witness statement, in particular the reference to Patient A handing her the medicine pot containing three tablets. However, it was completed on the day of the incident and recorded the central allegation that Patient A had complained of being given 90mg rather than the prescribed 30mg. The panel therefore considered the incident report to be relevant contemporaneous evidence supporting the existence of the incident.

The panel also considered the medication records for patient A which recorded:

"Admin Date/Time: 10/09/2020 11:11 BST
Medication Name: dihydrocodeine
Recorded Date/Time: 10/09/2020 11:11 BST

Admin Details: (Not Given) Patient refused"

The panel accepted that the medication records did not, by themselves, establish that three tablets had been presented to Patient A. They did, however, support the evidence that the relevant medication was not ultimately administered because Patient A refused it.

The panel then considered Miss Hiidenkari's own account at page 57:

> *"As I could not find any medication cups, I put3 tablets of D118 for 3 different patients in a small blue tray and started with Patient A. when in the room I asked how he was. He told me that he was not happy about his care so far. I asked if I had done something wrong, he said no. I was about to give him his D118 30mg but he asked if he could refuse. I answered of course he could but as I left the room I felt something was not right. After this I gave the other patients their tablets. I never offered this patient 3 tablets of D118. The computer prescription was 1 tablet of D118 for him. I have given this medication over 20 years and know the medication very well. When the morning nurse confronted me regarding this, I could not believe it that the patient had said anything like this against me, I was so surprised, and could hardly utter a word in my defence."*

The panel acknowledged that Miss Hiidenkari's account provided an alternative explanation for the presence of three tablets. She said that the three tablets were intended for three different patients and had been placed together on a small blue tray because she could not find sufficient medication cups. The panel also accepted that her account was consistent with her saying that Patient A had refused his prescribed 30mg dose.

However, the panel considered the significant feature of the evidence to be that Patient A was found in possession of three dihydrocodeine tablets and handed them to Ms Stewart. It noted that Miss Hiidenkari's account was that she had three tablets with her, had gone to Patient A and had been about to give him his prescribed 30mg dose. However, the panel considered that this account did not explain how all three tablets came into Patient A's possession.

The panel considered the discrepancy between Ms Stewart's reference to a medicine pot and Miss Hiidenkari's reference to a small blue tray. It did not consider that this discrepancy was determinative. The issue was not the precise container in which the medication was held, but whether the three tablets were presented to Patient A.

The panel also considered the passage of time between the incident and Ms Stewart's later witness statement. It recognised that this was capable of affecting the reliability of memory and took this into account. However, Ms Stewart's evidence was considered alongside the contemporaneous incident report, the medication records and Miss Hiidenkari own account.

Having considered all of the evidence in the round, the panel accepted the evidence that the 90mg dihydrocodeine tablets had been presented to Patient A. The panel applied the ordinary meaning of the word 'attempt' in the charge and considered that there should be some conduct capable to achieve the outcome. The panel also accepted that Patient A refused the medication and that it was therefore not ultimately administered. However, it concluded that the fact that the medication was not swallowed does not prevent the panel from finding that there was an attempt to administer it.

The panel therefore finds, on the balance of probabilities, that Miss Hiidenkari attempted to administer three 30mg tablets, amounting to 90mg of dihydrocodeine, to Patient A when the prescribed dose was 30mg.

[PRIVATE].

Charge 3

3. On 5 January 2021, sent a discriminatory comment in your correspondence with the Nursing and Midwifery Council.

This charge is found proved.

The panel considered Miss Hiidenkari's email to the NMC dated 5 January 2021 at 22:38 in which she stated:

"It is these Nigerians who sleep 2-3 hours on night duties and patients are in mess calling help without any response. I have seen it hundreds of times. I have experienced that racism at this thrust is not against black, it's towards white, especially me. I have worked also with good black nurses but they are not from Nigeria"

The panel considered the wording of the email in its entirety and in the context in which it was written. The email was sent in response to correspondence from the NMC telling her that they had received a referral from the Trust. Miss Hiidenkari's expressed concerns that she had been bullied, had experienced racism and that despite informing the Trust of this they had provided no support.

The panel recognised that Miss Hiidenkari's English within the email was not grammatically fluent and that this was relevant when considering whether particular passages could bear more than one interpretation. The panel also considered Miss Hiidenkari's evidence and the possibility that her comments were intended to refer to Nigerian nurses with whom she had personally worked, rather than Nigerian nurses generally.

The panel nevertheless considered that the wording used was sufficiently clear to amount to discriminatory language.

In particular, Miss Hiidenkari referred to Nigerian nurses collectively and attributed negative characteristics to them by reference to their nationality. The panel considered the following passage particularly significant:

"It is these Nigerians who sleep 2-3 hours on night duties and patients are in mess calling help without any response"

The panel considered that the use of "these Nigerians" did not identify particular individuals by name or otherwise distinguish between specific nurses about whom Miss Hiidenkari had concerns. Instead, the comment categorised the nurses by their Nigerian

nationality and attributed the alleged conduct collectively to them by reference to their nationality.

The panel also considered Miss Hiidenkari's subsequent statement in the same email which stated:

"I have worked also with good black nurses but they are not from Nigeria."

The panel considered that this statement was capable of some ambiguity when read in isolation. However, when read together with the remainder of the email, the panel considered that it reinforced the discriminatory character of the earlier comments. Miss Hiidenkari appears to have distinguished between "good black nurses" and Nigerian nurses by reference to nationality.

The panel took account of Miss Hiidenkari's assertion that she had experienced bullying and racism herself and that she may have been seeking to describe her experiences of particular nurses within the Trust. [PRIVATE].

The panel also considered that Miss Hiidenkari had demonstrated an understanding of the concepts of race and racism within the email itself, including when she referred to having experienced racism. The panel therefore did not consider that her language or medical difficulties provided a sufficient explanation for the particular categorisation of Nigerian nurses in the terms used.

The panel was satisfied that the relevant comments were not simply criticism of the conduct of identified individuals. They attributed negative characteristics and behaviour to nurses by reference to their Nigerian nationality. The panel therefore found that the language used was objectively discriminatory.

Having considered the email in its entirety, the context in which it was written and the possible interpretations of the wording, the panel concluded, on the balance of probabilities, that Miss Hiidenkari sent a discriminatory comment in her correspondence with the Nursing and Midwifery Council on 5 January 2021. Accordingly, Charge 3 is proved.

Fitness to practise

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

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

The panel adopted a two-stage process in its consideration. First, it determined whether the facts found proved amounted to misconduct. Secondly, it assessed whether in all the circumstances, Miss Hiidenkari's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

In coming to its decision, the panel had regard to the cases including *Roylance v GMC (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.'

The NMC invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' ("the Code") in making its decision.

Within the NMC's statement of case, they identified the specific, relevant standards where they submitted Miss Hiidenkari's actions amounted to misconduct. In relation to misconduct, the NMC stated:

"The NMC submit that the Registrant's actions as set out at charge 3 amount to misconduct.
13. Where the acts or omissions of a registered nurse are in question, what would be proper in the circumstances (per Lord Clyde in Roylance v General Medical Council [1999] UKPC 16) can be determined by having reference to the Nursing and Midwifery Council's Code of Conduct ("the Code").
17. The Registrant's behaviour, which involved making discriminatory and offensive comments, is demonstrative of deep seated attitudinal issues and represents a potential risk of harm to the public. The Registrant's comments were discriminatory in that they singled out a group of people in a way that was less favourable than others.
18. The Registrant's actions at charge 3 fell seriously short of the conduct and standards expected of a nurse and undermines public confidence in the profession and amounted to serious misconduct. Further, the Registrant's behaviour would be regarded as deplorable by fellow practitioners."

The NMC requires the panel to bear in mind its overarching objective to protect 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. The panel has referred cases including that of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

The NMC invited the panel to find Miss Hiidenkari's fitness to practise impaired. In their statement of case the NMC submitted:

"22. The NMC's guidance explains that impairment is not defined in legislation but is a matter for the Fitness to Practise Committee to decide. The question that will help decide whether a professional's fitness to practise is impaired is:
"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"
23. If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.
24. When determining whether the Registrant's fitness to practise is impaired, the questions outlined by Dame Janet Smith in the 5th Shipman Report (as endorsed in

the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin)) are instructive. Those questions were:

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

(b) has [the Registrant] in the past brought and/or is liable in the future to bring the [nursing] profession into disrepute; and/or

(c) has [the Registrant] in the past committed a breach of one of the fundamental tenets of the [nursing] profession and/or is liable to do so in the future and/or

(d) …

25. It is the submission of the NMC that limbs (a) to (c) can be answered in the affirmative in this case.

Limb (a)

26. [PRIVATE].

27. The facts in this case are that the Registrant attempted to administer a 90mg dose of dihydrocodeine to a patient when the prescribed dose was 30mg, [PRIVATE]. The Registrant subsequently sent a discriminatory comment in her correspondence with the Nursing and Midwifery Council [PRIVATE] and which amounts to misconduct.

28. [PRIVATE]

29. The Registrant had a duty as a Nurse to practice safely. [PRIVATE].

30. It is submitted that her failure to do so placed patients at risk. It is noted that the Registrant attempted to give Patient A three times the amount of dihydrocodeine, which would have resulted in an overdose. However, it is noted that Patient A did not take the tablets.

31. [PRIVATE]

Limb (b)

32. Registered professionals occupy a position of privilege and trust in society and are expected at all times to be professional. Members of the public must be able to trust registered professionals with their lives and the lives of their loved ones. [PRIVATE].

Limb (c)

33. Upholding the reputation of the profession is one of the fundamental tenets of the Code. It is submitted that by not maintaining the level of health required to enable a safe practice that the Registrant has breached this fundamental tenet.

Public Protection

34. The NMC guidance adopts the approach of Silber J in the case of R (on application of Cohen) v General Medical Council [2008] EWHC 581 (Admin) by asking the questions whether the concern is easily remediable, whether it has in fact been remedied and whether it is highly unlikely to be repeated.

35. The Registrant has disengaged with the NMC, her last communication being in October 2022. In this regard the Registrant has displayed limited insight and has not provided evidence that she has addressed the concerns raised by her actions or her health in any meaningful or tangible way, such as by providing a reflective piece, undertaking relevant training courses (regarding the misconduct) [PRIVATE].

36. It is submitted that there is a risk of repetition of the concerns in this case and the Registrant is liable to place patients at risk of harm in future if she were to return to practise unrestricted.

Public interest

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

38. In upholding proper professional standards and conduct and maintaining public confidence in the profession, the Fitness to Practise Committee will need to consider whether the concern is easy to put right. For example, it might be possible to address clinical errors with suitable training. A concern which hasn't been put right is likely to require a finding of impairment to uphold professional standards and maintain public confidence.

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

40. Particularly in light of the Registrant's discriminatory remarks, the NMC submits that there is a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behaviour."

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), and *General Medical Council v Meadow* [2007] QB 462 (Admin).

Decision and reasons on misconduct

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

The panel was of the view that Miss Hiidenkari's actions did fall significantly short of the standards expected of a registered nurse, and that Miss Hiidenkari's actions amounted to a breach of the Code. Specifically:

> **'1 Treat people as individuals and uphold their dignity**
> **1.3** avoid making assumptions and recognise diversity and individual choice
>
> **2 Listen to people and respond to their preferences and concerns**
> **2.1** work in partnership with people to make sure you deliver care effectively
>
> **20 Uphold the reputation of your profession at all times**
> **20.2** […], treating people fairly and without discrimination, bullying or harassment
> **20.3** be aware at all times of how your behaviour can affect and influence the behaviour of other people
> **20.7** make sure you do not express your personal beliefs (including political, religious or moral beliefs) to people in an inappropriate way'

Having found Charge 3 proved, the panel went on to consider whether Miss Hiidenkari's conduct amounted to misconduct. The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct.

The panel considered that Miss Hiidenkari's email of 5 January 2021 contained objectively discriminatory language directed towards Nigerian nurses by reference to their nationality. The panel recognised that she may have been referring to nurses with whom she had

worked and about whom she alleged she had experienced bullying. However, the language she used was not confined to identified individuals or particular conduct. Instead, she referred to Nigerian nurses by reference to their nationality and attributed negative behaviour to them as a group.

The panel considered the context in which the email was written. The email was sent in response to correspondence from the NMC and was written late in the evening, approximately 12 hours after the earlier correspondence. The panel considered that the email contents, words used and the concern shown in it suggested that Miss Hiidenkari could have been in a highly emotional and distressed state. The panel took account of the evidence that she had been suffering from depression and other health difficulties at the time. The panel also considered that she had described experiencing alleged bullying and racism herself and that this may have contributed to the emotional nature of her response.

The panel also took account of the fact that this was an isolated incident. There was no evidence before the panel of any patient having suffered discrimination at the hands of Miss Hiidenkari. There was no evidence of harm caused, nor any other similar allegation involving discriminatory language by her.

The panel nevertheless considered that the circumstances in which the email was written did not excuse the language used. She was a registered nurse and was expected to communicate professionally and without discrimination. The comments were made in written correspondence with the NMC and concerned an ethnic group within the nursing profession. The panel considered that such language had the potential to undermine confidence in the nursing profession and could cause harm or distress to those who received or were affected by it.

[PRIVATE].

The panel had regard to the NMC Guidance on particular features of misconduct charging (Ref; PRE-2e), including the guidance concerning discrimination and the use of discriminatory language. The panel also took into account the guidance concerning conduct which includes words, namely that the meaning and nature of the words should be assessed objectively, from the perspective of what a reasonable person with all the

information before them would understand, rather than by reference to what the professional intended when using those words. The panel had found that Miss Hiidenkari's email contained discriminatory language referring to Nigerian nurses as a group, including comments concerning their alleged behaviour towards patients. The panel considered that, irrespective of Miss Hiidenkari's intention or the circumstances in which the email was written, the words used had the potential to cause harm and were capable of undermining confidence in the profession. The panel further noted that the guidance recognises that, even where an underlying discriminatory or racial motivation is not established, the use of objectively discriminatory language may nevertheless constitute professional misconduct, with the potential impact of the language being a relevant consideration.

The panel concluded that Miss Hiidenkari's use of discriminatory language represented a serious departure from the standards expected of a registered nurse. The panel therefore found that her conduct was sufficiently serious to amount to misconduct. Accordingly, Charge 3 amounts to misconduct.

Decision and reasons on impairment

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

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

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust 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* (use full citation if not already used) in reaching its decision. In paragraph 74, she said:

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

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

> *'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/their fitness to practise is impaired in the sense that S/He/They:*
>
> *a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
>
> *b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
>
> *c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
>
> *d) […]'*

The panel finds that limbs a – c of the "test" are engaged in this case.

In respect of charges 1 and 2, the panel finds that Patient A was put at a real risk of harm as a consequence of Miss Hiidenkari's actions. [PRIVATE].

The panel then considered Miss Hiidenkari's actions at charge 3. It noted that the comments made in her email of 5 January 2021 related to colleagues and that there was no evidence before it of any patient having been discriminated against or placed at a risk of harm in respect of that misconduct. However, the panel considered that the discriminatory nature of Miss Hiidenkari's comments had the potential to cause emotional and/or psychological harm to the individuals to whom the comments related and to the person to whom they were made (whether they were Nigerian or not).

The panel next considered whether Miss Hiidenkari had, in the past, brought, or was liable in the future to bring, the nursing profession into disrepute. In relation to the medication error, the panel considered that the attempted administration of 90mg of dihydrocodeine when the prescribed dose was 30mg represented a significant departure from the standard of safe practice expected of a registered nurse. [PRIVATE]. Nevertheless, the panel considered that the incident had the potential to undermine public confidence in the nursing profession because patients and the public are entitled to expect nurses to administer medication safely and accurately because the power to medicate and the risks from overmedication are so potentially serious that the public would be concerned if this was not appropriately addressed.

[PRIVATE].

In relation to charge 3, the panel considered that Miss Hiidenkari's discriminatory comments were fundamentally inconsistent with the standards expected of a registered nurse. Nurses are expected to treat colleagues and others with dignity and respect and to conduct themselves in a way which maintains public confidence in the profession. The panel considered that the expression of racially discriminatory views, even in correspondence with the NMC and outside the clinical setting, had the potential to undermine confidence in the nursing profession and its commitment to equality and non-discrimination. The panel took into account that the discriminatory comments formed part of a single email and that there was no evidence of a wider pattern of discriminatory conduct. Nevertheless, the panel considered that the nature of the comment was

sufficiently serious that they had the potential to bring the nursing profession into disrepute because a properly informed member of the public would consider it deplorable that criticisms of colleagues are made by reference to their generic nationality and not to them as individuals.

The panel considered limb c in relation to charge 2a. The panel considered that the safe administration of medication is a fundamental aspect of a nurse's professional responsibilities. The panel considered that, although the medication error was not a deliberate departure from safe practice, Miss Hiidenkari's actions, [PRIVATE], resulted in a significant risk to patient safety. The panel therefore considered that her conduct in relation to charge 2 was inconsistent with the fundamental requirement of a nurse to practise safely and protect patients from avoidable harm.

Regarding charge 3 in respect of limb c, it considered that treating others with dignity and respect and without discrimination is a fundamental tenet of the nursing profession. The panel found that Miss Hiidenkari's comments about Nigerian nurses were discriminatory and inconsistent with the standards expected of a registered nurse. The panel therefore considered that, by making those comments, Miss Hiidenkari breached a fundamental tenet of the profession.

Regarding insight, the panel considered that there was no evidence available to it. [PRIVATE].The panel therefore considered that Miss Hiidenkari had not demonstrated sufficient insight into the seriousness of the risk to which Patient A was exposed.

The panel noted that Miss Hiidenkari, on the day of the medication error, is alleged to have stated that the patient was lying and that the nurse who raised the issue was also lying. Later on 7 October 2020 Miss Hiidenkari suggested that there was a misunderstanding. The panel accepted that Miss Hiidenkari is entitled to refute the allegation but had not seen any evidence to support her assertion or seek to explain what that misunderstanding was.

In relation to charge 3, Miss Hiidenkari had not provided any evidence demonstrating that she recognised the discriminatory nature of her comments, the potential impact of those

comments on the individuals to whom they related, or why such comments were inconsistent with the standards expected of a registered nurse. [PRIVATE].

[PRIVATE].

The panel was of the view that the concerns arising in this case are capable of being addressed. [PRIVATE]. In relation to charge 3, the panel noted that it arose from a single, isolated communication and there was no evidence of previous or repeated instances of discriminatory comments or behaviour from Miss Hiidenkari. In addition, there could be ambiguities regarding whether she was referring to Nigerians in general, or those specific nurses that she worked with and her phrasing was simply an unfortunate challenge with language. As such the panel was of the view that the misconduct could be addressed through appropriate reflection and the development of insight into the discriminatory nature of the comments, their potential impact on others and the professional standards expected of a registered nurse.

However, the panel had no evidence that Miss Hiidenkari had taken any steps to address concerns arising out of any of the charges in this case. [PRIVATE].

In relation to charge 3, the panel noted that there was no evidence that Miss Hiidenkari had undertaken any relevant training, education or other activity to address the concerns arising from her discriminatory communication. There was no evidence demonstrating that she had undertaken work to develop her understanding of discrimination, equality and the professional standards expected of a registered nurse.

The panel noted that Miss Hiidenkari had not engaged with the NMC since October 2022. Consequently, there was no up-to-date evidence before the panel of any steps she had taken to address the concerns arising from charges 1, 2 or 3. [PRIVATE].

In the absence of such evidence, the panel could not be satisfied that the circumstances which led to the medication error would not recur or that similar discriminatory behaviour would not occur again. As a result, the panel concluded that there remains a risk of repetition.

[PRIVATE]. 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 required. [PRIVATE].

In relation to the misconduct, the panel considered that the discriminatory comments made by Miss Hiidenkari demonstrated a serious departure from the standards expected of a registered nurse. The panel considered that discrimination has no place within the nursing profession and that public confidence would be undermined if the registrant responsible for such conduct were not found to be impaired. The panel considered that a finding was necessary to uphold the proper professional standards expected of registered nurses and to reinforce the importance of referring to colleagues and others with dignity and respect, irrespective of their race or nationality.

The panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds Miss Hiidenkari's fitness to practise impaired on the grounds of public interest.

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

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Miss Hiidenkari off the register. The effect of this order is that the NMC register will show that Miss Hiidenkari has been struck-off the register.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had regard to the NMC Guidance on *'The sanctions available'* (Reference: SAN-2 Last Updated: 28/01/2026).

The panel accepted the advice of the legal assessor.

Representations on sanction

In its statement of case, the NMC submitted:

> *"41. The NMC submits that the appropriate and proportionate sanction in this case, is a **Striking Off Order**.*
> *42. The NMC considers the following aggravating factors with respect to this case:*
> *a. Serious concerns involving discriminatory behaviour and associated deep seated attitudinal issues*
> *b. Lack of remorse or insight regarding the misconduct*
> *c. No evidence of remediation*
> *43. [PRIVATE].*
> *[…]*
> *46. […] [PRIVATE].*
> *[…]*
> *48. The NMC Guidance (SAN-3a and SAN-3b) also states that taking no action will be rare at the sanction stage and this would not be suitable where the nurse presents no continuing risk to patients. [PRIVATE].*
> *[…]*
> *52. [PRIVATE].*
> *53. [PRIVATE]. For this reason, it is not possible to create workable conditions which can be monitored and assessed that meet the risks presented by the Registrant's continued practise.*
> *[…]*
> *55. It is submitted that a suspension order would not be appropriate in this case. Whilst temporary removal from the register would protect the public in the short*

term, such an outcome would not be an appropriate means of maintaining public confidence in the profession.

Striking-off Order

56. The guidance on Striking-off Orders ('SAN-3e') outlines that, before imposing a Striking-off Order, the Committee should consider among other matters:

* Whether the regulatory concerns about the nurse raise fundamental questions about their professionalism*

* Whether public confidence in the profession can be maintained if the nurse is not removed from the register; and*

* Whether striking-off is the only sanction that would be sufficient to protect patients, members of the public, or maintain professional standards.*

57. The nature and seriousness of the Registrant's misconduct is so serious that a registered professional would consider this conduct deplorable and therefore incompatible with remaining on the register.

58. It is submitted that the Registrant's erasure from the register is the only sanction that would be sufficient to protect the public, the public interest and maintain confidence in the profession. Due to the nature of the Registrant's discriminatory comments, is submitted that the Registrant has acted in a manner which demonstrates a deepseated attitudinal issue The Registrant has not demonstrated insight, remorse and has not demonstrated that such behaviour will not be repeated. It is submitted that the Registrant's disengagement with these proceedings is indicative of an unwillingness to resolve these matters. There is a remaining risk of repetition and a liability to place patients at risk of harm in future.

59. Given the circumstances, the NMC submits that a Striking-off Order is the appropriate and proportionate sanction in the circumstances of the case."

Decision and reasons on sanction

Having found Miss Hiidenkari's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had regard to the NMC Guidance on *'The sanctions available'* (including reference: SAN-2 Last Updated:

28/01/2026). The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Lack of insight and reflection into misconduct
- Failure to engage in the Fitness to Practise process, without good reason
- No apologies and no acknowledgement of the risk of harm
- Failure to collaborate with colleagues to identify and address issues arising from the medication error and no recording of Patient A's refusal to accept the medication, as would have been expected of Miss Hiidenkari's in the circumstance
- Real risk of harm to Patient A

The panel also took into account the following mitigating features:

- [PRIVATE]
- No evidence of previous or repeated discriminatory comments
- With specific regard to charge 3, the impact of the alleged bullying she had experienced and the alleged discrimination contained within her email to the NMC.

The panel first considered whether to take no further action but concluded that this would be inappropriate in view of the seriousness of the matters found proved. The panel considered that taking no further action would not adequately address the need to protect the public, maintain professional standards or uphold confidence in the nursing profession and in the regulatory process because to attempt to give three times the prescribed dose of a drug could have had serious implications and consequences and with no engagement or insight into the potential harm that this could cause nor the impact of discriminatory language. The panel therefore determined 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 determined that this was not such a case. [PRIVATE]. The panel therefore concluded that a sanction which did not restrict Miss Hiidenkari’s practice would not provide sufficient protection to patients or the public. A caution order would also fail to mark the seriousness of the matters found proved and would not be sufficient to maintain public confidence in the profession. The panel therefore determined that a caution order would not be appropriate or proportionate.

The panel next considered whether to place a conditions of practice on Miss Hiidenkari’s registration. In considering whether conditions of practice are appropriate, the panel had regard to the factors set out in the NMC Guidance on ‘Conditions of practice order’ (Reference: SAN-2c Last Updated: 28/01/2026).

[PRIVATE].

The panel had no evidence of such engagement. In particular, there had been no recent communication from Miss Hiidenkari with the NMC and no evidence before the panel demonstrating a willingness to respond positively to retraining or other remedial measures or to conditions placed on her practice. [PRIVATE].

In considering whether conditions of practice could appropriately address the concerns arising from Charge 3, the panel also had regard to the NMC guidance on particular features of misconduct charging (PRE-2e). The panel considered that the concern arising from Charge 3 was not confined to a specific clinical practice failing which could be addressed through a defined period of retraining or supervision. Rather, the concern related to the use of discriminatory language and the potential impact of that behaviour on those to whom it related and on confidence in the profession. In the absence of evidence from Miss Hiidenkari which demonstrated insight into the nature and impact of the

language used, the panel was unable to identify conditions which could be formulated in a sufficiently specific, workable and measurable way to address that concern.

It concluded that the concerns arising from the discriminatory language could not appropriately be addressed through conditions of practice in the absence of greater evidence from Miss Hiidenkari as to her understanding of the language used, its potential impact upon those to whom it related, and the steps she would be prepared to take to address the concerns arising from it. The panel considered that the nature of this concern required a level of engagement and demonstrated change, which was not evidenced before it.

As a result, the panel determined that a conditions of practice order would not be appropriate in the circumstances. The panel considered that there are no relevant, proportionate, workable or measurable conditions that could be formulated to protect patients and to uphold professional standards.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on *'Suspension order'* (Reference: SAN-2d Last Updated: 28/01/2026) in which the following factors on when a suspension order may be appropriate are set out:

- *'the impairment is very serious but not fundamentally incompatible with continuing to be a registered professional*
- *an outcome less severe than strike-off would still satisfy the over-arching objective.'*

The panel also had regard to the key considerations as set out in the NMC Guidance to weigh up before imposing a suspension including ref: San-3 which deals with the difference between a suspension order and a striking off order. It noted the following list of circumstances that may make a suspension order an appropriate sanction:

- *'the charges found proved are at the most serious end of the spectrum and call into question the professional's suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their*

practice through reflection, the development of their professional skills and / or development of insight and remediation

- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.'*

The panel recognised that a period of suspension can, in appropriate circumstances, provide a professional with an opportunity to reflect, strengthen their practice, develop insight and address concerns before returning to practice. However, the panel considered that there was no evidence before it that a period of suspension would achieve that purpose in this case.

The panel took particular account of Miss Hiidenkari's limited engagement with the regulatory process and the absence of recent engagement over the preceding four years. There was no evidence before the panel of recent reflection, training or other steps taken by Miss Hiidenkari to address the concerns arising from the matters found proved. The panel therefore had no evidence demonstrating that a period of suspension would result in Miss Hiidenkari developing the insight, reflection or strengthened practice necessary to enable a safe return to practice.

[PRIVATE].

In relation to charge 3, the panel was particularly concerned that there was no evidence demonstrating an appreciation of the potential impact of the discriminatory language used by Miss Hiidenkari, or of the effect that such language could have upon colleagues and upon public confidence in the profession. Additionally, in light of Miss Hiidenkari's lack of engagement with the NMC over the past four years, the panel was not satisfied that suspending Miss

Hiidenkari from practice for a further period would address the concerns in this case.

Whilst the panel acknowledged that the risks identified could be managed by Miss Hiidenkari being temporarily removed from the Register, it considered that it would not be sufficient to uphold public confidence in the profession and maintain professional standards due to the seriousness and nature of the facts found proved. Given Miss Hiidenkari's lack of engagement, limited insight, lack of remorse, together with no evidence of training and development, the panel considered that there is no realistic possibility that she would address the concerns to such a level where she could return to practise safely.

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

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

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

The panel found that the Miss Hiidenkari's actions in charge 3 raised fundamental questions about her professionalism and capability to practice safely and without discriminating against any particular patient group or colleague. In considering whether public confidence in the profession could be maintained if Miss Hiidenkari remained on the Register, the panel had particular regard to the nature of the discriminatory language used in her email, including her reference to 'these Nigerians' and the attribution of negative

characteristics to individuals by reference to their race. The panel considered that the significance of the language lay not simply in the words themselves, but in their discriminatory nature and the potential impact upon those to whom they related, as well as upon public confidence in the profession. Taken together, the panel considered that the matters found proved were such that allowing Miss Hiidenkari to remain on the Register would potentially impact public safety and undermine public confidence in the profession and in the NMC as the regulator responsible for maintaining professional standards.

The panel then considered whether there was any amount of insight and reflection which could provide sufficient reassurance as to the safety of people receiving care and members of the public, maintain public confidence in the profession and uphold professional standards. The panel found no such evidence. There was no evidence of an apology or expression of remorse, nor was there evidence that Miss Hiidenkari had demonstrated an appreciation of the potential harm arising from the matters found proved, including the potential impact of the discriminatory language used in her email. The panel did not consider that it was necessary to determine whether the views expressed were deep-seated in order to reach its conclusion. However, in the absence of evidence demonstrating insight, reflection or an understanding of the concerns arising from the language used, the panel could not identify any basis upon which it could be reassured that the concerns had been addressed.

Finally, the panel considered whether there was a realistic prospect that, following a period of suspension, Miss Hiidenkari would have gained sufficient insight and strengthened her practice such that the risks identified would have reduced. The panel found no evidence to support such a prospect. It took into account the absence of recent engagement with the NMC, the lack of evidence of any reflection or relevant training and development, and the absence of evidence demonstrating that Miss Hiidenkari had taken steps to address the concerns arising from the matters found proved. [PRIVATE].

Miss Hiidenkari's actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Miss Hiidenkari's actions were serious and were not appreciated as such by her, to allow her to

continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Miss Hiidenkari's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case.

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

This will be confirmed to Miss Hiidenkari in writing.

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Miss Hiidenkari's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Representations on interim order

The panel took account of the representations made by the NMC that:

> *"60. An interim order is required in this case. The interim order is necessary for the protection of the public and is otherwise in the public interest for the reasons given above. The interim order should be for a period of 18 months in the event the Registrant seeks to appeal against the panel's decision during the statutory 28-day appeal period prior to the substantive order coming into force. If no appeal is made*

in that 28-day period, the interim order will be replaced by the substantive striking-off order.

61. The interim order should take the form of an interim suspension order as it is necessary to protect the public and maintain public confidence in the profession."

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. The panel determined that a period of 18 months would allow for the NMC to put together their case in the circumstances here of a historic breach should an appeal be made.

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

That concludes this determination.