Nursing and Midwifery Council

Fitness to Practise Committee

Substantive Meeting
Monday 14 September 2026

Virtual Meeting

Name of Registrant:	**Amanda Lillian Reid**
NMC PIN:	98B0315S
Part(s) of the register:	Nursing Sub part 1 RNC, Registered Nurse - Children 5 February 2001
Relevant Location:	Scotland
Type of case:	Conviction
Panel members:	John Henry Millar (Chair, Lay member) Anne Sharpe (Registrant member) Jane Malcolm (Lay member)
Legal Assessor:	Charlene Bernard
Hearings Coordinator:	Maya Khan
Facts proved:	Charge 1
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 Reid's registered email address by secure email on 31 July 2026.

The panel accepted the advice of the legal assessor.

In light of all the information available, the panel was satisfied that Mrs Reid 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) On 8 September 2025, at the Livingston Sheriff Court, were convicted of defrauding the Scottish Pensions Authority in the sum of £185,442.95.

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

Background

Between 13 April 2021 and 31 August 2024, Mrs Reid made false representation to the Scottish Pensions Authority that she was terminally ill with Leukaemia and therefore entitled to certain payments. Mrs Reid knew she was not ill and not entitled to the payments she claimed but dishonestly induced the Pensions Authority to make payments to her. Mrs Reid received sums amounting to £185,422.95 and did this by fraud, with the court sentencing her to two years imprisonment.

Decision and reasons on facts

The charge concerns Mrs Reid's conviction, and, having been provided with a copy of the certificate of conviction, the panel finds that the facts are proved in accordance with Rules 31 (2a) and (2b).

The panel noted that Mrs Reid did not complete the NMC Case Management Form. However, the NMC letter dated 31 July 2026 addressed to Mrs Reid stated:

> *'The panel took into account that Mrs Reid has not provided a response to the charge by completing and sending the Case Management Form to the NMC. However, it noted that the NMC received a completed Regulatory Concerns Response Form dated 21 November 2025 from Mrs Reid whereby she accepted the regulatory concern relating to being convicted for fraud.'*

Fitness to practise

Having announced its findings on the facts, the panel then considered whether, on the basis of the facts found proved, Mrs Reid's fitness to practise is currently impaired by reason of Mrs Reid's conviction. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to practise safely and effectively without restriction.

Representations on impairment

The NMC requires the panel to bear in mind its overarching objective to protect the public and the wider public interest. This includes 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 to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

Neither Mrs Reid nor the NMC has not provided any written submissions regarding impairment.

The panel accepted the advice of the legal assessor.

Decision and reasons on impairment

The panel next went on to decide if, as a result of the conviction, Mrs Reid'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 January 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 act with integrity and must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

> *'In determining whether a practitioner's fitness to practise is impaired…the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards*

and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

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

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

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

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

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

d) *has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel considered the approach in *CHRE v NMC and Grant* and reminded itself that impairment is a forward-looking assessment. Mrs Reid admitted the conviction in court and so there was no question that Mrs Reid was impaired at the time when the offences took place.

The panel considered that the nature of the offending in this case was particularly serious as it related to dishonesty over a period of three years involving:

- Mrs Reid forging 16 medical letters with logos taken from the Spire Hospital Edinburgh to persuade her GP practice that she was seriously ill

- Mrs Reid fraudulently accessing treatment from the NHS including controlled drugs
- Mrs Reid convincing professionals, her family and her children that she was at the point of death
- Mrs Reid changing her appearance by shaving her head daily and taking weight loss medication to look as if she was suffering from Leukaemia

The panel considered that the first *Grant* question was engaged. The panel noted that although it had no evidence that Mrs Reid had put patients at risk of harm, Mrs Reid's conviction provided clear evidence of repeated dishonest behaviour over a prolonged period of three years. The panel concluded that these behaviours raise significant concerns and indicate deep-seated attitudinal issues. The panel determined that this type of dishonest conduct, should it be repeated in a clinical setting, could be liable to put patients at risk of harm in the future.

The panel was satisfied that the second *Grant* question was engaged. Mrs Reid's conviction and the award of a custodial sentence, although occurring outside her professional practice, was published and will still be publicly available in the future as it is now. This will bring the nursing profession into disrepute in the future. Nurses occupy a position of privilege and public trust and are expected to maintain professional standards and appropriate boundaries both within and outside their professional practice.

The panel considered that the nature of the offending was such that public confidence in the profession would be undermined if a nurse convicted of these offences were permitted to practise without a finding of impairment.

The panel was satisfied that the third *Grant* question was engaged. The panel considered that this conduct was a fundamental breach of 'The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates tenets of the nursing profession' (the Code). In particular, it considered that Mrs Reid had breached section 20 of the Code and the conduct was capable of gravely undermining public confidence.

Promote professionalism and trust

You uphold the reputation of your profession at all times. You should display a personal commitment to the standards of practice and behaviour set out in the Code. You should be a model of integrity and leadership for others to aspire to. This should lead to trust and confidence in the professions from patients, people receiving care, other health and care professionals and the public.

20 Uphold the reputation of your profession at all times

20.1 keep to and uphold the standards and values set out in the Code

20.2 act with honesty and integrity at all times…

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

20.4 keep to the laws of the country in which you are practising

The offending raised fundamental concerns about Mrs Reid's ability to uphold the values, standards and professional boundaries expected of a registered nurse. The panel considered that the conduct demonstrated a serious departure from the fundamental tenets of the profession.

The panel was satisfied that the fourth *Grant* question was engaged. Mrs Reid received a certificate of conviction for defrauding the Scottish Pensions Authority in the sum of £185,442.95. It considered that defrauding in itself is a dishonest act. It noted the surrounding circumstances of the offending involving Mrs Reid lying that she had cancer, forging 16 medical letters, convincing professionals, her family and her children that she had cancer and falsely obtaining controlled drugs. It further noted that Mrs Reid's dishonesty was exacerbated by her experience as a registered nurse, in that she understood the healthcare system and took advantage of her position in order to commit the offence. The panel therefore took the view that confidence in the nursing profession

would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

The panel was satisfied that the four questions of the *Grant* 'test' had been met.

The panel had regard to the NMC Guidance '*Concerns Outside Professional Practice*' (Reference: FTP-2a-i last updated: 3 August 2026), concerning long-term or repeated misconduct and '*conduct involving imbalances of power, cruelty, exploitation and predatory behaviour*'. It considered that the repeated nature of the offending and the deep-seated attitudinal concerns were particularly significant when assessing the likelihood of future harm. Although remediation was theoretically possible, the panel considered that the nature and seriousness of the convictions made full remediation exceptionally difficult.

The panel considered *Cohen v General Medical Council* [2008] EWHC 581 (Admin) and recognised that concerns arising from deep-seated attitudinal concerns may be capable of remediation, but that this can be particularly difficult where the nature of the offending is repeated and very serious. The panel noted that it did not have any evidence of insight, reflection or testimonials. It took account of the Consultant Clinical Psychologist report dated 7 July 2025, the *'Sentencing Remarks'* dated 3 October 2025 and the *'Justice Social Work Report'* dated 10 October 2025.

The *'Justice Social Work Report'* dated 10 October 2025 stated:

> *'The impression gained in the interview for this report was that [Mrs Reid] planned to carry out the offence detailed for financial gain. However, she denied that she was motivated by money. [Mrs Reid] attributed her offending solely to her diagnosis of Fictitious/Munchausen's disorder. I have been unable to independently verify this information. In these circumstances, [Mrs Reid] took no responsibility for her offending behaviour, rather she attempted to apportion blame…for "giving [her] the idea" of applying to cash in on her pensions, despite her knowing that she did not have any diagnosis. She told me she pled guilty because this was what she was advised to do by her legal representatives, and she followed that instruction as they are experts in their field. From her own descriptions, she made no attempt to admit*

to her dishonesty, even though her family suspected her of being dishonest. It is concerning that she failed to see that her children and the pension authority are victims of her behaviour. [Mrs Reid] minimised her behaviour by saying that she had "made a mistake" but that she was trying to teach her children that you can make amends and move on. She told me that if "the shoe was on the other foot" and it was one of her family members who had offended, she would not have ostracised them the way they have done with her. Whilst [Mrs Reid] claimed to understand the enormity of the situation, she also told me that she "did not do this maliciously" and therefore did not present as being genuine in the interview for this report.'

The *'Sentencing Remarks'* dated 3 October 2025 stated:

'You did take quite a number, what must have been quite a number of steps to obtain the funds which you obtained. Whilst that may have been because it would have been out of kilter had you not made the claim nobody was making you make that claim. You did it yourself…Now it seems to me that your culpability in this matter is high. The harm that you caused was significant. While the Pensions Authority is not an individual so it can't really be regarded as a classic victim for these purposes it is a public body. And it's publicly funded and so in a sense it's a loss to the whole community the money that you received.'

The panel considered that the dishonesty in this case was sustained, deliberate, premeditated, involving criminal fraud and financial gain. In addition, there was a pattern of dishonesty in relation to multiple health services, agencies and family members over a period of three years. It took account of the *'Sentencing Remarks'* dated 3 October 2025 stated: *'…it was a substantial fraud and it resulted in you receiving a considerable sum of money…some of that money was spent…in relation to a trip to Dubai and some which no doubt came as benefit to yourself as well. another aggravating feature clearly is that the fraud went on for a very long time and that you kept up the deceit despite knowing that you were not ill.'* The panel noted that the offence resulted in a custodial sentence of imprisonment for two years. It further noted that Mrs Reid was a healthcare practitioner

and this complex and detailed fraud was informed by her knowledge and understanding of the health system.

In the absence of any evidence of insight, remorse or remediation, the panel was not satisfied that Mrs Reid could currently be relied upon to maintain the standards and professional boundaries expected of a registered nurse.

The panel therefore decided that a finding of impairment is necessary on the basis of patient safety and therefore on the ground of public protection.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect the wider public interest, which 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 the nature and seriousness of the offence was such that public confidence in the nursing profession would be undermined if Mrs Reid were permitted to practise without regulatory restriction.

The panel therefore concluded that Mrs Reid's fitness to practise remains impaired also on public interest grounds.

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Mrs Reid off the register. The effect of this order is that the NMC register will show that Mrs Reid 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'* SAN-2 last updated 28 January 2026, *'Sanctions for the highest risk cases'* at SAN-4 last

updated 31 July 2026 and it also took into account *'Deciding between suspension and strike off'* at SAN-3 last updated 28 January 2026.

The panel accepted the advice of the legal assessor.

Representations on sanction

The NMC's sanction bid was for a striking off order.

Mrs Reid did not provide any submissions.

Decision and reasons on sanction

Having found Mrs Reid's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had regard to the NMC Guidance on *'The sanctions available'* (Reference: SAN-2 last updated: 28 January 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:

- Patterns of dishonest behaviour over a prolonged period of time
- Substantial planning involved in the deception including Mrs Reid changing her appearance by shaving her head daily and taking weight loss medication, forging 16 medical letters purporting to be from a private healthcare provider
- Falsely obtaining treatment and controlled drugs
- Deceiving professionals, family and friends
- Personal financial gain
- No evidence of insight or remorse
- A lack of meaningful engagement with the NMC

The panel also took into account the following mitigating features:

- Mrs Reid pleaded guilty to the criminal offence
- The NMC letter dated 31 July 2026 addressed to Mrs Reid stated: *'The panel took into account that Mrs Reid has not provided a response to the charge by completing and sending the Case Management Form to the NMC. However, it noted that the NMC received a completed Regulatory Concerns Response Form dated 21 November 2025 from Mrs Reid whereby she accepted the regulatory concern relating to being convicted for fraud.'*

The panel noted the Consultant Clinical Psychologist report dated 7 July 2025 which had been prepared for the criminal proceedings suggested mitigation in relation to the fraud. However, the panel was mindful that the *'Sentencing Remarks'* dated 3 October 2025 stated: [PRIVATE] *'…I don't think its suggested in any way that it's given as a defence but as an explanation for what happened.'*

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

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

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

The panel considered that Mrs Reid's conduct was not at the lower end of the spectrum, and it found that there is a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict Mrs Reid's practise would not protect the

public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether to place a conditions of practice order on Mrs Reid'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 January 2026). Having regard to the nature and seriousness of Mrs Reid's conduct, the panel determined that a conditions of practice order would not be appropriate in the circumstances. The panel considered that there are no relevant, proportionate, workable or measurable conditions that could be formulated to protect patients and to uphold professional standards.

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

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

The panel also had regard to the key considerations as set out in the NMC Guidance to weigh up before imposing a suspension. It noted the following list of circumstances that may make a suspension order an appropriate sanction:

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

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

Whilst the panel acknowledged that the patient safety risks identified could be managed by Mrs Reid 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. The panel considered that, in the absence of insight and the gravity of the offence, there is no realistic possibility that Mrs Reid could address the concerns during a period of suspension to such a level where she could return to practise safely.

The panel noted NMC Guidance '*Sanctions for the highest risk cases*' (Reference: SAN-4, last updated: 31 July 2026) which states:

> ***'Cases involving dishonesty***
>
> *Honesty is of central importance to a professional's practice because of the large degree of trust placed in them. Therefore, allegations of dishonesty will almost always put the public at risk of the professional not being trustworthy; because of this a professional who has acted dishonestly will always be at risk of strike-off. However, in every case the Committee must carefully consider the kind of dishonest conduct that has taken place. Not all dishonesty is equally serious.'*

The panel considered that the conviction and custodial sentence gravely undermines the trust and confidence that members of the public are entitled to place in registered nurses. The panel was satisfied that any such conduct makes it highly unlikely that Mrs Reid will be able to uphold the fundamental standards and values set out in the Code and expected of the nursing profession.

The panel determined that the seriousness of the conviction and the custodial sentence, the dishonest nature of the offending and the continuing deep-seated attitudinal concerns identified in relation to Mrs Reid, mean that suspension would be insufficient to protect people receiving care and would not adequately address the wider public interest concerns. In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

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

The panel had regard to the following considerations as set out in the NMC Guidance entitled *'Striking-off order'* (Reference: SAN-2e last updated: 28 January 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?*

Mrs Reid'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 Mrs Reid's actions were so serious that to allow her to continue practising would be a risk to public protection and 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 potential impact on patient safety and the effect of Mrs Reid's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct themself, the panel has concluded that nothing short of this would be sufficient in this case.

The panel considered that this order was necessary to ensure public protection, 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 Mrs Reid in writing.

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Mrs Reid'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 that the NMC nor Mrs Reid has provided representations or formal submissions in regard to an interim order.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months due to the seriousness of the conviction and the ongoing concerns regarding public protection and public confidence in the nursing profession.

The panel considered that, in the absence of an interim order, there would be a period during which Mrs Reid could potentially practise before the striking-off order took effect. An interim suspension order was therefore necessary to provide continued protection to people receiving care and to maintain confidence in the profession during the appeal period.

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

That concludes this determination.