Nursing and Midwifery Council

Fitness to Practise Committee

Substantive Hearing
Tuesday, 1 September 2026 – Friday, 4 September 2026

Virtual Hearing

Name of Registrant:	**Beebee Rehanah Roopun**
NMC PIN:	90D1551E
Part(s) of the register:	Registered Nurse: Sub Part 1 Adult Nurse, Level 1 (11 July 1993)
Relevant Location:	Leicestershire
Type of case:	Misconduct
Panel members:	Oluwasola Falola (Chair, Registrant member) Claire Martin (Registrant member) Simon Alexander (Lay member)
Legal Assessor:	Nigel Ingram
Hearings Coordinator:	Monsur Ali
Nursing and Midwifery Council:	Represented by Alex Radley, Case Presenter
Mrs Roopun:	Present and represented by Laurence Harris, (Mountford Chambers)
Facts proved:	Charges 1, 2 (proved in part), 3
Facts not proved:	Charge 4
Fitness to practise:	**Impaired**
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Details of charges

'That you, a registered nurse,

a) In or around June 2019, in respect of a joint application to foster children, failed to declare relevant information. ***[Proved]***

b) Between February 2022 and June 2022, you failed to notify the NMC and/or your employer that you had been de-registered by a fostering agency ***[Proved in relation to not informing their employer]***

c) Your actions as specified in charge 1 was dishonest in that you sought to conceal any history that was likely to harm your joint prospects of being able to foster. ***[Proved]***

d) Your actions as specified in charge 2 was dishonest in that you sought to conceal the fact that you had been disciplined by a fostering agency. ***[Not proved]***

AND in light of the above, your fitness to practise is impaired by reason of your misconduct. ***[Misconduct not found in respect of charges 1 & 2, Misconduct found in respect of charge 3]'***

Previous Regulatory History

Following this case being remitted from the High Court to a new fitness to practice panel, the stage of the case now reached is a finding of misconduct for charge 3, together with the direction from the High Court that a further finding of misconduct should apply in respect of charge 1.

Background and facts of the case

You are a registered nurse and joined the NMC register in 1993 and worked for University Hospitals Leicester from 2004.

Between 2011 and 2013, you and your husband, Person A, worked as foster carers through an agency called Jay Fostering.

In 2013, you also registered with an agency called Shared Lives to care for vulnerable adults. You went on to care for two adult refugees.

In 2015, an allegation was made against Person A by a child who had previously been in their foster care. The allegation was investigated by the Local Authority Designated Officer. No further action was taken. Your case is that you did not know about this allegation or investigation until 2020.

In 2018, three further allegations were made against Person A by two vulnerable adults he had cared for through Shared Lives. Shared Lives started an investigation.

While that investigation was still ongoing, you and Person A applied to another agency, Foster Care Link, to become foster carers. During the application, you did not tell Foster Care Link that you had worked with other fostering or care agencies before. You also did not tell them about the ongoing Shared Lives investigation.

During the application process, the earlier allegation from Jay Fostering came to light. Even after this, you did not tell Foster Care Link about the more recent allegations or the Shared Lives investigation.

Later, while you and Person A were working with Foster Care Link, another allegation was made against Person A by a child in his care.

A strategy meeting then took place involving Foster Care Link, the local authority and the police. During that meeting, Person A's previous work with Shared Lives and the allegations against him became known. Foster Care Link then deregistered you and Person A.

When you were asked why you had not disclosed the information, you said that you had received legal advice not to do so. However, you were not able to provide any evidence of that legal advice.

A substantive NMC hearing took place between 6 and 14 January 2025. The previous panel made findings of fact and found charge 3 to amount to misconduct.

The Professional Standards Authority (PSA) later appealed the decision to the High Court. The High Court allowed the appeal. It decided that charge 1 should also amount to misconduct. It also set aside the previous decision that your fitness to practise was not impaired. The case was then sent back to a new panel to decide whether your fitness to practise is currently impaired.

Submissions on impairment

Mr Radley submitted that your fitness to practise is currently impaired on both public protection and public interest grounds. He submitted that your conduct brought the profession into disrepute, breached important professional standards and involved dishonesty.

Mr Radley submitted that there was a risk to public safety because vulnerable people had been placed in care without the fostering agencies knowing all of the relevant information. He said that your failure to disclose the allegations and investigations meant that the agencies were not able to properly assess the possible risks.

Mr Radley also submitted that a finding of impairment is needed to protect public confidence in the nursing profession and to maintain proper professional standards. He said that you were an experienced nurse and understood the importance of safeguarding. He submitted that you should therefore have understood the importance of giving full and honest information during the fostering application.

Mr Radley also submitted that this was not a single incident. He said that the application process took place over a period of time and that you had several chances to disclose the relevant information but did not do so. He submitted that this showed a wider concern about your honesty, integrity and openness. He also submitted that the conduct involved financial gain.

Mr Radley referred to the previous panel's findings about breaches of the NMC Code. These included the need to uphold the reputation of the profession, act honestly and with integrity, and cooperate properly with investigations. He submitted that these were serious breaches of important professional standards and that a finding of impairment was therefore needed.

Mr Radley accepted that you had engaged with the NMC process and had provided reflective work, training and other material. However, he submitted that your insight remained limited because you had not accepted that your conduct amounted to misconduct. You also continued to dispute that you had been required to disclose the information and that your actions had been dishonest.

Mr Radley also submitted that the fact that there had been no further serious misconduct should be given little weight. Mr Radley submitted that the dishonesty in this case was serious because it related to the care of vulnerable people. He said that the conduct had created a risk to vulnerable people, showed a lack of openness during the fostering process and damaged trust and public confidence. For those reasons, Mr Radley invited the panel to find that your fitness to practise is currently impaired.

Mr Harris submitted that the panel must now decide whether your fitness to practise is currently impaired. He reminded the panel that the case had been sent back from the High Court. The High Court had replaced the previous finding on charge 1 with a finding of misconduct and had set aside the previous decision on impairment. However, it had not made a finding that your fitness to practise was impaired. Mr Harris submitted that the panel should therefore make its own decision on impairment, taking all of the evidence into account.

Mr Harris referred the panel to the NMC guidance on impairment. He submitted that fitness to practise proceedings are not there to punish you for past conduct. The main question is whether you are currently able to practise safely and professionally. He submitted that the panel should consider both the nature of the concern and the wider public interest. This included whether your conduct was likely to happen again and whether a finding of impairment was needed to maintain public confidence and proper professional standards.

Mr Harris submitted that your continued denial of some of the allegations should not, by itself, be treated as a lack of insight. He referred to *GMC v Awan* [2020] EWHC 1553 (Admin) and submitted that you are entitled to maintain your defence even after findings have been made against you. He also submitted that you had continued to work as a nurse throughout the proceedings. Between November 2022 and September 2024, you worked in a non-patient facing role, but you have since returned to unrestricted practice. He said that you had completed a large amount of CPD and that there was good character evidence about your honesty, integrity, compassion and competence.

Mr Harris submitted that your conduct was out of character and had taken place during an otherwise unblemished career. He invited the panel to find that it was highly unlikely that the conduct would be repeated. On public protection, Mr Harris submitted that you do not currently present a risk to the public in your present role.

Mr Harris relied on a number of factors. These included that the events took place in 2019, you had continued to practise since then, you had cooperated with the internal investigation and the MC proceedings, and the dishonesty took place outside your professional work as a nurse. He also submitted that the dishonesty was not part of a wider pattern of behaviour. He described it as a one-off matter and said that there had been no similar concerns before or since.

Mr Harris further submitted that you had shown insight and had taken steps to learn from what had happened. He said that you accepted that you should have checked the Form F more carefully and that you would deal with the matter differently now. He also referred to your learning about the duty of candour and safeguarding.

Mr Harris submitted that a finding of impairment was not needed to maintain professional standards or public confidence.

Mr Harris submitted that a fully informed member of the public would not lose confidence in the nursing profession if no finding of impairment was made. He said that the conduct happened more than six years ago, there had been two investigations, you had worked under restrictions for almost two years, and you had since returned to unrestricted practice. He also relied on the fact that you had no previous misconduct findings, there had been no further concerns, and you had reflected and completed further learning.

Mr Harris submitted that your conduct was unlikely to be repeated and that there was no current risk of you breaching a fundamental professional duty in the future. He therefore invited the panel to find that your fitness to practise is not currently impaired.

The panel heard and accepted the advice of the legal assessor. He drew the panel's particular attention to the case of *Fopma v GMC* [2018] EWHC 714 (Admin):

> *"a failure to find impairment in any given case, whilst warnings as to future conduct can still be issued, is tantamount to an indication on behalf of the profession that conduct of the kind need not have regulatory consequences. If that, depending on the nature of the conduct in question, would in itself be an unacceptable conclusion, then that can in any given case be a sufficient basis in itself to justify or indeed compel a conclusion of impairment".*

Decision and reasons on impairment

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

In coming to its decision, the panel had regard to the NMC Guidance on Impairment (Reference: DMA-1 Last Updated: 26/01/2026) in which the following is stated:

‘The question that will help decide whether a professional’s fitness to practise is impaired is:

Can the nurse, midwife or nursing associate practise safely, effectively and without restriction?”

If the answer to this question is yes, then the likelihood is that the professional’s fitness to practise is not impaired.

Nurses occupy a position of privilege and trust in society and are expected at all times to adhere to their professional code. 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 be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients’ and the public’s trust in the profession.

The panel considered that your conduct was serious. You and Person A were applying jointly to care for vulnerable people. The panel considered that you had a responsibility to make sure that the agencies involved had all the relevant information they needed to risk assess safety for vulnerable clients.

The panel was particularly concerned that important information about allegations concerning Person A was not disclosed, despite there being several opportunities to do so. This meant that the agencies were not given the full information they needed to properly consider the risks to vulnerable children and adults and went on to place a child in your home. The panel determined this omission to be particularly serious because you were an experienced nurse with many years of mandatory safeguarding training. You were also working as a research nurse, which required you to pay close attention to detail, follow procedures precisely and make sure that information was accurate as per study pro forma, particularly as your research was likely to be relied upon by other professionals.

The panel therefore considered that your deliberate failure to disclose the information was not because you lacked knowledge or experience, but it showed a repeated serious failure in your judgement and decision-making.

The panel determined that your conduct breached the following terms of The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code) in making its decision:

> *'11 Be accountable for your decisions to delegate tasks and duties to other people*
> *11.1 only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instructions*
> *11.3 confirm that the outcome of any task you have delegated to someone else meets the required standard.*
>
> *16 Act without delay if you believe that there is a risk to patient safety or public protection*
> *16.3 tell someone in authority at the first reasonable opportunity if you experience problems that may prevent you working*
>
> *17 Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection*
> *17.3 have knowledge of and keep to the relevant laws and policies about protecting and caring for vulnerable people.*
>
> *19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice*
> *19.4 take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care 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
20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people'

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

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

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

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/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 that all four limbs of the test were engaged in this case.

The panel found that children and vulnerable adults who were fostered under your care were put at significant risk by your failure to disclose important safeguarding information. Your dishonest conduct had brought the profession into disrepute and breached important standards expected of a registered nurse.

The panel carefully considered your insight. It acknowledged that you reflected upon the circumstances and have demonstrated some understanding of the concerns raised. However, the panel was concerned that you continued largely to attribute your actions to the advice you received and to maintain that the matters were primarily connected to Person A rather than yourself. While the panel accepted that you have developed some insight, it was not satisfied that you have demonstrated a full appreciation of your personal responsibility for ensuring that relevant safeguarding information was disclosed. The panel considered that your insight is therefore partial rather than complete.

The panel determined that your insight remained limited. In particular, it was concerned that your reflections did not show that you understood the risk your actions had created for vulnerable people. The panel determined that insight is not simply saying that you would do things differently in the future. It requires a clear understanding of what went wrong, the effect of the misconduct, personal responsibility for it and evidence of steps taken to stop it happening again.

The panel also noted that you continued to deny some of the allegations. It did not consider that your continued denial and steps that you took to minimise your role, by itself, meant that you had no insight. However, when considered together with your reflections, the panel considered that there was an insufficient level of insight currently shown.

The panel took into account the positive evidence about your current nursing practice. It noted the positive references from your manager and colleagues and that there were no concerns about your clinical competence or your current performance at work. It also noted that you had returned to unrestricted practice.

The panel did not consider that this fully addressed the concerns in this case. Your misconduct took place outside your nursing workplace. The panel considered that there was an important difference between working in a structured environment, where you have colleagues, policies and standard operating procedures around you, and making challenging decisions in your private life when faced with personal pressures and safeguarding responsibilities.

Notwithstanding your lengthy career, the panel concluded that the concerns identified are attitudinal in nature and relate to honesty, integrity and safeguarding. Given your minimal acceptance of personal responsibility and incomplete insight, the panel could not be fully assured that the concerns have been sufficiently addressed and therefore determined that there remains a risk of repetition.

The panel determined that there was limited evidence before it to show that you had taken enough steps to strengthen your decision-making outside the workplace. It was therefore not satisfied that the concerns which led to your misconduct had been fully addressed.

The panel is of the view that there remains a risk of repetition based on your limited insight, the seriousness of the safeguarding concerns and the limited evidence that you have fully addressed the issues relating to your judgement and decision-making. The panel considered that the concern was not about your clinical ability as a nurse but speaks to your honesty and integrity.

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 are 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 profession and upholding proper professional standards for members of the profession.

The panel also considered whether a finding of impairment was required on public interest grounds.

The panel took into account that the events happened a number of years ago. It also took into account your long nursing career, the positive references about your current work, the absence of concerns about your clinical practice and the fact that you have continued to work without further similar concerns. However, the panel considered that the misconduct was too serious for these matters to remove the need for a finding of impairment.

The panel determined that members of the public would expect an experienced nurse to understand the importance of safeguarding vulnerable people and the need to be open and honest when important information could affect their safety. The panel considered that a fully informed member of the public would be seriously concerned if an experienced nurse failed to disclose important safeguarding information despite having several opportunities to do so.

The panel also determined that as your conduct involved dishonesty, and honesty is the bedrock of the nursing profession, the information which was not disclosed was directly relevant to decisions about the care and safety of vulnerable children and adults.

The panel therefore determined that a finding of impairment on public interest grounds is also required in order to maintain public confidence in the nursing profession, the NMC as the regulator and to uphold proper professional standards.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired on the grounds of public protection and also in the wider public interest.

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike you off the register. The effect of this order is that the NMC register will show that you have 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 careful regard to the Sanctions Guidance (SG) published by the NMC.

Submissions on sanction

Mr Radley informed the panel that in the Notice of Hearing the NMC had advised you that it would seek the imposition of a strike-off order if it found your fitness to practise currently impaired.

Mr Radley submitted that the panel should impose a sanction which is fair and proportionate, while also protecting the public and maintaining confidence in the profession. He said that the panel should consider each sanction from the least serious to the most serious. He submitted that your conduct was serious because you failed to give full and honest information during a joint fostering application, despite being an experienced nurse.

Mr Radley submitted that there were several aggravating factors. He said that your conduct involved dishonesty, poor judgement and a failure to disclose important information concerning vulnerable children and adults. He also submitted that other professionals were misled and were therefore unable to carry out a full risk assessment. He said that the conduct raised concerns about your honesty, integrity and attitude towards your professional responsibilities.

Mr Radley accepted that there were some mitigating factors. These included your engagement with the proceedings, the absence of any clinical concerns and the fact that you had no previous findings by the NMC. However, he submitted that these matters did not outweigh the seriousness of the misconduct, particularly because it concerned safeguarding and vulnerable people.

Mr Radley submitted that taking no action, imposing a caution or making a conditions of practice order would not be enough. He said that conditions could not properly deal with

concerns about dishonesty, limited insight, public protection and public confidence. He also submitted that a suspension order would not be sufficient because the conduct raised fundamental concerns about your professionalism, honesty and integrity and was difficult to put right.

Mr Radley therefore submitted that a striking-off order was the only appropriate and proportionate sanction. He said that your dishonesty raised serious concerns about your judgement and had placed young and vulnerable people at risk. He submitted that public confidence in the nursing profession could not be maintained if a lesser sanction were imposed and invited the panel to strike you off the register.

Mr Harris submitted that the panel should take a fair and proportionate approach when deciding on sanction. He reminded the panel that the purpose of a sanction is to protect the public, maintain confidence in the profession and uphold proper professional standards. It is not there to punish you. He said that the panel should start with the least serious sanction and only move to a more serious sanction if the lesser option would not be enough to protect the public or maintain confidence in the profession.

Mr Harris submitted that there were no significant aggravating features in your case. He said that your misconduct should not be treated as a pattern of repeated behaviour, but as one continuing incident that was not corrected at the time. He also submitted that you had shown some insight and had reflected on what happened. He referred to your updated reflective pieces, in which you accepted that you had relied too heavily on Person A and explained what you had learned from the experience. He also said that you had shown genuine remorse and now understood why full and accurate information was so important in a fostering application involving the safety and wellbeing of children.

Mr Harris also relied on the steps you had taken since the events. He referred to your training, your reflective work and the evidence that you had continued to practise safely and professionally. He said that you had worked for a considerable period without restrictions and that the panel had positive references about your competence, professionalism, leadership and value to your team. He also asked the panel to take

into account [PRIVATE]. He submitted that this may have affected your concentration and judgement and should be taken into account as part of the overall circumstances.

Mr Harris submitted that a lengthy caution order would be a fair and proportionate outcome. He said that there were no concerns about your clinical practice and that, even though the panel had found some risk of repetition, that risk was very low in practical terms. He submitted that the concerns arose outside your professional workplace and were not connected to your clinical ability. He said that conditions of practice would not be necessary because this was not a clinical competence case. He also submitted that suspension would be too severe because you had continued to work safely, were highly experienced and were valued in your role as a research nurse.

Mr Harris submitted that striking you off the register would be disproportionate. He said that your conduct, although serious, was not fundamentally incompatible with you remaining a registered nurse. He asked the panel to consider your long and otherwise unblemished nursing career, your positive references, your safe practice since the events, your ongoing training and the very low risk of repetition. He submitted that a fully informed member of the public would take all of those matters into account and would not expect you to be removed from the register. He therefore invited the panel to impose a lengthy caution order, which he said would properly mark the seriousness of the misconduct while still allowing you to continue practising.

The panel heard and accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel was aware that this is not a case about your clinical competence. The concerns relate to your honesty, integrity, judgement and safeguarding responsibilities. The panel noted that you are an experienced nurse and that there are no concerns about your current clinical practice. However, it considered that the misconduct involved serious failures to disclose important safeguarding information concerning vulnerable people and a significant lack of candour.

The panel took into account the following aggravating features and took into account the NMC guidance SAN-1:

- Limited insight into failings and how your misconduct impacted on those fostered under your care
- Conduct that put children and vulnerable adults under your care at risk of harm
- Lack of candour from a senior nurse
- Senior position and should have been a role model to the nursing profession
- Dishonesty over a period of time even when confronted by a fostering agency
- Personal and financial gain from the joint dishonest misconduct

The panel determined that your misconduct was serious and involved repeated failures to disclose information that was important to safeguarding assessments. It was also concerned that you had several opportunities to correct the position but did not do so. The panel considered that your insight remained limited and that you had not yet fully accepted your personal responsibility or shown a complete understanding of the seriousness of your actions.

The panel also took into account the following mitigating features but determined that they carried little weight and do not go towards outweighing the aggravating features in this case:

- Engaged with the NMC process
- Positive testimonials from the workplace

The panel also took into account your long nursing career, your positive employment history and the absence of concerns about your current clinical practice. It recognised that you had engaged with the proceedings and had provided reflective pieces. However, the panel considered that these matters did not outweigh the seriousness of the misconduct or the continuing concerns about your insight and judgement.

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 considered that the misconduct involved dishonesty and serious safeguarding concerns. It decided that taking no further action would not properly protect the public, maintain public confidence in the profession or uphold proper professional standards. The panel therefore 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 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 determined that your misconduct was not at the lower end of the spectrum. It involved repeated failures to disclose significant information in circumstances involving the assessment and care of vulnerable children and adults. The panel was also concerned that you had not demonstrated only limited insight into why your conduct was wrong. It therefore considered that a caution order would not properly address the public protection and public interest concerns in this case. 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 of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case.

The panel noted that you are a skilled and experienced nurse and there are no concerns about your clinical practice. However, the core concern in this case relates to attitudinal issues of honesty, integrity, judgement and safeguarding rather than a lack of clinical knowledge or skilled. The panel considered that these concerns could not be properly addressed through retraining, supervision or workable conditions. It therefore concluded that conditions of practice could not be formulated that would adequately protect the public or address the seriousness of the misconduct.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- *In cases where the only issue relates to the nurse or midwife's health, there is a risk to patient safety if they were allowed to continue to practise even with conditions; and*
- *In cases where the only issue relates to the nurse or midwife's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.*

The panel carefully considered whether suspension would be enough. It took account of your long career, positive testimonials, engagement with the proceedings and the absence of concerns about your current clinical work. However, the panel considered that the misconduct was not a single, isolated event. It involved repeated failures to disclose important information despite several opportunities to do so. The panel also remained concerned about your limited insight and the attitudinal concerns relating to your honesty and judgement. It considered that you had not provided enough evidence to show that these concerns had been fully addressed.

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by your actions is fundamentally incompatible with you remaining on the register.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction. It considered that a temporary period of suspension would not address the serious concerns about honesty, integrity, safeguarding and your continuing limited insight.

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

- *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 carefully considered whether a striking-off order was necessary and proportionate. It again took into account your good character, your positive employment history, your long nursing career and the absence of concerns about your current clinical practice. However, the panel considered that the misconduct involved dishonesty was exceptionally serious in this case as it created a direct risk to children and vulnerable adults in your care. It was over a sustained period and serious failures to disclose important safeguarding information. It considered that you had ample opportunities to correct the omission but failed to do so, and therefore misled the fostering agency resulted in the placement of the child who subsequently reported being assaulted whilst in your joint care. The panel also remained concerned that you

continued to deny aspects of the allegations and had not shown sufficient evidence of strengthened practice or full insight to address the risk of repetition.

Your actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with you remaining on the register. The panel considered that your conduct went to the heart of the standards expected of a nurse, particularly honesty, integrity and the protection of vulnerable people. It considered that a fully informed member of the public would be seriously concerned if a nurse who had behaved in this way was allowed to remain on the register.

The panel concluded that your misconduct represented a serious departure from the fundamental tenets of the profession and had the potential to place vulnerable people at risk. It determined that public confidence in the profession and the need to uphold proper professional standards would be undermined if any lesser sanction were imposed.

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 effect of your 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 determined that this order was necessary to protect the public, 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 decision will be confirmed to you in writing.

Interim order

As the substantive strike-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 is in your own interests until the substantive suspension order takes effect.

Submissions on interim order

The panel took account of the submissions made by Mr Radley. He submitted that an interim suspension order is necessary to cover the period until the substantive strike-off order comes into effect having regard to the panel's findings. He submitted that if you appeal the decision of the panel, then you would be able to practise without restrictions until the appeal process is finished and this can take up to 18 months. He therefore invited the panel to impose an order for a period of 18 months to cover the whole of the appeal period.

Mr Harris stated that he does not oppose the application.

The panel heard and accepted the advice of the legal assessor.

Decision and reasons on interim order

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

The panel concluded that the only suitable interim order would be a suspension order, as to do otherwise would be incompatible with its earlier findings. The interim suspension order will be for a period of 18 months to cover the appeal period and any appeal.

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

That concludes this determination.