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The purpose of and approach to sanctions

Reference: SAN-1 Last Updated: 28/01/2026

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The purpose of sanctions

The purpose of the Fitness to Practise Committee (the Committee) imposing a sanction is to meet our over-arching objective of protecting the public. This is made up of:

- protecting, promoting and maintaining the health, safety and wellbeing of the public
- promoting and maintaining public confidence in the professions
- promoting and maintaining proper professional standards and conduct for nurses, midwives and nursing associates in England.

Sanctions are imposed to protect the public from a professional who is currently unable to practise safely without restriction, or to maintain the public reputation of their profession.[1]

Sanctions should not be intended to punish the professional for their actions, as this is not part of our role as the regulator. An appropriate sanction may have a punitive effect, but this should not be the intention.

The sanction must always be proportionate to the facts and impairment found proved. The proportionate sanction is:

- the least restrictive sanction
- that will achieve public protection
- by reducing the risk that the professional poses
- looking at the reasons why the professional's fitness to practise is impaired
- and any aggravating or mitigating factors.[2]

To be proportionate, the Committee should think about and explain what action it needs to take to protect the public. It should also refer to the reasons why it has found that the professional's fitness to practise is impaired. There is also a public interest in the professional being allowed to practise their profession, but only where this is consistent with our over-arching objective of maintaining public safety and promoting public confidence and professional standards.

As with any decision, the Committee should be careful to ensure their decision is made on the basis of the information in front of them, and not their own assumptions about the professional, or any bias or stereotypes. The Committee may find it helpful to discuss their own potential biases to prevent those biases influencing their decision.

Aggravating factors

Before considering sanction, the Committee must consider any aggravating factors that are present. Aggravating factors are aspects of the case that make it more serious.

The Committee should always look carefully at any evidence about these factors. They might mean that the Committee needs to impose a more restrictive sanction to protect the public and maintain public confidence and professional standards.

Some possible aggravating factors include, but are not limited to:

- abuse of a position of trust
- conduct which deliberately or recklessly puts people receiving care at risk of suffering harm
- deliberate breaches of the Code
- a pattern of misconduct over a period of time
- any previous regulatory or disciplinary findings, especially if these suggest attitudinal issues or a pattern of impairment
- dishonesty in giving evidence (although this is not necessarily the same as the Committee rejecting the professional's defence, because registrants have the right to defend themselves; see Sawati below)[3]
- failure to attend hearings, or to engage in the Fitness to Practise (FtP) process, without good reason
- absence of or limited insight.
- vulnerability of the person receiving care (for example, mental health issues, being a child or young person, disability/frailty, bereavement, history of abuse or neglect)
- premeditated behaviour
- predatory behaviour
- failure to work collaboratively with colleagues (for example sexual harassment or discrimination)

The fact that a nurse, midwife or nursing associate has denied an allegation (and their defence has been rejected) might, in some cases, be regarded as an aggravating factor but panels must bear in mind the principle that professionals are fairly entitled to defend themselves. Panels should carefully consider the nature of the rejected defence before concluding that it can properly be regarded as an aggravating factor.[4]

The absence of insight or very limited insight is likely to be a significant aggravating factor. This is because it is very difficult for a professional to address the concerns without insight into what happened in the first place. In the case of very serious charges being found proved, insight is likely to be less significant. The level of insight cannot be both an aggravating and a mitigating factor.

Generally, whether or not harm happened is less important than whether the professional's actions caused a risk of harm. Actions creating the potential for significant harm are as serious as those causing actual harm. We explain why in our guidance on investigating what caused the death or serious harm of a patient. Someone suffering serious harm will only be an aggravating factor if the professional could and should have anticipated the harm. Deliberately causing serious harm to people in their care will always be a significant aggravating factor and will normally result in a striking-off order.

Failure to attend FtP hearings without good reason may be an aggravating factor. This is because the Committee may not have all the relevant evidence, for example the chance to ask the professional questions.[5] All registered professionals are under a professional obligation to cooperate with their regulator.

Mitigating factors

As with aggravating factors, the Committee must also consider what mitigating factors are present and the evidence about them. Mitigating factors are aspects of the case that make it less serious because they reduce the level of risk that the professional poses to public protection. They may mean that the risk to the public is reduced and a lesser sanction can manage the risk.

Mitigating factors will always be case-dependent but can broadly be grouped as related to either insight and strengthened practice or to personal mitigation.

Some possible mitigating factors related to insight and strengthened practice are (but aren't limited to):

- early admission of the facts
- apologies to anyone affected
- efforts to prevent similar things happening again, or any efforts to put problems right
- evidence that the professional has worked safely and professionally in the same or similar role since the events causing concern
- relevant training courses
- reflective accounts or discussions with colleagues about what happened
- evidence of keeping up to date with their area of practice.

Generally, evidence of insight and strengthened practice will be a mitigating factor as it suggests that the professional is less likely to pose a risk to public safety in future. Evidence of insight and strengthened practice may be less important in cases where the Committee have found a risk to public confidence in the profession and professional standards. This is because insight and strengthened practice do not lessen these risks in the same way.

Some possible personal mitigating factors include (but aren't limited to):

- periods of stress or illness (including addiction or substance misuse)
- personal and financial hardship
- level of experience at the time in question
- level of support in the workplace

Personal mitigating factors will have more weight if there is evidence to support them, such as a letter from the professional's GP, community or faith leaders the professional may have engaged with, or evidence from colleagues.

Because the purpose of sanctions is to protect the public, personal mitigation is usually less relevant than other forms of mitigation. The Committee may consider positive references and testimonials, however these are only likely to be relevant if it is clear the person providing them is aware of and understands the full extent of the concerns about the professional, so they understand the issues the Committee is considering.

As explained above, deliberately putting people using services at risk of harm is an aggravating factor, whether or not harm was caused.

Aggravating and mitigating factors may carry different weights. The Committee should not count the number of aggravating factors compared to the number of mitigating factors, but instead consider the weight of these factors in the round.

Sanctions for charges related to upholding public confidence in the profession or upholding proper professional standards

A professional's FtP maybe impaired both because they cannot provide safe care and because it is necessary to uphold public confidence in the profession and to uphold proper professional standards.

A professional's fitness to practise may still be impaired even if the concerns are not directly about their clinical practice. For example, their conduct might be so serious that a finding of impairment is necessary to uphold public confidence in the profession or to uphold proper professional standards. In such cases, the panel should still consider each sanction in ascending order of seriousness to determine the least restrictive sanction that would uphold public confidence and professional standards.

Where the Committee has found impairment to uphold public confidence and professional standards, it is unlikely that a conditions of practice order will be an appropriate sanction. This is because conditions of practice are intended to allow a professional to practise safely while they strengthen their practice. However in cases where the impairment relates only to upholding standards or public confidence, the panel has already found that there are no concerns about the professional's clinical practice. As such, conditions are unlikely to have any impact on the professional's practice or upholding public confidence and professional standards.

In the most serious cases, it is possible that striking-off is still the most appropriate sanction, even if the professional is now capable of safe practice. This would only be the case if it is not possible to uphold public confidence in the profession and uphold professional standards while the professional continues to practise.

Example:

> The Committee has found that a nursing associate has failed to provide appropriate care, made a range of recording errors and has been bullying junior colleagues. Since the incidents, he has undergone a lot of relevant training, read widely on the impact of bullying on patient care and undertaken therapy to understand the reasons for his behaviour. While the Committee is impressed by the work done to improve his practice, they decide that the seriousness of the allegations found proven mean that public confidence in the profession cannot be upheld without a finding of impairment.
>
> The Committee considers that the risk to public confidence in the profession is such that a sanction is

required. Conditions of practice would be inappropriate, as the nursing associate has already strengthened his practice. A suspension would be disproportionate given his insight into what happened and how he has improved his practice. As such the Committee decides to impose a caution order.

Previous interim orders and their effect on sanctions

t may be relevant for the Committee to consider whether the professional was subject to an interim order while the FtP process was ongoing. They should consider the effect this might have on sanction, but remember that interim orders have a separate purpose from final sanctions. The purpose of interim orders is to manage risk while a case is being investigated and before the Committee makes a final decision. The purpose of a final order is to decide how best to protect the public once a professional's fitness to practise has been found to be impaired.

Effects on which sanction to impose

f a professional has been subject to an interim order they may have had limited opportunities to address the risks in their practice through working, which may have made it harder for them to strengthen their practice than a professional without an interim order. If they have complied with an interim conditions of practice order, or engaged with any testing required, this may demonstrate insight and evidence a lower current and future level of risk.

Equally, any evidence that they did not fully comply with an interim order may be relevant to their:

- level of insight
- attitude towards professionalism
- likelihood of complying with any final sanction.

Effects on length of sanction

The fact that a professional was previously under an interim order, and for how long, may be relevant to the length of the final sanction, depending on the individual case.[6] However, this doesn't mean that the length of any interim order must be deducted from a sanction, because they serve different purposes.[7]

Any interim order is highly unlikely to be relevant where there is a current risk to public safety. This is because the professional's practice needs to improve before it is safe for them to practise unrestricted.

Previous FtP history

The professional's FtP history can be relevant to a decision on sanction. It's most likely to be useful in cases about similar kinds of concerns. If problems seem to be repeating themselves, this may mean that previous orders weren't effective to help the professional strengthen their practice. If the Committee is considering a similar order again, it may need to consider whether this is likely to reduce the risks in the professional's practice.

Sometimes, the professional's conduct may be so serious that it is fundamentally incompatible with continuing to be a registered professional. In this case, the fact that the professional does not have any FtP history cannot change the fact that what they have done means that they cannot continue to be on our register.

The absence of FtP history is unlikely to be relevant if the allegations relate to attitudinal concerns that the professional hasn't fully addressed.

How conditions and other sanctions apply to those registered on more than one part of our register

Sanctions apply to all parts of a professional's registration. For example, if someone is a nurse and a midwife and has a conditions of practice order, all of the conditions will apply to both their nursing and midwifery practice, unless the order states otherwise. For the same reason, a suspension order will apply to all of a nurse or midwife's registration. We cannot suspend someone from only one part of the register.

f a Committee wanted to prevent the professional from practising in only one of those professions, it must do so using a conditions of practice order. The conditions would say (for example) 'you must not practise as a nurse'. This would be

appropriate if someone had problems in one of their professions that mean that they should not be practising, but a complete restriction on all areas of practice would not be necessary to protect the public.

Bolton v Law Society [1994] 1 W.L.R. 512, CA
R (Uddin) v General Medical Council [2012] EWHC 1763 (Admin), paragraph 54. See also Giele v General Medical Council [2005] EWHC 2143 (Admin).
Sawati v GMC [2022] EHWC 283 (Admin)
Sawati v GMC [2022] EHWC 283 (Admin)
General Medical Council v Adeogba [2016] EWCA Civ 162
Akhtar v General Dental Council [2017] EWHC 1986 (Admin)
Article 31(1)-(2) of the Order

The sanctions available

Reference: SAN-2 Last Updated: 28/01/2026

The Committee should consider the full range of sanctions open to them. This section of the guidance deals with each of the sanctions in turn, starting with the least serious first. These are:

- taking no further action
- a caution order of between one and five years
- a conditions of practice order of up to three years
- a suspension order of up to twelve months
- a striking-off order

Because sanctions should be proportionate to the facts and impairment found, the Committee should start by considering sanctions that have the least impact on practice (that is, no further action).

If the sanction with the least impact isn't enough to achieve public protection, the Committee should consider the next most serious sanction. This should continue until the Committee finds the sanction that is enough to achieve public protection. It is necessary that the Committee should then consider the next most serious sanction and explain why it is not required. The explanation should be more than saying that it would be disproportionate, and instead explain why it would be disproportionate.

Taking no further action

Reference: SAN-2a Last Updated: 28/01/2026

The Committee can choose to take no further action and impose no sanction immediately after it has decided that a professional's fitness to practise is impaired. However, the Committee will only do this in exceptional circumstances, and it should explain its decision very clearly. In most cases where impairment has been found a sanction will be required to secure public safety, uphold public confidence and maintain professional standards.

Before deciding to take no further action, the Committee should carefully identify the information that supports its approach, even though they have found the professional's fitness to practise to be impaired. An example may be where the Committee has found impairment solely to uphold professional standards, but the remediation and insight shown by the professional are so exceptional that a sanction is not necessary to uphold public confidence in the profession.

Committee hearings normally take place in public so the determination will be made public, however it will not appear on the registrant's public Register entry.

Caution order

Reference: SAN-2b Last Updated: 28/01/2026

A caution order is the least serious of our sanctions in that it is the least restrictive. It is a public statement of what has happened and why the Committee found it to be unacceptable. We will record the caution on the Register and publish it on our website.

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.

A caution may be appropriate when any of the following factors are apparent (this list is not exhaustive):

- significant evidence of re-training and reflection
- significant insight which makes repetition highly unlikely
- a sanction is necessary to uphold professional standards and public confidence in the profession, but the professional is able to practise safely and a more restrictive sanction would be disproportionate

How long can a caution order run?

A caution can run for between one and five years. The Committee will need to make a separate decision on the length of the caution and provide reasons for its decision on length. Generally, the length of the caution order will be indicative of the seriousness of the facts found proven. However, the Committee should remember that cautions are not subject to review. As such, cautions of more than three years may run longer than more restrictive sanctions. In this situation, the professional will not be able to demonstrate to a review panel that their fitness to practise is no longer impaired, which they could have done with a conditions of practice or suspension order.

Conditions of practice order

Reference: SAN-2c Last Updated: 28/01/2026

When a conditions of practice order is imposed on a professional's registration, they have to comply with it for up to three years.

Conditions of practice keep people using services safe by addressing the concerns that led to impairment, but also allow the professional to continue to work.

When conditions of practice are appropriate

Conditions may be appropriate when any of the following factors are apparent (this list is not exhaustive):

- no evidence of deep-seated personality or attitudinal problems
- identifiable areas of the professional's practice in need of assessment and/or retraining
- competence cases where there is a realistic likelihood that the concerns about their practice can be resolved
- potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)
- insight into any health problems, alongside willingness to abide by conditions relating to a medical condition, treatment and supervision
- people using services will not be put at risk either directly or indirectly as a result of the conditions
- conditions can be created that can be monitored and assessed.

Conditions of practice should be relevant, proportionate, workable and measurable.

- Relevant means that the conditions must relate to and address the concerns that led to the Committee deciding that the professional's fitness to practise is impaired.
- Proportionate means that the conditions must be no more restrictive than necessary to protect the public and uphold confidence in the profession (as any sanction must be).
- Workable means that it must be possible for the professional to comply with the conditions. The purpose of conditions of practice is to facilitate safe and effective practice and for the professional to address the concerns in a meaningful way. They should not amount to a complete restriction on the professional's ability to practise. The conditions imposed must be practical and feasible; the panel should impose the least restrictive conditions required to uphold public safety.
- Measurable means that it must be possible to assess objectively and unambiguously whether or not the professional has complied with each condition.

Before imposing conditions, the Committee should check with the professional and (if the professional is employed) their employer whether the conditions proposed are workable. For example, if a proposed condition relates to supervision, the Committee should check that the employer is able to commit to the level of supervision proposed. Where the professional and/or the employer do not consider that the conditions are workable, the Committee should consider whether there are any other appropriate conditions. If the professional is not currently employed the Committee should still seek to impose conditions that are workable and will not create unnecessary barriers to finding new employment.

If there are no appropriate and workable conditions, the Committee should then consider whether suspension would be more appropriate. However, the Committee should be alert to situations where the employer may not want to propose any workable conditions (for example, where the employer would, for whatever, reason prefer the professional to be suspended). The employer's preference should never be allowed to dictate the Committee's ultimate sanction decision.

A conditions of practice order may be imposed subject to a review before it expires. In such circumstances a review hearing will be arranged prior to expiry.

If the conditions of practice order is to be considered at a review hearing, the Committee will need evidence that the professional has complied with the conditions. In these cases, the Committee imposing the order should ensure that the conditions require the professional to provide this information.

For examples of conditions, decision makers should look at our conditions of practice library. However, these conditions are examples only. Where the wording of a library condition meets the requirements of the panel, that wording should

be used, but the Committee should consider whether each individual condition is appropriate in the particular case they are considering.

Example:

> The Committee has found that a midwife's fitness to practise is impaired after she made repeated errors in the recording of antenatal visits, which resulted in pregnant women needing to attend further appointments. The Committee impose conditions of practice requiring her to undertake further training in record keeping. The Committee consider a condition that she may only undertake antenatal visits with another midwife, but her employer informs the Committee that this is not feasible. Following further consideration and discussion with her employer, the Committee decides that the risk to public safety can be addressed by a condition that she only undertake antenatal appointments in a clinical setting when there is another midwife on the premises. The employer can make this commitment, and the midwife returns to practice.

Return to practice courses and the test of competence

An applicant can complete a return to practice course or take a test of competence if they want to join the Register and cannot meet our practice hours requirements. The course and test check that a professional's clinical competence is up to date in the round. Although they may provide relevant evidence that a Committee can take into account, they are not designed to address specific concerns about a professional's fitness to practise. Because of this, the Committee should not normally impose a condition that a professional must complete a return to practice course or test of competence.

How long can a conditions order run?

Conditions of practice can be put in place for up to three years, and the order is usually reviewed before it expires.

As with other sanctions, the Committee will need to make a separate decision on how long the order will run, and provide reasons for the decision. For example, if the conditions include training requirements, it should consider how long it will take to complete these, bearing in mind the professional's other obligations. If the conditions relate to managing health conditions, it should consider how long a period of effective management would reassure them that conditions are no longer required.

Suspension order

Reference: SAN-2d Last Updated: 28/01/2026

This order suspends the professional's registration for a period of up to one year. The professional will not be able to practise while the suspension order is in place. It may be appropriate in cases where:

- 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.

A suspension order is usually reviewed before it expires. The professional may not practise as a registered nurse, midwife or nursing associate during the period the order is in force.

Key things to weigh up before imposing this order include (but aren't limited to):

- whether the risk posed to the public, or to people receiving care, can only be managed by temporary removal from the Register?
- will suspension be sufficient to protect people using services, public confidence in the profession, or professional standards?
- is it realistic that the professional could return to unrestricted practice in the future, even if it is not appropriate for them to do so now?
- What would the registrant need to do in order to be fit to practise in the future? Is it realistic that they will be able to do this?

Below is a non-exhaustive 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 Committee needs to make a separate decision as to whether the suspension should be subject to a review at the end. When ordering suspension with a review, the Committee should explain clearly what expectations it has, or what actions the professional could take, to help the future review Committee. This could include what kinds of learning the professional should do or evidence they should provide. However these are not binding on the future Committee, which will need to make its own decision on whether or not the professional is still impaired when it reviews the suspension.[1]

[1] Khan v General Pharmaceutical Council [2016] UKSC 64

Striking-off order

Reference: SAN-2e Last Updated: 28/01/2026

A striking-off order is the most serious sanction. It means removing the professional's name from the Register, which prevents them from working as a registered nurse, midwife or nursing associate.

This sanction is likely to be appropriate if the professional's actions are fundamentally incompatible with being a registered professional. Before imposing this sanction, the Committee should consider:

- 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 Committee should refer to our guidance on sanctions for the highest risk cases. This highlights how the Committee should approach some types of cases where strike-off is most likely to be appropriate. This is because it may not be possible for the professional to put things right, or they will most seriously affect the public's trust and confidence in the professions.

The types of case that are most likely to result in a striking-off order are:

- Cases involving dishonesty or a breach of the professional duty of candour
- Sexual misconduct
- Abuse of children or vulnerable adults
- Deliberately causing harm to people receiving care, or putting them at serious risk of harm
- Failing to engage with the fitness to practise process.

This is not an exhaustive list.

These cases may arise under a number of grounds of impairment, for example misconduct, conviction or caution, or a finding of another regulator.

When a striking-off order cannot be used

A striking-off order can't be used if the professional's fitness to practise is impaired due to:

- their health
- lack of competence
- not having the necessary knowledge of English

until they have been on either a suspension order or a conditions of practice order for a continuous period of two years.

The two-year period can be made up of a combination of suspensions and conditions. However there must have been a continuous period during which the professional's practice has been subject to restriction under a final order. If there is a gap in which their practice was unrestricted then a striking-off order cannot be used.

Example:

> A registered nurse was previously subject to a suspension order for a year, but returned to unrestricted practice following a review. Six months later, as a result of an unrelated Fitness to Practise process, the nurse is then subject to conditions of practice for a year on the basis that their fitness to practise is impaired on the basis of their health. At a review hearing, the nurse cannot be removed from the Register because there has not been a continuous two-year period of sanction.

Restoration

A professional who has been struck-off may not apply for restoration for five years after the order. Our guidance on

estoration explains how the Committee approaches these applications.

Deciding between suspension and strike off

Reference: SAN-3 Last Updated: 28/01/2026

Determining the proportionate sanction is often difficult when the Committee is deciding between a suspension or a striking-off order. In such cases, the Committee should:

- consider all of the relevant aggravating and mitigating factors.[1]
- consider that, unless the Committee directs otherwise, a suspension order will be reviewed before its expiry and may be extended.[2] However, the Committee cannot direct that the suspension must be extended on review. As such the Committee should consider whether public confidence in the profession would be protected if the professional returned to practice after one year, or ever.[3]
- Consider the professional's insight and attitude to addressing the concerns, and whether it is realistically possible that these will change positively during the suspension period. If it is unlikely the professional will try to address the concerns, there may not be appropriate for them to be suspended in the hopes that they will eventually return to practice.
- Professionals are under an obligation to cooperate with their regulator.[4] Where professionals have failed to engage with the fitness to practise process, it won't usually be appropriate to use a suspension order as a means of giving them a 'last chance' to engage, reflect or show insight.

Example:

> The Committee has found that a nurse working in a care home has been repeatedly dishonest in their recording of medication given to residents. The nurse has not engaged throughout the proceedings and has since left the UK. The Committee considers that a suspension may have been proportionate if the nurse had shown she wanted to return to practice and showed insight into what had happened. However, because the nurse has not engaged (including by email), not shown any insight into the failures in their practice, and has shown no intention to engage in the future, the Committee decides that the only proportionate sanction is a striking off order.

1 O v Nursing and Midwifery Council [2015] EWHC 2949 (Admin)
2 Article 30(1) of the Nursing and Midwifery Order 2001
3 Khan v General Pharmaceutical Council [2016] UKSC 64
4 Adeogba v General Medical Council [2016] EWCA Civ 162 and paragraph 23 of the Code

Sanctions for the highest risk cases

Reference: SAN-4 Last Updated: 31/07/2026

Some concerns are particularly serious and are likely to attract the strongest sanctions because they are mostly likely to risk:

- the health and safety of the public
- public confidence in the profession
- upholding professional standards.

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.[1] Generally, the forms of dishonesty which are most likely to require consideration of striking-off will involve (but are not limited to):

- deliberately breaching the professional duty of candour by covering up when things have gone wrong, especially if this could cause harm to people receiving care
- misuse of power
- personal or financial gain from a breach of trust
- direct risk to people receiving care
- premeditated, systematic or longstanding deception.

Dishonest conduct will generally be less serious in cases of:

- one-off incidents
- spontaneous conduct
- no direct personal gain
- incidents outside professional practice.

This is not an exhaustive list.

Professionals who have behaved dishonestly can engage with the Committee to:

- show that they feel remorse
- recognise that they acted in a dishonest way
- explain, with evidence, how this will not happen again.

Where the professional denies dishonesty, it is particularly important that they make every effort to attend the hearing so that the Committee can hear at first hand their response to the allegations.

The Committee should always consider the sanctions in ascending order of seriousness, and work upwards to the next most serious sanction if it needs to. However, it is very unlikely that a sanction less than suspension will be proportionate to findings of dishonesty. Conditions of practice are unlikely to be an appropriate sanction, because dishonesty is an attitudinal concern which cannot easily be mitigated by conditions.

The Committee should be careful when it finds allegations of dishonesty proved after the professional denied them. This is known as a rejected defence of dishonesty. Professionals should have a proper opportunity to resist very serious allegations. This must be balanced against the necessity of protecting people receiving care and the public from professionals whose honesty and integrity cannot be relied on.

The Committee may consider a rejected defence to dishonesty to be an aggravating factor, but should consider carefully that:

- Denying intrinsically dishonest conduct (like fraud or forgery) is more likely to be an aggravating factor than if the conduct could be performed either honestly or dishonestly.
- The Committee finding that a registrant resisted, or was dishonest in relation to, objectively verifiable facts (such

as where they were at a particular time) is likely to be an aggravating factor.
- Whether there is any other evidence of lack of insight on the part of the professional, other than the rejected defence.
- Seeking to wrongly implicate or blame others, or falsely accusing witnesses of being dishonest, is likely to be an aggravating factor.[2]

Cases involving deliberate breach of an interim order, final order or an undertaking

If a professional deliberately doesn't comply with an interim or final order this can demonstrate a risk to the public. It is likely to be an aggravating factor and call into question whether they should remain on the Register, because it shows a disregard for the protections the Committee put in place and undermines the likelihood they will comply with any other sanction.[3]

Undertakings agreed between the professional and the case examiners are likely in part to include some "restrictive" measures, such as preventing a professional from undertaking a particular activity. Breaching an undertaking will be considered in the same way as breaching an interim or final order.

Example:

> A previous Committee has imposed a conditions of practice order on a nurse following repeated clinical failings. The conditions include that the nurse must inform any employer or agency of the previous FtP decision and the conditions of practice order. At a review hearing, the nurse admits that they have not done this because they are embarrassed about the order and has been dishonest to agencies about their fitness to practise history. The Committee decides that the conditions of practice have not been effective, and they cannot be certain that the nurse would not seek work if she were suspended. As such, the only way to protect the public is a striking-off order.

Cases involving sexual misconduct

Sexual misconduct likely to create a risk to people receiving care and to colleagues as well as undermining public trust and confidence. This is the case even if the victim is not a colleague or someone receiving care. This is because it calls into question the professional's understanding of personal boundaries. The Committee should always consider the duration of the conduct, the professional's relationship to those involved and the vulnerabilities of anyone subject to the alleged conduct.

The Committee should consider the following aggravating factors (although other aggravating factors may also be present):

- where the professional has abused a position of trust or power they hold, either as a registered professional or otherwise. This is particularly so for cases involving cruelty, exploitation and predatory behaviour. All people receiving care will be vulnerable to some extent in their relationship with a professional, but the degree of vulnerability will depend on the person and relationship.[4]
- long-term or repeated conduct.
- sexual misconduct towards people receiving care or colleagues. Sexual misconduct towards people receiving care suggests a direct risk to public safety. It always constitutes an abuse of a position of trust or power, given the inherent imbalance in power between professionals and those they care for. Sexual misconduct towards colleagues may indirectly risk public safety through creating an unsafe workplace environment. It also risks the dignity of colleagues.[5]
- in general, where a professional has been convicted of a serious criminal offence or offences they should not be permitted to resume practice until they have satisfactorily completed their sentence.[6] However, this is a general principle rather than an absolute rule and panels will always have to consider what sanction is required on the facts of each individual case to preserve public safety and uphold public confidence and professional standards.[7]
- situations where the professional has been registered as a sex offender. In such cases, the Committee should consider whether it is appropriate for the professional to return to unrestricted (or any) practice while still registered as a sex offender.
- Convictions for sexual offences including those relating to images or videos involving child sexual abuse or

exploitation. These offences gravely undermine the public's trust in the professions. Any such conviction makes it highly unlikely the professional can uphold the standards and values set out in the Code.

Any professional who is found to have behaved in this way will be at risk of being removed from the Register. This is because of the severe impact the conduct has on:

- public confidence
- a professional's ability to uphold the standards and values set out in the Code
- the safety of people receiving care.

If the Committee decides to impose a less severe sanction, they will need to make sure they explain the reasons for their decision clearly and carefully. This will allow others, including the victims of such behaviour, to properly understand the decision.

Example:

A Committee has found that a nursing associate made repeated sexually motivated comments towards people receiving care and asked several people receiving care to have sex with him. While the nursing associate has demonstrated remorse and insight, the Committee conclude that public confidence in the profession cannot be upheld without a striking off order.

Abuse or neglect of children or vulnerable people

Safeguarding and protecting people from harm, abuse and neglect is an integral part of the standards and values set out in the Code. Any allegation involving the abuse or neglect of children or vulnerable adults should always be treated seriously.

If the Committee decides to impose a less severe sanction, they will need to make sure they explain the reasons for their decision clearly and carefully. This will allow others, including the victims of such behaviour, to properly understand the decision.

Cases involving criminal convictions or cautions

The Committee's purpose isn't to punish professionals in addition to criminal sentencing. Because of this a criminal sentence isn't always a reliable guide to how the conviction affects the professional's fitness to practise. Personal circumstances or mitigation are less likely to affect sanction than in the criminal court, because the Committee is focussed on how a sanction will protect the public.

While findings of fact in the criminal courts amount to proof of those facts[8], the Committee will need to consider separately how those facts may impact on (among other considerations):

- the quality of care given
- what they say about the professional's attitude and ability to practise safely and effectively going forward
- the likely effect that they would have on the public's confidence in the profession.

The Committee will have to decide the risks the behaviour represents to the protection of the public by considering all the information before it, as well as our cautions and convictions and misconduct guidance.

There are some offences we have specified as particularly serious because they raise fundamental questions about the professional's ability to uphold the standards and values set out in the code. If a registrant has been convicted of one of these offences, it is unlikely that any sanction less than strike-off will be appropriate. This is because we do not consider that public confidence could be maintained in the profession if they remained on the register. However, the Committee will still need to consider the facts of the individual case.

Ongoing criminal sentences

The Committee should consider whether the professional should be able to practise before they have completed their sentence. This includes suspended sentences, probation, and restrictions such as being banned from driving. In general, a professional should not be permitted to practise until they have completed a sentence for a serious offence.[9] However this does not mean that the Committee has no choice but to remove the professional from the register

ermanently.[10]

DBS and Disclosure Scotland decisions

The existence of a DBS barring or Disclosure Scotland listing decision must be taken into account when deciding on the appropriate sanction and the panel must explain in its reasoning how it has taken the barring or listing decision int account when determining the appropriate sanction.

Other types of higher risk cases

Some concerns are higher risk because it is harder for the professional to put the matter right. Examples of this type of concern include (but are not limited to):

- breaching the professional duty of candour to be open and honest when things go wrong. This includes actions that are not necessarily dishonest, such as:
  - hindering someone who wants to raise a concern
  - encouraging others not to tell the truth
  - otherwise contributing to a culture which suppresses openness about the safety of care
- conduct that was discriminatory
- abusing their position as a professional or other position of power to exploit, coerce or obtain a benefit (including sexual or financial) from people receiving care, colleagues or students
- being directly responsible for exposing people receiving care to harm or neglect. Examples might be through management of a service or setting. This is especially the case where the professional put their own priorities, or those of their organisation, before ensuring the safety and dignity of people receiving care.

Lusinga v Nursing and Midwifery Council [2017] EWHC 1458 (Admin)

Sawati v GMC [2022] EWHC 283 (Admin)

GMC v Donadio [2021] EWHC 562 (Admin)

Professional Standards Authority for Health and Social Care v General

Arunchalam v General Medical Council [2018] EWHC 758 (Admin)

Council for the Regulation of Healthcare Professionals v General Dental Council and Fleischmann [2005] EWHC 87 (Admin)

PSA v GDC & Patel [2024] EWHC 243 (Admin)

Rule 31(2)(b) of the Fitness to Practise Rules

Council for the Regulation of Health Care Professionals v (1) General Dental Council and (2) Fleischmann [2005] EWHC 87 (QB)

0Chandrasekera v Nursing and Midwifery Council [2009] EWHC 144 (Admin)

Directing reviews of final orders

Reference: SAN-5 Last Updated: 28/01/2026

When the Committee imposes conditions of practice or suspension orders, it will need to decide whether a review is necessary. Where no review is ordered, the order will expire at the end of its period.

Conditions of practice orders are usually imposed to protect the public from a risk to people using services and are intended for the professional to strengthen their practice. As such it is unlikely that the order should be allowed to expire without review by the Committee, as they will need to decide if an order is still necessary. Similarly, if a suspension is imposed to allow the professional to develop their insight and strengthen their practice, a review will be necessary to determine whether they have addressed the concern.

Sometimes a finding of impairment is made to promote and maintain public confidence in the professions or proper professional standards and conduct, even if the professional does not present a current risk to people using services. In these cases the Committee may conclude that a review would serve no purpose. However, the Committee should always consider whether a review should be directed to allow the professional the opportunity to demonstrate that they have developed insight into the circumstances that led to the finding of impairment and suspension. A review may also be required to ensure the professional has kept their skills up to date so that the panel can be satisfied that they can safely return to practice.

The Committee should always give separate reasons for their decision whether or not to direct a review of the final order.

nterim orders after a sanction is imposed

Reference: SAN-6 Last Updated: 28/01/2026

When the Committee announces its decision on a sanction, any interim order will normally lapse. The exception is if the professional is the subject of multiple referrals and at least one of those referrals has not yet been finally adjudicated. In that case, the interim order will not lapse and we will list a review of the interim order to allow the change in circumstances to be considered.

Sanctions cannot take effect until the end of the appeal period. This is 28 days after the date on which the decision letter is served, or, if an appeal has been lodged, when the appeal is finally determined.[1] This is because the sanction imposed may be overturned on appeal.

In some cases the Committee may impose a sanction that restricts the registrant's practice (that is, not a caution) and consider that there is also a risk to the public during the appeal period. In these cases it has the power to impose an interim order for up to 18 months to cover the appeal period.

An interim order cannot last for longer than 18 months unless the Court extends the order. A professional can ask for the Committee to review the interim order at any time if new evidence has become available which is relevant to the order.[2] We can also ask the Committee to review the order if we think a review is needed. If we consider that the appeal process may take longer than 18 months we will apply to the Court for an extension. If the High Court remits the matter back to the Committee, the Investigating Committee would need to decide whether to impose a new interim order until the matter can be heard again.

When deciding whether to impose an interim order the Committee must apply the usual test. This is that it must be satisfied that it is necessary for the protection of members of the public or is otherwise in the public interest, or is in the interests of the professional. The decision to make an order after a sanction has been passed involves discretion and careful consideration; it is not an automatic decision in every case.

The Committee should consider the findings it has just made in the substantive decision, and specifically the risks to the protection of the public. If the panel has imposed its sanction due to a risk to public safety if the professional continued to practise, then it is very likely that an interim order will be necessary. This is because the final order will not protect the public until it is actually in force. However, if there is no risk to public safety and the sanction has purely been imposed to maintain public confidence in the profession or to uphold professional standards, then an interim order may not be necessary. This is because the fact that a final order has been imposed, even if it is not yet in force, can still reduce the risk to public confidence in the profession or to upholding professional standards.

Example:

> A midwife has received a striking off order after being convicted for causing Grievous Bodily Harm and receiving a custodial sentence. The offence did not take place in a work setting and had no connection to her practice. The Committee decides not to impose an interim order, because the midwife is unable to practise while in prison. While public confidence in the profession would be put at risk if she remained on the register, it does not require an interim order while she remains in prison.

1. Article 29(11) of the Nursing and Midwifery Order 2001
2. Article 31(6)(b) of the Nursing and Midwifery Order 2001