

**Nursing and Midwifery Council
Fitness to Practise Committee**

**Substantive Hearing
9 – 16 September 2022
31 July 2023
1 – 4 August 2023**

Nursing and Midwifery Council
2 Stratford Place, Montfichet Road, London, E20 1EJ

Name of registrant:	Mary Ann Lucia Cascioli
NMC PIN:	12E0204E
Part(s) of the register:	Registered Nurse (Sub Part 1) Adult Nursing – 18 May 2013
Relevant Location:	Nottingham
Type of case:	Misconduct
Panel members:	Florence Mitchell (Chair, Registrant member) Claire Louise Clarke (Registrant member) Caroline Friendship (Lay member)
Legal Assessor:	Nigel Ingram
Hearings Coordinator:	Dilay Bekteshi
Nursing and Midwifery Council:	Represented by Silas Lee, Case Presenter
Miss Cascioli:	Present and represented by Gabriel Adedeji (9 – 16 September 2022) and Dr Tagbo Ilozue (31 July 2023 – 4 August 2023) both instructed by the Royal College of Nursing (RCN)
Facts proved:	All
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim order:	Interim suspension order (18 months)

Details of charge (as amended)

That you, a registered nurse,

1. Between 18 May 2019 and 26 October 2019 breached condition 9(c) of your NMC Conditions of Practice Order (COPO), in that when you made thirty three applications for employment at Nottingham University Hospitals NHS Trust as set out in schedule 1, you,
 - a) Did not immediately inform Nottingham University Hospitals NHS Trust that you are subject to a COPO under the NMC's fitness to practise procedures,
 - b) Did not disclose the conditions listed in the COPO to Nottingham University Hospitals NHS Trust.

2. Your actions as set out in charges 1(a) and 1(b) were dishonest in that you deliberately sought to mislead Nottingham University Hospitals NHS Trust by not informing them that you are subject to a COPO and not disclosing the conditions listed within the order.

3. On one or more of the following dates, during a job interview with Nottingham University Hospitals NHS Trust, you did not provide information about your COPO until directly asked within the interview and / or at the end of the interview.
 - a) 6 June 2019
 - b) 3 September 2019
 - c) 5 September 2019
 - d) 17 September 2019
 - e) 9 October 2019
 - f) 17 October 2019
 - g) 18 October 2019
 - h) 8 November 2019
 - i) 12 November 2019

j) 18 November 2019

k) 21 November 2019

4. Your actions as set out in charge 3 were dishonest in that you deliberately sought to mislead Nottingham University Hospitals NHS Trust by not providing information about your COPO until directly asked within the interview and / or at the end of the interview.

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

Schedule 1

Application 17338226

Application 16716492

Application 15468743

Application 15537874

Application 16242337

Application 16260924

Application 16294005

Application 16345456

Application 16441455

Application 16523806

Application 16557648

Application 16558421

Application 16579790

Application 16636086

Application 16668616

Application 16668873

Application 16696182

Application 16696654

Application 16781041

Application 17178771

Application 17179666

Application 17220578

Application 17252188

Application 17260194

Application 17274618

Application 17275975

Application 17319309

Application 17319806

Application 17390505

Application 17624588

Application 17636516

Application 17654217

Application 17764708

Background

You were made subject to a Conditions of Practice Order (COPO) imposed at a substantive hearing on 16 December 2016. As part of the COPO, (in particular Condition 9c) you were required to immediately inform any prospective employer about the COPO at the time of application.

Over a period of about six months, you had allegedly completed thirty-three application forms for registered nursing posts within the Nottingham University Hospitals Trust (the Trust) between May and October 2019. In each of these applications you allegedly failed to mention that you had a COPO. You had an opportunity to immediately state you had a COPO as in each of the application forms there was an area for free text. Allegedly at no stage did you inform the Human Resources (HR) department of the Trust as to the existence of a COPO on your registration.

It is further alleged that you were dishonest during the application process for nursing roles as you did not declare your COPO when you applied or at the beginning of the interview as required. In the feedback from the interviewers, they stated that you only mentioned your COPO when specifically asked by them or at the end of the interview.

You were referred to the NMC in 2015 when you were first made the subject of a COPO (case reference: 051552/2015). You were also referred to the NMC in 2018 (case reference: 067618/2018) where the regulatory concerns included:

- breach of the COPO.
- dishonesty by omitting employment history in employment application.
- dishonesty by failure to disclose to prospective employer the existence of your COPO.

These are only identified to demonstrate that you would have been aware of the importance of informing any prospective employer immediately at the time of the application as to the existence of the COPO.

In respect of this referral in 2019 (case reference: 075570/2019) it relates to other instances where you applied for nursing positions without making the prospective employer aware of your COPO on application.

Decision and reasons on application for hearing to be held in private

At the outset of the hearing, Mr Adedeji on your behalf made an application that the entirety of the hearing be held in private. [PRIVATE]. The application was made pursuant to Rule 19 of 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Mr Lee indicated that he supported the application only to the extent that any reference to [PRIVATE] should be heard in private.

Rule 19 states:

- 19.—** (1) *Subject to paragraphs (2) and (3) below, hearings shall be conducted in public.*
- (2) *Subject to paragraph (2A), a hearing before the Fitness to Practise Committee which relates solely to an allegation concerning the registrant's physical or mental health must be conducted in private.*
- (2A) *All or part of the hearing referred to in paragraph (2) may be held in public where the Fitness to Practise Committee—*
- (a) *having given the parties, and any third party whom the Committee considers it appropriate to hear, an opportunity to make representations; and*
- (b) *having obtained the advice of the legal assessor, is satisfied that the public interest or the interests of any*

third party outweigh the need to protect the privacy or confidentiality of the registrant.

(3) Hearings other than those referred to in paragraph (2) above may be held, wholly or partly, in private if the Committee is satisfied—

(a) having given the parties, and any third party from whom the Committee considers it appropriate to hear, an opportunity to make representations; and

(b) having obtained the advice of the legal assessor, that this is justified (and outweighs any prejudice) by the interests of any party or of any third party (including a complainant, witness or patient) or by the public interest.

(4) In this rule, “in private” means conducted in the presence of every party and any person representing a party, but otherwise excluding the public.’

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

The panel noted that this is a misconduct case [PRIVATE]. It considered that there was no mention of [PRIVATE] in the documentation before it. The panel considered the principle of open justice and that hearings should be held in public. However, the panel decided to hold such parts of the hearing in private [PRIVATE].. It also noted that you are represented, and that Mr Adedeji would be fully alert when private issues are raised.

The panel noted that you can re-open the application if you wish to provide further information about [PRIVATE] during the course of the hearing. The panel therefore determined to hold such parts of the hearing in private.

[PRIVATE]

[PRIVATE].

Decision and reasons on application to amend the charge

The panel heard an application made by Mr Lee, on behalf of the NMC, to amend the wording of charge 1).

The proposed amendment was to replace 1 July 2019 and 31 November 2019 with 18 May 2019 and 26 October 2019. Mr Lee submitted the date range in the charge is different according to the spreadsheet provided by Witness 1. Prior to this evidence having been secured, there was no evidence about when specific applications were made in the system. It was submitted by Mr Lee that the proposed amendment would provide clarity, more accurately reflect the evidence and would be easier for you to respond to the allegations.

That you, a registered nurse,

1. Between ~~1 July 2019~~ **18 May 2019** and ~~31 November 2019~~ **26 October 2019** breached condition 9(c) of your NMC Conditions of Practice Order (COPO), in that when you made thirty three applications for employment at Nottingham University Hospitals NHS Trust as set out in schedule 1, you,

The panel heard submissions from Mr Adedeji. He submitted that he is neutral as to the application.

The panel accepted the advice of the legal assessor and had regard to Rule 28 of 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel was of the view that such an amendment, as applied for, was in the interests of justice. The panel was satisfied that there would be no prejudice to you and no injustice would be caused to either party by the proposed amendment being allowed. In fact, the amendment would more clearly identify the relevant time period.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Mr Lee on behalf of the NMC and by Mr Adedeji on your behalf.

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

The panel heard evidence from the following witness called on behalf of the NMC:

- **Witness 1:** Practice Development Lead at Nottingham University Hospitals (the Trust) at the material time

The panel also heard evidence from a witness called on your behalf:

- **Witness 2:** Chartered Psychologist instructed by the RCN

The panel also heard evidence from you under affirmation.

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

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

In considering charges 2 and 4 the panel has applied the same civil standard of proof namely on the balance of probabilities. However, because of the seriousness of these allegations, it has carried out a detailed examination of the evidence. In relation to charges 2 and 4 the panel has applied the test for dishonesty as set out in paragraph 74 in the Judgment in *Ivey v Genting Casinos UK Limited (Trading as Crockfords)* [2017] UK SC67. It considered firstly what was your state of knowledge or belief as to the facts. Having established this, the panel went on to consider whether your conduct was dishonest applying the objective standards of ordinary decent people. It had regard to all the oral and documentary evidence. Before making a decision on dishonesty, it considered whether there were other possible explanations for your conduct and if so, whether it could safely conclude that those other explanations were less probable than dishonesty.

Charge 1a)

1. Between 1 July 2019 and 31 November 2019 breached condition 9(c) of your NMC Conditions of Practice Order (COPO), in that when you made thirty three applications for employment at Nottingham University Hospitals NHS Trust as set out in schedule 1, you,
 - a) Did not immediately inform Nottingham University Hospitals NHS Trust that you are subject to a COPO under the NMC's fitness to practise procedures,

This charge is found proved.

The panel had copies of the online applications forms submitted by you to the Trust, as listed in Schedule 1. The panel noted that condition 9c) established a mandatory requirement ("you must"). It made clear when you should inform the prospective employer ("immediately" and "at the time of application").

The relevant section of the conditions was as follows:

9. You must immediately inform the following parties that you are subject to a conditions of practice order under the NMC's fitness to practise procedures, and disclose the conditions listed at 1 to 8 above, to them:

[...]

c. Any prospective nursing employer (at the time of application).

[...]

In your oral evidence, you told the panel that you were provided with letters by your RCN representative exhibited by you. You said that the letters dated 1 June 2018 and 10 December 2018 were documents which were given to employers between autumn 2018 and December 2019. You also provided the panel with a series of photographs which show part of the NHS Jobs' online application form. You said that there was no additional space to write anything else and that on the original NHS Jobs' application form, there were specific instructions about what to write. You also made reference to oral comments made by the panel at an NMC hearing in December 2016, that if no space was available in the application form you could tell them at the interview. This panel had sight of the transcript from the substantive hearing in December 2016 which shows a discussion about the practicalities of condition 5) of the COPO. No issue was raised in respect of condition 9c). The panel determined that the transcript is not supportive of your case.

You further informed the panel that you had a meeting with a Matron in June or July 2018 who worked at the Trust. You said the meeting was about your NMC COPO. However, the panel had no evidence before it of the conversation between you and a Matron and what was discussed. It further noted that the meeting with the Matron was about ten months before any formal job application was submitted.

You also told the panel that you attended a recruitment fair which was facilitated by Witness 1 prior to you making applications to the Trust. You stated that you gave a copy of the COPO, in the form of the letters from your RCN representative (Exhibits 5 and 6) to Witness 1 on the day of the event. From the evidence of Witness 1, she was told about the conditions by you verbally and had the document, but on her own account, did not have time to read it due to being preoccupied with running the recruitment event. Witness 1 had no role in any specific application process. Witness

1 stated that *“recruitment days are very busy days and as recruitment lead, we probably had about 100 people, so I was leading the day and making sure everything flowed and people were looked after, [PRIVATE]. We went off and we sat down and I tried to give her some time and understand what the issues were. I cannot remember the document because I did not have time to go through a document on that day...”*. The panel noted that Witness 1 was not the recruiting manager on that event and had not been the person on the panel interviewing. Witness 1 was coordinating the recruitment event. The panel therefore determined that it was unreasonable to suggest that the Matron and Witness 1 had the responsibility to do anything with your COPO information many months prior to you submitting your job applications.

The panel further considered the evidence of Witness 1 which states: *“I had previously talked with Mary about support she would need from future employers but I didn’t know it was because of NMC mandated Substantive Conditions of Practice Order (“Conditions”).”* Witness 1 stated that the recruitment fair was busy, she knew you and you gave her the letter. However, she was not aware of the COPO, but merely knew that you needed “some kind of support”. The panel heard you minimised the requirements of your COPO, and Witness 1 was not made aware about the specifics of it. Whether or not Witness 1 was told about the COPO, it was not relevant as this was made six months in advance of the job applications.

The issue the panel had was to determine whether disclosing your COPO at the interviews constituted “immediately informing” the Trust. The panel took into account the submissions made by Mr Adedeji in that the constituent parts of an application are the application form, the interview and the post-interview screening. The panel accepted that there was no dedicated space on the NHS jobs online application form to fill in such details of your COPO, however, the panel determined that there was a free text space on the application form.

The panel did not accept that informing the interviewers “in the middle of the interview or at the end of the interview” constituted “immediately informing” at the time of application.

Furthermore, in your oral evidence you told the panel that you now appreciate it would be appropriate to write a letter or send an email of the COPO. You also accepted it was open to you to send a letter or an email of the COPO on or before the time of making the application. If applying now in 2022, you would add the COPO in the “supporting information” free text box.

Taking all of the above into account, the panel determined that the wording of condition 9(c) created a clear obligation to inform the Trust about the COPO at the time of application for nursing positions. Notwithstanding that there was no designated place to provide this information on the application forms, there were other means available to you to inform the Trust which you did not pursue. The panel considered that waiting to disclose the COPO until an interview did not constitute “immediately” within the normal meaning of the word. Further, the indication from the previous NMC panel upon which you relied, clearly, in the panel’s view, related to condition 5) only, not the entire COPO.

In these circumstances, the panel was satisfied that you breached condition 9(c) of your COPO, in that when you made thirty-three applications for employment at the Trust as set out in schedule 1, you did not immediately inform the Trust that you were subject to a COPO under the NMC’s fitness to practise procedures.

Accordingly, charge 1a) is found proved.

Charge 1b)

1. Between 1 July 2019 and 31 November 2019 breached condition 9(c) of your NMC Conditions of Practice Order (COPO), in that when you made thirty three applications for employment at Nottingham University Hospitals NHS Trust as set out in schedule 1, you,

b) Did not disclose the conditions listed in the COPO to Nottingham University Hospitals NHS Trust

This charge is found proved.

In reaching this decision, the panel took into account its decision and reasons in relation to charge 1(a). The panel had already determined that the wording of condition 9(c) was clear and created a requirement for you to immediately inform the Trust at the time of application that you were subject to a COPO and to disclose the specific conditions. It noted that it was mandatory for you to mention your COPO in your applications to the Trust and also had a duty to be honest about the COPO during the applications as well as your interviews. In considering the evidence, the panel determined that you were dishonest by deliberately not stating that you had a COPO in each of your applications and only stating this when asked during the interview or volunteering the information at the end of the interview. The panel had already determined in charge 1a) that disclosing this information at the middle or the end of an interview neither constituted “at the time of application” or “immediately”.

For these reasons, the panel was satisfied that you breached condition 9(c) of your NMC COPO, in that when you made thirty-three applications for employment at the Trust as set out in schedule 1, you did not disclose the conditions listed in the COPO to Trust.

Accordingly, charge 1b) is found proved.

Charge 2)

2. Your actions as set out in charges 1(a) and 1(b) were dishonest in that you deliberately sought to mislead Nottingham University Hospitals NHS Trust by not informing them that you are subject to a COPO and not disclosing the conditions listed within the order.

This charge is found proved.

In making its findings, the panel had regard to the legal test for dishonesty. The panel must first ascertain the actual state of the individual's knowledge or belief as to the facts. Once this has been established, the question of whether the conduct was honest or dishonest is to be determined by applying the standards of ordinary decent people.

The panel considered the same evidential material as it had in charge 1.

The panel determined that you understood the seriousness of complying with your COPO. You were fully aware from a separate investigation (reference 067618/2018) in December 2018 for a similar instance when you applied for nursing positions without making the prospective employer aware of your COPO immediately.

You told the panel that on the application form on NHS Jobs' website, there was lack of space and specific instructions about what to put in the supporting information. It also noted that the interviewers were only made aware about your COPO in the middle or at the end of the interview and was not provided to them at the earliest stage possible. However, the panel determined that the expectation would have been that you would have disclosed your COPO at the very earliest opportunity as everything else would be secondary. The panel therefore decided to reject your explanations as outlined in charges 1a).

The panel was of the view that it was likely that you were [PRIVATE] in finding an employer who could accommodate your COPO. It was of the view that you deliberately delayed mentioning your COPO to secure an interview with the Trust.

The panel's view was supported by your own witness (Witness 2) in his written evidence, he stated: *"it seems much more likely that she was avoiding declaring it until the last minute, within what she saw as the requirements of the process, perhaps because she thought that would give her a better chance of success..."* The panel concluded that a well-informed member of the public as well as a fellow professional would consider a deliberate decision not to disclose such information immediately to be dishonest.

Therefore, the panel found charge 2) proved.

Charge 3)

3. On one or more of the following dates, during a job interview with Nottingham University Hospitals NHS Trust, you did not provide information about your COPO until directly asked within the interview and / or at the end of the interview.
- a) 6 June 2019
 - b) 3 September 2019
 - c) 5 September 2019
 - d) 17 September 2019
 - e) 9 October 2019
 - f) 17 October 2019
 - g) 18 October 2019
 - h) 8 November 2019
 - i) 12 November 2019
 - j) 18 November 2019
 - k) 21 November 2019

This charge is found proved.

The panel took into account the oral evidence of Witness 1 and the interview matrix produced by Witness 1. Witness 1 in her oral evidence described the process by which she obtained the information from the lead interviewers which is included in the “information sent and quoted” column. She told the panel that she asked the lead interviewers via email whether you referred to your COPO and then included their responses in the tables. The panel considered the following from the interview matrix:

“3 September 2019 – “she produced a letter from her Union Rep. She did not disclose what her restrictions were and I had to contact the NMC to find out more information.”

18 November 2019 – “This lady did declare at the end that she had an investigation ongoing and did drop off to us at a later date a letter outlining these issues.”

18 October 2019 – “She presented a letter (from a solicitor, not the NMC) at the end of the interview when the question about fitness to practice etc is asked. It was vague, did not make reference to support she would need. She was unwilling to go into detail about the incident.”

9 October 2019 – “She disclosed at the end of the interview a letter from her Union, the RCN, I think, mentioning she would require extra support. She rang the ward after had left her interview to tell us the sanctions were imposed by the NMC.”

The panel determined that majority of the responses were unequivocal about when the conditions were disclosed and that this was at the end of the interview. In contrast you maintained in your oral evidence that you informed the interviewing panels of the COPO in the middle of the interview. In cross examination, you answered questions in relation to several points raised from the interview matrix in that you had given information of the NMC COPO at the end of the interview, and you maintained that you had in fact informed the interviewers about the NMC COPO at some stage in the middle of the interview. You said that you always *“made space in the interview to talk about the COPO to comply with the NMC”*.

The panel also noted that you accepted that with the benefit of hindsight contacting the recruitment department to find out what was happening to Exhibit 6, would have been a very good idea, but at the time, you were doing what you had been verbally instructed in 2016. You also said that *“email would have been better because I could have kept a written contact.”*

Taking into account the above, the panel determined that the interview matrix presents a compelling document and is satisfied that there is clear evidence based on that document that on more than one occasion you did not tell the interviewing panels about your COPO until asked or at the end of the interview. The panel bore in

mind that interviewers are professionals who take notes during the interview and this will be a material matter to place in their notes. Witness 1 was specifically tasked with creating the interview matrix which is a synopsis of eleven interviews with senior people in the organisation and within all their recollections, at no stage did you raise the matter of your COPO “immediately” nor did you mention it until asked by the interviewers.

In conclusion, the panel considered your account in contrast to that of at least the eleven interviewers. It noted that it was your case that you informed them of the COPO in the middle of the interview. By admitting that you delayed disclosure of your COPO until the middle of the interview you did not satisfy the requirement of immediate disclosure. The panel also considered the evidence of Witness 1. She said: *“I felt [she felt] it [the conditions] was trying to be brushed aside rather than being part of the process and that if someone is not going to accept the conditions and take them seriously that was an alarm bell for [her]”*.

The panel was satisfied that your reluctance to inform interviewers of your conditions was due to a desire to improve your prospects of receiving an offer of employment, thus you avoided until the last moment making full disclosure of the restrictions on your practice. Therefore, the panel found charge 3) proved on the basis that disclosure of the conditions was not provided until you were directly asked about it in the interview or until the end of the interview.

Charge 4)

- 4) Your actions as set out in charge 3 were dishonest in that you deliberately sought to mislead Nottingham University Hospitals NHS Trust by not providing information about your COPO until directly asked within the interview and / or at the end of the interview.

This charge is found proved.

The panel took into account that honesty is the bedrock of the nursing profession. Every conditions of practice order contains the standard clause: "You must immediately inform the following parties that you are subject to a conditions of practice order..." Any application for a nursing post should contain all the relevant information relating to a nurse's practice, particularly any practice restrictions.

When considering dishonesty, the panel first took into account the application forms submitted by you. The panel noted that there were three significant gaps in your employment: a six month gap between Oxford University Hospital NHS Foundation Trust and Sutton Coldfield Heart of England NHS Trust; about an eighteen month gap between Sutton Coldfield and EMAS; and a gap between EMAS and the date between each job application to the Trust. In addition, you entered the start date of continuous NHS service as July 2013. It noted that these are significant employment gaps, and you did not state on the application form the reasons why. When questioned by the panel about your reason for leaving EMAS, you declined to answer and said this is covered by "agreed terms", you explained that it was a settled agreement by your previous employer and is something you are prohibited from discussing. The panel found a significant proportion of your answers to be evasive and unconvincing, and the panel were of the view that you were not being honest and straightforward in your answers. It determined any ordinary and honest nurse or fellow professional or informed member of the public would consider a failure to disclose such information, if deliberate, to be dishonest.

The panel considered the evidence of Witness 2. [PRIVATE].

In your evidence you told the panel that *“no matter how well you do in the application process, if the employer cannot facilitate the COPO, they will not employ you – I could not be employed by them.”* It determined that you were fully aware that some employers simply could not accommodate your COPO. It also determined that you were reluctant to disclose the restrictions on your practice because you knew it would harm your prospects of securing employment.

The panel also considered the interview matrix and noted that some interviews were of considerable length: *“the interview was an hour and half and Mary did not declare her fitness to practice until the very end of the interview.”* It determined that this provided a sense of the extent to which you were delaying disclosure. It was of the view that you deceived the interviewers which suggests that you prepared to continue the deception. The panel therefore concluded that an ordinary decent person would consider this act dishonest as you have engaged in a number of interviews particularly when you knew that you may not be employed because of the restrictions on your practice.

The panel carefully considered your explanations. You said you were advised by the NMC Panel in 2016 that where there is no space on an application form to write the COPO, you should tell the employer at the interview. However, the panel determined from viewing the 2016 transcripts, that your interpretation was incorrect and related solely to condition 5). You also stated that you took advice from your union representatives which resulted in letters being drafted for the purpose of being handed over at interviews. You said that you declared the COPO at every opportunity in writing. Not only by providing the letters, but also talking verbally about the COPO. The panel also noted that you maintained in your evidence that your approach in interviews was always consistent, that you would always provide the same letter to the interviewers and would always address your COPO in the middle of the interview.

However, an analysis of the interview matrix gives rise to a different factual position entirely. The panel noted that it does appear that your RCN letters (exhibits 5 and 6) were provided in some interviews, in others however, no letter was provided in the interview, rather it was provided on another date. In others the specific conditions do

not appear to have been disclosed during the interview at all. For instance, it was only after 9 October 2019 interview that you called the ward to inform them of the restrictions. Similarly, in relation to 3 September 2019 interview it states that *“She did not disclose what her restrictions were, and I had to contact the NMC to find out more information”*.

Consequently, the panel was satisfied that it is more likely than not that you were being dishonest by not providing information about your COPO immediately. It was the finding of this panel that you deliberately misled your interview panels during the course of those interviews, as you knew those conditions might substantially affect whether you were suitable for the role but nevertheless withheld disclosure until the last possible moment.

The panel found that on the balance of probabilities you knowingly withheld the relevant information about your COPO. You understood the importance of immediate disclosure in the recruitment process, and that you knew you should have informed the Trust “immediately”. The panel found you knowingly withheld this information regarding your COPO and that it was more likely than not to have been prompted by your desire to conceal the COPO in order to increase your chances of employment. The panel further decided that you deliberately chose to deceive the Trust and thus your actions were dishonest.

The panel determined that a well-informed member of the public and a fellow professional would be concerned that a registered nurse could apply for a professional role under false circumstances. It determined that ordinary decent people would regard your conduct as dishonest.

The panel found charge 4) proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether your fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

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

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, your fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct and impairment

In the impairment stage, you gave evidence under affirmation. You also provided the panel with a 'Registrant's Bundle' including a reflective statement, testimonials, previous employment and character references, training certificates and a recent nursing job application form.

In your evidence before the panel, you appeared to be equivocal and ambivalent in accepting that your actions amounted to misconduct. In the impairment stage, you described honesty as a core part of being a nurse and that it is really important in nursing. You also said that as a nurse you have to be able to trust your colleagues, and that patients have to be able to trust their nurses, and that dishonesty undermines trust.

The panel considered your recent nursing employment application form (submitted on 27 June 2023), which you provided to the panel for the purpose of demonstrating how you have strengthened your practice when completing application forms, in the 'Registrant's Bundle (August 2023)'. It was of concern that it contained some significant omissions which the panel had highlighted at the finding of facts stage when considering dishonesty. In this most recent application form, you persisted with not explaining the gaps in your employment history. You also did not state your reason for leaving employment. You chose to enter the date when you first qualified as a nurse rather than the correct date of your continuous NHS service which would have been considerably shorter. On this application, you entered 'yes' to the declaration: *"The information in this application is true and complete. I agree that any deliberate omission, falsification, or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation."*

Mr Lee submitted that your actions amounted to a breach of *The Code: Professional standards of practice and behaviour for nurses and midwives (2015)* (the Code), in particular section 20.2. Mr Lee said that COPO were imposed with the reason being to protect the public from harm. He said that there has been a previous finding by a

panel of dishonesty which was on a similar factual basis. He therefore invited the panel to take the view that the facts found proved amount to misconduct.

Mr Lee moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. He submitted that the combination of the breach of your COPO and the dishonesty found proved was a breach of a fundamental tenet of the nursing profession. Mr Lee submitted that although there is no evidence of harm to patients, conditions of practice were imposed for the purpose of protecting the public and the findings that you breached your COPO, opens the prospect that you are liable to put patients at risk of unwarranted harm.

Mr Lee referred the panel to the NMC's Guidance on impairment, in particular 'The nature of the concern' (DMA-1). He referred the panel to four factors in the guidance:

- Whether the professional has in the past acted and/or is liable in the future to act so as to put a patient at unwarranted risk of harm
- Whether the professional has in the past breached and/or is liable in the future to breach a fundamental tenet of the profession
- Whether the professional has in the past acted and/or is liable in the future to act dishonestly
- Whether it's highly unlikely that the conduct will be repeated

Mr Lee further referred the panel to the NMC Guidance on '*serious concerns which are more difficult to put right*' (FTP-3a).

Mr Lee invited the panel to take into account the previous panel's findings on impairment in August 2022. He submitted that this panel may be of the view that this case is more serious as you were on notice about being investigated for similar allegations prior to completing the application forms in 2019.

In respect of insight, Mr Lee submitted that you do not accept that your actions were dishonest. However, he submitted that the panel may or may not hold that against

you when considering your insight. Mr Lee referred the panel to the case of *Sawati v General Medical Council* [2022] EWHC 283 (Admin) and its factors that the panel should consider before holding a rejected defence against you.

Mr Lee submitted that you accept that you did not disclose your COPO on the application form, but you deny that it was a breach of your COPO. You also do not accept delaying declarations in the application process. Mr Lee submitted that you continue to positively deny the findings of the panel. He submitted that there is no credible explanation as to why you did not disclose your COPO. Mr Lee therefore submitted that the lack of insight demonstrated strongly indicates that a finding of impairment is required.

Dr Ilozue, on your behalf, accepted during the course of his submissions in respect of misconduct and impairment that your actions amounted to misconduct.

Dr Ilozue said you now concede that the panel's finding of fact in relation to your conduct fell seriously short of the standards expected of a nurse.

In respect of impairment, Dr Ilozue referred the panel to the relevant guidance and case law. He invited the panel to consider three areas of context specified in '*The nature of the concern*' (DMA-1): 1. Personal factors, 2. Environment, 3. Insight. [PRIVATE].

Dr Ilozue submitted that you have shown insight. You addressed the concerns through learning, and you have engaged fully with the regulatory process, notwithstanding the challenges you have faced in doing so. You also reflected and understood the issues raised in the charges. Dr Ilozue also referred the panel to references attesting to your honesty and your positive character.

Dr Ilozue referred the panel to the *Sawati* case, its principles and the four factors. He submitted that the only thing you are positively denying is your own dishonesty and that there is nothing other than your denial of dishonesty to evidence 'lack of insight'. He submitted that there was no deception, lie or counter-allegation of others'

dishonesty in your defence. On analysis from *Sawati*, Dr Ilozue submitted that it is unfair to hold refusal to accept dishonesty as establishing lack of insight.

Dr Ilozue submitted that no patients were ever put at unwarranted risk of harm by your actions. You disclosed your COPO at every interview and there is no evidence to show that you would have gone through to start a nursing post without telling an employer about your COPO.

Dr Ilozue further submitted that a finding that you were dishonest and that you breached fundamental tenets of the profession does not require a finding of current impairment. He referred the panel to NMC guidance DMA-1 “...where a breach of the Code involves breaching a fundamental tenet of the profession, the Committee would be entitled to conclude that a finding of impairment is required.” He submitted that it is difficult to understand the definition of “breaching fundamental tenets” in the guide and that it would be wrong to take the guidance to mean that a finding of dishonesty in itself is sufficient to automatically justify a finding of impairment. Dr Ilozue also referred the panel to the case of *Yeong v GMC* [2009] EWHC 1923 (Admin) and submitted that the foundation of the finding of impairment is not the breach of the fundamental tenet itself, it is the impact on public confidence and the impression left with the public.

Dr Ilozue submitted that the conduct is unlikely to be repeated in the future; it is historic conduct; it has not been repeated in the past four years; there has never been before or since any other type of dishonesty concerns; and you are now more open and honest than required about restrictions in other jobs.

Dr Ilozue submitted that dishonesty in this case is at the least serious end of the dishonesty spectrum. He submitted that it is unfair and unreasonable to suggest that the concerns regarding the UCLH applications would increase the seriousness of this case. He submitted that the seriousness of the concern in the previous referral 067618 has already been marked by a finding of impairment and a period of suspension. Dr Ilozue said that you were found no longer impaired in August 2022 and there has been no new misconduct capable of undermining that position and that your insight was sufficient to support your safe return to practice. Dr Ilozue

therefore submitted that for the reasons outlined, a finding of current impairment is not required.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin), *Roylance v General Medical Council*_(No 2) [2000] 1 A.C. 311, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), and *General Medical Council v Meadow* [2007] QB 462 (Admin).

Decision and reasons on misconduct

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

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

20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

20.2 act with honesty and integrity at all times...

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. It had regard to the case of *Roylance v General Medical Council* which defines misconduct as a ‘*word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.*’

The panel determined that your actions in each of the individual charges did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct. It was submitted by your counsel that you understood and accepted the panel’s findings. In your answers to counsel, you appeared equivocal and ambivalent in that acceptance.

On the basis of the above, the panel was in no doubt that your conduct and dishonest behaviour fell significantly short of the standards expected of a registered nurse and is sufficiently serious to amount to misconduct.

Decision and reasons on impairment

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. 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.

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/ fitness to practise is impaired in the sense that S/He:

- 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 determined that the fairest way to look at the issue was to focus on the period between March 2018 and October 2019 (duration of eighteen months) where there was a course of conduct in which you made numerous applications to employers. On this basis the panel considered the eighteen-month period as a whole and all the matters found proved. In this regard, the panel also took into account the earlier substantive panel's determination of June 2021 for a similar incident.

The panel decided that all four limbs of this test were engaged. Whilst there is no evidence to suggest that your actions caused actual harm to patients, however your dishonesty and failure to immediately notify the Trust of the substantive order at the application stage potentially placed patients at risk of harm. Furthermore, having breached significant parts of the Code, the panel determined that your misconduct had breached fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. The panel was satisfied that confidence in the nursing profession would be seriously undermined if its regulator did not find your fitness to practise to be impaired as the charges relating to dishonesty are particularly serious.

The panel is satisfied that the charges found proved are remediable. It was satisfied that you have taken some steps to remedy your failings in respect of your

applications forms for nursing jobs in the NHS. For example, in oral evidence, you explained the steps you have taken to ensure third parties review the information included in the application, you have improved IT skills to allow you to paste in your COPO and you say you are committed to ensuring that prospective employers have sight of your COPO immediately. However, the panel could not be satisfied on the basis of your evidence in these proceedings and your current understanding of your actions that this conduct is “highly unlikely” to be repeated if you placed yourself in a similar situation. While you have taken steps to remedy your failings, in your evidence to the panel, it was not satisfied that those remedies were yet sufficient and complete. The panel was of the view that further steps are required to complete your remediation.

In considering the issue of the level of insight shown by you, the panel was assisted by the submission by Mr Lee and Dr Ilozue and the highlighting of the case of *Sawati*. In considering its decision, it took account of the four factors identified by the High Court in that case. Set against the case of *Sawati*, the panel then looked at the NMC’s own guidance. The panel took into account NMC Guidance on impairment (SAN-2), in particular:

- *“the panel should consider whether there is any other evidence of lack of insight on the part of the professional, other than the rejected defence.*
- *the panel should consider the nature of the rejected defence: a failure to admit an allegation does not always indicate that someone has not told the truth to the panel. The panel must consider, for example, whether the defence amounted to an act of dishonesty or misconduct in its own right. Did it wrongly implicate or blame others, or falsely accuse witnesses of being dishonest?”*

When considering your insight, the panel firstly asked whether or not you had remedied your failings. The panel decided that you have not sufficiently remedied them in that in your evidence and reflective statements you are yet to fully understand and reflect on the impact of your breaches and dishonesty. There is no acknowledgment of what went wrong and why your actions and behaviour remains a concern. You fail to recognise and understand the risks to the public by your actions and both in your evidence before the panel and in your reflective statements, you

appear to have taken few demonstrable steps and actions to remediate your conduct. In cross examination with counsel for NMC, when asked whether or not in your view you had breached condition 9c of your COPO, you asserted that you had not: *"I do not accept I breached my COPO"*. Against that background, and your recent job application form of June 2023, the panel cannot be satisfied that the conduct is "unlikely to be repeated".

The panel bore in mind that the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a finding of impairment on public interest grounds is also required as dishonesty in general and dishonesty with one's regulator is particularly serious. The panel concluded that a well-informed member of the public aware of your behaviour would be concerned if a finding of impairment were not made in this case and therefore also finds your fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired.

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike 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. The panel accepted the advice of the legal assessor.

Submissions on sanction

Mr Lee, on behalf of the NMC, invited the panel to impose a striking off order. He outlined the aggravating and mitigating features in this case. He told the panel that the mitigating features are that you have engaged with the proceedings, answered questions in cross examination and produced evidence of motivation to put the issues right. Mr Lee submitted that the following aggravating features are that there was a previous case (ref: 067618) with similar concerns of dishonesty. You were also on notice of that investigation when the facts of this case took place. Also, you have had limited exposure to nursing practice in the last few months and years.

Mr Lee addressed the panel on the seriousness of the facts. He said that although there was no harm to patients, there was a potential for harm as a result of your conduct. He submitted that your course of conduct was persistent and systematic over a period of many months.

Mr Lee reminded the panel of the case of *Sawati*. He submitted that there has not been a credible reason given as to why there was no disclosure or compliance with your COPO and as a result you have shown very limited insight. You said that you changed your practice, however, Mr Lee submitted that these changes are based on

the fact that there have been proceedings and criticisms made against you, rather than your acknowledgement that your conduct was wrong.

Mr Lee submitted that there is little prospect of your insight developing at all. If there was developing insight on the issue of dishonesty, the panel may consider a suspension order to be appropriate and recommendations can be made by this panel. However, if the panel do not find a prospect of developing insight, suspension may not be appropriate in this case. Mr Lee further submitted that if there is no insight into the shortcomings, there is a real risk of similar concerns being repeated in the future.

Dr Ilozue addressed the panel on the aggravating and mitigating features identified by Mr Lee.

1. Previous similar case of dishonesty.

Dr Ilozue submitted that it is not right to consider this similar case of dishonesty as an aggravating factor when a finding against you had not yet been made at the time of this incident.

2. You were on notice.

Dr Ilozue submitted that a panel may be concerned that you did not immediately accept concerns re the disclosure timing of the COPO. However, he invited the panel to balance this against the mitigation that you immediately began to change your practice and your insight began to develop prior to June 2021.

3. Limited exposure to nursing practice.

Dr Ilozue submitted that this aggravating factor is not connected to the wrongdoing in this case. He submitted that you have made substantial efforts to maintain clinical knowledge and to maintain contact with the clinical environment.

Dr Ilozue outlined the mitigating factors in this case. He said that you are hugely passionate about nursing. You are committed to learning and maintaining your competence. You engaged with your regulator. You gave evidence and subjected yourself to cross examination [PRIVATE].

Dr Ilozue submitted that it is crucial for the panel to address issues raised in the case of *Sawati*. He submitted that your motivation is different to that attributed by the panel. You understand that conditions of practice must be complied with and that employers must be made aware of your COPO immediately. He submitted that there was never any risk with proceeding with employment and exposing patients to a risk of harm as you always intended to and did disclose your COPO. Dr Ilozue submitted that you accept wrongdoing, you understand the problem and you have made attempts to address it and prevent similar conduct repeating itself.

Dr Ilozue submitted that dishonesty is always serious. However, the dishonesty identified in this case was not systematic and was not maintained to every individual you encountered. You informed employers of your COPO on multiple occasions. He submitted that there have been no other concerns regarding your honesty in that this is simply in a very discreet context of delaying disclosing your COPO which you always intended to do so at some stage.

Dr Ilozue addressed the panel on the sanctions available to it. Dr Ilozue submitted that a strike off sanction sought by the NMC is disproportionate in light of the facts in this case. He submitted that you do not have deep-seated personality or attitudinal problems, there is no repetition since the incident and there is no significant risk of repeating the behaviour.

Dr Ilozue submitted that if the panel is not satisfied that a less onerous sanction is appropriate, then a short period of suspension would be appropriate to give you an opportunity to reflect on the findings of the panel.

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 took into account the following aggravating features:

- Previous referrals to the NMC
- Lack of insight into your failings
- A pattern of misconduct over a significant period of time
- Conduct which put patients at a potential risk of suffering harm

The panel also took into account the following mitigating features:

- [PRIVATE]

The panel acknowledged that you have engaged with the proceedings throughout evidence as per your regulator's expectation and also have given evidence to the panel.

The panel took account of the NMC's guidance, namely '*Cases involving dishonesty*', which states:

'Honesty is of central importance to a nurse, midwife or nursing associate's practice. Therefore allegations of dishonesty will always be serious and a nurse,

midwife or nursing associate who has acted dishonestly will always be at some risk of being removed from the register. However, in every case, the Fitness to Practise Committee must carefully consider the kind of dishonest conduct that has taken place. Not all dishonesty is equally serious. Generally, the forms of dishonesty which are most likely to call into question whether a nurse, midwife or nursing associate should be allowed to remain on the register will involve:

- *deliberately breaching the professional duty of candour by covering up when things have gone wrong, especially if it could cause harm to patients*
- *misuse of power*
- *vulnerable victims*
- *personal financial gain from a breach of trust*
- *direct risk to patients*
- *premeditated, systematic or longstanding deception*

Dishonest conduct will generally be less serious in cases of:

- *one-off incidents*
- *opportunistic or spontaneous conduct*
- *no direct personal gain*
- *no risk to patients*
- *incidents in private life of nurse, midwife or nursing associate'*

The panel particularly highlighted the bullet point relating to '*premeditated, systematic or longstanding deception*'. It considered that your actions were premeditated, sustained and subsequently repeated on a number of occasions over a long period of time. You showed a determination in your attempts to deceive your prospective employer and your motivation was for personal gain in order to secure a nursing post. The panel bore in mind the evidence of the expert witness called on your behalf in that it was his view that your actions were motivated by wishing to enhance your prospects of gaining employment. If you had gained employment there may have been a real risk to patients as a result of your deception.

The panel then went on to consider each sanction in turn, starting from the lowest available to it:

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest, nor would it protect the public.

The panel next considered whether placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force;*
and
- *Conditions can be created that can be monitored and assessed.*

The panel took into account that your clinical practice was not examined at this hearing. As a result, it was of view that there were no practical or workable conditions that could be formulated given the non-clinical nature of the charges in this case. The panel also noted the earlier history of breaching your COPO. Therefore, the panel concluded that the placing of conditions on your registration would not adequately address the facts found proved in this case.

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;*

The panel determined that your actions and dishonesty amounted to a significant departure from the standards expected of a registered nurse in more than one occasion. The panel was of the view that you showed an attitudinal problem in your refusal to follow the terms of your COPO. Given the reasons outlined above, the panel was not satisfied that risk of repetition is low in this case. It had particular regard to the application form submitted by you on 27 June 2023 for a nursing post and given to the panel in the course of these proceedings. It determined that there continues to be evidence of a pattern of repeated similar behaviour. The panel considered that this is evidence of deep-seated personality or attitudinal issues shown by your position in cross examination by Mr Lee in that you did not accept breaching your COPO. The panel was also concerned about the limited level of insight you have shown in your oral and documentary evidence, despite the significant period of time that has passed since the incidents occurred. The panel therefore determined that a suspension order would not be a sufficient, appropriate or proportionate sanction in this case.

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

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*
- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

The panel considered that, when taking into account its previous findings, the concerns do raise fundamental questions regarding your professionalism. Public confidence could not be maintained if you were not removed from the register. A striking-off order is the only sanction that would be sufficient to protect the public and maintain professional standards.

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 was of the view that the findings in this particular case demonstrate that your actions were serious and to allow you to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

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

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

Interim order

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

Submissions on interim order

Mr Lee invited the panel to impose an interim suspension for a period of eighteen months to cover any appeal period.

Dr Ilozue made no submissions.

Decision and reasons on interim order

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

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of eighteen months to cover any appeal period.

Not to make an interim suspension order would be inconsistent with the panel's findings in this case.

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

That concludes this determination.