

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

**Substantive Hearing  
Thursday, 16 November 2023 – Wednesday, 22 November 2023**

Virtual Hearing

**Name of Registrant:** Theresa Musavengana

**NMC PIN** 02H0846O

**Part(s) of the register:** Registered Nursing – RN1, Adult Nurse (August 2002)

**Relevant Location:** Buckinghamshire

**Type of case:** Misconduct

**Panel members:** Peter Fish (Chair, lay member)  
Manjit Darby (Registrant member)  
Louise Fox (Lay member)

**Legal Assessor:** Tim Bradbury

**Hearings Coordinator:** Muminah Hussain

**Nursing and Midwifery Council:** Represented by Madeleine Semple, Case Presenter

**Mrs Musavengana:** Present and represented by Kenniesha Stephens, (Royal College of Nursing)

**Facts proved:** Charges 1, 2(a), 2(b)

**Facts not proved:** Charges 2(c)

**Fitness to practise:** Impaired

**Sanction:** Caution order (1 year)

## **Details of charge**

That you, a registered nurse:

- 1) On one or more occasion between 1 September 2021 and 10 November 2021, worked as a nurse without NMC registration.
  
- 2) Your actions in charge 1 were dishonest between 19 October 2021 and 9 November 2021 in that:
  - a) You knew your NMC registration had lapsed.
  - b) You continued working as a nurse notwithstanding your knowledge of your lapsed registration.
  - c) You attempted to mislead your employer, The Freemantle Trust into believing you were unaware your registration had lapsed.

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

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

During the course of the hearing, the panel determined that parts of the hearing should be held in private as and when your [PRIVATE] and private life is mentioned.

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.

Ms Semple, on behalf of the Nursing and Midwifery Council (NMC), and Ms Stephens on your behalf, indicated that they support this application.

## **Background**

The charges arose whilst you were employed as a registered nurse at Freemantle Trust (the Trust). Prior to this you had been employed at Westgate Healthcare Group (Westgate) since 2004 and had recently retired from your role there. However, you continued to work some shifts at Westgate on a bank basis.

Around 19 October 2021, you realised that your registration had lapsed and contacted the NMC, who advised that they would need a reference from your employer before you could have your name readmitted onto the register. You completed and submitted the forms for readmission the same day. You also informed Westgate of the lapse in registration and sought references from this employer so that you could be restored onto the NMC register. You stood down from undertaking any further shifts at Westgate pending the reinstatement of your PIN. You had last worked a shift on 16 October 2021 at Westgate.

You were also working at the Trust at this time, but it is alleged that you did not inform anyone at the Trust that your NMC registration had lapsed and continued to work there without being registered with the NMC.

On 11 November 2021, your contract was terminated as you had been working at the Trust as a nurse without a valid NMC PIN. Your name was reinstated onto the NMC's register on the same day.

You are currently working as a bank nurse at Westgate.

## **Decision and reasons on facts**

At the outset of the hearing, the panel heard from Ms Stephens, who informed the panel that you made full admissions to charge 1. She informed the panel that in relation to charge 2, you admitted that between 19 October 2021 and 9 November 2021 you knew

that your registration had lapsed (paragraph 2(a)) and that you continued working as a registered nurse notwithstanding your knowledge of your lapsed registration (paragraph 2(b)). However, you denied that your actions in 2(a) and 2(b) were dishonest. Ms Stephens told the panel that you also denied charge 2(c).

The panel therefore finds charge 1 proved by way of your admissions.

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 live evidence from the following witnesses called on behalf of the NMC:

- Witness 1: Clinical Lead at the Trust (at the time of the allegations).
- Witness 2: Registered Manager at Westgate.
- Witness 3: Unit Manager at Westgate.

The panel also heard evidence from you under oath and considered the written statement of Witness 4, Head of Human Resources at the Trust, the content which was agreed between the parties.

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

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

## **Charge 2(a) and 2(b)**

That you, a registered nurse:

2. Your actions in charge 1 were dishonest between 19 October 2021 and 9 November 2021 in that:
  - a) You knew your NMC registration had lapsed.
  - b) You continued working as a nurse notwithstanding your knowledge of your lapsed registration.

### **This charge is found proved (partly by way of admission)**

The panel noted that these charges have been proved in part by way of admission, however the dishonesty aspect of the charge was disputed.

The panel first considered the state of your knowledge or belief at the relevant time.

The panel noted your admission that you had worked at a time when you knew that your registration had lapsed. The panel also considered that this was evident from the fact that when you had found out that through oversight, your PIN had lapsed, you had taken steps to be re-admitted to the register and that they had told you this could take up to six weeks. You had also informed Westgate that you were unable to work because of your lapsed registration. Nevertheless, you had failed to inform the Trust and continued to perform shifts for them.

The panel gave careful consideration to your evidence as to why you had continued working without informing the Trust of your lapsed registration. You explained to the panel that you did not have a phone number for the Trust and you decided you would let them know when you were due to return to work four days later. However, on your return, you told the panel that [PRIVATE].

The panel [PRIVATE]. However, the panel did not consider that this could adequately explain your actions. The panel considered that you were an experienced registered nurse who, at the relevant time, knew of the significance and possible consequences of working as a registered nurse when not registered. This would not only be known to any experienced registered nurse but was evidently known to you when, on learning of your lapsed registration, you immediately took steps to obtain re-registration with the NMC and to inform Westgate that you were unable to work for this reason.

Accordingly, the panel did not accept your explanation that your registration status and your inability to continue working for the Trust arose from '*everything going out of your head*'. The panel determined that, on the balance of probabilities it was more likely, that, having realised your registration had lapsed and having applied to the NMC for re-admission, you had decided to continue to work for the Trust without informing them, probably in the hope that you would be re-admitted in the near future.

The panel further determined that given your knowledge and belief at the time, your actions in working at a time when your registration had lapsed would be regarded as dishonest by the standards of ordinary decent people.

The panel therefore, found the stem in respect of paragraph 2(a) and 2(b), proved.

### **Charge 2(c)**

That you, a registered nurse:

- 2) Your actions in charge 1 were dishonest between 19 October 2021 and 9 November 2021 in that:
  - c) You attempted to mislead your employer, The Freemantle Trust into believing you were unaware your registration had lapsed.

**This charge is found NOT proved.**

In reaching this decision, the panel took into account the Witness 1's written and oral evidence, your evidence and the probationary review meeting notes dated 11 November 2021.

The panel noted that Witness 1 confirmed that his statement was based on his memory seven months after the event without the benefit of any contemporaneous notes, and that he played no part in the local investigation.

The panel also noted that Witness 1 did his best to recall events but he admitted not being able to remember some details. The panel was concerned about the apparent confusion related to whether questions at the time were related to a revalidation or to readmission onto the register, or simply about your PIN number rather than its validity. In oral evidence, this confusion remained apparent despite Witness 1's assertion that you had claimed that you had a valid PIN.

The panel also noted some inconsistencies between Witness 1's oral evidence and the documents in relation to the dates of meetings. In particular, Witness 1 told the panel that you had been called into a meeting with him and the Operations Manager on or about 6 November 2021, as a result of an audit that was being carried out that day in regard to PIN numbers. He said that approximately two days later (8 November 2021), he received various texts from you and he subsequently received a phone call probably the next day (9 November 2021). However, the panel noted that this was not consistent with the notes of the probation meeting which stated:

*“on Monday this week [8 November 2021] we were doing a nurse PIN check and it became apparent you did not have a current PIN.”*

The panel noted that through your oral evidence, you were clear and insistent that you had let Witness 1 know during your conversation when you were first asked about your PIN, that your PIN registration had lapsed on 31 August 2021. You also had told the panel that you had messaged Witness 1 regarding the status of your PIN later the same day.

The probationary review meeting notes dated 11 November 2021 took place between you and the Operations Manager. It stated:

*“[Operations Manager]: on Monday when found out you were working without a pin registration you were asked if you were working with a lapsed pin and you said no”*

*[You]: no I said it lapsed 31<sup>st</sup> August*

*[Operations Manager]: you told [Witness 1] on Monday – you said it lapsed at the end of September, but when I asked you you were not truthful*

*[You]: I thought I said 31<sup>st</sup> August*

It was agreed that the Operations Manager was present and took part in the first conversation when Witness 1 asked you to find your PIN so they could check your registration. The Operations Manager was also at the probationary meeting, which Witness 1 did not attend. The NMC explained to the panel that it had not been able to call the Operations Manager as a witness because she had left the Trust and they had no contact details for her. The panel concluded that without her evidence it was not possible to resolve the conflicts in the evidence sufficiently about what was said in your initial conversation regarding your PIN or the ambiguity in the meeting notes. The panel concluded the notes were equivocal regarding whether you told Witness 1 and the Operations Manager that your PIN had lapsed when they first brought the issue to your attention.



In all the circumstances, the panel considered that the NMC had not discharged the burden of proof upon them. Accordingly, the panel was not satisfied on the balance of probabilities that you attempted to mislead your employer, the Trust, into believing you were unaware that your registration had lapsed. The panel therefore finds charge 2(c) not 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**

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a '*word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.*'

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

Ms Semple identified a number of standards where your actions amounted to misconduct. She submitted that honesty and integrity are basic tenets of the profession and you failed to uphold those tenets. Ms Semple submitted that your actions fell short of the conduct and standards expected of a registered nurse, therefore amount to misconduct.

In her submissions, Ms Stephens accepted that due to the findings of dishonesty, your actions did amount to misconduct.

### **Submissions on impairment**

Ms Semple 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. This included reference to the case of *CHRE v NMC and Grant* [2011] EWHC 957 (Admin).

Ms Semple indicated that the NMC's position was that a finding of impairment was not necessary on grounds of public protection, but that it was necessary in the wider public interest. She submitted that as a result of your dishonesty, you have breached the fundamental tenets of the profession and that the professional standards of nursing would be undermined if impairment was not found.

Ms Semple informed the panel that public confidence in the profession depends on the NMC being able to regulate nursing and standards, and it is vital that the public can trust and have confidence in the profession to act with honesty and with integrity. She submitted that while you continued to practice without a valid registration knowing that it had lapsed, you breached a fundamental tenet of the profession.

Ms Semple submitted that a finding of impairment on public interest grounds is required given this case involves dishonesty, and the facts found proved amount to both misconduct and impairment.

Ms Stephens submitted that there is nothing to suggest your conduct has harmed anyone, and your fitness to practice is not impaired on public protection grounds. She submitted that in the past, your practice may have been impaired by reason of public interest, however it is not currently impaired.

Ms Stephens informed the panel that you made admissions in relation to your conduct which were admitted from the outset of the hearing. She referred the panel to your reflective piece where you had made admissions and reflected upon the gravity of the situation. You also made admissions in your oral evidence before the panel and apologised for your actions at the time, as well as the time and the cost it has caused the NMC to investigate this matter which is also included in your reflective piece. You also stated that you recognised your misjudgement and poor communication, and you have taken full responsibility for your PIN lapsing, including recognising the risk you placed on your employer and patients by practising unregistered.

Ms Stephens outlined that you have demonstrated your determination to do better in the future, and have acknowledged that all nurses have a duty of candour, which you recognised that you fell short of when you practised unregistered. She submitted that you have demonstrated insight and have taken steps to address the concerns, including trying to set up a direct debit to pay your PIN registration as this is the reason as to why it lapsed in the first place. You also have improved your communication with the NMC to ensure that they have up to date contact details.

Ms Stephens submitted that the concerns against you have been addressed. You have remained on the register for the last two years and have continued to practice with no further concerns being raised. You addressed the concerns as soon as you were aware of

them, and contacted both the NMC and Westgate about your lapsed PIN. You were readmitted onto the register on 11 November 2021.

Ms Stephens submitted that it is highly unlikely that the conduct will be repeated, given the steps that you have taken to ensure that you receive reminders about your PIN renewal and have set up a direct debit to make sure that the payment is not missed. She submitted that your fitness to practice is not currently impaired and you have remediated your misconduct. Ms Stephens submitted that this was an isolated incident which took place a significant amount of time ago, and the passage of time has provided you the opportunity to address the concerns and practice safely.

Ms Stephens submitted that you have been a nurse since 2002 and there have been no other concerns with your practice. She informed the panel that your colleagues make remarks on how honest and trustworthy you are. You are a good nurse, and you pass on those standards to others when you are training staff.

Ms Stephens concluded that whilst your fitness to practise may have been impaired in the past, it is not currently impaired on the ground of public interest.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311 and *PSA v (1) GMC (2) Uppal* [2015] EWHC 1304.

### **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:

*8.2 maintain effective communication with colleagues*

*12.1 make sure that you have an appropriate indemnity arrangement in place relevant to your scope of practice.*

*16.3 tell someone in authority at the first reasonable opportunity if you experience problems that may prevent you working*

*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 ...*

*22 Fulfil all registration requirements*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that in regard to charge 1, working without registration is unacceptable, and members of the profession and the public would consider it unacceptable. In regard to charges 2(a) and 2(b), members of the profession and the public would consider that these acts fall far short of the conduct expected of a registered nurse.

The panel found that your actions did fall seriously short of the conduct and standards expected of a nurse and amounted 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 finds that your misconduct had breached fundamental tenets of the nursing profession in that you acted dishonestly, and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

Regarding insight, the panel considered that you have demonstrated an understanding of that which you did was wrong, and the potential impact your misconduct could have had on your employers, patients and the NMC. You apologised to the panel for the time and cost of the hearing, and submitted a comprehensive reflective piece which demonstrated remorse and insight. Your reflective piece also stated the steps you have taken to ensure that this incident is not repeated, and the different steps you would take if similar circumstances arose.

The panel considered that the risk of repetition was low and took note of the work that you had undertaken to strengthen your practice. You had demonstrated sufficient safeguards to ensure you did not find yourself in this position again. This included work to strengthen your communication skills, and taking steps to ensure you set up a direct debit with the bank.

The panel gave serious consideration to the findings of dishonesty. It noted that the dishonesty involved a single incident although it took place over a three week period. It noted that you had engaged with the NMC fitness to practice process and had given live evidence at the hearing. It noted the admissions you had made and that several NMC witnesses had attested to your character and nature. All of the witnesses said that you

were a good nurse, that this incident was out of character and they could not imagine you being dishonest. You have also worked for two years without incident since these events.

The panel were of the view that your dishonesty was remediable and that there had been no risk to patients and the risk of repetition is low. In those circumstances it did not consider a finding of impairment on the grounds of public protection necessary.

However, 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 considered that working with a lapsed PIN and the related findings of dishonesty were serious matters which breached fundamental tenets of nursing. Further, the panel determined that your misconduct was so serious that public confidence in the profession would be undermined, and the standards of the profession would not be upheld, if a finding of impairment were not made. Therefore, the panel concluded that a finding of impairment was necessary in order to uphold standards and maintain public confidence in the NMC professions and in the regulator.

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

## **Sanction**

The panel considered this case very carefully and decided to make a caution order for a period of one year. The effect of this order is that your name on the NMC register will show that you are subject to a caution order and anyone who enquires about your registration will be informed of this order.



## **Submissions on sanction**

Ms Semple informed the panel that the NMC are seeking a short suspension order for a period of two to three months with no requirement for review.

Ms Semple submitted that dishonesty is serious, and whilst there has been no harm to patients, honesty and integrity are essential tenets of the profession. She submitted that this case is aggravated by the fact that you continued to practice after realising your PIN had lapsed. Ms Semple recognised however, that your misconduct related to a one off, isolated incident.

Ms Semple submitted that it would not be appropriate to take no action nor impose a caution order, given that public confidence is contingent on the NMC's ability to regulate the nursing profession, and registration with the NMC is vital. She submitted that a conditions of practice order is inappropriate as there are no clinical concerns.

Ms Semple submitted that a short suspension order is therefore appropriate. She submitted that although there are no deep-seated attitudinal concerns or repeated behaviour, the dishonesty element of the case makes it serious enough for a temporary removal from the register. She submitted that this would sufficiently protect public confidence in the profession.

Ms Stephens submitted that a caution order would be an appropriate sanction.

Ms Stephens submitted that you recognise honesty is important to nursing practice, and that dishonesty is considered serious. She submitted that this is a one off incident over a relatively short period of time, and the panel identified the risk of repetition to be low as well as noting the work you have done to strengthen your practice.

Ms Stephens submitted that you continued to work with your PIN having lapsed, however, it was not motivated by personal gain, and it was during the COVID pandemic when nursing support was vital in the care home sector. She further submitted [PRIVATE].

Ms Stephens outlined that you have engaged with the fitness to practice committee, and have demonstrated remorse as well as putting measures in place so that the PIN lapse and working unregistered will not happen again.

Referring to the NMC Sanctions Guidance (SG), Ms Stephens submitted that although you denied dishonesty, this should not be considered as an aggravating factor. She submitted that you had accepted the objective facts of the charges [PRIVATE]. You had not sought to blame anyone else. She submitted that there is no evidence to suggest a lack of insight and you have taken full responsibility for your PIN lapse.

Ms Stephens submitted that a caution order is appropriate in the circumstances, in that there was no harm or risk caused to the public or patient safety. She submitted that a caution order would be sufficient to uphold the public confidence in the profession, given that you have remediated the misconduct. Ms Stephens submitted that your insight shows that you have learnt the relevant lesson, and a caution will serve not only to protect the public confidence, but as a reminder to you of your actions.

Ms Stephens submitted that the evidence of the witnesses demonstrated that you are a good, trustworthy and honest nurse, who is experienced and caring. You have been practising for two years with no further incident.

Ms Stephens submitted that a caution order would secure public trust in the nursing profession and will promote and maintain proper professional standards and conduct.

### **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:

- The proven dishonesty occurred within the context of your practice as a registered nurse, and undermined the NMC's regulatory process.

The panel also took into account the following mitigating features:

- Admissions of objective facts;
- The incident though serious, was isolated, wholly out of character and [PRIVATE];
- Apologies to the Trust, the NMC and the panel;
- You have shown remorse and current insight into your failings and addressed what you would do differently in the future;
- Good character and history, and;
- Practised without incident for the last two years.

The panel also had due regard to the NMC guidance 'SAN-2 Considering sanctions for serious cases' and considered that the dishonesty in this case was at the lower end of the spectrum. Patients were not placed at risk of harm, your actions were a one off incident, and an error of judgement.

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

Next, in considering whether a caution order would be appropriate in the circumstances, the panel took into account the SG, which states that a caution order may be appropriate where *'A caution order is only appropriate if a Fitness to Practice Committee has decided there is no risk to the public or to patients ... meaning the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'*

The panel determined that there was no risk to the public or patients and the risk of repetition is low. The panel noted that you have shown insight into your conduct. The panel noted that you made admissions and apologised to this panel for your misconduct, showing evidence of genuine remorse. The panel noted that this was an isolated incident [PRIVATE] and that your actions were out of character. There had been no previous regulatory concerns about you during your long nursing career, and you have since practiced for two years without further incident. The panel also noted that the witnesses and referee spoke very highly of your integrity and professionalism.

The panel considered whether it would be proportionate to impose a more restrictive sanction and looked at a conditions of practice order. The panel noted that this would be inappropriate and disproportionate as there are no clinical concerns with your practice. The panel concluded that no useful purpose would be served by a conditions of practice order. It is not necessary to protect the public.

Having regard to the NMC's submissions, the panel considered whether a suspension order would be appropriate. The panel noted that the purpose of a sanction is not to be punitive and it should choose the least restrictive sanction that would protect the public and the wider public interest. The panel determined that, in the particular circumstances of this case and for the reasons outlined above, a suspension order was not required to meet the wider public interest and would be disproportionate.

In light of the above, the panel has decided that a caution order would adequately serve the public interest and maintain public confidence in the profession. For the next one year,

your employer - or any prospective employer - will be on notice that your fitness to practise had been found to be impaired and that your practice is subject to this sanction. Having considered the general principles above and looking at the totality of the findings on the evidence, the panel has determined that to impose a caution order for a period of one year would be the appropriate and proportionate response. It would mark not only the importance of maintaining public confidence in the profession, but also send the public and the profession a clear message about the standards required of a registered nurse.

At the end of this period the note on your entry in the register will be removed. However, the NMC will keep a record of the panel's finding that your fitness to practise had been found impaired. If the NMC receives a further allegation that your fitness to practise is impaired, the record of this panel's finding and decision will be made available to any practice committee that considers the further allegation.

This decision will be confirmed to you in writing.

That concludes this determination.