

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

**Restoration Hearing
Tuesday, 10 December 2024 – Wednesday, 11 December 2024**

Virtual Hearing

Name of Applicant:	Perpetual Ngozi Ogunfuye
NMC PIN	03F0806O
Part(s) of the register:	Registered Nurse – Adult Nursing Registered Midwife
Relevant Location:	West Middlesex
Panel members:	John Kelly (Chair, Lay member) Catherine Cooper (Registrant member) Caroline Friendship (Lay member)
Legal Assessor:	Fiona Barnett
Hearings Coordinator:	Eleanor Wills
Nursing and Midwifery Council:	Represented by Tope Adeyemi, Case Presenter
Mrs Ogunfuye:	Present and represented by Thomas Buxton, Counsel instructed by Royal College of Nursing
Outcome	Application granted subject to compliance with the NMC Return to practice standards by completing NMC approved return to practice programmes for each relevant part of the register

Determination of application for Restoration to the Register

This is a hearing of your first application for restoration to the Nursing and Midwifery Council (“NMC”) Register. A panel of the Conduct and Competence Committee directed on 2 June 2015 that your name be removed from the register based on its findings with regard to the facts of your case and your impairment. This application is made by you in accordance with Article 33 of the Nursing and Midwifery Order 2001 (“the Order”), as at least five years have now elapsed since the date of the striking-off order.

At this hearing the panel may reject your application, or it may grant your application unconditionally. It may grant your application subject to your satisfying the requirements of Article 19(3) and it may make a conditions of practice order.

The panel has considered your application for restoration to the Council’s register.

Background

At the time of the charges found proved, you were employed by the West Middlesex University Hospital Trust (‘the Trust’) as a Registered Midwife on the Queen Mary’s Maternity Unit. On 23 February 2013, shortly after a period of supervised practice, you falsified patient records to include observations which had not been taken.

A Consultant Obstetrician at the Hospital (‘Miss 1’) informed the Risk Midwife (‘Ms 3’) and the Practice Development Midwife, and your Supervisor of Midwives, (‘Mrs 2’) by email that you had not taken observations for Patient A, requiring High Dependency Unit care (‘HDU’), after a post-partum haemorrhage in which she had lost an estimated 2.76 litres of blood. When Ms 3 reviewed the notes in question, the missing observations were then found entered in the notes.

Ms 3 discussed the issue with the Head of Midwifery and an investigation was conducted. On 12 March 2013, a meeting occurred at which you gave the Trust your account of what had happened on 23 February 2013. Throughout the investigation period, you stated that the observations had always been there but that

Miss 1 had missed them. Miss 1 maintained that the observations were not there when she reviewed Patient A at 10:50 and the outcome of the investigation was a recommendation for a formal disciplinary hearing which was convened on 22 April 2013, the outcome of which was that you were dismissed.

Immediately after the disciplinary hearing on 22 April 2013, you again told Mrs 2 that you had not made retrospective entries in the notes. However, the day after the hearing you rang Mrs 2 to inform her that you had in fact lied during the investigation and you had entered the observations retrospectively.

The panel at the substantive hearing, which took place 10-13 March and 1-2 June 2015, considered the following charges:

'That you, whilst employed as a Band 5 Registered Midwife by the West Middlesex University Hospital NHS Trust:-

1 On or around 23 February 2013, entered details of observations into the clinical records of Patient A representing that you had undertaken patient observations at 9am and/ or at 10am on 23 February 2013:

1.1 When you had not performed above stated observations; and/ or [FOUND PROVED]

1.2 That you were falsely representing that the entries in question were contemporaneous notes of those observations. [PROVED BY ADMISSION]

2 That your actions in charges 1.1 and/ or 1.2 were dishonest. [FOUND PROVED]

3 On 23 February 2013, did not provide adequate care to Patient A in that you:

3.1 Did not ensure that she received a medical review prior to having a shower or bath; (AS AMENDED) [PROVED BY ADMISSION]

3.2 Did not ensure that she received a medical review prior to having breakfast; [PROVED BY ADMISSION]

3.3 Did not carry out hourly observations; [FOUND PROVED]

3.4 Did not implement hourly urine measurements; [PROVED BY ADMISSION]

3.5 Did not commence a HDU chart for Patient A. [NOT PROVED]

And in light of the above, your fitness to practise is impaired by reason of your misconduct'

You attended the substantive hearing, and made admissions to charges 1.2, 3.1, 3.2 and 3.4. The panel at the substantive hearing found the remaining charges proved, with the exception of charge 3.5 which was found NOT proved.

The substantive hearing panel, determined the following with regard to impairment:

'The panel considered the case of Grant. At paragraph 74 Mrs Justice Cox 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.'

The panel has taken into account the public interest when considering whether your fitness to practise is currently impaired.

The panel accepts that your clinical errors are capable of being remediated by

appropriate training. However, the material you have provided about further training was limited. You provided a certificate about a 'short course' in record keeping. The panel have no information about how detailed this course was, or about the other courses. It is therefore unable to assess whether you have taken sufficient steps to remediate your clinical failings. Furthermore, the panel consider that in not taking observations your failings went further than concerns about record keeping.

The panel also took into account that dishonesty is not readily open to remediation. Not only were you found to be dishonest in respect of entries in the clinical records, you also lied during the Trust investigation and when giving evidence to this panel.

The panel has considered your reflective piece. You said in that document that you had lied out of fear of being punished because you loved your job. You also said that you did not want to be 'punished' with another supervision requirement. You highlight that you did complete the checks but did you not record them in the notes until later. This shows you do not accept the panel's finding that observations were not done at all.

The panel noted that the first reason your reflective piece gives for not failing in the future was because of the effect on you. It also spoke of your feelings that you thought your colleagues were moving on and looked down upon you. The panel consider that these statements display a worrying attitude by you in that you appear to focus on what is best for you and rather than on the interests of the patient.

The reflective piece also attributes your 'mistake' to lack of experience and poor time keeping. The panel concluded this evidenced your lack of appreciation of the more fundamental clinical and attitudinal worries.

The panel also read and took into account your PDP. It was unable to attach very much weight to this document which appears to be lacking detail and

original thinking by you about the development of your career and those areas of your practice which feature in this case.

While the panel accepts that you may have developed some insight into your actions it considers that, at best, your insight is limited.

In those circumstances, the panel considered that there is a risk that you would repeat your clinical errors and that you would then lie to conceal those errors.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining public confidence in the midwifery profession and upholding the proper standards and behaviour. Having regard to all of the above, the panel is satisfied that your fitness to practise is currently impaired.'

The substantive panel went on to determine the following with regard to sanction:

'The panel has had regard to both the public interest and your own interests, and has applied the principle of proportionality, weighing the interests of patients and the public against your own interests.

The panel has borne in mind that the public interest includes the protection of patients, the maintenance of public confidence in the profession and the declaring and upholding of proper standards of conduct and behaviour.

The panel has considered the aggravating and mitigating factors in this case. The aggravating factors in this case include:-

- Your dishonesty in relation to your clinical practice, record keeping and subsequent disciplinary proceedings;*
- Your allegations to the Trust that your colleagues were lying;*
- Your lies in your evidence to this panel;*
- Your clinical failings which related to a seriously ill, HDU patient;*

- *Your continuing attempts to justify your failings;*
- *Your continuing focus on yourself rather than the effects of your actions on patient care; and*
- *The risk of repetition.*

The mitigating factors include:-

- *Your clinical failings only took place during one shift;*
- *Your long career as a nurse;*
- *The lack of any complaints about you in your current role; and*
- *Your engagement with the NMC proceedings and your admissions.*

The panel took into account the evidence before it of your current practice by way of testimonials from two recent employers.

The panel also had regard to [PRIVATE]

However, the panel took the view that your conduct had fallen far below the standards expected of a registered midwife and that it was the panel's duty to protect the public from the risk of harm and to declare and uphold proper standards of conduct so as to maintain public confidence in the profession.

The panel has borne in mind that any sanction imposed must be reasonable, appropriate and proportionate and, although not intended to be punitive in its effect, it may have such consequences. The panel had careful regard to the Guidance. It recognised that the decision on sanction is a matter for the panel, exercising its own independent 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 and it would not adequately protect patients.

Next, in considering whether a caution order would be appropriate in the circumstances, the panel took into account the Guidance. The panel noted that you had made admissions to some of the charges, that you showed some remorse and that you have engaged with the NMC. The panel noted that, although you have shown some insight into your conduct, this was limited and the risk of repetition still remained. The panel considered that a caution order would not mark the seriousness of the misconduct in this case and would not provide adequate protection to patients.

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 Guidance, where this sanction might be appropriate, and considered the following factors to be relevant in your case:

‘67.1 No evidence of harmful deep-seated personality or attitudinal problems

67.2 Identifiable areas of nurse or midwife’s practice in need of assessment and/or retraining

67.4 Potential and willingness to respond positively to retraining

67.6 Patients will not be put in danger either directly or indirectly as a result of conditional registration

67.7 The conditions will protect patients during the period they are in force

67.8 It is possible to formulate conditions and to make provision as to how

conditions will be monitored’

The panel noted that, given your sustained dishonesty, there was evidence of deep-seated attitudinal issues. It was also of the view that there are no practical or workable conditions that could be formulated to address your dishonesty. In your reflective statement, you said that you had not wanted to be ‘punished with another supervision requirement’. This suggests that you

regarded supervision more as a punishment than as a measure intended to address the public interest.

The panel is therefore concerned that you would not respond positively and cooperatively to conditions on your registration. In any event, the panel concluded that the placing of conditions on your registration would not adequately address the seriousness of this case, would not protect the public or satisfy the public interest in the case.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The panel took into account the Guidance, where this sanction might be appropriate, and considered the following factors to be relevant in your case:

'71.1 A single instance of misconduct but where a lesser sanction is not sufficient.

71.2 The misconduct is not fundamentally incompatible with continuing to be a registered nurse or midwife in that the public interest can be satisfied by a less severe outcome than permanent removal from the register.

71.3 No evidence of harmful deep-seated personality or attitudinal problems.

71.4 No evidence of repetition of behaviour since the incident.

71.5 The panel is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour.'

The panel also considered paragraphs 39 and 40 of the Guidance to which reference has already been made in this determination.

The panel noted that your dishonesty was sustained on the day of the incident, during the Trust investigation and disciplinary hearing, and during this hearing. It considered that, despite the close relationship you had with your supervisor of midwives, you still continued to make denials and allegations against colleagues. You only told the truth after you were

dismissed from the Trust, when it no longer mattered. You have demonstrated some insight, but your remorse is largely limited to how these proceedings have impacted on you and you only materially considered the impact on others under re-examination and when questioned by the panel. The panel considered that there is a risk that you will repeat your behaviour. The panel concluded that, whilst a suspension order would protect patients and relatives during the period of the suspension, the public interest would not be satisfied.

Your behaviour was a significant departure from the standards expected of a registered midwife. There were serious breaches of the fundamental tenets of the profession which, in the judgement of the panel, are incompatible with you remaining on the register. The panel determined that a suspension order would not be a sufficient sanction to protect the public, or to declare and uphold proper standards and maintain public confidence in the profession.

The panel considered whether a striking-off order would be an appropriate and proportionate sanction. Paragraph 75 of the Guidance gives guidance as to when a striking-off order will be appropriate. The panel considered the following parts of paragraph 75 to be relevant in this case:

‘75 This sanction is likely to be appropriate when the behaviour is fundamentally incompatible with being a registered professional, which may involve any of the following (this list is not exhaustive):

75.1: Serious departure from the relevant professional standards as set out in key standards, guidance and advice including (but not limited to):

75.1.1 The code: Standards of conduct, performance and ethics for nurses and midwives

75.6: Dishonesty, especially where persistent or covered up’

Patient A was a very ill patient who was placed at a significant risk of harm through your clinical failings and deceit. You then denied these failings and chose to deflect them on others. You continued your dishonesty for a protracted period of time, placing your own interests above those of patients and of your profession. You did this to avoid further supervision and still appear to be justifying your clinical decisions. You said that you were motivated by a feeling that your colleagues were moving on and looked down on you. This is fundamentally incompatible with membership of the nursing and midwifery professions.

The panel determined that to allow you to continue practising would expose patients to further risk of harm and would undermine public confidence in the profession and in the NMC as a regulator.

The panel determined that the only appropriate and proportionate sanction is that of a striking-off order. Having had regard to the matters it identified, the panel concluded that anything short of this sanction would be insufficient to protect the public or to satisfy the public interest.

The panel recognises the severe impact that such an order is likely to cause you.

However, it considers that your interests are outweighed by the necessity to protect patients, and the importance of maintaining public confidence in the profession, the NMC as regulator, and the need to send to the public and the profession a clear message regarding the standards of conduct and behaviour required of a registered nurse and registered midwife.

Accordingly, the panel directs the Registrar to strike you off the register. You may not apply for restoration until five years after the date that this decision takes effect.'

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

During your oral evidence, Ms Adeyemi, on behalf of the NMC, made a request that this case be held partly in private on the basis that proper exploration of your case involves [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Mr Buxton, on your behalf, supported the application.

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 determined to go into private session in connection with [PRIVATE] as and when such issues are raised in order to protect your privacy.

Evidence and Submissions

The panel took into account the documentary evidence, which included your application for restoration which you submitted to the NMC, your employment history, a reflective piece, training certificates and testimonials.

Ms Adeyemi outlined the background of the case and the facts that led to the striking-off order. She referred this panel to the previous panel's decision which resulted in your removal from the NMC's register. Ms Adeyemi referred the panel to the test set out in Article 33(5) of the Order.

You gave oral evidence to the panel.

During your oral evidence under oath Mr Buxton referred you to the following excerpts of your reflective piece, which you confirmed.

'I am disappointed at myself for failing to follow the four principles of Nursing and midwifery code, which are prioritise people, practice effectively, preserve safety and promote professionalism and trust...

...

Honesty is important in nursing practice because it helps to build trust between nurses and patients and in turn help to improve their well-being. Honesty help (sic) to create healthy teamwork, promotes patient-centred care.

...

To make sure there is no repetition of this misconduct, I will ensure I follow the local policies and procedure. I will ensure that I am always honest and always speak the truth. I will ensure and maintain contemporaneous documentation. If I am not very sure of what to do in a particular situation, I will seek for support from senior colleagues or my manager/Supervisor of midwives.

...

I will apply my learning to my future practice by ensuring accurate documentation is done, making sure I deliver the fundamentals of care effectively, I will avoid making assumptions and work in accordance with NMC code...'

You referred the panel to your Curriculum Vitae which provided up to date information regarding your employment over the last 6/7 years.

You stated that between October 2017 and December 2018 you were a team leader/assessor employed by Care UK. Your main role was *'to lead the care team in a professional manner ensuring a safe, caring, effective and efficient service provision to users in accordance with their assessed needs.'* You stated you provided leadership and support to care staff and acted as a champion for residents' safety and dignity.

You stated that between January 2019 and August 2024 you were employed part-time as a care manager by Tenda Healthcare Services. You stated that your role included ensuring *'that clear and accurate records and communication systems relating to clinical and care delivery are maintained and effectively used.'*

You stated that you were employed between November 2019 and August 2024, part-time as a team manager by Youus Care Limited. You referred the panel to the references, dated 20 July 2022 and 21 March 2024, provided by Ms 4, Director of Youus Care Limited and confirmed that these references attest to your exemplary practice and honest character.

You stated that in June 2022 you were employed by Comfort Care initially on a part-time basis until August 2024 when you were then offered a full-time contract, and you are currently employed full-time by Comfort Care as a Support Worker. You stated your role involves '*supporting service users with learning disabilities and other medical conditions, including mental health*'. You stated this includes:

- personal care;
- oral care;
- environmental care;
- medication;
- booking medical appointments and providing support during medical appointments; and
- documenting communication with the multi-disciplinary team.

You stated you undertake this work in a home setting (supported living).

You stated you are also a Director for A Well woman Network UK a community integrated company and charity organisation. You stated you support people in the community who are lonely and vulnerable. You organise soup kitchens and activities for children and homeless individuals. You stated members of the organisation, including you, volunteer their time, many of whom are registered nurses.

You referred the panel to the training certificates you have provided and confirmed that they are mainly mandatory training modules but included training specifically in relation to record keeping.

You told the panel that you are currently undertaking a BSc (Hons) degree in Business and Healthcare management at Anglia Ruskin University. You stated you have undertaken the course to update and improve your skills and knowledge. You stated you are currently on intermission as you are awaiting the outcome of today's application.

Regarding your future intentions you stated you plan to undertake a return to practice course. You stated you made enquires at Kingston University and Hertfordshire University. You stated you wish to return to your practice as a registered nurse (part time) and a registered midwife (full time).

You acknowledged that in the past you acted dishonestly and that your past actions impacted patients, your colleagues, your employer and the wider profession. You stated you are disappointed in yourself and your actions. You apologised for your actions and stated that you have repented and asked for forgiveness. You asked for second chance to prove yourself. You stated you are open and transparent about your past actions with colleagues and friends in order to teach others about the importance of being honest and acting with integrity.

You referred the panel to testimonials you have provided and confirmed that you were praised for the quality of your documentation, your integrity and trustworthiness.

Ms Adeyemi, during cross-examination, asked you why you decided to apply for restoration to the NMC register in 2024. You stated that before 2024 [PRIVATE].

In response to Ms Adeyemi's questions, you stated that your understanding was that you were removed from the register due to your dishonesty in relation to your documentation and the care of Patient A. You stated in order to avoid repetition of your past behaviour you will follow your employer's policy and ensure documentation is completed honestly and contemporaneously. Further if required you will engage in further training. You stated you have maintained your honesty and integrity since being struck-off the register and promised to maintain this behaviour. You

acknowledged that your actions impacted the public's trust and confidence in the professions.

In response to panel questions, you stated that in your current role you normally undertake 8-hour shifts, mainly face-to-face with patients in an assisted living home. You stated you started your degree in September 2024 and your current employer allows you days off to be able to undertake your studies.

The panel had regard to the submissions of Ms Adeyemi, on behalf of the NMC, and those made by Mr Buxton on your behalf.

Ms Adeyemi submitted that you acknowledged your dishonesty and have provided some information on what you have learnt from your past actions. She submitted that you have demonstrated an understanding of the importance of acting with honesty and integrity. She submitted that your testimonials comment positively on your honesty and integrity and describe your record keeping as meticulous and very professional. She submitted that the testimonials are all supportive of your application to rejoin register.

Ms Adeyemi submitted that if the panel still has concerns relating to your ability to practise safely and effectively then she invited the panel to reject your application. Ms Adeyemi submitted that if your application were successful you would need to undertake a return to practice course before being restored to the register.

Mr Buxton submitted that the panel has a wealth of evidence to support that you are capable of safe and effective practice. He referred to the testimonials in support of your practice. He submitted that you have demonstrated an understanding of the impact of your actions on patients, colleagues, your employer and the wider profession. You have demonstrated that you are a reliable, trustworthy and hardworking individual and have genuine remorse for your actions.

Mr Buxton submitted that it has been nearly ten years since the striking-off order was imposed. He submitted that you have fully reflected on your actions. He submitted that there has been no repetition of your conduct which led to the striking-off order.

He submitted that you have undertaken steps to keep up to date with your nursing skills and knowledge and have maintained a constant employment record in a healthcare setting. You have given your clear assurance that you will never behave in that same way again. You have thought carefully about your future intentions and are aware of the fact that you will have to undertake a return to practice course before recommencing employment as registered nurse and/or a registered midwife. He submitted that you have a sensible and realistic approach to your future.

Mr Buxton submitted that you are a fit and proper person and have demonstrated that you are capable of safe and effective practice, given that prior to the striking-off order there was no previous history of regulatory concerns. Further since the striking-off order there has been no repetition of the behaviour which led to the striking-off order.

Mr Buxton therefore invited the panel to allow you to be restored to NMC register.

The panel accepted the advice of the legal assessor.

The legal assessor referred the panel to the test set out in Article 33(5) of the Order. Firstly, you must satisfy the panel that you satisfy the requirements of Article 9(2)(a) (approved qualification and prescribed education, training and experience) and Article 9(2)(b) (capable of safe practice). Secondly, you must satisfy the panel whether, having regard in particular to the circumstances which led to the making of the striking-off order in 2015, you are also a *“fit and proper person to practise as a registered nurse”*. The legal assessor advised the panel that it is for you to satisfy the panel of these matters, and it is for the panel to use its own independent judgment as to whether it is so satisfied.

In relation to the meaning of *“fit and proper”* the legal assessor referred the panel to the case of *Regina v Warrington Crown Court, Chief Constable of Cheshire Constabulary ex parte RBNB (a company)* [2002] UK HL 24. She also referred the panel to the case of *General Medical Council v Shekhar Chandra* [2018] EWCA Civ 1898 and to the NMC guidance *‘Deciding on applications for restoration’*, reference *‘APP-2a’*, last updated 19 April 2024.

Decision on the application for restoration

The panel considered your application for restoration to the NMC register. It decided to grant the application subject to your successful compliance with the NMC return to practice standards by completing an NMC approved return to practice programme for each part of the register you wish to rejoin.

In reaching its decision the panel recognised its statutory duty to protect the public and maintain public confidence in the reputation of the professions, which includes the declaring and upholding of proper professional standards. The panel bore in mind that the burden is upon you to satisfy it that you are a fit and proper person who is able to practise safely and effectively as a nurse.

The panel first considered the extent to which you have demonstrated insight and addressed the concerns which led to the striking-off order. The panel took into account your reflective piece and your oral evidence.

The panel noted that you stated in your written reflection that your dishonesty was a '*momentary deviation*'. The panel noted that your misconduct flowed from a single event, and you were dishonest in order to cover up your clinical failure to undertake observations of Patient A. When questioned by the panel regarding this matter you reiterated your commitment to acting with honesty and integrity and demonstrated genuine remorse for your actions.

The panel having heard your oral evidence, noted that that you acknowledge and have reflected on your actions and demonstrated an understanding of why they occurred and why they were wrong. The panel is of the view that you articulated the general impact of your actions on patients, colleagues, your employer and the public's trust and confidence in the professions. The panel noted that you appeared self-aware and able to recognise your failings having stated that if you were in similar circumstances, you would escalate the matter to your manager/supervisor or ask for further training. The panel took into account that you sincerely apologised and demonstrated genuine remorse for your actions and the consequential impact they had.

On balance, the panel determined that you have demonstrated sufficient insight to satisfy it that you have addressed the findings of the previous panel at the substantive hearing.

The panel noted that there is no evidence of repetition of such behaviour since the striking-off order was imposed. Further you have provided three testimonials from colleague/managers in support of your practice and character. The testimonials attest to you being meticulous in your record keeping, consistently maintaining accurate and contemporaneous documentation. Further stating that you act with honesty and integrity and refer to your mistakes that led to you being struck-off, using it as a learning opportunity. When questioned by the panel, you stated that you have been transparent and open with colleagues regarding your dishonesty so that they might learn from your past mistakes and understand the importance of acting with honesty and integrity.

The panel next considered the period of time since being struck-off and any previous restoration applications. The panel had regard to the fact that this is your first restoration application. The panel took into account that your actions which led to the striking-off order occurred in 2013 and the striking-off order was imposed in 2015. When questioned as to why you waited until over nine years, since being struck-off, to apply for restoration to the NMC register, [PRIVATE]. The panel was of the view that you appeared to have made the application carefully and have done so in a timeframe which suited you [PRIVATE]. The panel therefore drew no particular inference from the time it took you to apply for restoration.

The panel then considered your employment history since you were removed from the register. The panel took into account that you have provided a comprehensive employment history. The panel noted that you have consistently maintained work in a healthcare setting, having been employed by multiple care providers and a health and well-being charity organisation. The panel noted that you are currently working full time as a support worker providing care to patients in a care home setting. The panel had regard to the testimonials you provided from colleagues/managers in your

current and previous workplaces which attested to your work ethic and quality of care as well as your honesty and integrity.

The panel considered the efforts you have made to keep up to date with professional practice. The panel took into account that you have undertaken a range of mandatory training including record keeping. The panel noted that you have not undertaken any training in professional ethics or duty of candour. However, the panel noted that you have continued to work in a healthcare setting and have provided references that attest to your honesty and integrity.

The panel bore in mind the NMC's health and character requirements. The panel noted that you stated under oath that you have not been convicted of criminal offence since your name was removed from the register, you are not currently subject to any criminal proceedings, and you have not claimed to be a registered practitioner since being struck-off. Further your references attested to your good character. The panel also noted that you stated that you are currently of good health to be able to care for people safely and effectively.

The panel determined that you will be capable of safe and effective practice once you have fulfilled the requirements of the necessary return to practice programme(s). In reaching this decision the panel took into account your remorse, insight, the steps you have undertaken to address the concerns, your positive record of employment in a healthcare setting and the efforts you have undertaken to maintain your professional skills and knowledge.

The charges found proved are serious in that they involved dishonesty and a risk to the well-being of a patient. The panel determined, given the nature and context of the charges found proved and the time that has elapsed, that they are not such as to result in the public's trust and confidence being undermined if you were to be restored to the NMC register having met the relevant requirements.

The panel therefore concluded that you are a fit and proper person to practise as a nurse and/or midwife.

The panel had regard to the overarching objective and took into account the previous panel's findings at the substantive hearing and the evidence before it today and determined that the risk of repetition is low and subsequently you do not pose a risk to the public. The panel noted that the sanction imposed by the original substantive panel served to protect the public, uphold the public's confidence in the professions and send out a clear message as to the standards expected of registered nurses and midwives. Having regard to the evidence now available in this case, the panel concluded that you can be restored to the NMC register without undermining any aspect of the NMC's overarching objective.

In determining to grant your application for restoration to the NMC register the panel bore in mind that you have not practised as a registered nurse/midwife since June 2015. The panel noted that you do not possess an approved qualification awarded during the last five years, therefore you do not satisfy the requirements for additional education or training and experiences as set out in the NMC return to practice standards.

However, given its decision that you are capable of safe and effective practice and are a fit and proper person to practice as a nurse/midwife, the panel determined to grant your application for restoration to the NMC register subject to your compliance with the NMC return to practice standards by successful completion of return to practice programme(s) and payment of the prescribed fee(s) in due course.

That concludes this determination.

This decision will be confirmed to you in writing.