

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

**Substantive Hearing
Tuesday 23 July – Friday 26 July 2024**

Virtual Hearing

Name of Registrant: **Christine Marie Edwards**

NMC PIN: 9313091E

Part(s) of the register: Registered Nurse - Sub part 1
RNA: Adult nurse, level 1 (27 September 2000)

Relevant Location: Devon

Type of case: Misconduct

Panel members: Patricia Richardson (Chair, lay member)
Roselyn Mloyi (Registrant member)
Joanne Morgan (Lay member)

Legal Assessor: Jayne Salt

Hearings Coordinator: Rene Aktar

Nursing and Midwifery Council: Represented by Omar Soliman, Case Presenter

Mrs Edwards: Not present and unrepresented at the hearing

Facts proved by admission: Charges 1, 2a), 2b), 2c), 3, 4, 5, 7a), 7b), 9, 10,
11, 12 and 13

Facts proved: Charges 6a), 6b) and 14

Facts not proved: Charge 8a) and 8b)

Fitness to practise: Impaired

Sanction: **Striking-off order**

Interim order: **Suspension order (18 months)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mrs Edwards was not in attendance and that the Notice of Hearing letter had been sent to Mrs Edwards on 17 June 2024.

Mr Soliman, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegation, the time, dates, that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mrs Edwards' right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In light of all of the information available, the panel was satisfied that Mrs Edwards has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Mrs Edwards

The panel next considered whether it should proceed in the absence of Mrs Edwards. It had regard to Rule 21 and heard the submissions of Mr Soliman who invited the panel to continue in the absence of Mrs Edwards. He submitted that Mrs Edwards had voluntarily absented herself.

Mr Soliman referred the panel to an email dated 8 July 2021 from Mrs Edwards which stated:

“Many thanks for your email and also the recent letter. I do not wish to provide any further information about my fitness for practice, as I have provided all I have to say during the hospital investigation. I have since decided that I do not wish to remain on the register and a while ago, I completed a form to be removed accordingly. I have no intent on completing any documentation to support the investigation.”

He further referred the panel to an email dated 5 September 2023 from Mrs Edwards which stated:

“As requested, please find attached the CMF. I have no intention to contest the allegations and will not be attending any meeting or hearing. As previously stated, I wish to voluntarily leave the register. I have not practised nor do I have any intent to practice in the future.” [sic]

Lastly, Mr Soliman referred the panel to an email dated 22 May 2024 where Mrs Edwards stated:

“Many thanks is for your email and invitation to have conference call. As previously mentioned to your colleagues, I have no intention on attending the hearing; my position and statements remain unchanged. I am no longer nursing and will not return to the profession. I hope this helps.” [sic]

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised ‘*with the utmost care and caution*’ as referred to in the case of *R v Jones (Anthony William)* (No.2) [2002] UKHL 5.

The panel has decided to proceed in the absence of Mrs Edwards. In reaching this decision, the panel has considered the submissions of Mr Soliman, and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones and General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mrs Edwards;
- Mrs Edwards has informed the NMC that she has received the Notice of Hearing and confirmed she is content for the hearing to proceed in her absence;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- One witness attended on 24 July 2024 to give live evidence and not proceeding may inconvenience the witness, their employer(s) and, if they are involved in clinical practice, the clients who need their professional services;
- The charges relate to events that occurred in 2019 and 2020 and further delay may have an adverse effect on the ability of the witness accurately to recall events; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Mrs Edwards in proceeding in her absence. Although the evidence upon which the NMC relies will have been sent to her at her registered address, she will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on her own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Mrs Edwards' decisions to absent herself from the hearing, waive her

rights to attend, and/or be represented, and to not provide evidence or make submissions on her own behalf.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mrs Edwards. The panel will draw no adverse inference from Mrs Edwards' absence in its findings of fact.

Submissions on charges

The panel noted that Mrs Edwards had submitted a completed Case Management Form (CMF) to the NMC in which she had made admissions to 12 of the 13 charges listed within the document. Mrs Edwards had not admitted the final charge (charge 13) relating to an incident on 16 October 2020.

Within the documents provided to the panel by the NMC in advance of the hearing, the panel noted that the schedule of charges had some inconsistencies with those recorded in the CMF completed by the registrant namely charges 6 and 8 within the schedule provided to the panel were not included in the charge sheet within the CMF. As a result, the schedule of charges, which the panel were satisfied had been served on Mrs Edwards with the notice of hearing, contained 14 charges.

The panel heard submissions from the NMC that in light of the discrepancies it was appropriate to treat charges 6 and 8 as being in dispute. Charge 14 (charge 13 in the CMF) was denied by Mrs Edwards.

The panel determined that in the circumstances it was appropriate and fair to proceed on this basis.

Details of charge

'That you, a registered nurse:

- 1) On 30 October 2019, whilst working at King's Manor Care Home, [PRIVATE].
- 2) Failed to disclose to Somerset Partnership NHS Foundation Trust ('the Trust') that you had been dismissed from your previous employment at Kings Manor Care Home on 3 March 2020 in your:
 - a) Application form for the post of staff nurse at Wellington Hospital
 - b) Interview with the Trust on the 17 July 2020.
 - c) Interview with the Trust on the 20 July 2020.
- 3) Your actions at charges 2a and/or 2b and/ or 2c were dishonest in that you knew that you had been dismissed from your previous employment and that this information should be provided to your prospective employer and you were intending by failing to do so to provide a misleading account of your employment history.
- 4) On the 7 October 2020, incorrectly administered Oxycodone 2.5mg immediate release oral solution instead of Oxycodone 10mg modified release tablet to Patient A at 20:43hours.
- 5) On 7 October 2020, incorrectly recorded on the Rio system that you had administered Oxycodone 10mg to Patient A at 20:43 hours when you had not.
- 6) On 8 October 2020, administered Oromorph to Patient A at the following times when it was not prescribed for said patient
 - a) 2.5mg at 07:00 hours
 - b) 1.5mg at 02.53 hours

- 7) On 8 October 2020, incorrectly recorded on the RIO system that you had administered Oxycodone to Patient A at the following times when you had not:
 - a) 2.5mg at 07:00 hours
 - b) 1.5mg at 02.53 hours

- 8) Failed to have a second checker present for the incorrectly administered Oramorph, which you believed to be the same as Oxycodone at the following times:
 - a) 2.5mg at 07.00
 - b) 1.5mg at 02.53 hours

- 9) On the 10 October 2020, attempted to administer to Patient B two tablets of paracetamol when the prescribed dose was one.

- 10) On the 10 October 2020, gave Patient C one dose of duloxetine when the prescribed dose was two.

- 11) On 10 October 2020, when Patient D had a NEWS score of 7, did not expeditiously attend to the patient and reassess them and/or escalate the matter to a doctor.

- 12) On 13 October 2020, when informed that Patient E had a NEWS score of 4, did not:
 - a) reassess the patient and/or
 - b) ask for a new set of observations to be undertaken

- 13) On 13 October 2020, did not inform Colleague A that Patient F had a vacant episode.

14) On 16 October 2020, disregarded Colleague B's instruction on the 10 October 2020 that you should not be involved in medication management and carried out a medication check with Colleague C.

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

Background

Mrs Edwards was referred to the NMC on 30 March 2021 by the Director of Patient Care at Somerset Partnership NHS Foundation Trust (the Trust). At the relevant time Mrs Edwards was working as a registered nurse at the Bridgwater Hospital (the Hospital) where she was also in her probationary period during which she was working supernumerary for a period of two-weeks. This supernumerary was extended for a period of three-weeks.

The alleged facts are that on 5 March 2020, Mrs Edwards was dismissed from her employment as a registered nurse at Kings Manor Care Home (the Home). Mrs Edwards then obtained a role with the Trust, that was supposed to be based at Wellington Hospital. However, when she started work on 31 August 2020, Wellington Hospital had been temporarily closed, and she was transferred to work at the Hospital.

On 7 October 2020, Mrs Edwards was working a night shift independently and made three medication errors. Oxycodone 10mg moderate release was due to be given to Patient A and checked with another member of staff as it was a controlled drug ('CD'). However, Mrs Edwards gave Oxycodone immediate release medication in error.

Patient A was in pain most of the night, as documented by Mrs Edwards. Two doses of Oramorph were given by Mrs Edwards to the patient, however the electronic medication records indicated that Oxycodone had been given. The Oramorph was available in the

patient's medication cupboard next to their bed area, however, it was no longer prescribed. It had been replaced with Oxycodone upon admission to the Hospital of this patient. The administration of Oramorph was not second checked by another nurse as there was no requirement for this.

On 10 October 2020, there were two further medication administration errors made by Mrs Edwards and she was informed by the Senior Ward Sister that she was not to be involved in the administration of any further medications to patients. Mrs Edwards had undertaken her online drug competencies but had not been signed off as competent to administer medication.

On 13 October 2020, Mrs Edwards was working on the ward at the Hospital alongside a Healthcare Assistant (HCA). Upon returning to the ward, the HCA reported to Ms 1 that they were unhappy with how Mrs Edwards had reacted to a patient who had a NEWS2 score of four. They said Mrs Edwards had done nothing about the result. According to the NEWS2 policy if a total score is between one to four then the observations needed to be repeated every four to six hours. Although the observations were repeated at 14:00, they needed to be undertaken sooner than that time.

On 26 October 2020, Mrs Edwards was suspended from her role at the Hospital and an investigation was undertaken. The local investigation found that there were issues with the support Mrs Edwards had received while in her probationary period. It was discovered that Mrs Edwards had not disclosed during her interview with the Trust prior to her appointment, that she had been dismissed from her previous employment at the Home [PRIVATE]. On 18 March 2021, following a disciplinary meeting, Mrs Edwards was dismissed from the Trust.

Decision and reasons on facts

At the outset of the hearing, the panel heard from Mr Soliman who informed the panel that Mrs Edwards made full admissions to charges 1, 2a), 2b), 2c), 3, 4, 5, 7a), 7b), 9, 10, 11,

b) 1.5mg at 02.53 hours

These charges are found proved.

In reaching this decision, the panel took into account all of the documentary evidence put before it, including the exhibits bundle, Witness 1's documentary and oral evidence and Mrs Edwards' admissions.

The panel took into account the evidence given by Mrs Edwards during her interview as part of the Trust's internal investigation, in which she accepts that she gave Morphine Sulphate (Oramorph) by mistake and had clicked Oxycodone on the electronic system by mistake.

The panel also took into account Witness 1's evidence and the documentary evidence, in which she states that the electronic records show that the Oxycodone was signed for as being administered by Mrs Edwards at 07:00 and 02:53 hrs and had no corresponding entry in the CD book. The panel heard that Oxycodone is a CD and requires recording in the CD book with two nurses signing and also needed to be signed on the electronic MAR chart on the RIO system.

The panel are of the view that this evidence is consistent and supports the hearsay evidence that Witness 1 received from the nurses, who were informed by Mrs Edwards of her medication error, when they commenced their morning shift.

The panel are satisfied on the balance of probabilities that these charges are proved.

Charges 8a) and 8b)

- 8) Failed to have a second checker present for the incorrectly administered Oramorph, which you believed to be the same as Oxycodone at the following times:

- a) 2.5mg at 07.00
- b) 1.5mg at 02.53 hours

These charges are found NOT proved.

In reaching this decision, the panel took into account all of the documentary evidence put before it, including the oral evidence from Witness 1.

The panel took into account Witness 1's oral evidence where she stated that the drug Oramorph did not require a second checker and therefore, there was no duty for Mrs Edwards to have a second checker present. The panel heard evidence that the Oramorph was kept in the patient's medication cupboard at the bedside rather than in the CD cupboard further supporting Witness 1's assertion that it did not require two people to sign for it.

The panel concluded that the NMC have not produced any evidence to suggest that, at the time, Mrs Edwards administered Oramorph, she believed it to be Oxycodone. The panel were also of the view that even if Mrs Edwards had believed it to be Oxycodone, the drug she administered was Oramorph which as confirmed by Witness 1, did not require a second checker.

In the circumstances, the panel are satisfied on the balance of probabilities that this charge is not proved.

Charge 14

- 14) On 16 October 2020, disregarded Colleague B's instruction on the 10 October 2020 that you should not be involved in medication management and carried out a medication check with Colleague C.

This charge is found proved.

In reaching this decision, the panel took into account all of the documentary and oral evidence, including the exhibits bundle.

The panel took into account Mrs Edwards own admissions during the internal investigation and the comments made by her when she was questioned about this charge. Mrs Edwards stated:

“My understanding of the verbal instruction was that I could not administer controlled drugs. I was assigned to work with nurse ? [Ms 2] who was supporting additional induction, especially around the use of RIO and how she undertakes the medication round. I supported her in good faith and did not blatantly disregard any instruction. [Ms 2] asked me to help her as was in charge. I assumed she was aware of what I was/was not permitted to undertake as I was supernumerary.”

And:

“on reflection I recognise why I should not have been a second checker due to the concern over my medication competency”.

Further, in the notes following Mrs Edwards internal interview, which were recorded soon after, and in her supplementary statement, she referred to it as a genuine misunderstanding and that she should not have been involved in the drug round.

The panel found this charge 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 Mrs Edwards' 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 ability to practise kindly, safely and professionally.

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, Mrs Edwards' 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.*'

Mr Soliman 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 (2018' (the Code) in making its decision.

Mr Soliman submitted that Mrs Edwards fitness to practise is impaired. He submitted that there is cogent and credible information including the original referrals, internal investigations and Mrs Edwards' admission to the majority of the charges. Mr Soliman submitted that the admissions were contained in the CMF Form dated 5 September 2023.

Mr Soliman referred the panel to parts 4, 6, 10, 13, 18, 18.1, and 18.2, 19, and 20 of the Code.

Mr Soliman submitted that Mrs Edwards actions amount to serious professional misconduct. He submitted that the Code sets out the professional standards of practise and behaviour for nurses and the standards that the public expect from those professionals.

Mr Soliman submitted that the proven charges against Mrs Edwards amount to a finding of misconduct.

Submissions on impairment

Mr Soliman 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 cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Mr Soliman submitted that most of the charges against Mrs Edwards have been proven by way of admission. He submitted that the supporting evidence heard by the panel in regard to charges 6 and 14 proved that Mrs Edwards cannot be said to practise either safely or professionally.

Mr Soliman submitted that Mrs Edwards is no longer working as a registered nurse and that there is no way of knowing whether her practice would still raise concerns with regards to the safety of people receiving her care or in the public interest.

Mr Soliman submitted that there is a risk of unwarranted harm to people receiving care in the future. He submitted that Mrs Edwards continues to present a risk due to the original

regulatory concerns still being unremedied. Mr Soliman submitted that these charges are a breach of the fundamental tenets of the nursing profession and therefore there is a real risk of harm if these failings were to be repeated.

Mr Soliman submitted that initially there were some attempts made by Mrs Edwards to reflect and remediate on her behaviour. He submitted that there is no further information to show that Mrs Edwards has strengthened her practise regarding the areas of regulatory concern, and therefore, there is a risk of repetition and a subsequent risk of harm.

Mr Soliman submitted that in Mrs Edwards reflective account, Mrs Edwards accepted that there had been breaches and that the Code was relevant. He invited the panel to conclude that Mrs Edwards' fitness to practise is impaired.

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, *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 Mrs Edwards' actions did fall significantly short of the standards expected of a registered nurse, and that Mrs Edwards' actions amounted to a breach of the Code. Specifically:

'1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.2 make sure you deliver the fundamentals of care effectively

6 Always practise in line with the best available evidence

To achieve this, you must:

6.2 maintain the knowledge and skills you need for safe and effective practice

8 Work co-operatively

To achieve this, you must:

8.5 work with colleagues to preserve the safety of those receiving care

10 Keep clear and accurate records relevant to your practice

To achieve this, you must:

10.3 complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements

13 Recognise and work within the limits of your competence

To achieve this, you must:

13.1 accurately identify, observe and assess signs of normal or worsening physical and mental health in the person receiving care

15 Always offer help if an emergency arises in your practice setting or anywhere else

To achieve this, you must:

15.2 arrange, wherever possible, for emergency care to be accessed and provided promptly

18 Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations

To achieve this, you must:

18.1 prescribe, advise on, or provide medicines or treatment, including repeat prescriptions (only if you are suitably qualified) if you have enough knowledge of

that person's health and are satisfied that the medicines or treatment serve that person's health needs

18.2 keep to appropriate guidelines when giving advice on using controlled drugs and recording the prescribing, supply, dispensing or administration of controlled drugs

18.3 make sure that the care or treatment you advise on, prescribe, supply, dispense or administer for each person is compatible with any other care or treatment they are receiving, including (where possible) over-the-counter medicines

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

To achieve this, you must:

19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place

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

20.9 maintain the level of health you need to carry out your professional role'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel determined that Mrs Edwards' actions in each of the individual charges found proved fell 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, Mrs Edwards' 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.'

Whilst there is no evidence to suggest that Mrs Edwards' actions caused actual harm to patients, the panel took into account that she had not practised safely or professionally. Furthermore, having breached multiple provisions of the Code, the panel determined that Mrs Edwards' 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 undermined if its regulator did not find Mrs Edwards' fitness to practise to be impaired and that the charges relating to dishonesty were extremely serious.

Regarding insight, the panel took into account that Mrs Edwards had shown some insight as demonstrated in her supplementary statement:

[PRIVATE].

The panel took into account that Mrs Edwards had completed some training, however, this training was outdated and there was nothing up to date put before the panel. The panel had sight of the 'Reg response bundle' in which Mrs Edwards indicated that she wanted to make some improvements, however, there was no follow up regarding this and no evidence of her strengthening her practice. Mrs Edwards said that she has not worked as a nurse since 2021 and no longer wants to remain on the register.

The panel noted that Mrs Edwards has shown some remorse when referring to the medication errors, she stated:

“There was no intent whatsoever to cause harm to the patient and I am mortified to have made such serious mistakes.”

[PRIVATE]. The panel also noted that there were some issues identified during the local investigation around the support that she had received from the Trust.

The panel was of the view that Mrs Edwards had not demonstrated sufficient level of insight into the concerns. The panel considered there to be no evidence to demonstrate that Mrs Edwards had remediated her misconduct. It therefore considered there to be a risk of repetition of Mrs Edwards’ dishonesty and an unwarranted risk of harm to patients in her care, should adequate safeguards not be imposed on Mrs Edwards’ nursing practice. Therefore, the panel decided that a finding of impairment is necessary on the grounds of public protection.

The panel considered there to be a public interest in the circumstances of this case. The panel found that the charges found proved are serious and include dishonesty. It was of the view that a fully informed member of the public would be concerned by its findings on facts and misconduct. The panel concluded that public confidence in the nursing profession would be undermined if a finding of impairment was not made in this case. Therefore, the panel determined that a finding of impairment on public interest grounds was also required.

Having regard to all of the above, the panel was satisfied that Mrs Edwards’ fitness to practise as a registered nurse is currently impaired on the grounds of public protection and public interest.

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Mrs Edwards off the register. The effect of this order is that the NMC register will show that Mrs Edwards has 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 Soliman informed the panel that in the Notice of Hearing, dated 17 June 2024, the NMC had advised Mrs Edwards that it would seek the imposition of a suspension/striking-off order if it found Mrs Edwards' fitness to practise currently impaired. During the course of the hearing, the NMC revised its proposal and submits that striking-off order is more appropriate in light of the panel's findings.

Mr Soliman submitted that a striking-off order is necessary on the grounds of public protection and in the wider public interest.

Mr Soliman submitted that some of Mrs Edwards clinical errors could potentially be addressed through suitable education and training. He submitted that given Mrs Edwards' lack of interest in undertaking any further training or continuing her practice as a nurse, the imposition of conditions would not be appropriate to address the regulatory concerns.

During his submissions on sanction, Mr Soliman requested that any reference made in relation to [PRIVATE] should be held in private in accordance with Rule 19(3). [PRIVATE], the panel agreed to hear any submissions relating to [PRIVATE] in private.

Mr Soliman submitted that the mitigating features in this case include Mrs Edwards early admissions on eleven of the charges, [PRIVATE]. He submitted that initially there were some attempts made by Mrs Edwards to remediate her behaviour, and she showed some reflection. Mr Soliman submitted that although Mrs Edwards made a supplementary statement in which she referred to her training, there was no follow up to this and there has been no evidence of any training undertaken in medicines management, honesty and

professionalism, [PRIVATE]. He submitted that there is no information to show that she has strengthened her practice regarding the areas of concern.

Mr Soliman submitted that the aggravating features in this case are that there is a pattern of misconduct over a period of a year. Mrs Edwards' conduct put patients at a risk of suffering harm, there were several medication administration errors, dishonesty and a breach of the Code.

Mr Soliman submitted that Mrs Edwards has no intention of returning to nursing and has further indicated that she wishes to apply for voluntary removal. He submitted that she does not wish to further engage with the NMC. He submitted that it is not possible to deal with the regulatory concerns and restrict her practise by way of a conditions of practice order.

Mr Soliman submitted that the NMC seek to impose a striking-off order. He submitted that if the panel were to consider an alternative order, that a 12-month suspension order was the only order to consider.

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

Decision and reasons on sanction

Having found Mrs Edwards' 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 disciplinary findings, namely dismissal from her previous employer
- Pattern of misconduct over time
- Conduct that put patients at risk of suffering harm

The panel also took into account the following mitigating features:

- Early admissions for most of the charges
- [PRIVATE]
- Some insight and reflection in relation to medication administration errors
- Lack of support in the workplace
- Consistently expressing remorse

The panel considered Mrs Edwards' admissions to the charges and the reasons given by Mrs Edwards in her supplementary statement for her dishonest misconduct, namely that she wanted "*a fresh start and be given a fair opportunity.*" There was clear evidence that Mrs Edwards' dishonesty was for personal gain and did not consider the potential risks it exposed to patients in her care and her colleagues. [PRIVATE]. The panel noted that Mrs Edwards does not want to continue working as a nurse.

The panel took into account that this was not a single incident and took place over a period of time. It noted that these were two separate incidences of dishonesty. The panel further took into account that although it had no information of repetition of behaviour since the incident, Mrs Edwards has not been practising as a nurse. Mrs Edwards has also not provided any evidence of training, insight or how any future risk might be mitigated by her strengthened practice.

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 not be proportionate, it would not sufficiently protect the public, nor be 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, an order that does not restrict Mrs Edwards' 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 Mrs Edwards' 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 not be proportionate, it would not sufficiently protect the public, nor be in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Mrs Edwards' registration would be a sufficient and appropriate response. The panel is of the view that whilst conditions of practice may have been appropriate in relation to the clinical failings, given Mrs Edwards decision which has been consistent since 2021 that she does not want to return to nursing practice, there are no practical or workable conditions that could be formulated. In relation to the charges of dishonesty, the panel was of the view that the seriousness of these charges was such that these could not be addressed through the imposition of conditions.

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:

- ...
- ...
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- *In cases where the only issue relates to the nurse or midwife's health, there is a risk to patient safety if they were allowed to continue to practise even with conditions; and*

- *In cases where the only issue relates to the nurse or midwife's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.*

The panel found that although Mrs Edwards showed some insight and remorse, there remained a significant risk of repetition as no other evidence was put before it to mitigate this risk.

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

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

Finally, in looking at 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?*

Mrs Edwards' actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mrs Edwards' actions were serious. [PRIVATE], it was of the view that her dishonesty, in failing to inform the Trust of her previous dismissal from the Home, or her health issues, were by

her own admission deliberately designed to mislead the Trust and by so doing, she placed her own personal interests above the potential risk of harm to patients. The panel determined that to allow her 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 Mrs Edwards' actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case.

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

This will be confirmed to Mrs Edwards in writing.

Interim order

The NMC made an application for an interim order as the suspension order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Mrs Edwards' own interest until the suspension order takes effect. The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

Mr Soliman invited the panel to impose an interim suspension order for a period of 18 months. He submitted that this interim order is necessary on the grounds of public protection, and it is also in the public interest, having regard to the panel's findings.

The panel accepted the advice of the legal assessor.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to its decision on the substantive order in reaching the decision to impose an interim order.

The panel concluded that an interim suspension order would be appropriate and 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 18 months.

If no appeal is made, then the interim suspension order will be replaced by the substantive suspension order 28 days after Mrs Edwards is sent the decision of this hearing in writing.

That concludes this determination.