Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Wednesday, 29 May 2024 – Thursday, 30 May 2024

Virtual Meeting

Name of Registrant:	**Carole Nunn**	
NMC PIN	98C2289E	
Part(s) of the register:	Registered Nurse – Sub part 1 RNA: Adult nurse, level 1 (3 June 2002)	
Relevant Location:	Newcastle Upon Tyne	
Type of case:	Misconduct	
Panel members:	Rachel Onikosi Rashmika Shah Hannah Harvey	(Chair, lay member) (Registrant member) (Registrant member)
Legal Assessor:	Robin Hay	
Hearings Coordinator:	Opeyemi Lawal	
Ms Nunn:	Not present and unrepresented	
Facts proved:	Charges 1, 2, 3a, 3b (i-ii), 4, 5, 6, 7 and 8	
Facts not proved:	Charge 3b (iii)	
Fitness to practise:	Impaired	
Sanction:	**Striking-off order**	
Interim order:	**Interim suspension order (18 months)**	

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Ms Nunn's registered email address by secure email on 19 April 2024.

The panel accepted the advice of the legal assessor.

The Notice of Meeting provided details of the allegation, the time, date and the fact that this meeting was heard virtually.

In the light of all the information available, the panel was satisfied that Ms Nunn has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Details of charge

That you, a registered nurse,

1. On one or more dates set out in schedule 1:
    a. acted beyond the scope of your practice by prescribing medication,
    b. cancelled prescriptions,
    c. signed prescriptions,
    d. collected prescriptions from the chemist under the pretence that you were collecting the prescriptions for patients.

2. On 23 February 2022 in relation to Patient F:
    a. Accessed medical records with no clinical justification to do so,
    b. Created inaccurate medical records by raising a prescription for Temazepam before cancelling it.

3. On 8 June 2022 created inaccurate medical records:
    a. By prescribing Cetirizine for Patient E.
    b. In relation to Patient H by;
        i. Issuing a prescription for Morphine Sulphate,
        ii. Printing a prescription for Morphine Sulphate,
        iii. Cancelling a prescription for Morphine Sulphate.

4. On 2 August 2022 in relation to Patient G:
    a. Accessed medical records with no clinical justification to do so,
    b. Created inaccurate medical records by raising a prescription for Zopiclone before cancelling it.

5. On 2 November 2022:
    a. In relation to Patient A created inaccurate medical records by;
        i. Prescribing Prednisolone,
        ii. Signing a prescription for Prednisolone.
    b. In relation to Patient C created inaccurate medical records by;
        i. Prescribing Zopiclone,
        ii. Signing a prescription for Zopiclone.

6. On 7 November 2022:
    a. In relation to Patient B created inaccurate medical records by;
        i. Prescribing Flucloxacillin,
        ii. Signing a prescription for Flucloxacillin.
    b. In relation to Patient D created inaccurate medical records by;
        i. Prescribing Montelukast,

ii. Signing a prescription for Montelukast.

7. Your actions as set out at charge 1(d) were dishonest in that you represented to the chemist that you were collecting prescriptions for patients when you knew you intended for the medication provided to be used for yourself or a non-patient third party.

8. Your actions at charges 2 to 6 were dishonest in that you intentionally made inaccurate records in patient notes with the intention that any subsequent reader would believe the notes to be accurate.

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

Schedule 1

1. Seretide 500 Accuhaler 7 March 2022
2. Codeine 15mg tablets 14 April 2022
3. Amoxicilliin 500mg capsules 19 April 2022
4. Cetrizine 1mg/ml oral solution 19 April 2022
5. Cyclizine 50mg/1ml solution for injection ampoules 25 April 2022
6. Cetrizine 1mg/ml oral solution 26 April 2022
7. Desogestrel 75 microgram tablets 3 May 2022
8. Betamethasone 0.1% ear/eye/ nose drops on 11 May 2022
9. Desogestrel 75 microgram tablets 7 June 2022
10. Morphine Sulfate 10mg/5ml oral solution 8 June 2022
11. Flucloxacillin 500mg capsules 10 June 2022
12. Flucloxacillin 500mg capsules 13 June 2022
13. Prednisolone 5mg gastro-resistant tablets on 14 June 2022
14. Cetrizine 1mg/ml oral solution 21 June 2022

15. Flucloxacillin 500mg capsules 22 June 2022
16. Cetrizine 1mg/ml oral solution 11 July 2022
17. Flucloxacillin 500mg capsules 27 July 2022
18. Flucloxacillin 500mg capsules 20 September 2022
19. Codeine 30mg tablets 21 September 2022
20. Co-codamol 8mg/500mg tablets 26 September 2022
21. Benzydamine 0.15% oromucosal spray 28 September 2022
22. Salbutamol 100micrograms/ dose inhaler 5 October 2022
23. Prednisolone 5mg 2 November 2022
24. Montelukast 10mg tablets 7 November 2022
25. Flucloxacillin 500mg capsules 7 November 2022

Background

Ms Nunn was referred to the NMC on 7 December 2022 by a GP at Mallard Medical Practice ("the practice"). Ms Nunn worked at the practice as a practice nurse.

Over the period of approximately 8 months, Ms Nunn was found to have issued, printed and signed prescriptions for numerous patients. Some of the prescriptions were genuinely for patients but others were for personal use [PRIVATE].

Ms Nunn is not a nurse prescriber.

At the local investigation, Ms Nunn said she was confused between issuing and prescribing. She was aware that she could not prescribe but thought she was allowed to issue repeat prescriptions. However, some of the prescriptions Ms Nunn issued were for medication which had not been previously prescribed.

The practice uses a smartcard system, which leaves an audit trail of prescriptions issued. A search was conducted under Ms Nunn's smartcard, and it showed several

prescriptions that had been issued and then cancelled. The majority of the prescriptions were not repeat prescriptions. Ms Nunn was raising prescriptions unknown to the patients. The prescriptions were printed and then cancelled. Ms Nunn signed the prescriptions and collected the medication from the pharmacy herself on the pretence that she was collecting for patients.

Decision and reasons on facts

In reaching its decisions the panel considered all the information contained in the documentation before it. This comprised documentation submitted by the NMC and also the explanations and responses made by Mrs Nunn during the investigations into the allegations made by her employers and by the NMC. It had regard to the submissions by the NMC in its statement of case.

The panel accepted the advice of the legal assessor.

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 had regard to the written statements of the following witness on behalf of the NMC:

- Ms 1: Practice Manager at the Practice

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

Charge 1

"On one or more dates set out in schedule 1:

a) acted beyond the scope of your practice by prescribing medication,

b) cancelled prescriptions,

c) signed prescriptions,
d) collected prescriptions from the chemist under the pretence that you were collecting the prescriptions for patients."

This charge is found proved.

In reaching its decision, the panel took into account Ms 1's NMC witness statement and Ms Nunn's response.

In Ms 1's evidence, she wrote,

> *'I did contact the prescribing authority to secure copies of the other prescriptions, they advised that in order to secure a copy of the prescriptions we would need a registered fraud specialist to make the request, they would be unable to provide individual prescriptions and indicated we would need to access the full year of issued prescriptions. This was not a proportionate step, we had other evidence which suggested Carole had signed prescriptions herself knowing she was not a prescribing nurse, this was enough information to satisfy us that this was a serious case.*
>
> *…*
>
> *Following my search, I found several medications where prescriptions had been issued and cancelled under Carole's smartcard. I produce Exhibit [..]/04 Prescription Spreadsheet 1. The green lines are genuine mistakes made by Carole for cancelled prescriptions. However, the red lines are medications which have been issued and cancelled. I have looked into every entry made for these medications and I can confirm that none of these were repeat prescriptions for patients, none of the patients had been previously prescribed these medications and therefore unlikely to have fed into Carole's belief that she can only reissue medication which had been previously prescribed.*

In addition, the EMIS number (the first column) is the patient reference number, and you will see the first patient has several medications against their name. I also noted when searching each patient record that the patients were either elderly or children and therefore all prescriptions issued did not have to be paid for as they were exempt from prescription charges, the patient would therefore not be notified by the prescribing authority of any financial discrepancies which would raise concerns.'

Ms Nunn stated that she did carry out the above actions, however, she did not realise that she was not permitted to do it. She also stated that she wanted to do the prescribing course.

Ms Nunn stated in local investigations that;

'Not … so I think I've been a bit confused with issuing prescriptions. I thought when we were issuing them on the computer that I was issuing them. I didn't realise that that wasn't the process, like so anything that I've then printed off I've assumed that if they've already been given it and its on the computer that I could issue it cause I think I've just got really mixed up between prescribing and issuing and that's where that… all them initial ones have come from. So I know I can't prescribe, I know I can't give a patient something for a condition that I don't know about...'

[PRIVATE].

The panel determined that the information before it is sufficient for this charge to be proved.

Charge 2)

"On 23 February 2022 in relation to Patient F:

a) Accessed medical records with no clinical justification to do so,

b) Created inaccurate medical records by raising a prescription for Temazepam before cancelling it."

This charge is found proved.

In reaching its decision, the panel took into account Ms 1's NMC witness statement and Ms Nunn's response.

In Ms 1's evidence, she wrote;

> *'A prescription issued for Temazepam for Patient F. You will see from the patient records that Carole had raised a prescription, printed it, and then this prescription has been cancelled. There is no information in the patient record that they had an appointment with Carole on this date, 23 February 2022. The patients' appointments are on 21 February 2022 and the next appointment on 1 March 2022. This confirms Carole accessed this patient record with no clinical justification to do so and falsified the records for Patient F.'*

In local investigations Ms Nunn denied obtaining Temazepam and stated that;

> *'Again I think that was a one that I printed off by mistake. I think I might have come into you and said I've printed this off by mistake and destroyed … [PRIVATE].'*

In the light of the information and documentation produced by Ms 1 the panel has found this charge proved.

Charge 3a and 3b (i-ii))

"On 8 June 2022 created inaccurate medical records:

a) By prescribing Cetirizine for Patient E.
b) In relation to Patient H by;
    i. Issuing a prescription for Morphine Sulphate,

ii. Printing a prescription for Morphine Sulphate,
iii. …"

This charge is found proved.

In reaching its decision, the panel took into account Ms 1's NMC witness statement.

In Ms 1's evidence, she wrote;

> *'The second prescription for Cetirizine was issued on 8 June 2022, patient E was seen by Carole to discuss concerns and Carole entered in the patient notes "cetirizine given". The patient was a 3-year-old child who has never used Cetirizine before. In the patient notes there was no authorisation confirming a GP had approved this. Cetirizine is used as an Antihistamine.*
>
> *…*
>
> *Carole also issued a prescription for Morphine Sulphate on 8 June 2022. You will see from the audit trail that the medication prescription was commenced, the actual prescription was printed and then cancelled.'*

The only information before the panel was Ms 1's NMC witness statement and the audit trail.

Accordingly, the panel found this charge proved.

Charge 3b(iii)

"On 8 June 2022 created inaccurate medical records:
b) In relation to Patient H by;
i. …
ii. …
iii. Cancelling a prescription for Morphine Sulphate."

This charge is not found proved.

In reaching its decision, the panel took into account the same information as for charges 3a and 3b(i-ii). However, there was no information to suggest that Ms Nunn cancelled a prescription for Morphine Sulphate.

The panel therefore found this charge not proved.

Charge 4)

"On 2 August 2022 in relation to Patient G:

a) Accessed medical records with no clinical justification to do so,
b) Created inaccurate medical records by raising a prescription for Zopiclone before cancelling it.

This charge is found proved.

In reaching this decision, the panel took into account Ms 1's NMC witness statement and Ms Nunn's response.

In Ms 1's witness statement, she wrote;

'There was a further prescription issued for Zopiclone for Patient G. You will see from the patient records that Carole had raised a prescription, printed it, and then this prescription has been cancelled. There is no information in the patient record that they had an appointment with Carole on this date, 2 August 2022. The patients' appointments are on 1 August 2022 and again on 14 September 2022. This confirms Carole accessed this patient record with no clinical justification to do so and falsified the records for Patient G.'

In Ms Nunn's response to the NMC she stated;

'[PRIVATE].

In the light of the above information, the panel found this charge proved.

Charge 5a)

"On 2 November 2022:

a) In relation to Patient A created inaccurate medical records by;

i. Prescribing Prednisolone,

ii. Signing a prescription for Prednisolone.

This charge is found proved.

In reaching its decision, the panel took into account Ms 1's NMC witness statement:

'…that patient A had been prescribed a course of 56 tablets of Prednisolone, although I am not a clinician, I know this is a steroid medication. A doctor queried the prescription with another GP. Following further checks and discussions between the Doctors it was felt that this course of medication was not effective for patient A. Neither GP recalled signing the prescription.

…

In the days following this, direct contact was made with patient A who confirmed that the prescription was printed off by Carole, Carole then signed the prescription and gave it to the patient.

…

Carole confirmed she had not signed the prescription for patient A, Carole also confirmed she was aware she was unable to sign prescriptions and reiterated her previous comments that she may have given the prescription to patient A unsigned and asked her to wait in reception for a GP to sign this.

…

On the prescriptions I secured I was able to match the signature to that of Carole's. I used her contract of employment signature to check against. Whilst I am not a handwriting expert I can see similarities in the signatures and believe this to be Carole's signature.'

The panel also had sight of Patient A's prescription and from the information provided by Ms 1, it was satisfied that the prescription was signed by Ms Nunn.

Therefore, this charge is found proved.

Charge 5b)

"On 2 November 2022:

b) In relation to Patient C created inaccurate medical records by;

i. Prescribing Zopiclone,

ii. Signing a prescription for Zopiclone."

This charge is found proved.

In reaching its decision, the panel took into account Ms 1's NMC witness statement:

'Patient C had an appointment with Carole. This prescription was for Zopiclone medication, which is used as a sleeping aid. When I reviewed patient C's notes there was no GP approval in the notes which suggested to me that a GP had not approved this medication. When I reviewed the signature again it looked the same as the signatures of the previous prescriptions'

As set out in charge 5a, the panel had sight of Patient C's prescription and were satisfied that it was signed by Ms Nunn.

Therefore, the panel find this charge proved.

Charge 6)

"On 7 November 2022:

a) In relation to Patient B created inaccurate medical records by;
    i. Prescribing Flucloxacillin
    ii. Signing a prescription for Flucloxacillin.

In relation to Patient D created inaccurate medical records by;
i. Prescribing Montelukast,
ii. Signing a prescription for Montelukast"

This charge is found proved.

In reaching this decision, the panel took into account Ms 1's NMC witness statement.

'Patient B had an appointment with Carole. When I reviewed patient B's notes there was no GP approval in the notes which suggested to me that a GP had not approved this medication. When I reviewed the signature it looked the same as the signature of the previous prescription.

…

Patient D had an appointment with Carole. This prescription was for Montelukast medication, which is used as a preventative medication for asthma. When I reviewed patient D's notes again there was no GP approval in the notes which suggested to me that a GP had not approved this medication for patient D. When I reviewed the signature again it looked the same as the signatures of the previous prescription.'

As set out in charge 5a, the panel had sight of Patient D's prescription and were satisfied that it was signed by Ms Nunn.

Therefore, the panel find this charge proved.

Charge 7)

> "Your actions as set out at charge 1(d) were dishonest in that you represented to the chemist that you were collecting prescriptions for patients when you knew you intended for the medication provided to be used for yourself or a non-patient third party."

This charge is found proved.

In reaching its decision, the panel took into account Ms Nunn's response.

[PRIVATE].

In the light of Ms Nunn's admissions during the local investigation, the panel determined that her actions were dishonest.

This charge is found proved.

Charge 8)

> "Your actions at charges 2 to 6 were dishonest in that you intentionally made inaccurate records in patient notes with the intention that any subsequent reader would believe the notes to be accurate."

This charge is found proved.

Ms Nunn's actions were dishonest because she made inaccurate records in patient notes. The panel determined that by doing so any reader would believe the notes to be accurate.

The panel therefore found this charge proved.

Fitness to practise

The panel next considered, whether the facts found proved amount to misconduct and, if so, whether Ms Nunn's 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. Second, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, Ms Nunn's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

In reaching its decision, the panel had regard to the case of *Roylance v GMC (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.'

The NMC submitted 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.

The NMC identified the specific, relevant standards where Ms Nunn's actions amounted to misconduct; In particular, Codes; 10.3, 13.4, 13.5, 18.1, 18.2, 18.3, 18.5, 20.1, 20.2 and 20.5.

It is submitted that the breaches of the Code amount to misconduct and are serious. By prescribing medication when not competent or qualified to do so, Ms Nunn acted in a way that falls way below the standards expected of a registered nurse. Misappropriation of medication means the medication may not be available to those who need it.

Honesty and integrity are the cornerstones of the nursing profession and Ms Nunn's course of dishonest conduct is a significant departure from the standards of a registered nurse. Ms Nunn took advantage of her role as practice nurse.

Inaccurate record keeping means other professionals do not have a clear picture of care and medication given. This could mean patients do not receive the correct medication, resulting in a potential deterioration of their condition or unnecessary pain/suffering.

Ms Nunn's conduct and behaviour is such that it amounts to misconduct.

The NMC requires the panel to bear in mind its overarching objective to protect 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. The panel has referred to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

The NMC's submission is that Ms Nunn's fitness to practise is currently impaired.

Ms Nunn provided an email statement on 29 December 2022 [PRIVATE].

In Ms Nunn's correspondence with the NMC she said:

"[PRIVATE]"

Ms Nunn has not taken any action to demonstrate remorse or insight to allay the concerns that the conduct would not be repeated. Whilst reflection and training may not fully remediate the situation, it can provide evidence of remorse and willingness to remedy the concerns, which the panel can then use to assess risk and impairment. In this case, there has been no evidence put forward by Ms Nunn. Therefore, the concerns remain, and the panel are left with limited information to assess impairment.

The NMC note that Ms Nunn has not worked since the concerns were raised and therefore, a risk of repetition remains.

The NMC submit that there is a continuing risk to the public due to Ms Nunn's lack of full insight and failure to undertake relevant training. She has not been able to demonstrate strengthened practice through work in a relevant area.

The NMC submit that there is a public interest in a finding of current impairment in order to declare and uphold proper standards of conduct and behaviour. Ms Nunn's conduct engages the public interest because the public would be shocked to hear of a registered professional acting dishonestly and beyond the scope of her practice to obtain controlled drugs for personal use. The public rightly expects nurses to perform their duties safely, honestly, and to behave in a professional manner. The absence of a finding of current impairment would risk undermining public confidence in the profession.

The panel accepted the advice of the legal assessor.

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 found that Ms Nunn's actions did fall significantly short of the standards expected of a registered nurse, and that Ms Nunn's actions amounted to breaches of the Code. Specifically:

> ***'1 Treat people as individuals and uphold their dignity***
> *1.2 make sure you deliver the fundamentals of care effectively.*
>
> ***10 Keep clear and accurate records relevant to your practice.***
> *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.***
> *13.3 ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence*
> *13.4 take account of your own personal safety as well as the safety of people in your care.*
> *13.5 complete the necessary training before carrying out a new role.*
>
> ***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.***
> *18.1 prescribe, advise on, or provide medicines or treatment, including repeat prescriptions (only if you are suitably qualified) if you have 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.*

18.5 wherever possible, avoid prescribing for yourself or for anyone with whom you have a close personal relationship.

20 Uphold the reputation of your profession at all times.
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, treating people fairly and without discrimination, bullying or harassment.
20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress.'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct.

The panel found that Ms Nunn's 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 decided if Ms Nunn's 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/their fitness to practise is impaired in the sense that S/He/They:

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 patients were put at risk of harm as a result of Ms Nunn's misconduct. Ms Nunn's misconduct has breached the fundamental tenets of the nursing profession 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 Ms Nunn made some admissions. However, the panel found that she failed to demonstrate a thorough understanding of how her actions put patients at risk of harm, the impact of her failings on her colleagues and the nursing profession. There is also no evidence to sufficiently demonstrate how Ms Nunn would act differently in the future.

The panel concluded that whilst some aspects of the misconduct are capable of being addressed, the dishonesty cannot be addressed through retraining. Although Ms Nunn informed the NMC that she was willing to undertake retraining [PRIVATE], there is no information to indicate that she has in fact made attempts to strengthen her practice. Therefore, the panel cannot be satisfied that there is no risk of repetition. The panel decided that there should be a finding of current impairment on the grounds of public protection.

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

The panel further concluded that public confidence in the profession would be undermined if a finding of current impairment were not made and therefore finds Ms Nunn's fitness to practise impaired on the grounds of public interest.

The panel found Ms Nunn's fitness to practise to be currently impaired on both public protection and public interest grounds.

Sanction

The panel has decided to make a striking-off order. It directs the registrar to strike Ms Nunn off the register. The effect of this order is that the NMC register will show that Ms Nunn has been struck-off the register.

In reaching its decision, the panel had regard to all the information before it, together with the NMC's Sanctions Guidance (SG).

The panel accepted the advice of the legal assessor.

Representations on sanction

The NMC had advised Ms Nunn that it would seek the imposition of a striking-off order if it found Ms Nunn's fitness to practise currently impaired.

Decision and reasons on sanction

The panel next considered what sanction, if any, it should impose. It 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 decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Premeditated, longstanding deception.
- Direct risk of harm to patients.
- Misuse of power.
- Lack of insight.

The panel also took into account the following mitigating features:

- [PRIVATE]

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. Misconduct of this nature demands a sanction.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Ms Nunn's practice would not be appropriate. 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 Ms Nunn's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Ms Nunn's registration would be a sufficient and appropriate response. There are no practical or workable conditions that could be formulated, given the nature of misconduct found proved. The misconduct identified could not be addressed through retraining. Furthermore, conditions would not adequately address the serious nature of misconduct and would be insufficient to protect the public.

The panel then considered a suspension order. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident; and*
- *The committee is satisfied that the nurse, midwife or nursing associate has insight and does not pose a significant risk of repeating behaviour.*

The panel has found that Ms Nunn's misconduct to be a significant departure from the standards expected of a registered nurse. Furthermore, her serious breach of the fundamental tenets of the profession is incompatible with her remaining on the register.

The panel therefore determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

In relation to striking-off order, the panel had regard to 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?*

Ms Nunn's actions were significant departures from the standards expected of a registered nurse. The panel therefore found her misconduct to be so serious that to allow her to continue practising would undermine public confidence in the profession and in the NMC.

In the light of all the circumstances, the panel determined that the only appropriate and sufficient sanction is that of a striking-off order.

This order will indicate the importance of maintaining public confidence in the profession, and will 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 Ms Nunn in writing.

Interim order

As the striking-off 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 Ms Nunn's own interests until the striking-off sanction takes effect.

The panel accepted the advice of the legal assessor.

Representations on interim order

The panel took account of the representations made by the NMC that an interim order in the same terms as the substantive order should be imposed for 18 months on the basis that it is necessary for the protection of the public and otherwise in the public interest.

Decision and reasons on interim order

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

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in the light of the reasons identified in its determination on sanction. The panel therefore imposed an interim suspension order for a period of 18 months.

If no appeal is made, the interim suspension order will be replaced by the substantive striking off order 28 days after Ms Nunn is sent the decision of this hearing in writing.

That concludes this determination.