

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

**Substantive Meeting  
28 – 29 May 2024**

Virtual Meeting

**Name of Registrant:** Rhoda Tagle

**NMC PIN:** 02F00120

**Part(s) of the register:** Registered Nurse – Sub Part 1  
Adult Nursing (Level 1) – 1 June 2002

**Relevant Location:** Worcestershire

**Type of case:** Misconduct

**Panel members:** Shaun Donnellan (Chair, Lay member)  
Mary Karasu (Registrant member)  
Oluremi Alabi (Lay member)

**Legal Assessor:** Marian Killen

**Hearings Coordinator:** Jumu Ahmed

**Facts proved:** Charges 1 and 2

**Facts not proved:** N/A

**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 that the Notice of Meeting had been sent to Mrs Tagle's registered email address by secure email on 24 April 2024.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, the fact that this meeting was heard virtually and that the meeting will take place on or around 27 May 2024.

In the light of all of the information available, the panel was satisfied that Mrs Tagle 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 or about 16 January 2022 posted material on social media which was prejudicial and or discriminatory towards people based on their race. **[PROVED]**

2) Your actions in charge 1) were intended to show prejudice and or discrimination towards people based on their race. **[PROVED]**

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

## **Background**

Mrs Tagle was referred to the NMC anonymously on 17 January 2022.

Mrs Tagle was employed as an agency nurse on the Trauma and Orthopaedics ward at Worcester Royal Hospital. On 16 January 2022 Mrs Tagle is reported to have posted the following comments:

*“It is so difficult to work with people who came from the Mountains & Jungles..! Absolutely they do not have Manners..! Upset..!”*

*“Thanks Mi Amiga you are really very supportive..!! Never forgotten our sweet memories..! I won’t ruin my beauty because of those monkeys..!”*

*“yes true but simtimes (sic) iy’s too much.. their colors speaks who they are..! ..! what a shame..!”*

The posts were not visible to the general public but were visible to Mrs Tagle’s Facebook friends, some of whom were her work colleagues.

### **Decision and reasons on facts**

In reaching its decisions on the facts, the panel took into account all the documentary evidence in this case together with the representations made by the NMC. Before making any findings on the facts, the panel heard and 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 Ms 1’s written statements on behalf of the NMC. It had no evidence from Mrs Tagle.

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

### **Charge 1**

1) On or about 16 January 2022 posted material on social media which was prejudicial and or discriminatory towards people based on their race.

**This charge is found proved.**

In reaching this decision, the panel took into account of Ms 1's witness statement and supplementary statement, as well as Mrs Tagle's Facebook posts and comments.

Ms 1 stated that:

*'6. On 16 January 2022, Rhoda posted a derogatory post and comments underneath that post on Facebook following a night shift. [...]. I am Facebook friends with Rhoda however I didn't see the post or comments myself until a few nurses on my ward made me aware of them. I can't remember when I became aware of them but it was definitely by 19 January 2022.*

*7. When I saw Rhoda's Facebook post and comments, I was shocked because this behaviour didn't tally with what I knew of her. I found the post and comments to be extremely racist. Rhoda's initial post stated: "It is so difficult to work with people who came from the Mountains & Jungles..! Absolutely they do not have Manners..! Upset.!". This seems to imply that the post and comments were prompted by something that happened at work. I'm not sure what this was; however, I had been made aware of an argument between Rhoda and another nurse that had taken place during the shift Rhoda worked prior to posting on Facebook. I believe she posted on Facebook within an hour of this shift ending. I don't know whether the argument had anything to do with the posts but the posts followed the argument timewise. I wasn't present for the argument so I don't know whether it was racially motivated. I can't remember what the argument was about or who it was with.*

*8. I didn't consider Rhoda's Facebook post or comments to be appropriate because they appeared to be racist. I considered them to be discriminatory, particularly because she didn't specifically name anyone in the post or comments and therefore it seemed to be generally targeted. I felt disappointed and upset that anyone could display that behaviour. It was out of character behaviour based on what I knew of*

*Rhoda. I never previously had any concerns about her being racist or discriminatory, or about her social media use. However, I didn't know her well. I haven't seen Rhoda post any other social media posts of a discriminatory nature. However, I haven't gone back through her social media accounts to check this. As far as I'm aware, there were never any issues or incidents involving Rhoda's attitude towards patients.'*

Ms 1, in her supplementary statement, stated:

*3. [...] I confirm that the images on the screenshot are of Rhoda. It states in her publicly viewable "About" section that she works at Worcestershire Acute Hospitals NHS Trust.*

*4. [...] the relevant Facebook post was viewable only to Rhoda's Facebook friends. This means it wasn't publicly viewable. However, many members of staff at Worcestershire Acute Hospitals NHS Trust, including myself, were friends with Rhoda on Facebook and could therefore view the Facebook post.'*

The panel also had sight of Mrs Tagle's Facebook posts and comments.

The panel noted that Ms 1 has confirmed that the posts and comments were made by Mrs Tagle and that Mrs Tagle herself did not deny them when these allegations were brought to her. The panel noted that Mrs Tagle had told Ms 1 *[...] Am so Sorry.. but my post is no against T&O pr work related.. Sorry for the trouble...!! [...]*

The Facebook posts and comments were grossly offensive, prejudicial and discriminatory in nature. The panel therefore determined that, on the balance of probabilities, charge 1 is found proved.

## **Charge 2)**

2) Your actions in charge 1) were intended to show prejudice and or discrimination towards people based on their race.

### **This charge is found proved.**

The panel was of the view that Mrs Tagle made several prejudicial and discriminatory comments. It was of the view that the comments were also targeted and discriminatory towards people based on their race. Further, with Ms 1's confirmation, the panel was also of the view that Mrs Tagle posting the comments demonstrated intention, as well as responding to her friends under the post on the comment section. The panel was of the view that it was irrelevant as to whether the post was a public post or a private post, as her 'friends' within the Facebook page were allowed to read it.

### **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 Tagle'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 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 Tagle's fitness to practise is currently impaired as a result of that misconduct.

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 *Remedy UK Ltd v GMC* [2010] EWHC 1245 (Admin).

## Representations on misconduct and impairment

In coming to 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 invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of ‘The Code: Professional standards of practice and behaviour for nurses and midwives 2015’ (“the Code”) in making its decision.

The NMC identified the specific, relevant standards where Mrs Tagle’s actions amounted to misconduct. The NMC submitted that codes 1, 1.1, 1.3, 20, 20.2, 20.3, 20.7, 20.8, and 20.10 were in breach.

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 invited the panel to find Mrs Tagle’s fitness to practise impaired. The NMC submitted:

*‘17. It is the submission of the NMC that 2 and 3 can be answered in the affirmative in this case.*

[...]

*20. We consider that the underlying attitudinal nature of Ms Tagle’s conduct and the evidence that supports it, calls into question her trustworthiness as a registered professional and the basis of her professionalism.*

[...]

22. *Ms Tagle's conduct also breached fundamental tenets of the profession such as professionalism and trust as the concerns relate to inappropriate use of social media in which Ms Tagle expressed views on Facebook which are capable of being interpreted as discriminatory.*

[...]

24. *We consider the registrant has displayed no insight. Ms Tagle has not responded to the concerns and therefore there is no evidence of remorse, reflection or insight. Ms Tagle has also not returned the Case Management Form sent on 21 January 2024 or provided evidence of any contextual factors. Our guidance relating to discrimination 'We may need to take restrictive regulatory action against nurses, midwives or nursing associates who've been found to display discriminatory views and behaviours and haven't demonstrated comprehensive insight, remorse and strengthened practice, which addresses the concerns from an early stage. In light of the serious nature of the concern, the possible underlying attitudinal issues it raises and the lack of any evidence of insight, we are unable to conclude that the risk of repetition is highly unlikely.*

### **Public interest**

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

[...]

28. *However, there are types of concerns that are so serious that, even if the professional addresses the behavior, a finding of impairment is required either to uphold proper professional standards and conduct or to maintain public confidence in the profession.*

*We consider there is a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behavior and maintain public confidence in the profession. Failure to take regulatory action in*



*this case in discrimination cases could undermine public confidence in the profession. Members of the public from minority groups may be less likely to seek medical advice for fear of being discriminated against.*

*30. Ms Tagle has expresses personal views via her Facebook which can be protected by Article 10 of the European Convention of Human Rights and the Human Rights Act 1998. Freedom of expression is however a qualified right and may be restricted in the interests of public safety, and for the protection of public health. In this case the comments made by Ms Tagle are capable of undermining public confidence in the profession, particularly within minority groups. Infringement on Ms Tagle's Article 10 right is therefore justified on grounds of protecting public health.'*

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

### ***1 - Treat people as individuals and uphold their dignity***

*To achieve this, you must:*

*1.1 treat people with kindness, respect and compassion*

*1.3 avoid making assumptions and recognise diversity and individual choice*

### ***20 - Uphold the reputation of your profession at all times***

*To achieve this, you must:*

*20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment*

*20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people*

*20.7 make sure you do not express your personal beliefs (including political, religious or moral beliefs) to people in an inappropriate way*

*20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to*

*20.10 use all forms of spoken, written and digital communication (including social media and networking sites) responsibly, respecting the right to privacy of others at all times*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct and reminded itself that for the facts found proved to amount to misconduct, it must be serious and fall far short of what would reasonably be expected of a registered nurse. The panel also had regard to the case of *Roylance v General Medical Council*.

The panel noted from Ms 1's witness statement:

*9. [...] We spoke over the phone on 19 January 2022. I explained that the Facebook posts had caused upset on the ward. [...]*

The panel determined that Mrs Tagle's Facebook posts and comments were prejudicial and discriminatory which were viewed by a number of people within her friends list, including her colleagues. Therefore, her actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

### **Decision and reasons on impairment**

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

In coming to its decision, the panel had regard to the Fitness to Practise Library, which states:

*'The question that will help decide whether a professional's fitness to practise is impaired is:*

*"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"*

*If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not 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) ...; 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) ...'

The panel determined that limbs b and c of the test above are engaged in this case.

As the misconduct did not put a patient or patients at unwarranted risk of harm, the panel was of the view that the ground of public protection was not engaged.

The panel determined that having breached multiple provisions of the Code, Mrs Tagle's 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 Tagle's misconduct to be serious.

The panel did not have any documentation or other evidence before it addressing Mrs Tagle's insight on the impact her actions could have on the nursing profession and the wider public as a whole. Therefore, the panel was of the view that Mrs Tagle had not demonstrated any insight into the misconduct. The panel could not be satisfied, in the absence of any evidence, that Mrs Tagle understands and appreciates the seriousness of her actions.

Furthermore, the panel did not have any evidence of Mrs Tagle taking steps to strengthen her practise by undertaking training courses to address the concerns. The panel was of the view that Mrs Tagle has known about these charges since January 2024 and has had

plenty of time to provide the panel with evidence of her taking steps to address the concerns.

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 patients, and to uphold/protect the wider public interest, which includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel considered there to be a public interest in the circumstances of this case. The panel found that the charges found proved are serious. 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 required.

Having regard to all of the above, the panel was satisfied that Mrs Tagle's fitness to practise is currently impaired.

### **Sanction**

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Mrs Tagle off the register. The effect of this order is that the NMC register will show that Mrs Tagle 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.

### **Representations on sanction**

The panel noted that in the Notice of Meeting, dated 24 April 2024, the NMC had advised Mrs Tagle that it would seek the imposition of a striking-off order if it found Mrs Tagle's fitness to practise currently impaired.

### **Decision and reasons on sanction**

Having found Mrs Tagle's 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:

- Discriminatory behaviour
- No evidence of insight
- Has not engaged with the NMC

The panel had found that there were no mitigating features.

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, an order that does not restrict Mrs Tagle's 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 Tagle'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 Mrs Tagle's registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The misconduct identified in this case was not something that can be addressed through conditions. Furthermore, the panel concluded that the placing of conditions on Mrs Tagle's registration would not adequately address the seriousness of this case or satisfy the wider public interest.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The panel determined that the misconduct, as highlighted by the facts found proved, was serious, and attitudinal in nature. The panel considered that Mrs Tagle's conduct breached the fundamental tenets of the profession and was fundamentally incompatible with her remaining on the register. The panel was of the view that Mrs Tagle has known about these charges since January 2024 but she has not demonstrated any insight or attempts to remediate the concerns. The panel therefore determined that a suspension order would not be an 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 Tagle's 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 Tagle's actions were serious and 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 matters it identified, in particular the effect of Mrs Tagle's 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 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 Tagle 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 Mrs Tagle's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

### **Representations on interim order**

The panel took account of the representations made by the NMC.

The NMC submitted:

*'40.If a finding is made that the registrant's fitness to practise is impaired on a public protection basis is made and a restrictive sanction imposed, we consider an interim order in the same terms as the substantive order for a period of 18 months should be imposed on the basis that it is necessary for the protection of the public and otherwise in the public interest. This will cover the initial period of 28 days before*



*the sanction comes into effect and any period if Ms Tagle decides to lodge an appeal.'*

### **Decision and reasons on interim order**

The panel was satisfied that an interim order is otherwise in the public interest to uphold standards, maintain public confidence in the nursing profession and uphold confidence in the NMC as its regulatory body. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months.

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

That concludes this determination.