

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

**Substantive Hearing  
Tuesday 27 August 2024 – Monday 2 September 2024**

Virtual Hearing

**Name of Registrant:** Raniel Cang

**NMC PIN** 17D0077O

**Part(s) of the register:** Nurses part of the register Sub part 1  
RN1: Adult nurse, level 1 (13 April 2017)

**Relevant Location:** Blackpool

**Type of case:** Misconduct

**Panel members:** Denford Chifamba (Chair, Registrant member)  
Vivianne Cooper-Thorne (Registrant member)  
David Newsham (Lay member)

**Legal Assessor:** Ashraf Khan

**Hearings Coordinator:** Rebecka Selva

**Nursing and Midwifery Council:** Represented by Ilana Hirschberg, Case  
Presenter

**Mr Cang:** Present and not represented

**Facts proved by admission:** Charges 1, 1a, 1b, 1c, 1d, 2 and 3

**Facts not proved:** N/A

**Fitness to practise:** Impaired

**Sanction:** **Suspension order (6 month) with a review**

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

## **Details of charge**

That you, a registered nurse:

- 1) Between November 2022 and February 2023, on one or more occasion, you failed to follow the medication administration policy in that you:
  - a) took out controlled drugs from the controlled drugs cupboard in the absence of a witness;
  - b) did not ensure that the administration of Morphine to Resident A was witnessed by a second member of staff;
  - c) did not ensure that the administration of Morphine to Resident B was witnessed by a second member of staff;
  - d) On 25 November 2022 on your medication rounds you took medication allocated for more than one Resident at a time
  
- 2) Between November 2022 and February 2023, on one or more occasion as identified in Schedule 1, you forged a signature purported to belong to another member of staff in the controlled drugs book
  
- 3) Your actions at Charge 2 were dishonest in that you intended to give the impression that the administration of controlled drugs had been witnessed by a member of staff, when you knew they had not

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

### **Schedule 1:**

Undated entry titled, 'received from boots' on page 16 for 600ml of Oromorph

2 entries dated 21 December 2022 at 18:00 for 100ml of Oromorph

Undated entry

22 December 2022 for 5mg Morphine Sulphate

22 December 2022 for 5mg Morphine Sulphate  
30 December 2022 for 5mg Morphine Sulphate  
3 January 2023 for 5mg Morphine Sulphate MR tablets  
3 January 2023 for 5mg Morphine MR tablets  
6 January 2023 for 5mg Morphine MR tablets  
6 January 2023 for 5mg of Morphine MR tablets  
9 January 2023 for 10mg Morphine modified release tablets  
9 January 2023 for 5mg of Morphine MR  
9 January 2023 for 5mg of Morphine MR  
10 January 2023 for 8mg Morphine MR  
10 January 2023 for 10mg of Morphine MR  
10 January 2023 for 10mg of Morphine modified release tablets  
15 January 2023 for 5mg of Morphine MR tablets  
15 January 2023 for 5mg of Morphine MR tablets  
15 January 2023 for 10mg of Morphine modified release tablets  
19 January 2023 for 5mg of Morphine MR tablets  
19 January 2023 for 5mg of Morphine MR tablets  
20 January 2023 for 5mg of Morphine MR tablets  
20 January 2023 for 5mg of Morphine MR tablets  
1 February 2023 for 5mg of Morphine MR tablets  
1 February 2023 for 5mg of Morphine MR tablets  
2 February 2023 for 5mg of Morphine MR tablets  
2 February 2023 for 5mg of Morphine MR tablets

## **Background**

On 6 April 2023 the Nursing and Midwifery Council (NMC) received a referral from Barchester Healthcare about your fitness to practise. At the time of the concerns raised in the referral, you were working as a registered nurse at Glenroyd Care Home (the Home). You had worked at the Home from 11 February 2020 to April 2023.

Over a period of two to three months, you administered controlled drug medication to residents without it being witnessed by another nurse. This was a requirement under the controlled drug administration policy, and you were aware of this. In addition, it is alleged that you forged the signatures of three colleagues to record that they had acted as the witness when they had not.

The allegations came to light during a routine check-up by the general manager on 2 February 2023. It was established that medication was being administered by you to residents but was not being correctly recorded on the resident's Medication Administration Record (MAR) charts.

On 3 February 2023 you were suspended pending investigation by the Home. Police and Safeguarding were informed, and a Care Quality Commission notification completed. A fact-finding investigation interview was conducted on 28 February 2023 during which you made full admissions and admitted that you had forged colleagues' signatures in the controlled drugs book. You explained that this had been going on for some two to three months and more than one colleague's signature had been forged.

In addition, the evidence suggests that you had also dispensed medication incorrectly on 25 November 2022 and this had led to you completing a medication competency programme in January 2023.

## **Decision and reasons on facts**

At the outset of the hearing, the panel heard from Ms Hirschberg, who informed the panel that you made full admissions to charges 1, 1a, 1b, 1c, 1d, 2 and 3.

The panel therefore finds charges 1, 1a, 1b, 1c, 1d, 2 and 3 proved in their entirety, by way of your admissions.

## **Fitness to practise**

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether your fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's 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, your fitness to practise is currently impaired as a result of that misconduct.

## **Submissions on misconduct**

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (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.'*

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

Ms Hirschberg identified the specific, relevant standards where your actions amounted to misconduct. She referred the panel to the agreed statement of facts and the witness statements, both of which you have agreed upon within the case management form. As such, Ms Hirschberg submitted that your agreement provides evidential basis for a finding of misconduct in this case.

Ms Hirschberg submitted that in relation to charge 1, it is misconduct by breach of the Code, the Home's internal policy and of the National Institute for Health and Care Excellence (NICE) guidelines. In relation to charges 2 and 3, the misconduct is by reason of your dishonesty.

Charge 1:

Ms Hirschberg informed the panel that Charges 1(a) to 1(c) concerned your failure to have a witnessing colleague present when taking controlled drugs from storage and administering controlled drugs to Residents A and B on various dates. Charge 1(d) concerned your breach of medication safety policy by taking multiple potted medications to each resident rather than one at a time to avoid mistakes.

Ms Hirschberg referred to Ms 1's witness statement:

*'if controlled drugs are not administered correctly, for example to the right patient or the right dose, this can cause harm or it could be fatal. This is why Mr Cang should have dispensed and administered the controlled drug with a second checker present.'*

Ms Hirschberg submitted that this is a breach of the NICE guidelines section 1.7 and the Code, including but not limited to, section 8.5 and 18.

Charges 2 and 3:

Ms Hirschberg submitted that Charges 2 and 3 concern misconduct due to your dishonesty. She specified that the dishonesty referred to is the forgery of your colleagues' signatures on more than 25 occasions in the controlled drug book, indicating that they had witnessed you administering medications when you had done so without any of your colleagues witnessing.

Ms Hirschberg referred to the legal test for dishonesty as outlined in *Ivey v Genting Casinos* [2017] UKSC 67 and submitted that the legal test is met. She submitted that at the time of the incidents you knew that what you were doing was dishonest. You admitted that you had forged the signatures, therefore Ms Hirschberg submitted that in your state of mind you knew you were being dishonest. She submitted that no ordinary and decent person would consider forging someone's signature, whatever the reason for the forgery, to be anything less than dishonest.

Ms Hirschberg submitted that each of the incidents relate directly to your practice. She submitted that the charges relate to medicine management, duty of candour and your behaviour with your colleagues. She submitted that as opposed to asking for help or alerting others to the difficult situation that you were in and coming forward about any of your concerns, you breached the Home's medicines management policy and the NICE guidelines. You then proceeded to forge documents.

Ms Hirschberg referred to the NMC guidance FTP-2A and submitted that each of the charges set out individually constitute you taking unreasonable risks with the safety of your patients.

Ms Hirschberg submitted that you showed attitudinal issues and a lack of insight. She referred the panel to Ms 2's Witness statement:

*“Mr Cang justified their actions by saying that they required more time to complete tasks and that they had to rush to complete the medications round. To me, this does not seem remorseful or demonstrate insight ... This made me question whether Mr Cang understood the seriousness of their actions”.*

Ms Hirschberg referred to the witness statements and submitted that they all indicate that you took serious risks and should not have acted as you did. She submitted that they serve to highlight the grave nature of your actions.

Ms Hirschberg submitted that forgery is sufficiently severe that it raises public confidence concerns, and if misconduct is found it could impact public confidence in the profession.

Ms Hirschberg reminded the panel that while the police investigation concluded without a move to charge or prosecute you, forgery is still a crime.

Ms Hirschberg further reminded the panel that dishonesty is at the highest level of misconduct.

Ms Hirschberg referred to the test to identify misconduct as set out in *Roylance* as well as the courts decisions in *Calhaem v GMC* [2007] EWHC 2606 (Admin) and *Nandi v GMC* [2004] EWHC 2317 (Admin). With reference to the witness statements, she submitted that it is fair to say that your actions were serious and deplorable.

You referred the panel to your reflective statement and training certificates within Exhibit 5.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance*, *Nandi* and *Remedy v GMC* [2010] EWHC 1245 (Admin).



## **Submissions on impairment**

You gave oral evidence under affirmation.

You told the panel that you wanted to express your sincere apologies for not adhering to the medication administration policy and for your dishonest actions in forging signatures in the controlled drugs book. You told the panel that you deeply regret your past actions and the trust that you violated.

You submitted that when these incidents were initially investigated you were sanctioned with an interim conditions of practice order. You told the panel that you had made every effort to comply with each of the conditions and be transparent about them to all potential and future employers, you referred the panel to Exhibit 8. However, you told the panel that you failed to formally inform your employer at the time, Florence agency, of the interim conditions of practice order.

You informed the panel that Florence agency provides an app which you would normally use to raise queries, you used this app to reach out to them regarding the interim conditions of practice order but when no one replied, and your PIN remained active you assumed you were allowed to continue working. You admitted to the panel that this was a significant lapse on your part, and you regret not having ensured that the agency was properly informed, you acknowledged that this was a violation of your interim order at the time.

You informed the panel that after you were suspended from the Home, you were working exclusively at Dovehaven Care Home via Florence agency. You told the panel that you would pick up shifts at Dovehaven as and when they were advertised on the Florence agency app. You told the panel that you worked at Dovehaven for around two months as an agency nurse.

You submitted that you had informed the manager at Dovehaven of the interim conditions of practice order, you said that the manager acknowledged the situation.

You informed the panel that at this time you found it difficult to find a care home to work in due to your visa status and its sponsorship requirement. You submitted that the manager at Dovehaven told you that they would be able to provide you with visa sponsorship as well as being able to cater to your conditions.

You told the panel that you were meant to work a night shift at Dovehaven but when you arrived for your shift you were told that your shift had been cancelled and to contact Florence agency.

You told the panel that Florence agency had reported to the NMC that you had not been compliant with your conditions which led to the interim order being changed to a suspension order on 27 July 2023.

You told the panel that since the interim suspension order was imposed you have taken time to reflect on your actions, and that you have made significant efforts to improve yourself personally and professionally.

You told the panel that you now work as a healthcare assistant with Century Healthcare, specifically at New Thursby Care Home. You informed the panel that in this role, you have been diligent in following all the policies regarding patient care. You informed the panel that you remain up to date with all mandatory trainings; to further understand the consequences of your actions you attended a seminar on Probity and Ethics. You told the panel that this seminar gave you valuable insights into your past behaviour and helped you develop a plan for ensuring that you maintain ethical and professional standards in the future. You informed the panel that during the seminar you realised that the problem at the time of the incidents was that you were enjoying a sense of achievement of being able to complete your tasks at the Home without understanding the effects of being dishonest and the effects this would have had on the profession.

You submitted that during the period of the interim suspension order, it has allowed you to reflect on your actions and improve yourself.

You informed the panel that you did receive a letter of support from your current employers' HR department but that you are currently not in possession of it.

You requested the panel to give you a chance to prove that your fitness to practice is not impaired and that you are committed to demonstrating that you are capable of upholding the professional and ethical standards expected of you.

In response to Ms Hirschberg's question, you clarified that despite attending a Probity and Ethics seminar, two days later you failed to disclose of your interim conditions of practice order to your employer at the time. You further clarified that it was not your intention to be dishonest but that it was a lapse on your part as you thought there was no issue since your PIN was still active.

In response to panel questions, you clarified that the letter from HR at New Thursby Care Home was a supporting document prior to the interim suspension order being imposed. You told the panel that you do not remember the entire contents of the letter, but it described how you are at work and information about your training.

You clarified that though you are not sure, you are almost certain that it was Florence agency, not Dovehaven who referred you to the NMC.

You clarified for the panel that you have learnt your lesson and provided the panel with an example of when a resident needed a catheter flushed, a nurse colleague of yours asked you to flush the catheter but they had forgotten that you were now a healthcare assistant. You declined to do the flush as you informed the colleague that you are only a healthcare assistant and to do the flush would be outside your scope. You submitted that however

small a procedure is, you now make sure that you follow procedure and policies at all times.

You clarified for the panel that to ensure your previous actions are not repeated, if you found yourself in a busy or hectic shift you would utilise your team and ensure that jobs are delegated accordingly. You told the panel that medication safety should take priority and to always keep your manager informed of what is going on.

You clarified for the panel that it pains you to look back at your past actions, you admitted that the worst part was that once you started to forge the signatures you kept on going and at the time, you felt no remorse as you only cared about completing your workload for each day. You told the panel that you were not aware that your act of dishonesty would have such an impact on patients and the trust of the public on the profession.

You told the panel that where you are short staffed, you would encourage your manager to give training to other healthcare assistants so that they would also be able to sign off on medications. You clarified that only senior healthcare assistants who receive training at the Home are allowed to sign off medications. You told the panel that if more staff were able to sign off medications, that would have helped you.

Ms Hirschberg addressed the issue of impairment and submitted to the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the case of *Council for Healthcare Regulatory Excellence (CHRE) v (1) Nursing and Midwifery Council (NMC) (2) and Grant* [2011] EWHC 927 (Admin).

Ms Hirschberg, with reference to NMC Guidance submitted you are impaired by reason of misconduct and that this impairment is attitudinal.

Ms Hirschberg submitted that you have in the past acted and are liable in the future to act so as to put a person receiving care at unwarranted risk of harm. She informed the panel that despite redoing your medication training in autumn of 2022, you went on not just to breach policy again but also forge signatures, a much more serious breach not just of policy but the law and the Code. She submitted that there is no evidence before the panel that suggests that you will not continue to put patients at risk by failing to have the regard for the rules. She referred the panel to Exhibit 10 where you were found to have breached your interim conditions of practice order and as a result an interim suspension order was imposed. She submitted that this demonstrates your ongoing disregard for the rules.

Ms Hirschberg submitted that you have in the past and are liable in the future to breach a fundamental tenet of the profession. She submitted that you have continually breached the Code over a significant period of time. She reminded the panel that the forging of documents took place on more than 25 occasions. She submitted that you breached various sections of the Code including but not limited to failing to keep clear and accurate records and failing to follow the applicable guidelines when administering medicines. Ms Hirschberg submitted that though you mentioned attending an ethics and probity course, a one-day course is insufficient to unlearn and counteract long term attitudinal issues and a long-term lack of appreciation for the rules in place. She reminded the panel that you took this course before you breached the conditions of practice order, which demonstrates that the course in reality has not changed your attitude.

Ms Hirschberg submitted that when you dispensed medication from the controlled drugs cupboard, without having a witness, and also by forging documents, those were serious decisions, not mistakes, which put patients at risk.

Ms Hirschberg submitted that you have in the past and are liable in the future to act dishonestly. The dishonesty charge has been found proven and combined with your general disregard for the rules suggests that you are susceptible to future dishonesty. She submitted that all registrants are subject to a duty of candour, and you are in clear breach of this.

Ms Hirschberg submitted that your reflective statement and evidence of your training are noted. However, she submitted that the panel are not dealing with deficiencies in your practice but more your attitude and tendency towards taking the 'easy way out', even if that involves being dishonest and taking risks.

Ms Hirschberg submitted that these actions of dishonesty are highly likely to recur.

Ms Hirschberg submitted that forgery is a grave charge and dishonesty of any type is considered to be at the most serious end of the spectrum of misconduct. She submitted that public confidence in the profession would be undermined if a finding of impairment was not made in a case involving all the charges proven here, especially the long running period of forgery and dishonesty.

Ms Hirschberg submitted that a nurse without the proper appreciation for the rules in place to protect patients, a nurse with a propensity to be dishonest is a risk to the public. Therefore, she submitted that a finding of impairment should be made in this case in accordance with the NMC guidance, the case law and the facts.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Cohen v GMC* [2008] EWHC 581 (Admin), *CHRE v NMC*, *Grant* and *Yeong v GMC* [2009] EWHC 1923 (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 your actions did fall significantly short of the standards expected of a registered nurse, and that your actions amounted to a breach of the Code. Specifically:

**'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*

**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** *This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.*

*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*

**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:*

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

**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*

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

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel with reference to NMC Guidance FTP-3, was of the view that multiple aspects of the Code was breached such as failure to adhere to medicine policy and removing controlled drugs from secure storage without signing off with another colleague.

The panel also made reference to NMC Guidance DMA-8a when determining misconduct in relation to falsifying of records and your duty of candour. The panel concluded that the falsification of records was indicative of a pattern of behaviour as it went on for a period of time.

The panel found that your actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.



## Decision and reasons on impairment

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

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, 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/ fitness to practise is impaired in the sense that S/He:*

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel was satisfied that all four limbs of the *Grant* test were engaged.

The panel finds that patients were put at risk of harm as a result of your misconduct. Your misconduct had 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 you made full admissions and have engaged with the NMC throughout the proceedings. The panel also considered that you

demonstrated an understanding of how your actions put patients at a risk of harm. However, the panel determined that the insight was limited with regard to the effect your actions would have had on your colleagues. The panel acknowledged your remorse and apologies for the actions but were concerned that at the time of the incidents you '*felt no remorse*'.

The panel were also concerned that when it questioned you, in relation to impairment, of how you would handle the situation differently in the future you did not address your dishonesty.

The panel carefully considered the evidence before it in determining whether or not you have taken steps to strengthen your practice. The panel took into account the additional and relevant training you have undertaken, and the reflective piece written by you addressing the potential harm caused to patients.

However, the panel is of the view that there is a risk of repetition based on the fact that the forging of signatures took place multiple times over a long period of time, and you demonstrated further dishonesty shortly after completing the most relevant training which addressed probity and ethics. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

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

The panel determined that a finding of impairment on public interest grounds is required as public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds your fitness to practise impaired on the grounds of public interest.

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

## **Sanction**

The panel has considered this case very carefully and has decided to make a suspension order with a review for a period of 6 months. The effect of this order is that the NMC register will show that your registration has been suspended.

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 heard and accepted the advice of the legal assessor.

## **Submissions on sanction**

The panel bore in mind Ms Hirschberg's and your submissions.

Ms Hirschberg informed the panel that in the Notice of Hearing, dated 10 July 2024, the NMC had advised you that it would seek the imposition of a suspension order between 6 to 12 months with a review if it found your fitness to practise currently impaired.

Ms Hirschberg submitted that the proposed sanction appropriately balances the public protection issues and your rights in this case.

Ms Hirschberg outlined the aggravating factors in this case. She submitted that firstly, there is a pattern of misconduct over a substantial period of time. Secondly, that your conduct failed to follow the policies regarding medicines management. Thirdly, that there is long term dishonesty, not only did you forge signatures, but you also failed to admit this

and when confronted by Ms 1 you continued to lie. Lastly, that the NMC received another referral with regard to your interim conditions of practice order not being disclosed to your employer which demonstrated ongoing attitudinal issues and your lack of respect for rules.

Ms Hirschberg submitted that the NMC acknowledge that you have engaged with the process and provided a reflective piece. However, she reminded the panel of Ms 2's witness statement, '*...this does not seem remorseful, or demonstrate insight*'.

Ms Hirschberg submitted that your actions were not only inappropriate, but they had the potential to cause significant harm.

Ms Hirschberg submitted that a conditions of practice order is not workable in this case. She submitted that a 6 to 12 month suspension order with a review would give you additional time to complete further training and produce a reflection at the time of the review, when you are, hopefully, ready to return to nursing and practice safely and effectively.

You submitted that you would like to sincerely apologise for your dishonest behaviour and expressed your regret for your actions.

You submitted that you fully acknowledge the seriousness of your misconduct and understand the impact it has had on your professional integrity.

You told the panel that moving forward, you are committed to addressing your past behaviour and ensuring that it does not happen again. You informed the panel that you would like to enrol in a continuing professional development (CPD) course focusing on insight and remediation on 19 September 2024. You told the panel that you believe that this course will provide you with the necessary tools to reflect on your past actions and help implement meaningful changes.

You outlined for the panel that you are struggling financially, and to be able to afford this CPD course you have requested a loan, but despite these challenges, you are fully committed to addressing your past actions and become a better person and nurse.

You submitted that you understand the sanction bid proposed by the NMC however, you invited the panel to impose a conditions of practice order.

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

Having found your fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Abuse of a position of trust.
- Not disclosing previous interim order to employers.
- Long term dishonesty.
- The pattern of misconduct over a period of time.
- Conduct which failed to follow medicines management policies.

The panel also took into account the following mitigating features:

- Admission to all charges.
- Apologies to all affected parties.
- Evidence of some insight.
- Showing willingness to strengthen your practice.
- The positive testimonials.

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, and the public protection issues identified, an order that does not restrict your 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 your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. 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 your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel 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 panel also considered that you have previously breached your interim conditions of practice order.

Furthermore, the panel concluded that the placing of conditions on your registration would not adequately address the seriousness of this case.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that a suspension order may be appropriate where some of the following factors are apparent:

- No evidence of harmful deep-seated personality or attitudinal problems;

- No evidence of repetition of behaviour since the incidents initially took place; and
- The panel is satisfied that you have some insight and do not pose a significant risk of repeating behaviour.

The panel did consider that dishonesty over a period of time may be indicative of an attitudinal problem and that there was some evidence of repetition in that you failed to comply with the conditions of practice order. However, the panel did not consider that they were deep-seated and that you have remained apologetic. Therefore, it did go on to seriously consider whether a striking-off order would be proportionate but, taking account of all the information before it, the mitigation provided, development of some insight and the further steps that you have indicated you will make to strengthen your practice, the panel concluded that it would be disproportionate. The panel was satisfied that your misconduct was not fundamentally incompatible with remaining on the register. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.

The panel noted the financial hardship such an order will inevitably cause you. However, this is outweighed by the public interest in this case.

The panel considered that this order is 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.

The panel determined that a suspension order with a review for a period of 6 months was appropriate in this case to mark the seriousness of the misconduct.



At the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- Evidence of further completed relevant training/courses.
- Updated testimonials addressing your integrity.
- Detailed reflection addressing dishonesty and what you have learnt from your training/courses.
- Your continued engagement and attendance at NMC proceedings.

This will be confirmed to you in writing.

### **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 your own interests until the suspension sanction takes effect.

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

### **Submissions on interim order**

The panel took account of the submissions made by Ms Hirschberg. She submitted that an interim suspension order for a period of 18 months is required on both public protection and public interest grounds. She invited the panel to impose the interim suspension order on the same factual and regulatory basis as the substantive suspension order.

Ms Hirschberg submitted that you are not currently able to practise safely and effectively and therefore it would be a public safety issue if you were permitted to practise in the interim 28 days.

Ms Hirschberg submitted that a well-informed member of the public would be concerned if a suspended registrant, with the allegations proven in this case, was permitted to practise unrestricted simply because the suspension order had not, due to a matter of law, come into effect.

Ms Hirschberg invited the panel to consider the close link between your proven allegations and your clinical practice. Specifically, she reminded the panel of the multiple incidents of misconduct and the seriousness of your dishonesty.

### **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 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 to cover any potential appeal period.

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

That concludes this determination.