

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

**Substantive Hearing
3 December – 6 December 2024
6 February 2025**

Virtual Hearing

Name of Registrant:	Ranjit Pallikonda
NMC PIN	22J0052O
Part(s) of the register:	Nurses part of the register Sub part 1 RNA: Adult nurse, level 1 (03 October 2022)
Relevant Location:	Surrey
Type of case:	Misconduct
Panel members:	Scott Handley (Chair, lay member) Catherine McCarthy (Registrant member) Kevin Connolly (Lay member)
Legal Assessor:	Fiona Barnett John Donnelly (6 February 2025 only)
Hearings Coordinator:	Rose Hernon-Lynch Sophie Cubillo-Barsi (6 February 2025 only)
Nursing and Midwifery Council:	Represented by Alex Radley, Case Presenter Grace Khaile (6 February 2025 only)
Mr Pallikonda:	Not present and unrepresented
Facts proved:	Charges 1,2,3,4,5,6
Fitness to practise:	Impaired
Sanction:	Striking off order

Interim order:

Interim suspension order – 18 months

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mr Pallikonda was not in attendance and that the Notice of Hearing letter had been sent to Mr Pallikonda's registered email address by secure email on 21 October 2024.

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

The panel accepted the advice of the legal assessor.

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

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

The panel noted that the Rules do not require delivery and that it is the responsibility of any registrant to maintain an effective and up-to-date registered address.

Decision and reasons on proceeding in the absence of Mr Pallikonda

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

Mr Radley submitted that there had been no engagement at all by Mr Pallikonda with the NMC in relation to these proceedings save for an email sent on 7 March 2023 and, as a consequence, there was no reason to believe that an adjournment would secure his attendance on some future occasion.

The panel accepted the advice of the legal assessor.

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

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

- Mr Pallikonda has not engaged with the NMC save for one email sent on 7 March 2023
- Mr Pallikonda has not responded to any of the letters sent to him about this hearing
- No application for an adjournment has been made by Mr Pallikonda

- The NMC has been communicating with Mr Pallikonda for some time and Mr Pallikonda's communication with the NMC on 7 March 2023 evidences his awareness of ongoing proceedings
- Mr Pallikonda has not engaged a representative
- Witnesses have been warned to attend this hearing

Given the factors set out above, the panel concluded that Mr Pallikonda has disengaged from proceedings and has voluntarily absented himself. There is no reason to suppose that adjourning would secure his attendance at some future date and, further, there is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Mr Pallikonda in proceeding in his absence. Although the evidence upon which the NMC relies will have been sent to him at his registered address, he has made no response to the allegations. He will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on his own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Mr Pallikonda's decision to absent himself from the hearing, waive his right to attend or be represented, and to not provide evidence or make submissions on his own behalf.

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

Details of charges (as amended)

That you, a registered nurse:

- 1) On 22 October 2022 failed to administer a subcutaneous injection safely by applying too much pressure when injecting the patient, causing the needle to bend
- 2) On 29 October 2022 failed to safely prepare medication for administration by pre-potting medication in advance for more than one patient at a time
- 3) On an unknown date in October 2022, failed to remove all surgical clips from a patient's wound
- 4) On 23 November 2022 failed to record that you had administered Pyridostigmine to Patient A
- 5) During the recruitment process for employment with Central Surrey Health, you stated you had 2 or more years of nursing experience, when you did not
- 6) Your actions at charge 5 above were dishonest in that you deliberately sought to mislead a prospective employer into believing that you had the minimum required nursing experience when you knew you did not.

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

Decision and reasons on application to amend the charge

During its deliberations, the panel considered whether to amend the wording of Charge 2. The proposed amendment was due to the definitions of the words 'administer' and 'dispense' in the medication policy of the Trust. These words were included within the charge. The panel noted that it had been presented with no evidence that medications had been administered or dispensed by Mr Pallikonda. It therefore considered that the removal of the words 'administer' and 'dispense' from the charge, and the insertion of the word 'prepare' would provide clarity and more accurately reflect the evidence.

Proposed amendment:

*2. On 29 October 2022 you failed to ~~administer medication safely~~ **prepare medication for administration** ~~in that you on one or more occasion you dispensed medication incorrectly by pre-potting medication in advance for more than one patient at a time~~*

In accordance with the provisions of Rule 28 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules) the panel invited Mr Radley to make submissions on the proposed amendment.

Mr Radley, on behalf of the NMC, was of the view that the amended charge better described the mischief of the charge and had no objection to the proposed amendment. The panel accepted the advice of the legal assessor and had regard to the Rules. The panel was of the view that such an amendment was in the interests of justice. The panel was satisfied that there would be no prejudice to Mr Pallikonda because the proposed amendments did not increase the severity of the charge or introduce any new matters which Mr Pallikonda has not had the opportunity to consider. The panel was satisfied that no injustice would be caused to either party by the proposed amendment. It was therefore appropriate to amend the charge, as proposed, to ensure clarity and accuracy and more accurately reflect the evidence.

Background

Mr Pallikonda was referred to the NMC on 24 February 2023 by Central Surrey Health ('the Trust') in relation to concerns of dishonesty and lack of competence as a registered nurse.

During the time of his application for employment at the Trust it is alleged that Mr Pallikonda claimed to have around two years of work experience in a nursing role at a hospital in India from March 2020 to March 2022. The NMC allege that this information is not correct, and that Mr Pallikonda was not honest about his previous work experience. Mr Pallikonda is an internationally recruited nurse. He started his employment with the Trust on 31 July 2022 as a Health Care Assistant (HCA) because he was awaiting his NMC pin number. On 3 October 2022 Mr Pallikonda received his NMC pin and started his employment as a registered nurse. On 30 November 2022, Mr Pallikonda resigned from his role due to personal reasons and moved to India.

Prior to leaving the Trust, Mr Pallikonda allegedly told his then manager, that his CV was incorrect, and he did not have the required experience of working as a registered nurse. It is claimed by the NMC that Mr Pallikonda stated that he had made up this information based on the advice he had received from the recruiting agency.

In addition, it is alleged that during the course of Mr Pallikonda's employment as a nurse at the Trust, there were a number of concerns regarding his clinical practice.

A local investigation was completed dated May 2023. This led to a disciplinary hearing at the Trust which took place on 28 June 2023.

On 7 March 2023 the registrant informed the NMC that he was unemployed and had returned to India in December 2022. Since this time there has been no further communication from the registrant.

Decision and reasons on facts

In reaching its decisions on the facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Mr Radley on behalf of the NMC.

The panel has drawn no adverse inference from the non-attendance of Mr Pallikonda.

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 heard live evidence from the following witnesses called on behalf of the NMC:

- Witness 1: Ward Manager at the Hospital
- Witness 2: Operations Manager for the private healthcare recruitment company

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor which included reference to the case of *Ivey v Genting Casinos [2017] UKSC 67*. It considered the witness and documentary evidence provided by the NMC. The panel have heard nothing from Mr Pallikonda except an email written on 7 March 2023 in which Mr Pallikonda wrote in correspondence to the NMC:

'It's true that i had few difficulties to adjust to the system but I had not committed any mistake during my practice at Central Surrey health'

This is the only response the registrant has ever made regarding the regulatory concerns.

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

Charge 1

1. "On 22 October 2022 you failed to administer a subcutaneous injection safely by applying too much pressure when injecting the patient, causing the needle to bend"

This charge is found proved.

In reaching this decision, the panel took into account that Witness 1 stated in her oral evidence that she was working on a night shift with Mr Pallikonda. During this shift a number of subcutaneous injections were to be given to patients. Witness 1 said she asked Mr Pallikonda if he was confident to administer such an injection, and he said he was. Mr Pallikonda administered the injection and Witness 1 said she noticed the needle was bent when it was withdrawn. Witness 1 concluded this had occurred due to too much pressure having been applied to the needle during the injection.

The panel also noted that Witness 1 said in oral evidence:

'when he saw me looking at the needle he started to panic and shake, I said 'are you ok to give subcutaneous injections', he said 'not really'.

Witness 1 stated in her witness statement that: *'Mr Pallikonda had a duty to administer a subcutaneous injection safely'.*

Witness 1 stated in oral evidence that:

'the needle is very small therefore if too much pressure is applied the needle can bend and potentially break off'.

Witness 1 also stated in her statement that:

‘A risk of not giving the injection properly is that the needle can snap off into the patient’s skin. This would be a foreign body and the patient would need surgery to remove the needle’.

The panel found the evidence provided by Witness 1 to be credible as there was consistency between the content of their statement, their response in interview to the internal enquiry, their oral evidence and their responses to panel questions. The panel therefore accepted Witness 1’s evidence in its entirety.

The panel considered that for the needle to bend there must have been excess pressure applied. The panel further considered that the needle bending indicates a deficiency in technique, and it was satisfied, on the balance of probabilities, that Mr Pallikonda had failed to safely administer the subcutaneous injection by applying too much pressure and causing the needle to bend.

Charge 2

2. “That you, a registered nurse, on 29 October 2022 failed to safely prepare medication for administration by pre-potting medication in advance for more than one patient at a time”

This charge is found proved.

In reaching this decision, the panel took into account Witness 1’s evidence that whilst working with Mr Pallikonda on a night shift, she returned from her break to find that Mr Pallikonda had prepared for a drugs round by pre-potting the medications for a number of patients. These were unlabelled pots placed on each of the patient’s drug charts in the medication treatment room. Witness 1 stated that she questioned Mr Pallikonda as to why

he had done this. Mr Pallikonda replied that ‘this is what we did elsewhere’. Witness 1 said she told Mr Pallikonda: ‘*we never do this here*’. Witness 1 stated that she could not verify the medication in each pot but would be responsible for it and, this being the case, she discarded all of the pre-potted medications and restarted the drug round. Witness 1 asked Mr Pallikonda ‘*if the medications got mixed, how would you be able to administer the drug safely?*’ Mr Pallikonda’s response to this was to say ‘sorry’.

Witness 1 stated in their statement that nurses have a duty to administer medications safely and she explained that the correct way to give medication to:

‘one by one, take the drug chart to the patient and administer the necessary medication to that patient. Then come back to the treatment room and start on the next patient’.

The panel found the evidence provided by Witness 1 to be credible as there was consistency between the content of their statement, their oral evidence and their responses to panel questions. The panel therefore accepted Witness 1’s evidence in its entirety. The panel was satisfied, on the balance of probabilities, that Mr Pallikonda had failed to prepare medication for administration safely by pre-potting it in advance for more than one patient.

Charge 3

3. “That you, a registered nurse, on an unknown date in October 2022, you failed to remove all surgical clips from a patient’s wound”

This charge is found proved.

In reaching this decision, the panel took into account Witness 1’s evidence that Mr Pallikonda was being supervised by a Band 5 staff nurse and that he was required to remove all surgical clips from a patient. Witness 1 was not present at the time but stated

that the incident had been reported to her by the staff nurse when she came on duty on the following shift. Witness 1 stated that no documentation was completed at the time. Witness 1 set out her understanding of the situation that Patient B had surgery following a femur fracture and that there were 3 sets of surgical clips used to close the wound. Witness 1 stated that Mr Pallikonda needed to remove all 3 sets but had only removed one set. Witness 1 stated that she subsequently approached Mr Pallikonda to discuss the incident. Witness 1 stated that Mr Pallikonda told her there was no light in the room therefore he could not see the other clips. She said to Mr Pallikonda to 'not find excuses as I knew the patient's room has light'.

Witness 1 stated that Mr Pallikonda should have checked the whole wound area and should have removed all clips.

The panel found the evidence provided by Witness 1 to be credible as there was consistency between the content of their statement, their oral evidence and their responses to panel questions. The panel therefore accepted Witness 1's evidence in its entirety. The panel was satisfied, on the balance of probabilities, that Mr Pallikonda failed to remove all surgical clips from the patient's wound.

Charge 4

4. "That you, a registered nurse, on 23 November 2022 you failed to record that you had administered Pyridostigmine to Patient A"

This charge is found proved.

In reaching this decision, the panel took into account that Witness 1 stated that they were present on a day shift during which Mr Pallikonda was one of two nurses working. Witness 1 stated that there was a patient present who had to be given a time sensitive medication a number of times each day. Witness 1 stated that she told Mr Pallikonda to set an alarm for 10:00 so as to remind himself to administer the medication. Witness 1 stated that she

checked the drug chart after the 08:00 drug round. In oral evidence Witness 1 confirmed that she carried out a check of the drug chart at around 10:15am to ensure that the drug had been administered at 10:00am. At this time, she noted that the drug chart had not been signed and she believed that the medication had not been given.

Witness 1 went on to state that as Mr Pallikonda was on his break at the time she decided to prepare and administer the medication. As Witness 1 walked towards the patient to ask them if they had received the medication Mr Pallikonda was returning from his break. Witness 1 stated that she asked Mr Pallikonda whether he had administered the drug, and he told her that he had. Following this discussion Witness 1 stated that Mr Pallikonda then signed the drug chart. Witness 1 stated that she would have administered the medication as the drug chart was not signed. This would have constituted a double dose. She stated that Mr Pallikonda apologised.

Witness 1 informed the panel that a nurse has a duty to make records of their actions, this is set out in the Code, Medicines Management Policy, Standard Operating Procedure and the Medicine Management Observational Tool. Witness 1 stated that if she had not checked if Mr Pallikonda had given the medication, she would have double dosed the patient which could have resulted in an overdose and potential harm.

The panel found the evidence provided by Witness 1 to be credible as there was consistency between the content of their statement, their oral evidence and their responses to panel questions. The panel therefore accepted Witness 1's evidence in its entirety. The panel was satisfied, on the balance of probabilities, that Mr Pallikonda failed to record that he had administered Pyridostigmine to Patient A.

Charge 5)

5. "During the recruitment process for employment with Central Surrey Health you stated you had 2 or more years of nursing experience, when you did not"

This charge is found proved.

In reaching this decision, the panel took into account Mr Pallikonda's agency application form and CV that was generated by the recruitment agency. The panel also took account of the evidence of Witness 1, Witness 2 and Mr Pallikonda's recruitment interview with the trust and discipline interview with the Trust.

Witness 2 explained the agency's recruitment process. She explained that the candidate completes the application form via an on-line portal and that this system then generates a formatted CV from the information provided on the application portal. Witness 2 informed the panel that the application form was completed on the basis of information provided:

- Solely by Mr Pallikonda
- Using his own words
- Without any guidance as to what he should say

The panel noted that in the recruitment agency application form Mr Pallikonda stated that he had worked as a registered nurse at a named hospital in India between March 2020 and March 2022. The panel also noted that it is recorded in the interview notes for his job at the Trust that Mr Pallikonda stated he had been '*working as a nurse in [the] medicine ward for 2 years*'.

The panel also took into account Witness 1's observations and concerns about Mr Pallikonda's clinical skills as set out in her statement, and that Witness 1 questioned Mr Pallikonda about these concerns and his experience in October 2022. The panel noted that Witness 1 stated that she remained unclear about Mr Pallikonda's past experience at the end of the conversation. The panel further noted that Witness 1 stated that they had repeated their concerns in a further discussion with Mr Pallikonda on 7 November 2022. During this subsequent conversation Witness 1 stated that Mr Pallikonda told her that the

agency had told him not to include that they had practised as a doctor. Witness 1 said they were shocked to hear this and escalated the matter to managers.

The panel took account of Witness 1's contemporaneous note of the meeting with Mr Pallikonda on 7 November 2022. Witness 1's record of their conversation, with regards to Mr Pallikonda's previous experience as a nurse: *'According to Ranjit this was made up, as advised by the recruitment agent'*. The panel noted that Witness 1 stated the same information in oral evidence.

The panel further noted that Witness 1 stated in her statement *'Mr Pallikonda said they were not as experienced as they had stated on their CV'*. The statement went on to say that in the meeting between Witness 1 and Mr Pallikonda on 7 November 2022 he had stated to her *'they did not have any nursing experience and his agency had told them to put the experience on his CV'*.

The panel considered the transcript of the meeting of 9 March 2023 in which Mr Pallikonda was interviewed as part of the Trust's investigation. The panel noted that Mr Pallikonda discussed the same process in trying to apply for a nursing position in the UK but stated he had been a doctor previously.

The panel found that the registrant's completion of their CV and application form was of their own volition and that Mr Pallikonda's account is not consistent.

The panel found there to be a lack of clarity in Mr Pallikonda's account of his prior experience with regards to whether they were previously a doctor and/or nurse, and found this confusion exacerbated by the omission of full previous employment and experience details by Mr Pallikonda in his application.

The panel found the evidence of Witness 1 consistent and that it aligned with other evidence presented. The panel accepted Witness 1's evidence in its entirety.

The panel noted that Mr Pallikonda made no formal response to the charge and put forward nothing compelling, nor a cogent account of their professional experience. The panel was satisfied, on the balance of probabilities, that Mr Pallikonda stated that he had 2 or more years of nursing experience, when he did not.

Charge 6

6. “Your actions at Charge 5 above were dishonest in that you deliberately sought to mislead a prospective employer into believing that you had the minimum required nursing experience when you knew you did not.”

This charge is found proved.

In reaching this decision, the panel reminded itself of the test in of *Ivey v Genting Casinos*. It must first ascertain (subjectively) the actual state of Mr Pallikonda’s knowledge or belief as to the facts.

The panel had regard to assertions made by Mr Pallikonda that he had been told to falsify his experience on his application form by the recruitment agency. This assertion was strongly refuted by Witness 2 who outlined the considerable reputational damage to an agency which would be incurred should they encourage such behaviour. The panel concluded that Witness 2’s evidence was compelling and did not accept the assertion made by Mr Pallikonda.

The panel found that Mr Pallikonda wanted to gain employment in a nursing position and that he knew he was not qualified for this as he did not have the required minimum experience period working as a registered nurse. The panel further found that Mr Pallikonda had, by submitting false information to the recruitment agency as part of his application for employment, actively planned to mislead a prospective employer about his previous nursing experience.

The panel found Mr Pallikonda by misrepresenting his experience on his application form and at his interview, knowing it to be false, did so because he knew he would not otherwise be eligible to apply for the job as a registered nurse.

The panel also determined that, objectively, Mr Pallikonda's conduct was dishonest by the standards of ordinary, decent people. The panel was therefore satisfied that the NMC had proved this charge to the required standard.

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 Mr Pallikonda'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, Mr Pallikonda's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

Mr Radley referred the panel to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a *'word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.'*

Mr Radley invited the panel to take the view that the facts found proved amount to misconduct. Mr Radley referred the panel to: 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code). Mr Radley also made reference to the case of *Calhaem v GMC [2007] EWHC 2606 (Admin)* and in *Nandi v GMC [2004] EWHC2317 (Admin)* in which Collins J said;

'[Misconduct] connotes a serious breach which indicates that the [Nurse's] fitness to practice is impaired.'

And

*'The adjective **'serious'** must be given its proper weight, and in other contexts there has been reference to conduct which would be regarded as deplorable by fellow practitioners.'*

Mr Radley also referred the panel to NMC guidance FTP-3, *'how to determine seriousness'*.

Mr Radley identified the specific, relevant standards where Mr Pallikonda's actions amounted to misconduct. Mr Radley submitted that there was a large period of time in which misconduct took place, and that there was the potential for there to be serious outcomes due to the misconduct for example, there was the possibility that there could have been a double dose of drugs administered to one of the patients. Mr Radley submitted that there is a lack of trust and professionalism created by Mr Pallikonda inadequately performing his duties. Mr Radley also highlighted that the serious allegation of dishonesty has been found proven.

Submissions on impairment

Mr Radley moved on to the issue of impairment and referred 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.’

Mr Radley submitted that, given the charges found proved, Mr Pallikonda cannot practise safely or professionally. Mr Radley also referred to the judgment of Mrs Justice Cox in the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin)*.

Mr Radley submitted that the panel should:

‘consider the context in which things have happened...amongst many other aspects...

- *The professional’s working environment and culture.*
- *The lack of cooperation with the investigation in the Governing Body and case management*
- *The medical failures exhibited*
- *The Dishonesty in the application process CV and application*

- *The creation of an environment where professionals were double checking the practices'*

Mr Radley submitted that there have been no clear steps taken by Mr Pallikonda to address the concerns beyond interview comments that were made by him. Mr Radley further submitted that there have been no additional references provided, no training logs nor evidence of courses undertaken.

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 NMC Guidance DMA-1 '*Impairment*'.

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

'6 Always practise in line with the best available evidence

To achieve this, you must:

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

'8 Work cooperatively

To achieve this, you must:

8.2 *maintain effective communication with colleagues*

8.6 *share information to identify and reduce risk'*

‘10 Keep clear and accurate records relevant to your practice

To achieve this, you must:

10.1 *complete all records at the time or as soon as possible after an event, recording if the notes are written some time after the event’*

‘Preserve safety

You make sure that patient and public safety is not affected. You work within the limits of your competence, exercising your professional ‘duty of candour’ and raising concerns immediately whenever you come across situations that put patients or public safety at risk. You take necessary action to deal with any concerns where appropriate.’

‘13 Recognise and work within the limits of your competence’

‘16 Act without delay if you believe that there is a risk to patient safety or public protection

To achieve this, you must:

16.2 *raise your concerns immediately if you are being asked to practise beyond your role, experience and training’*

‘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’*

‘Promote professionalism and trust

You uphold the reputation of your profession at all times. You should display a personal commitment to the standards of practice and behaviour set out in the

Code. You should be a model of integrity and leadership for others to aspire to. This should lead to trust and confidence in the profession from patients, people receiving care, other health and care professionals and the public.

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'*

'21 Uphold your position as a registered nurse, midwife or nursing associate

To achieve this, you must:

21.4 *make sure that any advertisements, publications or published material you produce or have produced for your professional services are accurate, responsible, ethical, do not mislead or exploit vulnerabilities and accurately reflect your relevant skills, experience and qualifications'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel heard evidence at the fact-finding stage regarding the various risks of harm in relation to clinical issues. The panel noted that these were only prevented because they occurred at a time when he was being supervised.

The panel found that the findings of facts were wide-ranging and included a record keeping failure, unsafe preparation of medication and an inability to conduct clinical procedures safely. The panel also found that the whole foundation of Mr Pallikonda's appointment to this role was based on a dishonest misrepresentation of his experience during the recruitment process, and that the risks that Mr Pallikonda posed to patients, due to his lack of experience, were mitigated only by the intervention of those who were supervising him during his employment.

In light of all of this, the panel found that Mr Pallikonda'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 went on to decide if as a result of the misconduct, Mr Pallikonda's fitness to practise is currently impaired.

In coming to its decision, the panel considered whether Mr Pallikonda can practise kindly, safely and professionally.

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to practise safely. 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 found that all limbs of the Grant test were engaged in the past. The panel found that patients were put at risk as a result of Mr Pallikonda's misconduct. The panel found that harm was only prevented by the actions of others. The panel were of the view that Mr Pallikonda's misconduct had breached a number of the fundamental tenets of the nursing profession set out in the Code. He had brought the profession into disrepute by acting dishonestly having secured a job after providing information which was false and which he knew to be false. The panel found that Mr Pallikonda's eligibility for the nursing role was made solely from false representations.

Regarding insight, the panel considered that during his employment on many of the occasions when Mr Pallikonda was challenged about unsafe practice he did apologise and showed some signs of remorse. The panel found there to be limited information as to Mr Pallikonda's thinking at the time of the incidents, but did note that there were occasions

when Mr Pallikonda expressed limited remorse. The panel took account of the record of the Trust's internal meeting that involved Witness 1 when a manager asked:

'did Ranjit show any understanding that falsifying any prior work experience would be wrong, would be construed as wrong and could be dangerous?'

To which Witness 1 replied:

'I would say maybe at the end, he was crying and saying that I feel relieved now that I have told you everything...'

Witness 1 was subsequently asked:

'So, on that last encounter, he admitted to you that he'd lied?'

And replied:

'Yes, and he felt relieved that he told me the truth'.

The panel considered that there was evidence of some engagement by Mr Pallikonda in the internal investigation, but that his level of insight was minimal.

The panel was satisfied that the misconduct in this case is capable of being remediated in respect of the clinical matters. The panel considered that Charges 1,2,3 and 4 are clinical failings and are capable of remediation by further training, supervision and experience. The panel went on to carefully consider the evidence before it in determining whether or not Mr Pallikonda has taken steps to strengthen his practice.

The panel took into account that since the time of his engagement with the Trust's internal investigation in 2023, with the exception of the email sent to the NMC by Mr Pallikonda on 7 March 2023, there has been no further engagement by Mr Pallikonda. The panel noted

that there is no further up to date evidence of, or information with regards to, Mr Pallikonda's:

- work
- evidence of safe practice
- training
- having undergone mentoring
- reflection

The panel also considered the misconduct found in relation to Mr Pallikonda's making dishonest representations as set out in Charges 5 and 6. It noted that Mr Pallikonda had, not only, made a dishonest statement in the completion of his application form for the recruitment agency, but that he had gone on to repeat this statement in his interview with the Trust and did not, during his employment, provide any information to the contrary until questions were raised by his supervisor towards the end of his employment. The panel considered that this action over a period of time demonstrated a deep-seated attitudinal issue, and it acknowledged and agreed with the NMC guidance DMA-8 '*Making decisions on dishonesty charges and the professional duty of candour*' provided that such issues are more difficult to put right.

In the absence of any evidence of recent insight or any remediation, the panel is of the view that there is a risk of repetition of both the clinical matters and the dishonesty. Any such repetition would put patients at risk of harm. 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 objective of the NMC is the protection of the public. The pursuit of this overarching objective involves pursuit of the following objectives:

- a) to protect, promote and maintain the health, safety and wellbeing of the public; b) to promote and maintain public confidence in the professions and c) to promote and

maintain proper professional standards and conduct for members of those professions.

The panel determined that a finding of impairment on public interest grounds is required. The panel considered, given the wide-ranging nature of the clinical concerns proved in this case, and the fact that Mr Pallikonda was only able to practise as a nurse as a result of his dishonest statements that public confidence in the profession would be undermined and proper professional standards would not be upheld if such a finding of impairment were not made. It therefore also finds Mr Pallikonda's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above the panel decided that Mr Pallikonda could not practise kindly, safely and professionally and concluded that his fitness to practise is currently impaired.

Adjournment and Interim Order

Following its decision on impairment the panel decided that there was now insufficient time to hear submissions on sanction and conclude that stage of the proceedings. It therefore decided to adjourn.

In accordance with Rule 32(5) of the Rules, the panel invited representations from Mr Radley as to whether or not it should impose an Interim Order.

Mr Radley informed the panel that there is currently an Interim Order of Suspension on Mr Pallikonda's registration and that the Interim Order was last reviewed in August 2024.

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

The panel decided, given that there is already an Interim Suspension Order in place, that it need take no further action on this issue.

This will be confirmed to Mr Pallikonda in writing.

Resumption of hearing – 6 February 2025

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mr Pallikonda was not in attendance and that the Notice of Hearing letter had been sent to Mr Pallikonda's registered email address by secure email on 16 January 2025.

The panel accepted the advice of the legal assessor.

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

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

Sanction

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

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

Submissions on sanction

Ms Khaile highlighted what, in the NMC's view, were aggravating and mitigating factors in Mr Pallikonda's case. She asked the panel to impose a suspension order for 6-9 months. Ms Khaile submitted that such an order would be necessary and proportionate given the dishonesty found proved and Mr Pallikonda's lack of insight and acceptance into his misconduct, which placed patients at an unwarranted risk of harm.

Decision and reasons on sanction

Having found Mr Pallikonda'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:

- Mr Pallikonda's misconduct involved premeditated and long standing dishonesty;
- His misconduct placed patients at a risk of significant harm;
- Mr Pallikonda has not demonstrated any insight and has failed to evidence any meaningful understanding of the consequences of his dishonesty;
- The panel had no evidence before it to demonstrate that Mr Pallikonda has taken steps to remediate his misconduct; and
- Mr Pallikonda has not engaged with the NMC, his regulator, since March 2023.

The panel identified the following mitigating feature:

- Mr Pallikonda cooperated with the local internal investigation.

Before considering any sanctions, the panel considered the seriousness of the dishonesty found proved. The panel determined that as a registered nurse it would have, or should have, been known to Mr Pallikonda that a nurse must act with honesty and integrity. The panel determined that by lying about his nursing experience, Mr Pallikonda placed patients at a serious risk of harm and therefore breached a fundamental tenet of the nursing profession. Additionally, despite having ample opportunity to do so, Mr Pallikonda has failed to either accept, apologise and/or demonstrate an understanding of the seriousness of his misconduct.

The panel was of the view that honesty and integrity is of central importance to a nurse's practice and whilst it noted that not all dishonesty is equally serious, it determined that in Mr Pallikonda's case, the dishonesty found proved was particularly serious. Mr Pallikonda's dishonesty deliberately breached the professional duty of candour, involved vulnerable patients, and placed those patients at a direct risk of harm.

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 Mr Pallikonda'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 Mr Pallikonda's 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.

In light of this, when considering whether placing conditions of practice on Mr Pallikonda's registration would be a sufficient and appropriate response, the panel determined that there are no practicable or workable conditions that can be formulated given the nature of dishonesty found proved and the seriousness of the misconduct in Mr Pallikonda's case. Whilst there are identifiable areas of Mr Pallikonda's practice which require retraining and/or assessment, the panel had no information before it suggesting that Mr Pallikonda would be willing to engage with any conditions imposed. In any event, the panel determined that such an order would not sufficiently protect the public nor address the public interest concerns identified at this time.

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

- *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;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- ...
- ...

The panel noted that Mr Pallikonda's behaviour was repeated over a prolonged period of time and was not a one-off incident. It determined that this pattern of behaviour evidences a harmful and deep-seated personality and/or attitudinal problem. The panel did not have sufficient information before it as to Mr Pallikonda's insight in order for it to be satisfied that he does not pose a risk of repeating the behaviour. It further considered that a suspension

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

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*
- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

Mr Pallikonda's actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with him remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mr Pallikonda's actions were very serious and to allow him 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 Mr Pallikonda's actions had upon patients in his care and in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct himself, the panel has concluded that nothing short of a striking off order 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 Mr Pallikonda 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 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 Khaile who invited the panel to impose an interim suspension order in order to cover any potential appeal period. She submitted that such an order was necessary for the protection of the public and was 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 this case, due to the reasons already identified in the panel's determination for imposing the substantive order.

The panel therefore decided to impose an interim suspension order for a period of 18 months in order to cover any potential appeal period.

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

That concludes this determination.