

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

Substantive Meeting

Friday, 15 March 2024 – Monday, 18 March 2024

Virtual Meeting

Name of Registrant: **Natalia Winiarska**

NMC PIN 20B0100N

Part(s) of the register: Registered Nurse – Sub part 1
Adult Nursing (Level 1) – 01 May 2020

Relevant Location: Antrim and Newtownabbey

Type of case: Conviction

Panel members: Shaun Donnellan (Chair, lay member)
Linda Pascall (Registrant member)
Alex Forsyth (Lay member)

Legal Assessor: Robin Hay

Hearings Coordinator: Yewande Oluwalana

Facts proved: Charges 1 and 2

Facts not proved: N/A

Fitness to practise: Impaired

Sanction: **Striking-off order**

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

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Miss Winiarska's registered email address by secure email on 8 February 2024.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegations, the time, date and the fact that this meeting was heard virtually.

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

Details of charge

That you, a registered nurse

1. On 7 March 2023 at the Crown Court at Antrim were convicted of
 - a. 42 counts of Fraud by false representation in breach of section 2 of the Fraud Act 2006, contrary to section 1 of the Fraud Act 2006.
 - b. 5 counts of attempted fraud by false representation in breach of section 2 of the Fraud Act 2006, contrary to Article 3 (1) of the Criminal Attempts and Conspiracy (Northern Ireland) Order 1983 and Section 1 of the Fraud Act 2006.
2. On 21 March 2023 at the Crown Court at Antrim were convicted of 2 counts of Theft contrary to Section 1 of the Theft Act (Northern Ireland) 1969.

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

Background

Miss Winiarska was referred to the Nursing and Midwifery Council (NMC) on 15 December 2021 by Causeway Hospital which is part of the Northern Health and Social Care Trust (“the Trust”). Miss Winiarska was employed as a registered nurse at the Hospital from 19 October 2020 until her dismissal on 1 June 2023.

On the 18 August 2021 Danske Bank fraud team contacted the Police Service of Northern Ireland (PSNI) in relation to two fraudulent transactions on a customer’s account. They identified that the customer, aged 83 had been an inpatient at the Trust between 31 July and 9 August 2021, and was concerned about two transactions during that period totalling £470.

The PSNI received a second report on 20 August 2021 from the family of another patient aged 68, whose family had identified four unauthorised (totalling £310) and three attempted unauthorised transactions during a hospital in-patient stay at the Trust. The PSNI were able to identify the monetary sums were going to an account belonging to Miss Winiarska.

On 21 August 2021 Miss Winiarska was arrested on suspicion of fraud by false representation.

On 22 August 2021, it is alleged that a relative of a third patient aged 61 with learning difficulties, reported their wallet had been missing during their stay with the Trust and it was allegedly recovered in another area of the hospital with around £110 missing. It is alleged that the relative reported three unauthorised and two unauthorised attempted transactions on their account.

It is alleged that Miss Winiarska was the registered nurse at the relevant times at the three locations identified. The PSNI further examined an account held by Miss Winiarska which identified a further three elderly patients, aged 71, 82 and 72 years of age whose accounts had allegedly been accessed and funds removed by Miss Winiarska.

It is alleged that on 29 June 2022, Miss Winiarska admitted to the PSNI 42 offences of fraud by false representation together with a further five offences of attempted fraud by false representation. However, two allegations of theft were denied. Miss Winiarska admitted that she illicitly recorded the bank card details and then completed transactions without authorisation, using a third party's name on the transactions.

It is alleged that Miss Winiarska misappropriated a total of £6,289.48 of patient funds.

Miss Winiarska was convicted on her own admission:

- a. 42 counts of Fraud by false representation in breach of section 2 of the Fraud Act 2006, contrary to section 1 of the Fraud Act 2006
- b. 5 counts of attempted fraud by false representation in breach of section 2 of the Fraud Act 2006, contrary to Article 3 (1) of the Criminal Attempts and Conspiracy (Northern Ireland) Order 1983 and Section 1 of the Fraud Act 2006
- c. 2 counts of Theft contrary to Section 1 of the Theft Act (Northern Ireland) 1969.

On 23 May 2023, Miss Winiarska was sentenced at the Crown Court at Antrim to a Combination Order of a community service order for 100 hours and a probation order for two years.

Decision and reasons on facts

The charges concern Miss Winiarska's conviction and, having been provided with a copy of the certificate of conviction, the panel finds that the facts are found proved in accordance with Rule 31 (2). This states:

- '31.—** (2) *Where a registrant has been convicted of a criminal offence—*
- (a) *a copy of the certificate of conviction, certified by a competent officer of a Court in the United Kingdom (or, in Scotland, an extract conviction) shall be conclusive proof of the conviction; and*
 - (b) *the findings of fact upon which the conviction is based shall be admissible as proof of those facts.*

Fitness to practise

Having determined its findings on the facts, the panel then considered whether, on the basis of the facts found proved, Miss Winiarska's fitness to practise is currently impaired by reason of her conviction. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

Representations on impairment

The NMC referred the panel to its overarching objective to protect the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. The panel has referred to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin) and *R (on application of Cohen) v General Medical Council* [2008] EWHC 581 (Admin).

The NMC submitted that Miss Winiarska breached the following standards of The Code: Professional standards of practice and behaviour for nurses and midwives (2015) ('the Code') 20, 20.1, 20.2, 20.3, 20.4, 20.5, 20.8, 21 and 21.3.

In the NMC's submissions, it stated:

'Miss Winiarska used her position as registered nurse with the Trust to access the bank details of vulnerable patients within her care for her own financial gain. This was deliberate and calculated conduct over a significant period of 11 months, leading to financial loss to elderly and vulnerable patients, who had placed their trust in Miss Winiarska as a registered nurse. Miss Winiarska's actions are a serious departure from the standards expected of a registered professional. Registered professionals occupy a position of privilege and trust in society and are always expected to be professional and to treat patients with care and compassion. Patients and families must be able to trust registered professionals with their lives and those of their loved ones. Miss Winiarska convictions raises questions

about her overall suitability as a nurse, which may undermine public confidence in the profession.'

The NMC submitted that all limbs of the Grant test are engaged. It is mentioned,

'The victims were vulnerable patients. The seriousness of this conviction is such that it calls into question their continuing suitability to remain on the register. Miss Winiarska received a community service order for 100 hours and a probation order for 2 years. This therefore has a negative impact on the reputation of the profession and, accordingly, has brought the profession into disrepute.

...

Upholding and protecting the wider public interest includes (1) the promotion and maintenance of public confidence in the nursing and midwifery professions and (2) the declaration and maintenance of proper and professional standards. This includes ensuring that registrants act in accordance with the professional Code. Miss Winiarska acts and omissions as [sic] fell far below the below the standards expected of a registered nurse. Such misconduct undermines the public's trust and confidence in the profession and could result in patients and members of the public being deterred from seeking assistance or treatment from nurses, if they felt they would suffer financial risk as a result.

The Code divides its guidance for nurses in to four categories which can be considered as representative of the fundamental principles of nursing care.

These are:

- a) Prioritise people;*
- b) Practice effectively;*
- c) Preserve safety and*
- d) Promote professionalism and trust*

The NMC have set out above how, by identifying the relevant sections of the Code, Miss Winiarska has breached fundamental tenets of the

profession. These sections of the Code define the responsibility to promote professionalism and trust to ensure safe conduct and practise.

...

*The NMC's guidance entitled "**Can the concern be addressed?**" FTP-13a, states as follows:*

"Examples of conduct which may not be possible to address, and where steps such as training courses or supervision at work are unlikely to address the concerns include:

- criminal convictions that led to custodial sentences*
- violence, neglect, or abuse of patients.*

Whilst the criminal convictions did not lead to a custodial sentence, they involved the theft and fraud for personal gain and a gross breach of trust on the part of Miss Winiarska and flagrant and cynical abuse of position as a registered professional, working in a trusted position that gave them access of patients' bank cards, of 6 patients who were deliberately targeted because of their age and/or vulnerability. The conduct occurred over a significant period of 11 months and was therefore calculated, planned and a premediated course of action. Miss Winiarska sought to obscure her misconduct by using a third-party name when undertaking the financial transactions. The impact of Miss Winiarska's actions were not only financial but likely had an impact on the patients, who were elderly and vulnerable either by age or circumstances.

Whilst Miss Winiarska has shown some insight in their correspondence with the NMC admitting the offences, [PRIVATE] Miss Winiarska expressed remorse and embarrassment, [PRIVATE]. Miss Winiarska apologised to the patients, colleagues and NMC whose trust they had broken, but also despite the conviction denies the theft of the cash sums.

The NMC places limited weight on the insight/reflection on Miss Winiarska as it does not go into detail of the impact on the patients, colleagues, and the profession. There is a lack of recognition that their actions deliberately breached the fundamentals of trust and professionalism, due to the

absence of honesty and integrity of abuse of position, trust and lack of steps taken to strengthen her practice or remediation the risk of repetition of such conduct remains high.

...

The NMC consider there is a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behaviour. The public expect nurses to act with integrity so that patients and their family members can trust registered professionals.'

The panel accepted the advice of the legal assessor.

Decision and reasons on impairment

The panel considered whether as a result of the conviction, Miss Winiarska's 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 and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/their fitness to practise is impaired in the sense that S/He/They:

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

The panel found that all limbs of the *Grant* test were engaged. It determined that Miss Winiarska's conduct resulted in actual harm to vulnerable patients. Her actions had breached the fundamental tenets of the nursing profession and therefore brought its

reputation into disrepute. Furthermore, it found that confidence in the nursing profession would also be undermined if its regulator did not find charges relating to dishonesty extremely serious.

The panel had regard to the NMC Guidance on Impairment especially the question which states:

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

The panel had regard to the case of *Cohen v GMC* [2008] EWHC 581 (Admin), where the court addressed the issue of impairment with regard to the following three considerations:

- a. *'Is the conduct that led to the charge easily remediable?'*
- b. *'Has it in fact been remedied?'*
- c. *'Is it highly unlikely to be repeated?'*

The panel is aware that this is a forward-looking exercise and, accordingly, it considered whether Miss Winiarska's dishonesty is remediable and whether it has been remedied.

The panel considered whether Miss Winiarska's actions as found in the charges proved are easily remediable. Dishonesty is very difficult to remedy. Honesty, integrity and trustworthiness are the bedrock of the nursing profession and, in acting dishonestly, Miss Winiarska breached the fundamental tenets of the nursing profession and brought the reputation of the nursing profession into disrepute. Such persistent and premeditated dishonesty is indicative of deep-seated attitudinal concerns which are difficult to remedy.

Regarding insight, Miss Winiarska had expressed remorse and apologised for her actions towards her patients, colleagues and the nursing profession. [PRIVATE]

[PRIVATE].'

There was no information before it to support Miss Winiarska's statement that she has addressed [PRIVATE] that may have impacted upon her when the offences occurred. This

was a pattern of behaviour that targeted a particular set of vulnerable patients who were in Miss Winiarska's care.

The panel was not satisfied that Miss Winiarska's had addressed the regulatory concerns. There was no information before it to indicate that Miss Winiarska had addressed her dishonesty. She has not provided any information of training nor testimonials to demonstrate any positive steps she may have taken to address her dishonest conduct.

In the light of this, the panel found that there is a risk of repetition of Miss Winiarska's dishonesty based on the nature of the offences of which she was convicted. The panel therefore determined 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 are 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 had regard to the serious nature of Miss Winiarska's conviction and determined that public confidence in the profession, particularly as it involved dishonest conduct in a clinical setting, would be undermined if a finding of impairment were not made in this case. It concluded that a fully informed member of the public, aware of the proven charges against the vulnerable, would be very concerned if Miss Winiarska were permitted to practise as a registered nurse without restriction.

For this reason, the panel determined that a finding of current impairment on public interest grounds is required. It decided that this finding is necessary to mark the seriousness of the conviction, the importance of maintaining public confidence in the nursing profession, and to uphold the proper professional standards for members of the nursing profession.

Having regard to all the above, the panel was satisfied that Miss Winiarska's fitness to practise is currently impaired on both public protection and public interest grounds.

Sanction

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

In reaching this decision, the panel has had regard to all the information before it and had regard to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

Representations on sanction

The panel took into account the NMC's written representations on sanction, which stated:

'The NMC considers the appropriate and proportionate sanction in this case to be a striking-off order.'

With regards to NMC sanction guidance the following aspects have led us to this conclusion:

The aggravating factors in this case include:

- *Abuse of position of trust*
- *Pattern of conduct*
- *49 offences*
- *Harm caused.*

Miss Winiarska has expressed remorse for her conduct.

The following aspects have led the NMC to this conclusion:

No further action (SAN-3a) – *Miss Winiarska has been convicted for 42 offences of fraud by representation, 5 for attempted theft by representation and 2 for theft. Taking no action would be wholly inappropriate and would send the wrong message to those on the NMC register and would not address the seriousness of the concerns raised, the period over which the*

conduct occurred, and the calculated way Miss Winiarska attempted to obscure any potential audit, involving an innocent third party. This would not adequately protect the public from financial harm, nor would a member of the public properly informed for this case, accept this sanction as there is a need for the regulator to act to uphold proper professional standards.

Caution Order (SAN-3b) – *such an order would not be appropriate in this case because of the protracted period in which the offenses occurred, it shows repetitive behaviour, which caused financial harm and highlighted the victim's vulnerability. Whilst there has been acknowledgment of wrongdoing and the impact briefly on the nursing profession, patients and the NMC this is limited insight and there is no evidence of any strengthened practise. Such an order would not adequately reflect the seriousness of the concerns, offer sufficient protection for the public with regards to financial harm, nor the NMC's objective to uphold proper standards in the profession or public protection.*

Conditions of Practice Order (SAN-3c) – *the guidance states that a conditions of practice order may be appropriate when if there is no evidence of harmful deep-seated personality or attitudinal problems and there are identifiable areas of clinical practice that require assessment or training. This is not such a case, concerns relate to theft, fraud, and dishonest actions of Miss Winiarska, of which no conditions could be formulated to adequately protect the public from harm or uphold proper standards within in the profession, given the length of the dishonesty, abuse of trust and the lengths Miss Winiarska went to cover up her actions.*

The offences listed in the charges, and the facts behind those offences indicate harmful deep-seated personality or attitudinal problems. The offences are too serious to be address by conditions of practice order. In any event there are no areas of clinical concerns which might more readily be addressed by way or training or assessment. Further, there are no practical conditions that could be in the public interest.

Suspension Order (SAN-3d) – such an order requires the consideration of the seriousness of the concerns raised and whether temporary removal would be sufficient to protect patients, public confidence in the professions or professional standards. The NMC position is that such an order is inappropriate with regards to the seriousness of the concerns raised, this was not single incident of misconduct but deliberate and calculated conduct and deception by Miss Winiarska over a significant period which targeted vulnerable patients, causing financial loss and harm. There is evidence of harmful deep-seated attitudinal concerns and evidence of repetition. The insight from Miss Winiarska is of a limited nature, offering an apology whilst still denying two of the offences, for which convictions were sustained, with limited to no insight as to the impact their actions had on the patients, colleagues, the Trust, or the professions. There is a significant risk of Miss Winiarska repeating the behaviour, which puts patient safety at risk. Such an order would not be in the public interest and would not uphold the proper professional standards of the profession, where honesty and integrity is the bedrock of the profession. Miss Winiarska's conduct raises serious questions about their professionalism and suitability to stay on the register. If they were to stay on the register, this would risk substantially undermining public confidence in the profession, given the nature of the conviction.

Striking-Off Order (SAN-3e) – A striking-off order would be the most appropriate and proportionate sanction to impose in this case. The guidance on criminal convictions and cautions (FtP-2C) states that in cases where the conviction is directly related to the practice of a registered professional, it is likely that regulatory action would be needed to maintain professional standards and public confidence of those on the NMC's register. The conduct of Miss Winiarska is fundamentally incompatible with being a registered professional. The concerns raised relate to questions as to the Miss Winiarska's professionalism, their honesty and integrity and the trust that patients and colleagues would place on them and within the professions. Actions of stealing/fraud on vulnerable individuals/patients could deter others from seeking medical care as they would feel unsafe in the care of nurses/hospital staff. There has been limited insight shown by

Miss Winiarska, however, this does not negate the calculated and cunningness of Miss Winiarska actions over a significant period, which would likely have continued but for the criminal investigation. The harm was recorded as financial, but is likely this conduct, would have, had a psychological impact, reminding the victims of their vulnerability and making them feel unsafe, it is likely to have impacted the family members who discovered the fraud. The victims were deliberately chosen by Miss Winiarska, given their age, vulnerability, and circumstances at the time. Miss Winiarska sought to deflect blame onto a wholly innocent third party, by using their details to deceive anyone looking at the transactions. All these actions are fundamentally incompatible with continued registration. The NMC role is to protect the public from harm and to uphold the professional standards and reputation of those on our register. For these reasons strike off is the only suitable sanction.'

Decision and reasons on sanction

In reaching its decision on sanction, the panel considered what, if any sanction should be imposed. 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 position of trust
- Dishonest conduct for personal gain
- Pattern of conduct over a period of time.
- 49 offences
- Harm caused
- Vulnerable patients

The panel also took into account the following mitigating features:

- Some limited insight when she expressed remorse

- Pleaded guilty to all the offences
- [PRIVATE]

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection and public interest issues identified, an order that does not restrict Miss Winiarska'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 Miss Winiarska's conviction was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness, which involved fraudulent behaviour against vulnerable patients. 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 Miss Winiarska's registration would be a sufficient and appropriate response. The panel determined that there are no practical or workable conditions that could be formulated, given the nature of the charges. The dishonesty is not something that can be addressed by retraining and there were no issues relating to Miss Winiarska's clinical practice. Furthermore, the panel concluded that the placing of conditions on Miss Winiarska's registration would not adequately address the seriousness of the conviction and would not protect the public or address the public interest concerns.

The panel then considered 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 panel found that Miss Winiarska's behaviour was not a single instance. She was convicted of 49 offences against vulnerable patients which occurred over a protracted period of time. Further there was no information to indicate that such behaviour would not happen again. The panel found that Miss Winiarska's actions are suggestive of deep-seated attitudinal concerns which heightens the significant risk of repetition.

Therefore, the panel was not satisfied that a period of suspension would serve any useful purpose. Consequently, the panel determined that a suspension order would not be a sufficient or proportionate sanction, nor would it satisfy the public interest consideration in this case.

Finally, in considering 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?*

The panel concluded that all the criteria set out above are met.

The panel determined that Miss Winiarska's actions constituted a serious breach of fundamental standards of professional conduct and behaviour that a registered nurse is expected to maintain. The panel found that her actions were significant departures from the standards expected of a registered nurse.

The panel concluded that the serious breach of fundamental tenets of the profession, as evidenced by Miss Winiarska's actions and dishonest conduct, is fundamentally incompatible with her remaining on the register. The conviction raised serious and significant questions about Miss Winiarska's professionalism, and to allow her to continue

practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all these factors and after taking into account all the information before it, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of Miss Winiarska's actions in bringing the nursing profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of a striking-off order would be sufficient in this case.

The panel determined 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 Miss Winiarska 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 Miss Winiarska's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Representations on interim order

The panel took account of the representations made by the NMC which stated:

'If a finding is made that Miss Winiarska's fitness to practise is impaired on a public protection and public interest basis and a restrictive sanction imposed, the NMC considers an 18-month interim suspension order should be imposed on the basis that is necessary for the protection of the public and is 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 also in the wider 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 in order to uphold the public interest, during any potential appeal period. The panel determined that not to impose an interim order would be inconsistent with its earlier decisions.

If no appeal is made, then the interim suspension order will lapse and be replaced by the substantive striking-off order 28 days after Miss Winiarska is sent the decision of this hearing in writing.

That concludes this determination.