



# Professional conduct annual report 2001–2002

Protecting the public through professional standards



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# Foreword



Alison Norman



Mary Hanratty

This is the third and final Professional conduct annual report of the former UK Central Council for Nursing, Midwifery and Health Visitors (UKCC). From 1 April 2002, the UKCC ceased to exist and was replaced by a new regulatory body, the Nursing and Midwifery Council (NMC). A new legislative Order has determined the work and services of the NMC, but in practice all the functions of the professional conduct committees have been taken over by the new regulatory body and will continue to operate in the same way for some time. Our focus remains, as ever, on protecting the public through professional standards. In November 2003, however, there will be some changes to these functions, and the professional conduct committees will have new names and new powers.

During these 12 months of transition, members of the Professional Conduct Committee contributed enormously to another year of achievement through their hard work and tremendous efforts in handling not only a record number of complaints but also the considerable extra work involved in the hand-over to the NMC.

In addition to their already considerable workloads with the committees, staff helped to prepare the new NMC professional conduct committees and trained these members to ensure as smooth a transition as possible. It is to the great credit of committee members and staff that the issue of public protection through the safeguarding of standards continued to be maintained at the highest level this year.

Professional conduct procedures are the means by which a person's name can be removed from the register if they are unfit to practise. The procedures enable the regulatory body to carry out its mandate to protect the public through the maintenance of professional standards. The annual report provides an opportunity to highlight some of the issues from the cases that have been referred under the professional conduct procedures.

The cases considered by the Professional Conduct Committee and the Preliminary Proceedings Committee provide a rich source of information which can be used by the Council to provide professional advice to registered nurses, midwives and health visitors. In this way, negative issues can produce positive outcomes in helping to improve standards of professional practice and conduct.

**Alison Norman**  
**UKCC President**  
**Chair of the Professional Conduct Committee**

**Mary Hanratty**  
**Vice President**  
**Chair of the Preliminary Proceedings Committee**

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## Trends and issues

### New allegations of misconduct

The number of allegations of misconduct against registered nurses, midwives and health visitors continued to rise in 2001–2002. The UKCC received 1304 complaints during the year. This continued a long-term rise in complaints seen over the last five years.

1997–1998	1998–1999	1999–2000	2000–2001	2001–2002
1032	1077	1142	1240	1304

### Who makes the complaints?

The majority of complaints still come from employers, with those from the public now the second largest category. (During 2001–2002, there was a 10% increase in complaints coming directly from the public.)

Police authorities are under an obligation to report to the regulatory body any nurse, midwife or health visitor who is convicted of a criminal offence. The 217 convictions reported by the police during 2001–2002 range from minor charges such as motoring offences, which may not lead to further action by the regulatory body, to serious offences including the assault of patients and offences taking place outside the workplace, including rape and murder. During 2001–2002, the categories of complainant were as follows, with the equivalent figures for 2000–2001 shown for comparison.

	2000–2001	2001–2002
Employers	592 (48%)	591 (45%)
Public	276 (22%)	415 (32%)
Police	230 (18.5%)	217 (17%)
Miscellaneous	142 (11.5%)	81 (6%)
<b>Total</b>	<b>1240</b>	<b>1304</b>

### Where do the complaints come from?

While complaints derive from all four countries of the United Kingdom, the majority come from England. The percentage of practitioners resident in each country during the year is indicated in the third column.

Country	Number of complaints	% of practitioners resident in each country	% of complaints in each country
England	1154	79.1%	88.5%
Wales	53	2.85%	4.1%
Scotland	69	10.1%	5.3%
Northern Ireland	20	2.65%	1.5%
Outside the UK	8	5.3%	0.6%
<b>Total</b>	<b>1304</b>		

## What happens to new complaints?

When a complaint is received, it is considered by the Preliminary Proceedings Committee [PPC]. The PPC decides whether there is a case to answer and whether there is enough evidence to support the complaint. The PPC takes as its starting point the fact that the professional conduct procedures are, as set out in the legislation, ‘... proceedings for removal from the register’. For this reason, some complaints will be recommended for immediate closure by the PPC. This could be because they are trivial, not supported by evidence, or relate to matters that would not call into question the registrant’s fitness to practise.

However, if the allegations are serious and the PPC believes they could lead to removal from the register, solicitors will investigate and report on the strength of the evidence available to support the charges. The criminal standard of proof is applied and solicitors will advise as to whether this high standard can be reached. This is a higher standard of proof than is required in, for example, employers’ disciplinary hearings.

During 2001–2002, the PPC considered 1614 cases and made the following decisions. The comparative figures for 2000–2001 are shown in the first column.

	2000–2001	2001–2002
Case closed	869	805
Further investigation required	399	352
Referred to professional screeners	105	66
Cautioned	33	75
Referred to the Professional Conduct Committee	221	316
<b>Total</b>	<b>1627</b>	<b>1614</b>

The above figures include some cases that will have been considered twice.

## Cautions

A caution may be issued by the Preliminary Proceedings Committee if three criteria are satisfied:

- ▶ the offences must be serious enough to lead to removal from the register
- ▶ the practitioner must admit the facts of the charges and admit that those facts constitute misconduct
- ▶ the practitioner must provide mitigation which persuades the committee that they are not a risk to the public and that removal would not be appropriate.

However, the PPC will still refer a case for a hearing if it decides that removal is appropriate.

## Recording action taken

Records of cautions are retained for five years. Any employer or member of the public who checks the practitioner's registration with the confirmation service during that period is informed of the caution. If the practitioner is referred again to the Preliminary Proceedings Committee or the Professional Conduct Committee during that five year period, the committee will be informed of the caution.

## Professional Conduct Committee

Professional Conduct Committee [PCC] hearings are held in public. The press is usually present, as are those who wish to attend as observers. This is a reflection of the Council's commitment to the transparency and accountability of its professional conduct work. Some respondents, and some employers of respondents, occasionally protest about this. However, the only reason whereby the PCC may agree to hold all or part of the hearing in private is to protect the identity of the victim of the alleged offences in particularly sensitive circumstances, such as child abuse cases. The potential embarrassment of the respondent or the business reputation of the respondent's employer are never accepted as reasons for holding the hearing in private.

The PCC usually sits in the country where the case originated. During 2001–2002, the committee met at the NMC's offices and at other locations in London, in Nottingham, Leeds, Southampton, Doncaster, Chester, Cornwall, Gloucester, Merseyside, Birmingham and Rugby. It also met in Belfast, Glasgow, Edinburgh and Cardiff. The committee meets most frequently in England simply because that is where most of the cases originate. During the year, the PCC sat on 297 days and considered 291 cases of alleged misconduct and 19 applications for restoration to the register. Again, this represents a significant overall increase in the committee's workload during the year. By comparison, during 2000–2001 the PCC sat on 201 days and considered 187 cases of alleged misconduct and 11 applications for restoration.

## Categories of misconduct

The largest category of offence during 2001–2002 remained the physical or verbal abuse of patients, representing 29% of the total number of charges – 0.5% up on last year's high of 28.5%. When sexual abuse is added to this figure, the percentage rises to 32% of all charges.

Unsafe clinical practice formed 10% of the charges, with failure to keep accurate clinical records making up 8.4% of the total charges.

Staffing issues totalled 9% of the charges and included abuse of management authority, inadequate staffing levels, sexual harassment of colleagues, physical and verbal abuse of other staff, and failure to collaborate with colleagues.

The committee heard 33 cases involving criminal convictions. A registrant may be called to account by the regulatory body for convictions related to offences outside work, where such offences might undermine public trust and confidence in the professions. Failing to declare a criminal conviction when seeking employment is regarded as a serious offence and can lead to removal from the register.

## Professional Conduct Committee decisions

Judgement	2000–2001	2001–2002
Removed from the register	104	113
Cautioned	39	61
Misconduct proven but no further action	1	10
Facts or misconduct not proven	9	8

## Applications for restoration to the register

During 2001–2002, the committee considered 19 applications for restoration to the register and accepted five. This compares with three successful applications from a total of 11 the previous year.

Anyone who has been removed from the register can apply to have their name restored to the register. In practice, it is recommended that no application should be made within 12 months of removal. Applications are discouraged from those who have clearly made little or no effort to address the issues that led to their removal in the first place. Finally, as a matter of policy, no practitioner who has been removed from the register after committing a serious criminal offence will be re-admitted to the register if it is considered that this would undermine public trust and confidence in the professions.

All applications for restoration are considered by the Professional Conduct Committee. The applicant must attend so that they can be questioned by the committee. Restoration cases are heard on a designated day and the committee is always chaired by the president or vice president. Two references must be supplied, one of which must be from a current employer who is fully aware of the circumstances surrounding the removal from the register.

The onus is on the practitioner seeking restoration to demonstrate that, having been removed, they are now a fit and proper person to be restored. The committee will take into account whether or not the practitioner:

- ▶ accepts that removal from the register was justified
- ▶ has addressed the issues that led to removal and changed their behaviour or attitudes
- ▶ shows genuine regret
- ▶ has made amends.

The committee must also consider whether public confidence in the professions is likely to be maintained if that practitioner was to be restored to the register. If the answer to any of these questions is negative, the application will be rejected. When a practitioner has been restored to the register, the previous removal will be disclosed to those confirming the practitioner's registered status for a period of five years from the date of the restoration.

## Unfitness to practise due to ill health

Allegations that a registered nurse, midwife or health visitor is unfit to practise for reasons of ill health are considered under Health Committee procedures. The main reasons for referral to the Health Committee were as follows.

	2000–2001	2001–2002
Alcohol dependence	58	35
Mental illness	75	59
Drug dependence	26	24
Physical illness	5	5
<b>Total</b>	<b>164</b>	<b>123</b>

A person may be referred to the Health Committee in one of two ways. It may be by a direct referral, for example by an employer. There were 74 such referrals during the year. Alternatively, during the course of considering a professional conduct case, a referral may be made from either the PPC or the PCC if it appears that the practitioner is unwell. A total of 66 such referrals were made by the PPC to the professional screeners during the year.

If the screeners feel there may be a current health problem, the practitioner is invited to be examined by two medical examiners. The medical evidence enables the screeners to decide whether to refer a practitioner to the Health Committee. During the year, the screeners met on 30 occasions and considered 238 cases. Sixteen cases were closed and 121 were referred to the Health Committee. The remaining cases are still in progress.

## Health Committee

The Health Committee meets in private because of the confidential nature of the medical evidence involved. During 2001–2002, the committee met on 39 days and considered 174 cases. Again, this represents an increased workload from the previous year, when it met on 32 days and considered 156 cases. The Health Committee has one more option to exercise than the PCC as it can suspend a practitioner's registration. This has the same effect as removal but the practitioner's name remains on the register. In order for the suspension to be lifted, the practitioner must apply in the same way as someone seeking to be restored to the register.

The committee, like the PCC, has the power to postpone judgement but this power is much more commonly used by the Health Committee. A practitioner may, for example, have a history of drug addiction problems. They may currently be in good health and practising satisfactorily,

supported by an employer who believes that the individual is on the way to full recovery. The committee may wish to be sure that this is the case and may decide to postpone judgement for a year. At the end of this time, the practitioner would be required to appear again before the committee with relevant reports from a psychiatrist, together with a reference from the current employer. A further examination by two medical examiners would also be required.

## Health Committee decisions

Decision	2000–2001	2001–2002
Fitness not impaired – case closed	47	49
Fitness impaired – suspended	55	46
Fitness impaired – removed	0	5
Judgement postponed	30	41
Adjourned for further medical reports	13	19
<b>Total</b>	<b>145</b>	<b>160</b>

The Health Committee also considered 14 applications to terminate suspension, of which 12 were accepted.

## Interim suspension

The regulatory body has the power to order the suspension of registration while an investigation is under way. The committee uses this power if it appears that there is a serious risk to the public in allowing the individual to practise pending the outcome of the investigation by the regulatory body. A practitioner under police investigation for a serious criminal offence against patients would almost certainly be subject to interim suspension. It may also be imposed if it is considered to be in the practitioner's own interest. This includes situations, for example, where practitioners are accused of stealing drugs for their own use. The practitioner who is being considered for interim suspension has the right to be present at the hearing and to be represented.

## Appeals and judicial reviews

In March 2002, there was one appeal against removal. The grounds for appeal were that the UKCC had not investigated the case adequately and the Professional Conduct Committee had not conducted its proceedings properly, resulting in unfair and erroneous decisions by the committee. The court found that the appellant had been treated fairly and properly and the appeal was dismissed.

## Case studies

The first professional conduct annual report in 1999–2000 highlighted cases of dishonesty, and last year the focus was on cases of poor practice, abusive behaviour towards patients and clients, and lack of competence. Sadly, these latter themes recurred in many of the cases referred during 2001–2002. Of 113 cases which resulted in removal from the register, 55 involved verbal, physical or sexual abuse of patients, with a further eight cases of theft from patients, and 25 cases of neglect of basic care.

This year's report features a selection of cases in which a person appeared before the Professional Conduct Committee for non practice-related matters. A total of 10 such cases this year resulted in removal from the register. Audiences at road shows and other events are often surprised to learn that a person can be removed from the register for matters which arise outside work. Such cases usually arise from the reporting of criminal convictions by the police. Last year, 33 convictions were dealt with by the Professional Conduct Committee.

In deciding such matters, the Preliminary Proceedings Committee (PPC), which is the sifting committee for the PCC, has to make a judgement about what issues would undermine public trust and confidence in the profession. There have been, for example, significant debates around the possession of drugs, shop-lifting, and drink-driving offences. Is a conviction for the possession of cannabis for personal use something which would undermine public trust and confidence? Or do there need to be other factors?

How far does a conviction for drink-driving affect a nurse, midwife or health visitor? The committee has to determine whether there is evidence of an alcohol problem, which would certainly concern the regulatory body. The case studies included in this report consider the cannabis issue, a drink-driving conviction, fraud, indecent assault and, reflecting our changing technological environment, a case involving the downloading of pornography from the internet.

### Case study 1: Conviction for possession of cannabis with intent to supply

The Professional Conduct Committee considered the case of a registered general nurse (RGN) who was not currently in employment. He was present at the hearing and accompanied by a friend. He had been convicted in 1998 for possession of cannabis with intent to supply and was sentenced in 1999 to six months in prison.

As the certificate of conviction is proof of the facts, the committee found the facts proved.

### The facts of the conviction

The committee heard evidence from a police constable who said that, acting on a tip-off, he and a colleague went to the nurse's home in plain clothes. They spoke at the front door and he asked if the nurse had any drugs, and was told that he would have some later in the day and that he could also get 'trips and amphets'.

The police returned later in the day with a search warrant and found weight scales and other equipment and a large amount of cannabis with a street value of about £900. This was disputed by the nurse who said it was only worth about £400.

The committee then heard from a second police constable who had interviewed the nurse when he had been arrested. He said that the nurse had admitted that he had bought a 9 ounce block of cannabis for £500, and had planned to sell it and make £200 profit. He refused to name the supplier.

## The nurse's account

The nurse said he had been short of money having left his previous job because he had felt harassed and unhappy. He wasn't working and thought it would be difficult for him to get work as he had walked off duty one night and felt he wouldn't get a good reference. He had not approached an agency for work as he had other convictions for cannabis.

As he was worried about paying his rent one of his friends offered him a large amount of cannabis to sell so he could make some money. He said he knew it was wrong and didn't justify public trust and confidence, but that he had no choice.

A member of the committee asked whether he habitually dealt drugs. The nurse said that this was the first time he had a large amount to sell. Normally he would get some drugs to pass on to friends and has acted as a 'co-operative'.

In response to questions from the committee he said that he still used cannabis occasionally and that he was currently working in a pie factory.

He said he had previously received a conviction for possession of cannabis in 1997. This had been referred to the UKCC's Preliminary Proceedings Committee and the case had been closed.

He said he didn't feel that the committee would consider that dealing in drugs was professional misconduct because he wasn't working as a nurse. He felt that cannabis had a bad press and that it was a lot better than drinking.

He denied having been to work under the influence of drugs although he said he may have smoked the night before he had been on duty.

Before the committee withdrew to make a decision on misconduct the nurse was asked about whether or not he accepted that his conviction was misconduct. He said he did not feel it was because he was not a danger to the public or to patients. Furthermore, due to its pain relieving properties, he felt cannabis should be more widely available on the NHS.

When the chairman reminded the nurse that professional misconduct is described in the rules as conduct 'unworthy of a nurse, midwife or health visitor', he accepted that it was misconduct.

## Decision on misconduct

The committee found the nurse guilty of professional misconduct because he had failed to justify public trust and confidence and failed to uphold and enhance the good standing and reputation of the profession.

## Previous history

The council's solicitor gave evidence that the nurse had been found guilty in 1997 of Breach of the Peace and possession of a class C drug, and had been fined £75 with a forfeiture order made in respect of the drugs.

The nurse gave evidence about his previous nursing career. He said his mother was a nurse who had suggested that he should go into nursing. While waiting to get on to a course he worked as a tyre fitter, which he didn't enjoy, and then worked in a nursing home for a year, which he did. He said he loved nursing, wished to carry on nursing and felt he was a good nurse.

He had kept up to date by attending courses his sister's nursing agency had put on and he also read the Nursing Times.

## Judgement

The committee decided to remove the nurse's name from the register because by his conviction he had shown a willingness to supply unauthorised drugs for profit to others. The chairman said that the committee had heard nothing to reassure it as to his future ability to justify public trust and confidence in his professional practice as a nurse.

## Case study 2: Convictions for assault and drink driving

The Professional Conduct Committee considered the case of a learning disability nurse (RNMH) who was not present and was not represented at the hearing. He had been convicted in 2000 of an assault on his partner and was fined £150 with £50 compensation to be paid, and was convicted in 2001 for driving with excess alcohol and was fined £450 and disqualified for two years.

The facts were found proved by the committee as a certificate of conviction is proof of the facts.

## Background

The committee heard evidence from a police sergeant who had been called to a house following a 999 call. The nurse was there with a woman who was his partner, and their two young children. The woman alleged that she had been tripped up by him when he wrapped his legs around the back of her leg, and that he had ripped out the phone from the wall. The nurse subsequently phoned the police from another telephone point.

The woman had explained to the police sergeant that the nurse had been looking after the children while she was at work. When she returned she was unhappy to find that he had been drinking and an argument broke out.

The police sergeant spoke to the nurse who was in the garden. He was co-operative, and although he had been drinking the sergeant said he would not have described him as being

drunk. He described him as being in a very emotional state and he felt that he seemed to be 'a man at the end of his tether'.

The nurse told the police sergeant that he had been drinking and that he was on medication for depression. He said he had threatened his partner and had scared himself because he felt that he could have 'lost it'. He had threatened to 'hurt her, to kill her' and he felt that he could have done it.

The nurse was arrested and interviewed at the police station, where he confirmed that he had drunk about a quarter of a bottle of vodka on top of his medication for depression. He could not now clearly recall the incident.

When he was charged he pleaded guilty to the allegation of common assault.

The committee then heard evidence from a police constable about the drink driving convictions in 2001. The nurse's vehicle had been stopped because he was driving very slowly at the head of a queue of traffic and was swerving from side to side. The nurse admitted he had had a lot to drink. He was breathalysed and was found to be almost three times over the legal limit .

When asked by the police constable about his health, the nurse said that he had attempted suicide six months previously.

The committee retired to consider its decision in private.

## Decision on misconduct

The committee returned and the legal assessor reported the advice he had given in private. The committee had wondered if this was a case that ought to be considered as a health case, dealt with by the Health Committee. The legal assessor had informed the committee that the Preliminary Proceedings Committee had first looked at this case and referred it to Professional Screeners, which is the first stage before a case is put into the Health channel. Medical examiners were selected but the nurse failed to respond to the UKCC's invitation to undergo medical examination. The case was referred back to the Preliminary Proceedings Committee who forwarded it to the Conduct Committee.

The chairman announced that the committee had found the respondent guilty of misconduct in respect of both convictions. She said that each registered nurse, midwife and health visitor is required under the Code to act at all times in such a manner as to serve the interests of society, justify the public's trust and confidence, and uphold and enhance the good standing and reputation of the professions, which the nurse had failed to do.

There was no information about the nurse's previous employment history and he was unemployed at the time of the last conviction.

## Judgement

The committee decided to remove the nurse's name from the register in order to protect the public. The chairman said this was because in June 2000 he was convicted of an assault on his ex-partner in which his consumption of alcohol was a significant factor. In March the following year he committed a further offence involving alcohol by driving a car with a blood alcohol level of more than two and a half times the legal limit. Nine months separated these two offences and

nine months later the committee had heard nothing to suggest that the nurse had confronted or dealt with his apparent alcohol problem, despite the opportunity given to him of having his case considered by the Health Committee.

## Case study 3: Convictions for theft and forgery

The Professional Conduct Committee considered the case of a registered mental health nurse (RMN) who was convicted in November 1999 of theft, forgery, using a false instrument with intent, and false accounting, for which she was sentenced to nine months imprisonment. The nurse was not present and was not represented at the hearing.

The facts of the charges were found proved as the certificate of conviction is proof of the facts.

### Background

The committee heard evidence from a police officer who outlined the circumstances leading to the conviction of the nurse.

The nurse was the treasurer of a local branch of a trade union. There had been concerns about the financial state of the union fund and the police officer went to the home of a union executive who had been investigating those concerns. The union executive produced 40 cheques and said that although his name was on the cheques he had not in fact signed about 30 of them. The police officer went to the nurse's home and she was arrested on suspicion of theft and deception and taken to the police station. Her home address was searched and union papers and personal financial papers were seized.

During her interview that day the nurse denied theft or deception and denied forging the signature of the union executive. She was released on police bail and enquiries continued. A number of people were traced who had allegedly claimed expenses as detailed by the nurse. The nurse was interviewed again and evidence was presented that a number of people she had claimed to have reimbursed had not in fact received any money.

The nurse then changed her story saying that she had given the money to a colleague who was a co-signatory on some of the cheques, and blamed him for the missing funds. The police officer then showed her some accounting books found at her home address which she had earlier said had been lost or damaged. She continued to deny any dishonesty in relation to her actions.

The case was committed to the Crown Court and then the nurse changed her plea to guilty. Over a six month period the nurse was found to have fraudulently obtained about £14,000.

### Findings on misconduct

The committee found that the nurse was guilty of misconduct in relation to the conviction as she had failed to justify public trust and confidence and failed to uphold and enhance the good standing and reputation of the profession.

There was no information about the nurse's previous employment history, and nothing in mitigation.

## Judgement

The committee members decided to remove the nurse's name from the register because they considered it was a serious offence of dishonesty and a breach of trust. They had heard no mitigation and in order to protect the public they had no option but to remove the nurse's name from the register.

## Case study 4: Conviction for taking and distributing indecent photographs of a child

The Professional Conduct Committee considered the case of a nurse who was a registered general nurse and registered sick children's nurse (RGN, RSCN). The nurse was not present or represented at the hearing. He had been convicted in October 2000 on 23 counts of taking indecent photographs or pseudo-photographs of a child and three counts of distributing indecent photographs or pseudo-photographs of a child. He was sentenced to nine months in prison and placed on the Sex Offenders' Register for 10 years.

At the time of the hearing the nurse was under interim suspension by the Preliminary Proceedings Committee.

The PCC found the facts of the conviction proved and then heard evidence from a detective constable.

## Background

In 1999, the police received information that the nurse was believed to be distributing photographic images of naked children via the internet. The police investigated the background of the nurse and found he was a paediatric nurse at one of the local hospitals. He was arrested and his house was searched and a computer, floppy discs and zip discs were seized. The police discovered that he was living at the back of a local primary school and in his lounge he had set up a telescope.

During his interview the nurse accepted that he had been downloading or copying images of naked or pre-pubescent children from various notice boards that he had visited on the internet. He accepted he had been wrong to do so but he said that he had believed that by downloading information he was deleting it from the internet and preventing others from seeing it. He denied that he was a paedophile.

He was released on police bail and his computer was examined forensically. The police found 2630 images of an indecent nature of naked children aged between seven and 16 involved in explicit sexual acts. The floppy and zip discs had duplications of the images found on the hard drive and were back-up copies. There was evidence that the nurse had posted three images on the internet.

During a subsequent interview he continued to state that he believed that by downloading this material he was ridding the internet of it. He denied distributing three images. He was charged

with 31 offences of making an indecent pseudo-image of a child and three offences of distributing those images. He agreed to have 151 other matters taken into consideration.

At his trial he pleaded guilty and received a nine month prison sentence.

The police stated that he had been employed in a scheme promoting a growth hormone for children. This involved visiting children in their homes to assess their condition. This scheme was set up by a private organisation and was not connected with his employment.

Before the committee retired the legal assessor stated that he would be directing the committee not to take account of the evidence relating to the telescope because the nurse was not facing any charge relating to this.

## Decision on misconduct

The committee found the nurse guilty of misconduct and felt that he had failed to act at all times in such a manner as to serve the interest of society, justify public trust and confidence and uphold and enhance the good standing and reputation of the profession.

## Previous history

The Council's solicitor produced a document detailing the nurse's employment and details of the disciplinary action taken by the hospital following the issues before the Professional Conduct Committee.

## Judgement

The committee decided to remove the nurse's name from the register in order to protect the interests of very vulnerable members of the public.

## Further information

Copies of all NMC publications are available from our Publications Department at 23 Portland Place, London W1B 1PZ, by e-mail at [publications@nmc-uk.org](mailto:publications@nmc-uk.org) or from our website at [www.nmc-uk.org](http://www.nmc-uk.org).

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