

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

**Substantive Hearing
4 February 2022**

Virtual Hearing

Name of registrant: **Norah Jane Lily Wilson**

NMC PIN: 0611781S

Part(s) of the register: Registered Nurse – Mental Health Nursing
(September 2009)

Area of registered address: Perthshire

Type of case: Misconduct

Panel members: Anthony Kanutin (Chair, lay member)
Lucy Watson (Registrant member)
Catherine Askey (Registrant member)

Legal Assessor: Douglas Hogg QC

Hearings Coordinator: Alice Byron

Nursing and Midwifery Council: Represented by Hazel McGuinness, Case
Presenter

Miss Wilson: Present and represented by Sarah Donnachie
(Anderson Strathern)

Facts proved by admission: Charges 1(a), 1(b), 1(c) and 1(d)

Facts not proved: N/A

Fitness to practise: Impaired

Sanction: **Suspension order (6 months with no review)**

Interim order: **Interim Suspension Order (18 months)**

Decision and reasons on application for hearing to be held in private

At the outset of the hearing, Ms Donnachie made a request that this case be held in private on the basis that proper exploration of your case involves reference to your personal and family circumstances. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms McGuinness indicated that she supported the application to the extent that any reference to your personal and family circumstances should be heard in private.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

The panel concluded to go into private session in connection with your private and family circumstances as and when such issues are raised in order to protect your confidentiality in respect of these areas.

Details of charge

That you, a registered nurse:

- 1) *Failed to maintain professional boundaries in that you :*
 - a) *Gave Patient A a lift home from Perth Royal Infirmary in February 2019;*
 - b) *Visited Patient A's home in February 2019;*

- c) *On various dates between February 2019 and April 2019 exchanged messages with Patient A on social media;*
- d) *Between February 2019 and April 2019 you failed to inform your employer about your contact with Patient A.*

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

Decision and reasons on facts

Prior to the hearing, in an agreed statement of facts, you made full admissions to charges 1(a) – (d).

The panel therefore finds charges 1(a) – (d) proved in their entirety, by way of your admissions.

Background

The statement of facts agreed by the parties is as follows:

- 1) *Ms Wilson appears on the register of nurses, midwives and nursing associates maintained by the NMC as a Registered Nurse – Mental Health. She has been a registered nurse since 08 September 2009.*
- 2) *In December 2018, Patient A was admitted to Moredun Ward (“the Ward”) at Murray Royal Hospital (“the Hospital”). The Ward is an acute admissions unit with 22 beds. Patient A was treated for depression, low mood and suicidal thinking.*

- 3) *Ms Wilson was part of Patient A's treatment team. Her involvement with Patient A's care included medication administration, conducting one to one discussions and involvement in patient recovery systems.*
- 4) *In January 2019, Patient A was discharged from the Ward. Her care plan following discharge was for intensive home treatment which it was hoped would progress to standard community health services.*
- 5) *On 19 February 2019, Patient A disclosed to her community psychiatric nurse ("CPN") that she had met a nurse whilst on the Ward and that they had subsequently commenced a relationship.*
- 6) *On 11 April 2019, Patient A again contacted her CPN and made reference to being in a relationship with a nurse she had met on the Ward.*
- 7) *On 28 April 2019, Patient A was brought to the Accident & Emergency Ward of Perth Royal Infirmary having allegedly taken a mixed overdose of Paracetamol, Sertraline and Levothyroxine. The Accident & Emergency Ward referred Patient A to the Crisis Resolution and Home Treatment Team ("the Crisis Team").*
- 8) *Patient A disclosed to the Crisis Team that she had been in a relationship with a nurse she had met whilst on the Ward. She indicated this relationship had recently ended. She showed a picture of Ms Wilson to the Crisis Team and what purported to be a text message from her. The Crisis Team were able to identify Ms Wilson from the picture.*
- 9) *It has not been possible to obtain a statement from Patient A. The Parties agree that it would not be fair for the panel to accept her hearsay account to her CPN or the Crisis Team except where it is agreed by Ms Wilson.*
- 10) *Ms Wilson accepts:*
 - a) *[PRIVATE]*
 - b) *{PRIVATE}*

c) *[PRIVATE]*

d) *There was then some contact between Patient A and Ms Wilson over social media between February and April 2019¹. The content of the social media contact is not known. Ms Wilson's position is that she deleted the messages prior to the issues in this case coming to light and, as above, it has not been possible to engage with Patient A.*

11) *On 03 May 2019, Ms Wilson was informed by her employer that there would be an investigation following Patient A's disclosure to the Crisis Team. She responded to this by indicating that Patient A had been blackmailing her to continue their relationship. This was the first occasion upon which Ms Wilson had informed her employer of the contact she was having with Patient A².*

12) *There was then a local investigation. The Parties agree that the outcome of the local investigation is not relevant to this case as it comes before the Fitness to Practise Committee.*

13) *The Parties agree that on the available evidence it is apparent that an unprofessional relationship grew up between Patient A and Ms Wilson. The extent of that relationship cannot be known and should not be speculated upon. On the evidence all that can be said is that Ms Wilson drove Patient A home from Perth Royal Infirmary on one occasion, socialised with Patient A on two occasions in Patient A's home *[PRIVATE]* and exchanged social media communication with Patient A over a number of months. All of this is accepted by Ms Wilson.*

14) *It could be reasonably inferred from the available evidence that Ms Wilson knew that the contact she was having with Patient A was in breach of professional boundaries and that this is why she failed to inform her employer. Ms Wilson accepts that such an inference would be accurate. She knew she should not be having the contact she was having with Patient A.*

¹ Charge 1c.

² Charge 1d.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider misconduct and whether your fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, your fitness to practise is currently impaired as a result of that misconduct.

Misconduct

In an agreed statement, dated 3 February 2022, the parties agreed that the facts admitted amount to misconduct. The agreed statement is as follows:

- 1) *The Parties agree that the facts amount to misconduct.*
- 2) *A significant aspect of all nursing practice but most particularly mental health nursing is the maintenance of professional boundaries. There are a number of reasons for this:*
 - a) *Patients, and particular mental health patients, need to have confidence in the clinical care they are receiving. When the lines between personal and professional relationships become blurred it significantly undermines this confidence both as*

between the nurse and the patient and between the patient and their wider clinical team with whom they may feel they do not have a 'special' relationship.

- b) When professional boundaries are not clear it can have a deleterious effect on a patient's mental health, particularly where the nurse who has allowed the blurring to occur then needs to re-establish professional boundaries, something that often feels like rejection to the patient who felt they had a 'special' relationship with the nurse in question.*
 - c) The maintenance of professional boundaries protects patients from abuse or the suspicion of it. This is of critical importance because nurses (and others involved in patient care) have privileged and potentially far reaching access to information about patients which can be readily used to manipulate and abuse them. Even the suspicion that this might be happening is corrosive to public trust and so any failure to maintain professional boundaries is extremely serious.*
 - d) The maintenance of professional boundaries protects nurses from allegations which may be made by patients. This is particularly significant in this case given Ms Wilson's position that she was blackmailed by Patient A, something which would not have been possible had she maintained professional boundaries or been candid with her employer when they were first breached.*
- 3) The Parties have considered the relevant case law, particularly Roylance³. It is agreed Ms Wilson's actions fell short of what would have been proper in the circumstances, are related to the profession of nursing and can properly be described as serious.*
- 4) The Parties considered the Code⁴ and agree the following provision have been contravened by Ms Wilson:*

Practise effectively

8 Work co-operatively

³ Roylance v General Medical Council (No.2) [2000] 1 AC 311

⁴ The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates 2015

8.5 work with colleagues to preserve the safety of those receiving care

8.6 share information to identify and reduce risk.

Promote professionalism and trust

20 Uphold the reputation of your profession at all times

20.6 stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers.

Decision and reasons on misconduct

Notwithstanding your admissions, the panel went on to consider misconduct. The panel noted that it is required to make its own judgment as to misconduct. When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel was of the view that your actions did fall significantly short of the standards expected of a registered nurse, and that your actions amounted to a breach of the Code. The panel concluded that the areas of the Code identified in the agreed statement had been contravened. In addition, the panel determined that the following part of the Code had also been breached:

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

16.3 tell someone in authority at the first reasonable opportunity if you experience problems that may prevent you working within the Code or other national standards, taking prompt action to tackle the causes of concern if you can

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that the facts which you admitted amount

to a serious and repeated failure by you to maintain clear professional boundaries in respect of a vulnerable patient and your failure to uphold the reputation of the nursing profession. It further considered that your failure to report this contact to your employer or to colleagues was a serious failing and your actions had potential to result in serious harm to Patient A and was in breach of the Code.

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

Submissions on impairment

You gave evidence to the panel under affirmation.

Ms McGuinness moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin) and *Ronald Jack Cohen v General Medical Council* [2008] EWHC 581 (Admin).

Ms McGuinness submitted that you are currently impaired on the grounds of public protection and in the public interest.

In respect of the test set out in *CHRE v NMC and Grant*, Ms McGuinness submitted that all three limbs of this test are engaged. She told the panel that you placed Patient A at unwarranted risk of harm; you brought the nursing profession into disrepute, and that, by failing to self-report your contact with Patient A, you breached one of the fundamental tenets of the nursing profession.

In respect of the matters set out in *Cohen v GMC* Ms McGuinness told the panel that your misconduct is not easily remediable. She said that the proper maintenance of professional boundaries is fundamental tenet of mental health nursing, and it is difficult to remediate such a breach.

Ms McGuinness outlined to the panel that you have undertaken an online training course on professional boundaries, and a number of Scottish Highers qualifications, however you have not provided proof of such training to the panel. She told the panel that, in light of this, limited weight can be attached to the value of such training, and further stated some of the certificates which you did provide did not appear to be directly relevant to the case.

Further, Ms McGuinness told the panel that you have not shown the panel how this training would assist in avoiding the regulatory concerns in future. In light of this, she described your training as 'mere assertions' of improvement and not fully remediated concerns. As such, Ms McGuinness submitted that the risk remains that you may breach professional boundaries in future.

In respect of your reflection and insight, Ms McGuinness invited the panel to consider your reflective pieces and oral evidence. She accepted that you have reflected on the issues in the case, however said that your insight is limited to a general acceptance that your conduct is serious misconduct. She told the panel that your written reflections only address the impact which the misconduct has had on your life, and not of Patient A or any other party. However, Ms McGuinness told the panel you gave some insight into such matters in the course of your oral evidence. Despite this, Ms McGuinness said that you have failed to provide insight on how and why professional boundaries came to be breached and how and why you allowed the contact with Patient A to continue without seeking assistance from your employer. Ms McGuinness told the panel [PRIVATE].

Accordingly, Ms McGuinness invited the panel to make a finding of current impairment on the grounds of public interest and for public protection.

Ms Donnachie told the panel that you have accepted the facts and misconduct. She further said that it is accepted that impairment of fitness to practice in respect of public interest grounds is a factor here, but it is not accepted that her fitness to practise is impaired by reason of protection of the public.

Ms Donnachie submitted that you have been clear and honest about this incident throughout the regulatory investigation, and that you have demonstrated both remorse and insight on an ongoing basis through your acceptance of responsibility in your reflections and in your oral evidence today. She told the panel that you recognise the seriousness of misconduct and are able to identify where you went wrong and how the errors occurred [PRIVATE]. Ms Donnachie highlighted that you are now able to recognise how to prevent similar errors happening in the future, by asking yourself whose needs are being met, at the outset of any interaction, and that you have learned greatly from this experience and from training courses which you have taken.

Ms Donnachie provided a panel with a background of the work you have undertaken in the healthcare setting since 2019, and told the panel of the qualifications and training you have undertaken including Scottish Highers in psychology and sociology, and an online course on professional boundaries. She told the panel that you are very keen to return to nursing, but accept that the concerns are serious.

Ms Donnachie reminded the panel of the test as set out in *CHRE v NMC and Grant*, and highlighted to the panel that you have been working in a non-registered role, in which you regularly work with vulnerable adults, for over a year where you are thriving. Ms Donnachie reported that no concerns have been raised about your professionalism albeit that you have not had the opportunity to work as a nurse due to the interim suspension since November 2019. She said that you would welcome an opportunity to practise as a nurse again and the panel have heard oral evidence about how much this means to you.

Ms Donnachie submitted that the conduct is remediable. She said that you have been through a serious programme of reflection and introspection since the error occurred. She

told the panel that, although you initially thought that engaging with Patient A and making sure she was managing well at home was the right thing to do, you have now realised that you were wrong and deeply regret not informing your employer that Patient A had been in contact with you. She told the panel that at the time, your reaction was to delete your Facebook account and block Patient A which ended further interaction.

Ms Donnachie explained for the panel some of the personal and private matters that were affecting you at the time of the incident. [PRIVATE]. Ms Donnachie told the panel that, despite these issues, you have continued to engage with the NMC. In light of this, she submitted that this conduct is capable of being remedied and you have taken the steps open to you to show the NMC that you are working on remediation.

Ms Donnachie submitted that the likelihood of repetition is low. She said that you have worked with many vulnerable individuals for the past year and there has been nothing to suggest that you have acted in any way unprofessionally.

She further submitted that you have shown both insight and remorse into your actions. She highlighted that you have been unable to remediate the errors through working as a nurse but are keen to do so when the NMC deems that you are fit to do so.

Ms Donnachie invited the panel to consider the testimonials which you have provided for the purpose of this hearing, however highlighted that these have been unable to be refreshed before today's hearing owing to the circumstances of this hearing.

Accordingly, Ms Donnachie accepted that the panel may find impairment in this matter. However told the panel that you have done everything that you can to assist the NMC and to rectify the concerns the NMC has about your practice. In light of this she submitted that the impairment is confined only to concerns in connection with the public interest, and not public protection given the low risk of repetition

The panel accepted the advice of the legal assessor.

Decision and reasons on impairment

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

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. 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*

The panel finds that patients were put at risk of harm as a result of misconduct and your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

Regarding insight, the panel considered that you have admitted both the facts and misconduct in this matter. The panel further considered that you have reflected on your failings. The panel considered that your written reflection failed to provide thorough insight on the impact of your misconduct on Patient A and/or your colleagues, however determined that you recognised and acknowledged the effect of your actions and the impact of the loss of trust and confidence in the profession during the course of your oral evidence.

The panel concluded that you were extremely remorseful for your actions. It determined that you understand why what you did was wrong, and how this was in breach of the Code.

The panel was satisfied that the misconduct in this case is capable of being addressed. Therefore, the panel carefully considered the evidence before it in determining whether or not you have taken steps to strengthen your practice. The panel took into account the work which you have undertaken since the incident occurred, this includes the training on

professional boundaries which, in the absence of evidence, the panel is satisfied that you have undertaken. The panel noted that you have undertaken Scottish Highers qualifications in Psychology and Sociology and considered that these may have been relevant in allowing you to develop an understanding of the impact of your actions.

The panel is not of the view that there is a risk of repetition based on your oral evidence. It considers that you have learned that what you have done is wrong, and are unlikely to repeat this conduct. The panel therefore decided that a finding of impairment is not necessary on the grounds of public protection.

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

The panel determined that a finding of impairment on public interest grounds is required because you did not conduct yourself in a way in which the public would expect of a registered nurse. The panel concluded that the public would expect the NMC as a regulator to mark your misconduct with a finding of impairment, and to not do so would undermine the confidence in the NMC as a regulator

In addition, the panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds your fitness to practise impaired on the grounds of public interest.

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

Sanction

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

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

Submissions on sanction

Ms McGuinness invited the panel to impose a 6 month suspension order.

She invited the panel to consider the SG and noted invited the panel to consider the following aggravating features which apply in this case:

- a) Abuse of a position of trust
- b) Lack of insight into failings
- c) Pattern of misconduct over a period of time
- d) Conduct which put Patient A at risk of suffering harm

[PRIVATE]

Ms McGuinness invited the panel to take the sanction options available in ascending order of seriousness. She submitted that taking no further action or imposing a caution order would not be appropriate in this case as it would not mark the seriousness of the matter.

She told the panel that a conditions of practice order would equally be inappropriate. She submitted that, whilst your understanding of the importance of maintaining proper professional boundaries could be strengthened through assessment and retraining, there are no conditions which would ensure the public are protected whilst that strengthening

takes place. She further submitted that the issues in this case are so serious that a conditions of practice order would not be sufficient to address the public interest aspects.

Ms McGuinness told the panel that the following features of the case which suggest a suspension order may be appropriate:

- a) No evidence of harmful deep-seated personality or attitudinal problems;
- b) No evidence of repetition of behaviour since the incident.

She told the panel that it must also consider whether a striking off order may be appropriate. She submitted that the regulatory concerns do raise fundamental questions about professionalism. However, in view of the fact that the breach of professional boundaries was at the lower end of the spectrum, public confidence could be maintained by an outcome other than Ms Wilson's permanent removal from the register.

In light of this, Ms McGuinness invited the panel to impose an interim suspension order without review for a period of six months.

Ms Donnachie invited the panel to consider your history as a nurse. [PRIVATE]. She told the panel that you are extremely sorry for your poor judgment and breach of professional boundaries. She said that you have significant remorse which you have demonstrated in the course of your oral evidence. Ms Donnachie further invited the panel to consider the positive testimonials provided on your behalf in relation to sanction

Ms Donnachie invited the panel to consider imposing a suspension order for a period not exceeding six months, without review, therefore coming to an end after six months and allowing a full return to work. She submitted that this would satisfy the public interest in the case and serve as a sufficient warning to the profession while allowing you to return to a nursing role once that interest has been marked and bringing this matter to an end. Ms Donnachie further asked the panel to take into account the significant period of suspension that you have already served out on an interim order basis.

Ms Donnachie told the panel that a striking off order would not be proportionate in the circumstances of this case. She said that a striking off order would deprive the public of a dedicated nurse and would not be in the public interest. She invited the panel to make a suspension order without review for a period of six months, however submitted that if the panel not agree, it consider whether the NMC's goals could be achieved instead by conditions of practice.

Decision and reasons on sanction

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

The panel took into account the following aggravating features:

- Abuse of a position of trust
- Lack of insight into failings
- Pattern of misconduct over a period of time
- Conduct which put Patient A at risk of suffering harm

The panel also took into account the following mitigating features:

- Your personal and family circumstances at the time of the concerns

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the public protection issues identified. 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 public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:

- *No evidence of harmful deep-seated personality or attitudinal problems and*
- *No evidence of general incompetence.*

The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. There have been no clinical issues identified. The misconduct identified in this case was not something that can be addressed through training and supervision.

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:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident and*

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

The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register.

It did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order.

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

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

The panel considered that this order is necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

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

Having found that your fitness to practise is currently impaired, the panel bore in mind that it determined there were no public protection concerns arising from its decision. In this respect it found your fitness to practise impaired on the grounds of public interest.

In accordance with Article 29 (8A) of the Order the panel may exercise its discretionary power and determine that a review of the substantive order is not necessary. The panel

considered it was appropriate to exercise its power in this regard and not to order a review.

The panel determined that it made the substantive order having found your fitness to practise currently impaired in the public interest. The panel was satisfied that the substantive order will satisfy the public interest in this case and will maintain public confidence in the profession as well as the NMC as the regulator. Further, the substantive order will declare and uphold proper professional standards. Accordingly, the current substantive order will expire, without review, six months after the suspension comes into force.

This will be confirmed to you in writing.

Interim order

As the suspension order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in your own interest 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 McGuinness. She invited the panel to impose an interim suspension order for a period of 18 months to satisfy the public interest ground identified, pending any appeal of the substantive order that you may make.

Ms Donnachie did not resist this application.

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 reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

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

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

That concludes this determination.