

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

**Substantive Hearing
Friday 7 January 2022**

Nursing and Midwifery Council
Virtual Hearing

Name of registrant:	Gary Jonathan Evans
NMC PIN:	11F1283E
Part(s) of the register:	Registered Nurse – Sub Part 1 RNA: Adult Nursing – Level 1 – August 2011
Area of registered address:	Suffolk
Type of case:	Conviction
Panel members:	Nicola Jackson (Chair, Lay member) Margaret Wolff (Lay member) Helen Chrystal (Registrant member)
Legal Assessor:	Gelaga King
Hearings Co-ordinator:	Elena Nicolaou
Nursing and Midwifery Council:	Represented by Michael Smalley, Case Presenter
Mr Evans:	Present and unrepresented
Consensual Panel Determination:	Accepted
Facts proved:	Charge 1
Facts not proved:	None
Fitness to practise:	Impaired
Sanction:	Suspension order (7 months)
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, Mr Smalley on behalf of the Nursing and Midwifery Council (NMC) made an application that this case be held in private on the basis that proper exploration of your case involves reference to [PRIVATE]. The application was made pursuant to Rule 19 of 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

You indicated that you supported the application.

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.

Having heard that there will be reference to [PRIVATE], the panel determined to hold such parts of the hearing in private as related to relevant matters of [PRIVATE], in order to protect your right to privacy and confidentiality.

Details of charge

That you, a registered nurse;

- 1) Were convicted of fraud by abuse of position contrary to sections 1 and 4 of the Fraud Act 2006 at Sevenoaks Magistrates' Court on 1 December 2020.

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

Consensual Panel Determination

At the outset of this hearing, Mr Smalley on behalf of the Nursing and Midwifery Council (NMC) informed the panel that a provisional agreement of a Consensual Panel Determination (CPD) had been reached with regard to this case between the NMC and you.

Mr Smalley referred the panel to the CPD document and outlined the background to the facts and the charges. He invited the panel to find charge 1 found proved by way of your admission. He submitted that the concerns around your fitness to practise arise from your conviction and that a custodial sentence had been imposed for a period of 16 months albeit suspended. He submitted that your sentence concludes in August 2022.

Mr Smalley submitted that there are no clinical concerns in relation to this matter, and that this is a public interest case as opposed to a public protection case. He submitted that the CPD sets out submissions that the NMC have made in relation to your current impairment. He referred to the proposed sanction set out within the CPD that suggests a suspension order of 7 months is imposed, following receipt of the documents you provided to support your evidence.

The panel also heard submissions from you. You submitted that you made sure the panel had all the documents and evidence that it needed in advance of today, to assist in its decision making. You submitted that your reflective piece is very important and that within that, you tried your best to convey the extent of your remorse, insight and reflection into your actions, as well as the steps you have taken to address these.

You submitted that you realise how much your actions had brought the nursing profession into disrepute and the damage it could have caused. You fully understood and acknowledged that the professional reputation of nurses is based on trust, so it is essential that this is upheld at all times. You also submitted that there are no issues surrounding your clinical practice.

You submitted that you feel regret around not abiding by the principles of the NMC's professional Code and applying them within your private life. You submitted that you deeply regret your actions which will never be repeated and you stated that the circumstances surrounding the incident were 'unique'. You submitted that it is your hope to return to nursing practice in the future.

You referred to your reflective piece in which you stated that you had obtained an interview and a job offer for a non-clinical role, although once the employer had received your Disclosure and Barring Service (DBS), they called you to withdraw the job offer due to your conviction. You submitted that you understood their reasoning's for this and felt hopeful about applying again in the future after you have served your sentence.

[PRIVATE].

You submitted that you currently work for a self-employed agency, offering support for people that are applying for NHS funding and that you are enjoying this role. You submitted that if you were to return to nursing practice, you would need to apply for a return to practice course.

The agreement, which was put before the panel, sets out your full admissions to the facts alleged in the charge, that your actions led to a conviction, and that your fitness to practise is currently impaired by reason of that conviction. It is further stated in the agreement that an appropriate sanction in this case would be a suspension order for a period of 7 months.

The panel has considered the provisional CPD agreement reached by the parties.

That provisional CPD agreement reads as follows:

'The Nursing & Midwifery Council and Gary Evans, PIN 11F1283E ("the parties") agree as follows:

1. *Mr Evans (“the registrant”) is aware of the consensual panel determination (“CPD”) hearing. The registrant has notified the Council that he intends to attend the hearing.*

Preliminary issues

2. *Parts of this CPD agreement refer to the registrant’s private life. Rule 19(3) of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (“the Rules”) state that a hearing may be held partly or wholly in private where it is in the interests of any party or third party. The parties agree that any reference the registrant’s private life should be heard in private.*

The charge

3. *The registrant admits the following charge:*

That you, a registered nurse;

- 1) *Were convicted of fraud by abuse of position contrary to sections 1 and 4 of the Fraud Act 2006 at Sevenoaks Magistrates’ Court on 1 December 2020.*

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

The facts

4. *The registrant appears on the register of nurses, midwives and nursing associates maintained by the NMC as a registered nurse, specialising in adult care, and has been a registered nurse since 29 August 2011.*

5. On 20 May 2019 the NMC received a referral from Kent and Medway NHS and Social Care Partnership Trust (“the referrer”). [PRIVATE].

6. [PRIVATE].

7. On 21 May 2019 the NMC received a self-referral from the registrant. [PRIVATE].

8. On 1 December 2020 at Sevenoaks Magistrates’ Court the registrant pleaded guilty to the offence of Fraud by Abuse of Position. [PRIVATE]. The registrant was released on unconditional bail and committed to Maidstone Crown Court for sentence.

9. On 18 February 2021 the registrant was sentenced at Maidstone Crown Court. The registrant received a sentence of 16 months imprisonment, suspended for 18 months, plus 200 hours unpaid work and a rehabilitation requirement for 10 days, plus £500 in prosecution costs. The expiry for the suspended sentence is 17 August 2022.

[PRIVATE].

Registrant’s response

10. The registrant has engaged with NMC proceedings. He is not legally represented. He submitted a reflective piece dated 10 December 2021; a probation progress report dated 7 July 2021; the defence sentencing note which went before Maidstone Crown Court; and a number of positive testimonials.

11. The registrant admits the charge and accepts that his fitness to practise is currently impaired. In his reflective piece the registrant outlines the events that led to his conviction, what he has learnt and done since then to remediate, and how he would act differently in the future.

[PRIVATE].

14. *The registrant wishes to return to practise as a nurse.*

Impairment

15. *The parties have considered the principles laid down in CHRE v (1) NMC and (2) Grant [2001] EWHC 927 (Admin).*

16. *In the case of CHRE v NMC & Grant [2011] EWHC 927 (Admin) (“Grant”) Mrs Justice Cox adopted the matters outlined by Dame Janet Smith in the Fifth Shipman report which invites panels to ask:*

Do our findings of fact in relation to the misconduct show that the registrant’s fitness to practise is impaired in the sense that 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 professions 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 professions; and/or*
- d) Has in the past acted dishonestly and/or is liable to act dishonestly in the future?*

17. *The registrant agrees that his fitness to practise is currently impaired by reason of his conviction and the parties agree that the second, third and fourth limbs are engaged.*

18. *It is agreed that a finding of impairment on the grounds of public interest is required.*

Have in the past brought the profession into disrepute

19. *The registrant accepts that his actions as found proved by his conviction, the resulting criminal conviction itself, and his receiving a 16 month custodial sentence, although suspended for 18 months, have each brought the profession into disrepute. The registrant accepts that he must comply with the laws of the country and a fully informed ordinary member of the public would have their confidence in the profession seriously harmed if no finding of impairment were to be made.*

20. *The registrant has been convicted of a criminal offence which determines by its nature that he has culpability for the harm caused. The registrant's conduct, as found proved, was not linked to his clinical practice or his nursing role. However, fraud is an inherently dishonest offence. The registrant's actions evidence a serious departure from the standards expected of a registered nurse. Members of the public, appraised of facts of this case, would be concerned to know a nurse had been convicted for fraud and abuse of position of trust.*

21. *Nurses and midwives occupy a respected position in society and accordingly are held to high professional standards because of the trust and confidence colleagues, patients and members of the public place in them. The registrant accepts that his actions negatively impact that trust, and therefore he has undermined the reputation of the profession.*

22. *It is agreed that a registered nurse being convicted of such a serious criminal offence brings the profession in to disrepute.*

Have in the past breached fundamental tenets of the profession

23. Nurses are required to promote professionalism and trust. These are fundamental tenets of the profession. The registrant's criminal conviction for this offence breaches those fundamental tenets of the profession. Such a conviction is in abject discord with the key qualities that the public expect of a registered nurse such as caring for others and acting in the best interests of others.

24. The parties agree that the registrant's actions breached fundamental tenets of the profession.

Has in the past acted dishonestly

25. Nurses have a duty to act with honesty and integrity at all times. The offence of fraud is inherently dishonest. The registrant's dishonesty involved a misuse of power in relation to a vulnerable victim, for his personal financial gain. This was premeditated and occurred over a sustained period of time.

26. The parties agree that the registrant's actions were dishonest.

Insight

27. The registrant has shown genuine and comprehensive insight into the matter for which he was convicted. He accepted the facts behind the conviction and has provided a detailed reflective piece and provided a number of relevant testimonials. In his reflective piece, dated 10 December 2021, he stated:

[PRIVATE].

Remorse

28. The parties agree that the registrant has demonstrated genuine remorse for his actions as found proved. In his detailed reflective piece he states:

“I continue to feel deeply ashamed of my dishonest conduct which hurt my family and brough [sic] the nursing profession into disrepute. I took pride in being able to call myself a nurse and to always do the right thing for patients which I always did but... [PRIVATE].

Remediation and Risk of Repetition

29. Conduct arising from a registrant’s dishonestly abusing their position of trust [PRIVATE] which leads to their conviction for a serious criminal offence such as in this case, is conduct which is difficult to put right as it breaches the trust in a registrant.

30. Although there are no serious public protection concerns arising from the registrant’s conduct, the parties agree that it is necessary for NMC to take regulatory action against the registrant to ensure that it meets its objective to promote and maintain public confidence in nurses and midwives, as set out in its statutory framework and guidance.

31. The registrant has taken significant steps to remediate his conduct. He made an early guilty plea at trial. He self-referred to the NMC and has engaged with these proceedings throughout. He has demonstrated genuine remorse and insight into his conduct and provided references from five sources: [PRIVATE]. Those references attest to the registrant’s good character and remediation since his conviction.

32. In the registrant’s reflective statement he stated:

“[PRIVATE]

As of writing this reflective account, I have been offered work with the NHS 111 service as a part time non-clinical Health Advisor starting in January 2022. I disclosed my conviction at the application stage but was still invited to interview and

subsequently offered a job. My employer is currently reviewing the DBS but I remain hopeful they will give me a chance. If so, my long-term plan is to undertake a return to practice course and then apply for a clinical role with them.

People with convictions find it hard to get back into work and employers are within their rights to discriminate but it is my view that giving offenders a chance is very much part of the rehabilitation process so they can start contributing to society again which is what I desperately want to do. It's the right thing to do and it would give meaning and fulfilment.

In closing, I wish to sincerely apologise to the NMC for conduct that fell far short of expected standards in the areas of honesty and trust. It was a gross departure from the Code and one that I am deeply ashamed of but will never repeat. The Code is there to guide registrants, not only with their practice but to remind them how to apply those principles to their private lives. The two are inextricable linked and had I done so in my private life I doubt I would be here with you today. [PRIVATE].”

33. *The registrant has provided a progress summary from his Offender Manager at the Probation Service dated 7 July 2021, in which his progress is outlined as follows:*

“Mr Evans has, with me as well as with his previous officer, a track record of very positive engagement with Probation, which includes reliable attendance, maintaining regular contact, and fulfilling his requirements.

All through his Order, Mr Evans has presented as very polite, communicative and open. He was very responsive to the rehabilitation work and compliant with everything that was asked of him.

[PRIVATE].

He has since engaged in voluntary work and has had very good feedback from the shop owner of the Charity Shop he has worked in. His work was described as very good and Mr Evans as trustworthy and reliable. He has proven himself competent in dealing with customers and handling the finances.

In my assessment, Mr Evans has turned his life around and has demonstrated the ability to build a solid basis for efficient financial planning and establishing a stable foundation for his future.

Mr Evans is very easy and pleasant to work with, and in the light of his transfer into a new area I wish him the very best of luck and much success for his future, which I am convinced he will be managing well and without re-offending.”

34. [PRIVATE].

Public protection impairment

35. *A finding of impairment is not necessary on public protection grounds. The conduct underlying the registrant’s conviction was not linked to his clinical practice or his work as a nurse. There is no indication that his actions put patients at risk of harm.*

Public interest impairment

36. *A finding of impairment is necessary on public interest grounds.*

37. *The Registrant has taken appropriate steps to address the underlying causes for his actions. He has demonstrated remorse, insight and remediation. The parties therefore agree that the risk of repetition of the conduct which led to the conviction is low. Notwithstanding this, it is accepted that conduct arising from a criminal conviction of this nature is more difficult to put right because it is not directly linked to the registrant’s clinical practice.*

38. *It is agreed that, in the circumstances of this case, the identified harm to the reputation of the profession should be formally marked by the NMC's intervention through a finding of current impairment, which declares publicly that such conduct is not acceptable.*

39. *The parties have considered the comments made by Mrs Justice Cox in her consideration of the issues in the case of CHRE v (1) NMC and (2) Grant [2001] EWHC 927 (Admin) at paragraph 74:*

'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.'

40. *It is agreed that a finding of impaired fitness to practise is required following the registrant's conviction for a criminal offence in such serious circumstances, which resulted in him being made subject to a custodial sentence, albeit suspended, in order to uphold proper standards for the profession and ensure that confidence in the NMC as a regulator is maintained.*

41. *Accordingly, the parties agree that the registrant's fitness to practice is impaired on public interest grounds.*

Sanction

42. *It is acknowledged that sanction is a matter for the panel alone. In considering sanction in a proportionate manner, the panel should begin with consideration of the*

least restrictive sanction first. Sanctions are not intended to be punitive, but may have punitive effects.

43. The parties agree that the appropriate sanction in this case is a suspension order for a period of 7 months. No review is necessary.

44. In determining the appropriate sanction the parties have considered the NMC Guidance on Sanction which reinforces that the purpose of a regulatory sanction is not punitive, although it may have that effect, and is to ensure a fair balance between the Nurse's right to practise and achieving the NMC's overarching objective of public protection. Further, the parties have taken into account the NMC's guidance on considering sanctions for serious cases (SAN-2), with reference to cases involving criminal convictions or cautions.

45. The consensual panel determination provisional agreement has the overarching objective of the need to declare and affirm proper professional standards and maintain confidence in the Council as a regulator.

46. The parties identify the following aggravating features in this case are:

- The registrant received a custodial sentence (albeit suspended) for an inherently dishonest offence*
- The registrant breached a position of trust and [PRIVATE] for his personal financial gain*
- The registrant's conduct took place over a prolonged period of time*

47. The parties identify the following mitigating features in this case are:

- The conviction is not linked to the registrant's practice*
- The registrant made early admissions and has demonstrated evidence of insight and remorse*

- *The registrant has taken significant steps to remediate the underlying causes which led to his conviction*

48. The parties have considered each of the available sanctions in turn and agree that in a case involving a dishonestly related conviction, taking no action would be an inappropriate response.

49. Equally, a caution order would be neither sufficient nor proportionate. With regard to the Sanctions Guidance the parties note that a caution order is appropriate where the conduct is at the lower end of the spectrum of impaired fitness to practice. That, the parties agree, cannot be said in this case.

50. Further, the parties noted the principle set out in CRHP v GDC and Fleischmann [2005] EWHC 87 that a registrant should not be able to return to practice until the completion of their sentence. As the registrant will be subject to his suspended sentence until 17 August 2022, it would not be appropriate to take no further action or impose a caution order as this would not address the public interest in restricting the registrant practice whilst he is subject to a criminal sentence.

51. The Parties agree that a conditions of practice order would not be appropriate. The concerns do not relate to the registrant's clinical practice and there are no identifiable areas of retraining required or any workable conditions to meet the concerns in this case. Such an order would also not mark the seriousness of the conduct and would not be sufficient to maintain trust and confidence in the profession.

52. The parties next considered a suspension order. A suspension order is an appropriate sanction where there is no evidence of harmful deep-seated personality or attitudinal problems. The registrant has demonstrated insight, in that he has taken steps to address the underlying concerns which led to his conviction and there is no evidence of any deep-seated personality issues.

53. A suspension order would adequately uphold the public interest. Such an order would mark the seriousness of the conduct in question and, in light of the registrant's significant insight and remediation, would be sufficient to uphold trust and confidence in the profession and the regulatory process.

54. The parties agree that a suspension order for a period of 7 months is proportionate. The panel has the power to suspend a registrant's registration for up to 12 months. The period of suspension required to mark the public interest in this case is reduced from the maximum period of 12 months to 7 months to reflect the mitigating factors which are listed above. A review of the order, prior to expiry, is not required as the purpose of the current sanction is to mark the public interest. No public protection concerns have been identified and the risk of repetition is low in light of the registrant's significant insight and remediation.

55. The parties have considered the imposition of a strike off order. However, taking the mitigating factors into account, it is agreed a strike off order would be a disproportionate response to the concerns raised. The registrant's actions are not wholly incompatible with ongoing registration, particularly when one considers his personal circumstances which impacted his actions at the time and his notable insight and remediation since the events.

Interim order

56. An interim order is required in this case. The interim order is necessary in the public interest for the reasons given above. The interim order should be for a period of 18 months in the event that the registrant seeks to appeal against the panel's decision. The interim order should take the form of an interim suspension order. The parties understand that this provisional agreement cannot bind a panel, and that the final decision on findings impairment and sanction is a matter for the panel.

The parties understand that, in the event that a panel does not agree with this provisional agreement, the admissions to the charges and the agreed statement of facts set out above, may be placed before a differently constituted panel that is determining the allegation, provided that it would be relevant and fair to do so’.

Here ends the provisional CPD agreement between the NMC and you. The provisional CPD agreement was signed by you on 21 December 2021 and by the NMC on 23 December 2021.

Decision and reasons on the CPD

The panel decided to accept the CPD.

The panel heard and accepted the legal assessor’s advice. Mr Smalley referred the panel to the ‘NMC Sanctions Guidance’ (SG) and to the ‘NMC’s guidance on Consensual Panel Determinations’. He reminded the panel that they could accept, amend or outright reject the provisional CPD agreement reached between the NMC and you. Further, the panel should consider whether the provisional CPD agreement would be in the public interest. This means that the outcome must ensure an appropriate level of public protection, maintain public confidence in the professions and the regulatory body, and declare and uphold proper standards of conduct and behaviour.

The panel noted that you admitted the facts of the charge. Accordingly, the panel was satisfied that the charge is found proved by way of your admission, as set out in the signed provisional CPD agreement.

Decision and reasons on impairment

The panel then went on to consider whether your fitness to practise is currently impaired. Whilst acknowledging the agreement between the NMC and you, the panel has exercised its own independent judgement in reaching its decision on impairment.

In respect of conviction, the panel determined that your fitness to practise is currently impaired due to your conviction.

The panel then considered whether your fitness to practise is currently impaired by reason of conviction. The panel determined that your fitness to practise is currently impaired.

The panel took into account the case of *CHRE v NMC & Grant* and were satisfied that limbs b, c and d were engaged in this case. It considered that this is a public interest case as opposed to a public protection case, as there are no clinical issues involved in this matter. It was of the view that the concern is very serious and although the risk of repetition is now significantly low, there will always be an element of risk involved. It considered the steps you have taken to address the concern and the significant progress you have made. It noted that you have shown a great level of remorse, insight and reflection into your actions. [PRIVATE].

The panel considered your reflective piece and positive character references that had been provided, [PRIVATE].

The panel also acknowledged that you had pleaded guilty in court, you self-referred to the NMC, you have been open and honest, and you have engaged with the NMC from the beginning. It accepted the aggravating and mitigating features included within the CPD. It also considered the positive comments made by your probation officer and your level of engagement.

In this respect the panel endorsed paragraphs 15 to 41 of the provisional CPD agreement, detailing your current impairment and the steps you have taken to address the concerns.

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:

- *'The registrant received a custodial sentence (albeit suspended) for an inherently dishonest offence*
- *The registrant breached a position of trust and [PRIVATE] for his personal financial gain*
- *The registrant's conduct took place over a prolonged period of time.'*

The panel also took into account the following mitigating features:

- *'The conviction is not linked to the registrant's practice*
- *The registrant made early admissions and has demonstrated evidence of insight and remorse*
- *The registrant has taken significant steps to remediate the underlying causes which led to his conviction.'*

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, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate

where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'*

The panel considered that your actions were 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;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*
- *[PRIVATE].*

The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charge in this case. Your actions and your conviction identified in this case was not something that can be addressed through retraining.

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

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;*

- *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, your actions were 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. The panel acknowledged the significant effort you have shown and the steps you have taken to address the concern and was satisfied that at this stage, a striking off order would be disproportionate.

Balancing all of these factors the panel agreed with the CPD 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 7 months was appropriate in this case to allow you to serve your custodial sentence which is set to conclude in August 2022. The panel was of the view that the sanction and length of the sanction is appropriate considering the level of mitigation you have shown and the steps you have taken to address the concern. It considered that the concern was very serious, which resulted in a conviction. However you have shown great insight, reflection and remorse for your actions and was of the view that the public interest would be appropriately addressed by this level

of sanction. It noted that you are also aware of the retraining you will be required to do once your sentence concludes and that the conviction will remain on your record.

The NMC have indicated within the CPD, that at the end of the period of suspension, no review is necessary.

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 determined that it made the substantive order having found your fitness to practise currently impaired on the grounds of public interest alone. The panel was satisfied that the substantive order will satisfy the public interest in this case and will maintain public confidence in the profession(s) 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, on 8 September 2022.

Decision and reasons on 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.

The panel was satisfied that an interim order is necessary to meet the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel agreed with the CPD 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 suitably cover the 28-day appeal period.

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.