# Nursing and Midwifery Council
# Fitness to Practise Committee

**Substantive Hearing**
**Monday, 11 August 2025 – Friday, 15 August 2025**
**Monday, 18 August 2025 – Thursday, 21 August 2025**

Nursing and Midwifery Council
2 Stratford Place, Montfichet Road, London, E20 1EJ

| | |
|---|---|
| **Name of Registrant:** | George Arthur Hughes |
| **NMC PIN:** | 98F0091E |
| **Part(s) of the register:** | RNA: Registered Nurse – (sub part 1)<br>Adult – Level 1 21 May 2001 |
| **Relevant Location:** | Exeter |
| **Type of case:** | Misconduct |
| **Panel members:** | Liz Dux (Chair, Lay member)<br>Gabriel Abotsie (Registrant member)<br>Alyson Young (Lay member) |
| **Legal Assessor:** | Gerard Coll |
| **Hearings Coordinator:** | Elizabeth Fagbo |
| **Nursing and Midwifery Council:** | Represented by Stephen Page, Case Presenter |
| **Mr Huges:** | Not present and represented by Louise Hartley, instructed by the Royal College of Nursing (RCN) – Monday 11 August 2025 – Tuesday 12 August 2025<br><br>Present and represented by Louise Hartley, instructed by the RCN – Thursday, 14 August 2025 – Thursday, 21 August 2025 |

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| **Facts proved by way of admission:** | Charges 2 and 4 |
| **Facts proved:** | Charges 1a, 1b, 1c i, 1c ii, 1c iii, and 3 |
| **Facts not proved:** | Charges 1d) i, 1d) ii, 1e and 5 |
| **Fitness to practise:** | Impaired |
| **Sanction:** | **Suspension order (12 months)** |
| **Interim order:** | **Interim suspension order (18 months)** |

**Mr Hughes' attendance at the hearing**

On the morning of day one of the hearing, Mr Hughes representative, Ms Hartley informed the panel that she had been unable to get a hold of Mr Hughes. However, he had been responsive the previous week, [PRIVATE] and he had begun to prepare his evidence for these proceedings. The panel granted an adjournment in order to allow Ms Hartley further opportunity to obtain contact with Mr Hughes, and also to give Mr Hughes the opportunity to re-engage.

**Application to postpone the hearing**

On day two of the hearing Ms Hartley, on behalf of Mr Hughes, informed the panel that she was able to contact Mr Hughes who informed her that he was still unwell and was seeking medical assistance from his GP. Ms Hartley told the panel that Mr Hughes would not be able to attend the hearing today due to his ill-health, however, he may be able to participate in a couple of days.

Ms Hartley then applied for postponement of the hearing. She submitted that she has been unable to obtain instructions from Mr Hughes due to his current circumstances.

Ms Hartley submitted that there would be no unfairness or inconvenience to the witnesses scheduled to attend the hearing as they would be appearing virtually.

Ms Hartley submitted that there are complexities in this case, evidence has gone missing in witnesses' statements and there are references to Facebook messages provided by Mr Hughes which could not be located. However, Mr Hughes has these Facebook messages.

Ms Hartley submitted that there would be significant unfairness to Mr Hughes if the case were to proceed in his absence as he would not be able to question colleague A.

Ms Hartley submitted that Mr Hughes has waited a long time for these proceedings. Therefore, postponing the hearing for a short period of time would be fair to allow him the opportunity to attend.

Mr Page, on behalf of the Nursing and Midwifery Council (NMC), submitted that he opposed the application.

Mr Page submitted that postponing the hearing would inconvenience the witnesses as they have made arrangements to be able to attend this hearing, one of which is scheduled to give evidence yesterday and had to be rescheduled for the following day.

Mr Page submitted that notice of hearing was sent in July 2025 and in accordance with Rule 34, therefore, Mr Hughes was severed with proof of service within a reasonable time.

He submitted that Mr Hughes has engaged up until recently and has not engaged with his legal representative today. Therefore, Mr Hughes has not provided any instructions. Further, Mr Page submitted [PRIVATE]. He submitted that there is no guarantee that this case can be postponed for a short period of time and there is no guarantee that Mr Hughes would attend the hearing at a future date as he has not been in contact with his legal representative.

The panel accepted the advice of the legal assessor.

The panel heard that Mr Hughes had been unwell and felt unable to continue with the hearing at this time. The panel noted that there was no medical information before it which supported any health issues. Also, given that the necessary support measures for Colleague A to give her evidence were required and the panel were concerned that there may not be any measures in place for her to give her evidence tomorrow, the panel considered that the time needed to make sure those arrangements are in place can be married up with giving Mr Hughes sufficient time to obtain a medical certificate or recover.

The panel recognised that there is a public interest in the expeditious disposal of this matter and took into account the NMC's values of fairness and kindness. The panel noted that there is a need to balance Mr Hughes interests with the need to protect the public and uphold the standard of the profession. The panel determined that it would be fair to allow an adjournment to enable Mr Hughes' full and meaningful participation in the hearing.

The panel adjourned the proceedings and reconvened on Thursday, 14 August 2025.

**Mr Hughes' attendance at the hearing**

On day four of the hearing, you attended.

**Decision and reasons on application to exclude evidence**

Ms Hartley made an application for parts of Exhibit SH/01, Exhibit DM/01, Exhibit DM/02, Exhibit DM/03, Exhibit DM/04, Exhibit DM/04, and Exhibit DM/08. She submitted that any references to [PRIVATE] should be removed from the evidence. Further, Ms Harley applied for parts of Witness 1's statement to be redacted, and for any references made to Witness 3 to also be redacted, as Witness 3 was not called to give evidence at this hearing.

Ms Hartley submitted that the specific evidence highlighted is not relevant. She submitted that the charges relate to the manner the request were made and whether your behaviour was appropriate behaviour of a registered nurse with respect to a junior colleague. Ms Hartley submitted that references to [PRIVATE] are not relevant to any of the charges before the panel and are highly prejudicial as such references are likely to have an impact to the element of trustworthiness. Further, Ms Hartley submitted that the allegations do not state that money was borrowed in relation to [PRIVATE], or any reason of why Colleague A felt pressured to give you money.

In regard to the Witness statement of Witness 1, Ms Hartley submitted that Witness 1 has not been called as an expert witness and relied on her own interpretation for her investigation on behalf of the Royal Devon University Healthcare NHS Foundation Trust ("the Trust"). Therefore, Ms Harley submitted that the panel should not have to consider this evidence as it is not fairly put.

Mr Page submitted that in one of the witness's statement a reference was made to what they had heard. He submitted that the NMC recognises that this is not relevant to the charges and is prejudicial. Therefore, the removal of the relevant section is agreed.

Mr Page submitted that it is acknowledged that any matters related to you allegedly having [PRIVATE] issues are not charged. However, he submitted that references made to [PRIVATE] are highly relevant as Colleague A stated that this led to her feeling fearful and threatened to further provide you with money.

In relation to the application to redact sections of Witness 1's statement, Mr Page submitted that Witness 1 is the inclusion lead at the Trust who was invited to investigate the comments allegedly made by you on behalf of the Trust. Therefore, Mr Page submitted that it is in Witness 1's *'expertise'* to make the comments that she made in this circumstance as it was her responsibility to do so in the investigation. Further, Mr Page submitted that it is in the interest of fairness in relation to the cross examination of Witness 1.

Mr Page submitted that it is acknowledged that the other Witnesses references to Witness 3 are hearsay and Witness 3 is not in attendance to give evidence. However, Mr Page submitted that Witness 3's evidence provides further information and is not relied upon as sole and decisive evidence. For these reasons, Mr Page submitted that it is in the interest of relevance and fairness that this evidence is before the panel.

Ms Hartley submitted that the information is not relevant to the charges, and it is not fair for the NMC to include this information to bolster its case. She submitted that if the NMC is

going to rely on this information, then charges should be put forward to you regarding this information.

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included that Rule 31 provides that, so far as it is 'fair and relevant', a panel may accept evidence in a range of forms and circumstances, whether it is admissible in civil proceedings.

The panel gave the application serious consideration. The panel considered whether the evidence was admissible, taking full account of the submissions made by both parties, and determined this was so. The panel determined that the evidence meets the requirements of fairness and relevance and found that all the evidence objected to was sufficiently relevant for it to be safely left in the bundle unredacted at this stage and for the panel to make a professional assessment of the evidence at the determination stage.

The panel further determined to allow Witness 1's written statement as evidence in its entirety as a non-expert witness and as such, any evidence submitted by Witness 1 can be challenged and tested by your representative and the panel. Furthermore, the panel would be able to attribute what weight it saw fit for this evidence.

This was with one exception of the hearsay evidence contained on page 42 contained in interview notes with Colleague A, dated 8 June 2023, as referred to by Mr Page, which the panel agreed will be redacted. Specifically, the following:

> *'…I had heard from colleagues that 6 months prior he had been put on a behaviour plan for threatening another colleague with going to HR to get them sacked…'*

**Details of charge**

That you a registered nurse, whilst working at Nightingale Hospital Exeter:

1) Between 22 December 2022 and 31 March 2023 whilst working with Colleague A;

a) On one or more occasions inappropriately asked Colleague A to lend you money.

b) Around February 2023 after Colleague A told you that they left their purse at home and/or didn't have any cash to lend you, said to Colleague A words to the effect of; 'If you go to the cash point and draw some money out to lend to me, I will let you go home early.'

c) On or around 13 February 2023 after Colleague A told you that they didn't have any cash to lend to you;

i) Stood over Colleague A;

ii) Took Colleague A's phone.

iii) Set up a bank transfer to send money to your account, on Colleague A's banking application.

d) On an unknown date during an argument with Colleague A;

i) Threw your fist in Colleague A's face;

ii) Said to Colleague A, words to the effect of 'If you ever lie to me again, I'll kill you.'

e) On an unknown date, said to Colleague A words to the effect of 'I'm the boss, you have to do as I say'

2) Between 11 - 31 March 2023 sent messages to Colleague A using words as set out in Schedule 1.

3) Your conduct at charges 1 and 2 was intended to violate Colleague A's dignity and/or create an intimidating, hostile, degrading, humiliating or offensive environment for Colleague A.

4) On an unknown date in or around March 2023, whilst part of the ‘RCN strike RD&E’ group chat, sent messages using words as set out in Schedule 2.

5) Your actions as set out in charge 4 were racially motivated.

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

**Schedule 1**

*1. ‘Look [Colleague A] I’m serious if you fuck my work life up things are really gonna turn south’*

*2. ‘Don’t fuck around [Colleague A] or both of us will be in deep trouble.’*

*3. ‘I meant it. Don’t fuck around’*

*4. ‘I give up. I will hand my notice in in[sic] Monday and you do what the fuck you*

*like. You don’t know what professionalism is. You also haven’t been on the wrong side of HR before’*

*5. ‘You are one evil bitch. Can’t wait till judgement day. Then we’ll see who’s right’*

*6. ‘I won’t threaten you but if you fuck up my life……’*

*7. ‘You are the most selfish egotistical self important bitch I’ve ever met in my life. Anything I have ever felt for your has been destroyed by your actions in the past 2 days. I have to go to HR about this. Remember I have the whole of all our chats. Despite you trying to delete them. Anyone that sees that is gonna be like wtf!!! Is that what you want’*

*8. ‘Is your demon happy it’s won. Because believe from Monday your world is going to turn to shit’*

*9. ‘Go fuck yourself demon, you know what you are’*

*10.‘Honest to god. If you are in a different room or you e[sic] fucked with anything. I will set you[sic] life on fire!’*

*11.‘You think you are more intelligent than me. Very big mistake. Your demon is a total wanker and I’m going to kick seven shades of shit out of it. Think about it x’*

*12.‘Don’t know who you think your are fucking with ?!’*

**Schedule 2**

*1. ‘They can screw themselves. They don't put us on a pay freeze for 10 years then make us all catch Covid. Then flood the workplace with foreign nurses that can't speak the language (for the same pay as a senior band 5) so we have to work even harder so patients don't suffer. Then increase the amount of students so you just think... Sod off I'd get paid more for a management job in Tesco. You can see the standard of care dropping and dropping’*

*2. ‘There's diversity then there is capability. Don't pull the racist card. I will be offended.’*

*3. ‘I am pretty sure there are people that have false certification that actually don't care bout the patients and don't even have basic nursing skills.’*

*4. ‘What I'm saying is people are being given registrations when they are far from the mark because people are afraid of the racist card being pulled. The only one’s suffering are the patients’.*

*5. ‘It is all relative. If I work with an incompetent nurse it means I have to work twice as hard so the patients don't suffer. During the pandemic I was sent to all the different nurses as an experienced nurse. Agency nurses getting paid stupid money so I had to go to work on ED because they*

*were incompetent to do so. It is all so screwed it just disgusts me. You wonder why all the experienced nurses are leaving. Anyways, it is what it is. I'm sure it will all be on an episode of Panorama in the next couple of years x.'*

*6. 'Always the race card. What I'm saying is I have no problem with where people come from. I have a problem that we can't attract nurses of a high standard from our own country because we pay them sod all.'*

**Background**

The charges arose whilst you were employed as a registered nurse by the Nightingale Hospital, Exeter (the Hospital) on the Adult Surgical Ward.

You were referred to the NMC on 16 May 2023 due to concerns around threatening and intimidating behaviours towards Colleague A; including coercing them in to lending you money; and posting racist comments on a professional forum.

The regulatory concerns are as follows:

RC1) Bullying, intimidating or harassing behaviour – in that you:

- Coerced a colleague into giving you money
- Sent threatening messages to a colleague

RC2) Discriminatory behaviour – in that you posted racist comments on social media.

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

Ms Hartley made a request that this case be held partially in private on the basis that proper exploration of your case involves reference to your personal matters. The

application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Mr Page did not oppose the application.

The legal assessor reminded the panel that whilst 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 determined to go into private session as and when your personal health and circumstances are being discussed, in order to protect your privacy.

**Decision and reasons on facts**

At the outset of the hearing, the panel heard from Ms Hartley, who informed the panel that you made admissions to charge 2 and charge 4 subject to item 6 in Schedule 2.

The panel therefore finds charge 2 and charge 4 (subject to item 6 in Schedule 2) proved, by way of your admissions. Item 6 in Schedule 2 was later admitted.

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

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

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

- Witness 1: Royal Devon and Exeter NHS Foundation Trust as the Inclusion Lead

- Witness 2: Royal Devon University Healthcare NHS Foundation Trust as a Service Manager.

- Colleague A: Royal Devon and Exeter NHS Foundation Trust as a Senior Healthcare Assistant (HCA)

The panel also heard evidence from you under affirmation.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the witness and documentary evidence provided by both the NMC and Ms Hartley.

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

**Charge 1a**

> "That you a registered nurse, whilst working at Nightingale Hospital Exeter:
> 1) Between 22 December 2022 and 31 March 2023 whilst working with Colleague A;
> a) On one or more occasions inappropriately asked Colleague A to lend you money"

**This charge is found proved.**

In reaching this decision, the panel took into account all of the documentary evidence before it including the fact-finding exercise report dated 21 July 2023, Interview notes with Colleague A dated 8 June 2023, Interview notes with Witness 3, dated 12 June 2023 and Interview notes with you dated 21 June 2023. It also took into account the written statement and live oral evidence of Colleague A, and your written statement dated 15 August 2025.

The panel took into account Colleague A's witness statement, where she stated the following:

> *'…One time, George asked me to lend him a tenner as he was low on wages and needed some money until pay day, so I lent him a tenner.*
>
> *A few weeks later, normally around week three of four of every month, George would ask me to lend him money to get him through until pay day…'*

The panel also took into account Colleague A's oral evidence where she said the following:

> *'…the first time he asked me for a loan of ten pounds it was unexpected I thought I could afford it I lent him it in work time…*
>
> *I gave it to him without even thinking, it was the first time it was only a tenner, a pattern formed…'*

The panel took into account the following from the written evidence of Witness 3 dated 12 June 2023:

> *'…GH first borrowed money off me on the 23rd January…'*

The panel took into account the following from your written statement dated 15 August 2025:

> *'…Whilst I acknowledge that I occasionally asked colleague A to lend me money, I would like to emphasise that this occurred in the context of a friendship and not within the bounds of a professional relationship. At the time, I therefore did not believe that I was acting inappropriately or unprofessionally. I had been going through a difficult time, financially as I had been burgled in November 2022 and had significant costs for repairs to my window and to replace items taken. I did mention this at the local investigation but this was not recorded.*
>
> *I worked closely with colleague A for approximately 32 hours per week, and over time, we developed a personal friendship outside of work. As colleague A was aware of my personal circumstances, there were times in which she offered to lend me money as an act of friendship. I would like to emphasise that whenever colleague A lent me money, I always paid this back as soon as I was able to. I even recall on one occasion colleague A sent me £80 by bank transfer as a gift. I immediately questioned this with colleague A and said that I would transfer it straight back, however, she persisted that this was a gift…'*

During your oral evidence you stated that your requests for money were made outside of work and as a result of friendship. The panel did not accept your evidence that the requests to borrow money were only made outside of the working environment and as a result of friendship as credible.

The panel preferred and accepted the evidence of Colleague A that most of your requests to borrow money were made in the workplace. The panel found that you had also asked Witness 3 to lend you money at work. The panel also noted that in Witness 3's written

evidence she  stated that she felt there had been an element of coercion, which was corroborative of Colleague A's evidence. The panel regarded the interview notes with Witness 3 as not being the sole and decisive evidence but supportive of the evidence given by Colleague A.

The panel found that on several occasions when you asked Colleague A to lend you money you did so in your primary capacity as a more senior colleague and that this was therefore inappropriate, regardless of any friendship.

Therefore, the panel found charge 1a) proved.

**Charge 1b)**

> "That you a registered nurse, whilst working at Nightingale Hospital Exeter:
> 1) Between 22 December 2022 and 31 March 2023 whilst working with Colleague A;
>
> b) Around February 2023 after Colleague A told you that they left their purse at home and/or didn't have any cash to lend you, said to Colleague A words to the effect of; 'If you go to the cash point and draw some money out to lend to me, I will let you go home early.'"

**This charge is found proved.**

In reaching this decision, the panel took into account all of the documentary evidence before it including the fact-finding exercise report dated 21 July 2023 and interview notes with Colleague A dated 8 June 2023. It also took into account the written statement and live oral evidence of Colleague A, and your written statement dated 15 August 2025 and oral evidence.

The panel took into account the following from the fact-finding exercise report dated 21 July 2023:

> *'…On week commencing Monday 23rd January 2023, clarified that GH had again asked to borrow £20 from her. On this occasion, explained she treated the request with more caution and at the time, did not have any cash on her person. said that GH had given her permission to therefore leave work to withdraw the cash. She did this and returned with £20 cash which she gave to GH in the changing room. explained that GH had told her he was 'tight for money' and was struggling…'*

The panel took into account Colleague A's witness statement, where she stated the following:

> *'…As I could see a pattern forming with George mainly asking for money, I decided I wasn't going to bring my purse in to work so that I didn't have any money to give him. The following month, I told him I didn't have any cash to lend him, and he said that that was ok and that if I went to the cash point for him and drew some money out to lend him, he would let me go home early. I didn't know what to say, I felt isolated and like I couldn't say no, so I went to the cash point and drew £10 out and gave it to George…'*

The panel took also took into account Colleague A's oral evidence where she said the following:

> *'…I tried to make changes like not taking my purse to work. it made me anxious, he suggested I go to the garage to get out money I felt quite pressurised to do what he said when I came back he said you are a godsend, I felt very anxious, I felt scared, he said he would let me go home early…'*

You denied that this alleged incident had ever taken place.

Whilst the panel took into account your denial that this had ever taken place, the panel found the evidence of Colleague A sufficiently detailed on this point so as to be the more credible account on the balance of probabilities. It was of the view that Colleague A's evidence was credible, reliable and fair as it corroborated her written statement. The panel did not accept that Colleague A had fabricated this evidence.

Therefore, the panel found charge 1b) proved.

**Charge 1c) i, ii, iii**

> "That you a registered nurse, whilst working at Nightingale Hospital Exeter:
> 1) Between 22 December 2022 and 31 March 2023 whilst working with Colleague A;
>
> c) On or around 13 February 2023 after Colleague A told you that they didn't have any cash to lend to you;
>
> i) Stood over Colleague A;
> ii) Took Colleague A's phone.
> iii) Set up a bank transfer to send money to your account, on Colleague A's banking application."

**This charge is found proved.**

In reaching this decision, the panel took into account all of the documentary evidence before it including the fact-finding exercise report dated 21 July 2023 and interview notes with Colleague A dated 8 June 2023. It also took into account the written statement and live oral evidence of Colleague A, and your written statement dated 15 August 2025.

The panel took into account the following from the fact-finding exercise report dated 21 July 2023:

> *'…[Colleague A] confirmed she had stopped bringing cash, food and tobacco into work, as she was concerned GH would ask her for these items. When GH asked her for money on Monday 13th February 2023, [Colleague A] stated she replied she did not have any cash on her person, so GH's response was that she could set up a bank transfer on her mobile phone. said she had told GH she did not know how to do this and that his reply was to give him the phone and he would set it up – confirmed that he consequently took her phone and did this. highlighted again that she felt 'under his control' and that it was 'intimidating'…'*

The panel took into account the oral evidence of Colleague A, in which she stated that:

> *'…he took my phone and did the transfer… he said I'll set up the online transfer...'*
>
> *…*
>
> *'…he came into the clinic room I think he was asking for 10 or 20 pounds I told him that I've never done an online transfer. He took my phone and did the transfer whilst standing over me…'*

The panel also took into account your denial of this in your written statement dated 15 August 2024:

> *'…Whilst I admit that colleague A bank transferred money to my account on several occasions, I deny that I set up a bank transfer on colleague A's banking application. Whenever colleague A lent me money, this came from a place of friendship, and I always paid*

*colleague A back as soon as I was able to. Whenever colleague A lent me money, this would be sent by her from her bank account. I had no access to colleague A's banking application, nor did I attempt to access this…'*

The panel were persuaded with the level of detail given by Colleague A in her evidence, in the Trust's investigation detailed in the fact-finding exercise report dated 21 July 2023 and in her oral evidence. It was of the view that Colleague A had been consistent in her evidence to the NMC and the internal investigation, as opposed to the blanket denial given by you, whereby you maintained that you did not set up an online facility on her phone.

The panel distinguished doing an online transfer which can be effected in a short period of time as opposed to setting up a banking application afresh.

The panel also found that your actions in standing over Colleague A amounted to a violation of her dignity.

For these reasons, the panel found charge 1c) i, ii, iii proved.

**Charge 1d) i, ii**

"That you a registered nurse, whilst working at Nightingale Hospital Exeter:
1) Between 22 December 2022 and 31 March 2023 whilst working with Colleague A;

d) On an unknown date during an argument with Colleague A;
i) Threw your fist in Colleague A's face;
ii) Said to Colleague A, words to the effect of 'If you ever lie to me again, I'll kill you."

**This charge is found NOT proved.**

In reaching this decision, the panel took into account all of the documentary evidence before it including the fact-finding exercise report dated 21 July 2023, Interview notes with Colleague A dated 8 June 2023, Interview notes with Witness 3, dated 12 June 2023 and Interview notes with you dated 21 June 2023. It also took into account the written statement dated 10 June 2024 and the live oral evidence of Colleague A, and your written statement dated 15 August 2025.

The panel took into account the written statement of Colleague A, in which she stated that:

> *'…I found George's behaviour to be unsettling and unusual, however, we were communicating quite a lot both at work, and we started to socialise some times out of work too. On one occasion outside of work, George and I had got in to an argument and he threw his fist in my face and said 'If you ever lie to me again, I'll kill you'. George would get angry and say awful things to me. At work he would say 'I'm the boss, you have to do as I say'. I was new to the NHS, I just went along with everything he said. I wanted an easy life, and to get on with everyone…'*

The panel accepted the submission made by Ms Hartley in her cross examination of Colleague A namely that this had not been reported to your manager at the time.

In relation to events that were alleged to take place at Colleague A's house the panel found the evidence provided to be somewhat confusing and vague, lacking any form of corroboration or detail and accordingly the burden of proof had not been discharged in relation to charge 1d) i and ii on the balance of probabilities.

Therefore, on the balance of probabilities, the panel found charge 1d) i, ii not proved.

**Charge 1e)**

> "That you a registered nurse, whilst working at Nightingale Hospital Exeter:
> 1) Between 22 December 2022 and 31 March 2023 whilst working with Colleague A;
>
> e) On an unknown date, said to Colleague A words to the effect of 'I'm the boss, you have to do as I say'."

**This charge is found NOT proved.**

In reaching this decision, the panel took into account all of the documentary evidence before it including the fact-finding exercise report dated 21 July 2023, Interview notes with Colleague A dated 8 June 2023, Interview notes with Witness 3, dated 12 June 2023 and Interview notes with you dated 21 June 2023. It also took into account the written statement dated 10 June 2024 and the live oral evidence of Colleague A, and your written statement dated 15 August 2025.

The panel took into account the written statement of Colleague A, in which she stated that:

> *'…I found George's behaviour to be unsettling and unusual, however, we were communicating quite a lot both at work, and we started to socialise some times out of work too. On one occasion outside of work, George and I had got in to an argument and he threw his fist in my face and said 'If you ever lie to me again, I'll kill you'. George would get angry and say awful things to me. At work he would say 'I'm the boss, you have to do as I say'. I was new to the NHS, I just went along with everything he said. I wanted an easy life, and to get on with everyone…'*

The panel found the evidence provided to be somewhat confusing and vague, lacking any form of corroboration or detail and accordingly the burden of proof had not been discharged in relation to 1d) i and ii.

Therefore, the panel found charge 1e) not proved on the balance of probabilities.

**Charge 3)**

> "That you a registered nurse, whilst working at Nightingale Hospital Exeter:
> 3) You conduct at charges 1 and 2 was intended to violate Colleague A's dignity and/or create an intimidating, hostile, degrading, humiliating or offensive environment for Colleague A."

**This charge is found proved.**

In reaching this decision, the panel took into account all of the documentary evidence before it including the written statement dated 10 June 2024 and the live oral evidence of Colleague A, and your written statement dated 15 August 2025. The panel also took into account the screenshot evidence of the messages sent between you and Colleague A which were included in the exhibit bundle, and also the messages produced by you. As well as your admissions in relation to Schedule 1.

The panel took into account the following messages sent by you to Colleague A:

> *'…go fuck yourself Demon! … That's why your demon wants to screw me over. Another psycho demon possessed bitch…'*
>
> *…*
>
> *'…I won't threaten you but if you fuck up my life up…*

*...*

*I have to go to HR about this…'*

The panel took into the following message sent by you to Colleague A:

*'…If you've fucked things up in any way at all when I return on Monday I will hand my notice in immediately. And will cite your behaviour as the one and only cause…*

*…*

*You will be suspended then sacked on the spot…'*

The panel took into account the following from Schedule 1:

*'...'I won't threaten you but if you fuck up my life……'*

*…'You are the most selfish egotistical self important bitch I've ever met in my life. Anything I have ever felt for your has been destroyed by your actions in the past 2 days. I have to go to HR about this. Remember I have the whole of all our chats. Despite you trying to delete them. Anyone that sees that is gonna be like wtf!!! Is that what you want'…'*

The panel took into account the following from Colleague A's oral evidence:

*'… I felt threatened and scared of George…'*

*…*

*'…I worry about him…'*

*…*

*… I felt intimidated I was petrified to do my work…'*

The panel also took into account your written statement, in which you stated the following:

*'…I strongly deny allegation 3. I deny charge 1 and I have explained the context for the sending of the messages detailed in Schedule 1. I had no intention whatsoever to violate colleague A's dignity and/or create an intimidating, hostile, degrading, humiliating or offensive environment for colleague A…'*

The panel did not accept your argument that any provocation by Colleague A justified your response. It did not accept your submission that the messaging was entirely unrelated to your professional working relationship as it was of the view that the messages referred to in the evidence clearly demonstrate a crossing of boundaries between the professional and personal relationship.

The panel rejected your assertions that Colleague A and Witness 3 deliberately fabricated evidence against you as a result of your rejection of Colleague A's alleged sexual advances.

Having considered all of the evidence and Colleague A's oral testimony the panel were satisfied that colleague A's fear of you was genuine.

Therefore, the panel found charge 3 proved.

**Charge 5)**

"That you a registered nurse, whilst working at Nightingale Hospital Exeter: your actions as set out in charge 4 were racially motivated."

**This charge is found NOT proved.**

In reaching this decision, the panel took into account all of the documentary evidence before it including your interview notes dated 21 June 2023, and your written statement dated 15 August 2025.

The panel took into account the following from your interview notes:

> *'…In relation to the messages at Schedule 2.1 and 2.2, I accept that I sent these messages. I wish to clarify that my comments were intended to refer to systemic issues within the NHS, particularly those involving staff shortages, the underpayment and overworking of nurses. My reference to 'foreign nurses' was not intended to be derogatory or offensive; I was attempting to highlight that language barriers or differences in communication styles may inadvertently impact perceptions of care within the wider profession. My intention was not to criticise individual nurses, but rather to draw attention to systemic problems that are widely discussed. Nonetheless, I sincerely apologise for any offence caused by my choice of words…'*

The panel found that the contents of your messages could be interpreted as racist, were wholly unacceptable and did cause offence. However, it was not satisfied on the balance of probabilities that your comments were racially motivated.

The panel could not exclude the reasons advanced by you as to your motivation for writing these messages. Therefore, the panel found charge 5 not proved.

**Fitness to practise**

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether 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 ability to practise kindly, safely and professionally.

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

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

**Submissions on misconduct**

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

Mr Page invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of ''The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code) in making its decision.

Mr Page referred the panel to the charges found proved and identified the specific, relevant standards where your actions amounted to misconduct. He submitted that there is evidence of the crossing of boundaries between professional and personal relationships from February to March 2023, which could impair your fitness to practise. Further, Mr Page submitted that there was a power imbalance which created Colleague A's vulnerabilities notwithstanding that you were unaware of Colleague A's vulnerabilities and that deep-seated attitudinal issues could pose a risk to the public in professional practice. Mr Page submitted that your conduct fell below the standards which are expected of a

registered nurse, and if your conduct were to be repeated there would be a real risk of harm to the public.

Mr Page submitted that in all circumstances of this case your actions as found proved had departed from good professional practice and are sufficiently serious to constitute serious professional misconduct.

Ms Hartley submitted that you have an unblemished career and that this was an isolated incident. Ms Hartley submitted that your conduct took place over the course of a few months, with messages from you and Colleague A being over the course of one evening and WhatsApp messages also over the course of an evening. Further, she submitted that these matters were dealt with by the Trust and you received a written warning.

Ms Hartley submitted that you have expressed deep remorse and regret. She submitted that Colleague A sent numerous messages in relation to love, meeting up and gifting of money. She submitted that you accept that you should have behaved better and that boundaries were blurred by you meeting Colleague A outside of work. Ms Hartley submitted that the misconduct in this case is not at the most serious stage on the spectrum and it is a matter for the panel to consider whether your conduct would be considered deplorable by fellow practitioners.

**Submissions on impairment**

Mr Page 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 cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin)*, Cohen v GMC* [2008] EWHC 581 (Admin). Mr Page also referred the panel to relevant NMC Guidance.

Mr Page submitted that the following questions outlined by Dame Janet Smith in the fifth Shipman report can be answered in the affirmative in respect of this case, in that you:

- *Has in the past acted and/or is liable in the future to act as so to put a patient or patients at unwarranted risk of harm; and/or*
- *Has in the past brought and/or is liable in the future to bring the profession into disrepute; and/or*
- *Has in the past committed a breach of one of the fundamental tenets of the profession and/or is liable to do so in the future and/or*
- *....'*

Mr Page submitted that your conduct involved a serious departure from expected standards and amounted to serious professional misconduct as outlined in schedule 1, putting Colleague A at risk of harm.

Mr Page referred to the testimonials provided on your behalf and two training certificates of 2023. He submitted that breaching professional boundaries with a colleague suggests that this could be an attitudinal issue rather than a simple lapse in judgment. He told the panel that attitudinal issues are not always easy to remediate, and you have not provided any updated evidence of training programmes, or refresher courses in relation to professional boundaries. Mr Page submitted that there is no evidence of your current insight or strengthening of professional boundaries to indicate that you have demonstrated meaningful insight or remediation into your misconduct. Therefore, a risk of harm to colleagues/ the public remains.

Further, Mr Page submitted that a finding of impairment is required to maintain public confidence in the profession and to uphold proper professional standards. He submitted that public confidence in the profession and the NMC as its regulator would be undermined if such behaviour were not marked as unacceptable.

Ms Hartley referred the panel to positive testimonials made on your behalf, highlighting your positive impact on colleagues and patients, and your lengthy career. She submitted that the charges do not demonstrate that there are any public protection concerns, only public interest.

Ms Hartley submitted that the matters in this case occurred a number of years ago. She submitted that you were not in a managerial capacity, you and Colleague A were of the same age and there was no imbalance of power as you were a registered nurse and Colleague A was a Health Care Assistant. Further Ms Hartley submitted that you do not accept that Colleague A is vulnerable.

**Decision and reasons on misconduct**

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), *General Medical Council v Meadow* [2007] QB 462 (Admin) and *R (Calhaem) v General Medical Council* [2007] EWHC 2606 (Admin).

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. Specifically:

> *'…**1.1** treat people with kindness, respect and compassion*
> ***1.3** avoid making assumptions and recognise diversity and individual choice*
> ***8.2** maintain effective communication with colleagues*

***16.5*** *not obstruct, intimidate, victimise or in any way hinder a colleague, member of staff, person you care for or member of the public who wants to raise a concern*

***20 Uphold the reputation of your profession at all times***

***20.1*** *keep to and uphold the standards and values set out in the Code*

***20.2*** *act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment*

***20.3*** *be aware at all times of how your behaviour can affect and influence the behaviour of other people*

***20.5*** *treat people in a way that does not take advantage of their vulnerability or cause them upset or distress*

***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*

***20.8*** *act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to*

***20.10*** *use all forms of spoken, written and digital communication (including social media and networking sites) responsibly, respecting the right to privacy of others at all times*

***21.3*** *act with honesty and integrity in any financial dealings you have with everyone you have a professional relationship with, including people in your care…'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. In assessing whether the charges amounted to misconduct, the panel considered the charges individually and cumulatively as well as the circumstances of the case as a whole.

The panel found that your actions inside and outside of the workplace, in relation to Colleague A, did fall seriously short of the conduct and standards expected of a nurse and

amounted to serious professional misconduct. The panel noted the following from the case of *R (Calhaem) v GMC*:

> *'…[Misconduct] connotes a serious breach which indicates that the doctor's (nurse's) fitness to practise is impaired...'*

The panel found that the way in which you conducted yourself within the workplace and outside of your professional practice indicated deep seated attitudinal issues which could pose a risk to colleagues and therefore also members of the public in your professional care. The panel found that your inability to maintain a level of professionalism with a more junior colleague posed a risk to your ability to practice professionally and undermined public trust and safety. The panel took into account that this was not a one-off incident, but an incident that increased in its severity and continued to escalate over a period of time, until the matter was formally reported and the Trust took action which resulted in the matter ceasing.

Finally, the panel found that this conduct involved an imbalance of power which left Colleague A feeling intimidated and vulnerable. The panel determined that your actions would be considered deplorable by fellow practitioners, thereby damaging the trust that the public places in the profession. The panel therefore found that your actions proved in the charges did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

**Decision and reasons on impairment**

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

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

*‘The question that will help decide whether a professional’s fitness to practise is impaired is:*
*“Can the nurse, midwife or nursing associate practise kindly, safely and professionally?”*
*If the answer to this question is yes, then the likelihood is that the professional’s fitness to practise is not impaired.’*

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients’ and the public’s trust in the profession.

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

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

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

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

a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*

b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

d) *…'*

The panel considered the test in *Grant*. It was satisfied that limbs *b* and *c* were engaged by reason of your misconduct. The panel finds that Colleague A was made to feel vulnerable a result of your misconduct in conflict with the professional tenet of the nursing profession, namely promoting professionalism and trust. The panel was satisfied that you have in the past brought the profession into disrepute by your actions and had no reassurance from you in any concrete way that you would not bring the profession into disrepute in the future.

The panel took into account the following from your statement dated 15 August 2025:

*'…I would like to offer my apologies to colleague A for my actions and the messages sent. I remain dedicated to learning from this experience and have reflected at length on my conduct. Since this time, I have taken steps to develop healthier coping mechanisms, improve my communication skills and uphold the standards expected of a nurse at all times, which I will explain in more detail later in my statement…'*

Regarding insight, the panel acknowledged that in your statement you accepted responsibility for your conduct, however, it noted that you continued to maintain the position that Colleague A had been provoking you, which gave the panel cause for concern regarding your superficial insight. The panel considered that your insight was very limited as you stated that you would explain later how you would demonstrate your remediation of your past misconduct and could reassure the panel that there would be no repetition of such conduct. The panel were unable to identify anything later in your statement which explained your actions other than what was self-referential and superficial.

When considering whether you are currently able to practice kindly, safely and professionally, the panel were not satisfied that, other than your bare apology within your statement, you had demonstrated any insight which would ameliorate the panel's concerns as to your deep-seated attitudinal issues. The panel were particularly troubled that having read and heard the testimony of Colleague A and in particular, the fear you caused her, you still failed to recognise your responsibility. Having taken this into account the panel finds that there continues to be a deep-seated attitudinal problem which gives rise to a risk of repetition in the future.

In the light of the above using the test in *Cohen* the panel has found that whilst this conduct is remediable there is no evidence provided by you to suggest that you have remedied your misconduct or strengthened your practice. The panel was of the view that it is likely that this conduct would be repeated and therefore, decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC; 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.

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 12 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**

Mr Page informed the panel that in the Notice of Hearing, dated 8 July 2025, the NMC had advised you that it would seek the imposition of a striking off order if it found your fitness to practise currently impaired.

Mr Page outlined the aggravating factors he identified in this case:

- Coercive behaviour towards a vulnerable colleague
- Abusing your position of seniority for financial gain
- Failure to demonstrate a meaningful level of insight, remorse, or remediation.

- Deep seated attitudinal and behavioural issues which are difficult to remediate
- Serious impact on Colleague A
- Absence of any current demonstration of strengthened practice
- Risk of repetition of the conduct

Mr Page also outlined the possible mitigating factor he identified in this case:

- Acceptance of charges 2 and 4

Mr Page referred the panel to the relevant NMC Guidance. He submitted that making no order or imposing a caution order would not be appropriate or proportionate given the serious nature of the charges. Also, as the panel found that Colleague A was made to feel vulnerable a result of your misconduct, in conflict with the professional tenet of the nursing profession, namely promoting professionalism and trust. Therefore, he submitted that such an order would not mark the seriousness of the case, nor would it protect the public or meet the public interest.

Mr Page submitted that a conditions of practice order or a suspension order would not be the appropriate or proportionate order either due to the seriousness of the charges. He submitted that this was not a single incident of misconduct, and there are deep seated attitudinal issues in this case. Also, Mr Page submitted that at present you have demonstrated very limited insight, strengthening of practice, or any points of prospects of any remediation. Therefore, a risk of repetition remains.

Mr Page submitted that a striking off order is the only appropriate and proportionate sanction in this case.

The panel also bore in mind Ms Hartley's submissions that you have an unblemished career, with no previous findings. She submitted that you have worked in various roles and also worked throughout the pandemic.

Ms Hartley submitted that as the panel have found that your conduct is considered as remediable, you should be provided with the opportunity to remediate. She submitted that you worked alongside Colleague A and you both accepted that there was a friendship inside and outside of work. You also borrowed money from your manager too; therefore, Ms Hartley invited the panel to treat abuse of power with caution. Further, she submitted that the panel did not find that Colleague A was vulnerable and that you preyed on her because of her vulnerability.

Ms Hartley submitted that misconduct occurred over a few months, messages before the panel were over a brief amount of time and there are no charges relating to any harm you caused, or any evidence of any patient risk.

Furthermore, Ms Hartley submitted that it was difficult for you to demonstrate full insight when there have been denials, however, you are committed to reflecting on the case, the panel's findings and the impact on the public and the profession to ensure that the misconduct is not repeated.

**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 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:

- Coercive behaviour towards a junior and vulnerable Colleague which has had lasting and serious impact
- Abusing position of seniority and trust for financial gain
- Failure to demonstrate a meaningful level of insight, remorse,  and remediation.
- Deep seated attitudinal and behavioural issues which have not been addressed to date
- In the light of the above there is a current risk of repetition of conduct
- Absence of current demonstration of strengthened practice

The panel also took into account the following mitigating features:

- 23 year working as a nurse with an unblemished record, including throughout the Covid-19 pandemic
- Playing an active role in establishing the Nightingale Unit
- Admissions of charges 2 and 4, showing developing insight
- A valid apology given by you, to Colleague A in your statement
- Events occurred over a relatively short period of time

The panel first considered whether to take no action but concluded that this would be inappropriate as charges being at the serious end of the spectrum. Therefore, 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 charges, and the public protection and public interest 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 that 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.

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. The misconduct identified and the findings involve deep-seated attitudinal issues. The panel were of the view that this case was not something that could be sufficiently 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 protect the public or meet the public interest.

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

The panel considered the submissions made by the NMC closely and carefully in which Mr Page made the following points all of which the panel agreed with:

- Not a single incident of misconduct.
- Must be no evidence of harmful deep seated attitudinal problems

- No evidence of repetition or behaviour since the incident
- Sufficient insight as to not to pose a risk of repeated behaviour

The panel accepted the legal assessor's advice in relation to the cases of *Giele v General Medical Council* [2006] WLR 942 and *Judge v NMC* [2017] EWHC 817 (Admin). The public can also be protected by the return to practise of an otherwise capable nurse who has responded to an opportunity to remediate his practice. Where misconduct is not fundamentally incompatible with continued registration, panels are entitled to impose a sanction less than striking off provided always that the public is fully protected.

The panel acknowledged that this case was at the higher end of misconduct, however, it was of the view that it would not be considered the highest on the spectrum of misconduct.

The panel also took into account your long-standing unblemished nursing career and that given your engagement in these proceedings, there is room for developed insight, which would serve to protect the public. The panel were of the view that with future sufficient insight and future personal development, you had the potential to continue to offer value to the nursing profession and therefore, you should be given the opportunity to fully remediate.

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.

In making this decision, the panel carefully considered the submissions of Mr Page in relation to the sanction that the NMC was seeking in this case. However, the panel considered that whilst the misconduct was at a very serious level it had not breached patient safety as far as the panel is aware and the panel did not consider it so fundamentally incompatible with continued practice for a striking off order to be the appropriate sanction.

The panel determined that a suspension order for a period of 12 months was appropriate in this case to mark the seriousness of the misconduct.

At the end of the period of suspension, another panel must review the order before you are permitted to return to practise as a registered nurse. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- Hearing from you in person
- Evidence of professional development, including documentary evidence of completion of relevant courses, and up to date testimonials from a line manager or supervisor, that detail your current work practices.

- Evidence of strengthening of practice
- A detailed reflective piece including any personal development

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 interests until the suspension sanction takes effect. The panel heard and accepted the advice of the legal assessor.

**Submissions on interim order**

The panel took account of the submissions made by Mr Page. He submitted that the NMC is seeking the imposition of an interim suspension order for a period of 18 months to cover any appeal period until the substantive suspension order takes effect.

Mr Page submitted that given the seriousness of the charges found proved, an interim suspension order is necessary on the grounds of public protection and is also otherwise in the wider public interest.

The panel also took into account the submissions of Ms Hartley. She submitted that the panel have found that you have not breached patient safety. Therefore, she submitted that the panel should consider whether is it strictly necessary for an interim order to be made at this stage.

**Decision and reasons on interim order**

The panel accepted the advice of the legal assessor.

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

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months. To do otherwise would be inconsistent with the panel's findings. In circumstances where a suspension order has been imposed for the maximum period it was necessary to impose an interim order for reasons of public protection and in the wider public interest pending the resolution of any appeal if made.

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

That concludes this determination.