

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

**Substantive Hearing
Thursday, 28 August – Friday, 29 August 2025**

Virtual Hearing

Name of Registrant:	Thomaskutty Philip
NMC PIN:	20C0834O
Part(s) of the register:	Registered Nurse – Adult Nursing RNA: level 1 – (17 March 2020)
Relevant Location:	Oxfordshire
Type of case:	Conviction
Panel members:	Simon Banton (Chair, Lay member) Vivienne Stimpson (Registrant member) Alison Hayle (Lay member)
Legal Assessor:	Hala Helmi
Hearings Coordinator:	Emma Norbury-Perrott
Nursing and Midwifery Council:	Represented by Samprada Mukhia, Case Presenter
Mr Philip:	Present and unrepresented at the hearing
Facts proved by way of admission:	Charge 1
Fitness to practise:	Impaired
Sanction:	Striking-off order
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, you made a request that this case be held wholly in private. You told the panel that if the matters in your case are made public, this would present an [PRIVATE]. Further, you submitted that if you were to be identified publicly in these proceedings, [PRIVATE].

You directed the panel to four letters from professionals, and a letter written by [PRIVATE], which all support your application for the hearing to be held wholly in private for the reasons outlined above. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Mukhia, on behalf of the Nursing and Midwifery Council (NMC), submitted that the NMC is not opposed to the hearing being held partly in private in respect of any matters which refer to [PRIVATE]. However, she submitted that the hearing should not be held wholly in private as there is a duty for the NMC as a regulator to be transparent and there is significant public interest in a case where a nurse has been convicted of a serious sexual offense.

Ms Mukhia submitted that there was no evidence before the panel to suggest the possible negative impact to [PRIVATE] is more likely than not, to happen. She also submitted that the four letters from professionals supporting your application for the hearing to be held wholly in private, were generalised. Further, she submitted that the NMC sympathises with [PRIVATE].

In conclusion, she submitted that Rule 19 should not be exercised to merely avoid embarrassment and the hearing should be heard partly in private.

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

any party or by the public interest. The legal assessor directed the panel to a number of relevant judgements which included; *MXM v GMC* [2022] EWHC 817 (Admin), *V v T & Anor* [2014] EWHC 3432 (Ch) and *Lu v SRA* [2022] EWHC 1729 (Admin).

The panel considered the strong public interest in this case. It noted that the criminal proceedings, and your subsequent conviction, are matters which are already in the public domain. The panel saw no evidence before it to demonstrate that [PRIVATE] as a result of the criminal proceedings. It also noted the letters provided by [PRIVATE] and four professionals, on your behalf, requesting the hearing to be held in private. However, the panel was of the view that the letters do not provide evidence in respect of any assertions made regarding 'risks' to [PRIVATE].

Accordingly, the panel determined to go into private session in connection with [PRIVATE], as and when such issues are raised, in order to protect [PRIVATE] right to privacy.

Background

Between 16 January 2023 and 9 August 2023, you engaged in sexually motivated communications with people that you believed to be children.

A report was received by South Wales Police on 10 August 2023 from a Paedophile Hunter Group regarding a planned meeting between you and a person which you believed to be a 13-year-old girl. You were arrested and subsequently convicted on 22 October 2024 at Cardiff Magistrates' Court for attempting to engage in sexual communication with a child.

Details of charge

That you, a registered nurse:

- 1) On 22 October 2024 at Cardiff Magistrates Court were convicted of an offence of attempting to engage in sexual communication with a child between 16 January 2023 and 9 August 2023.

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

Decision and reasons on facts

The charge, which you admit, concerns your conviction and, having been provided with a copy of the certificate of conviction, the panel finds that the facts are proved by way of your admission and in accordance with Rule 31 (2) and (3).

Fitness to practise

Having announced its findings on the facts, the panel then considered whether, on the basis of the facts found proved, your fitness to practise is currently impaired by reason of your conviction. 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. Although you freely declared that your fitness to practise is impaired, the panel went on to consider the matter regardless.

Submissions on impairment

Ms Mukhia addressed the panel on the issue of impairment and reminded the panel 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) Grant* [2011] EWHC 927 (Admin).

Ms Mukhia directed the panel to the NMC guidance DMA-1 '*Impairment*', and the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant*. She submitted that all four limbs of *Grant* are engaged in this case.

Ms Mukhia gave a detailed background of the events which led to your conviction and submitted that although no patients were harmed, the nature of the concerns are extremely serious involving engaging in sexual communication with a person that you believed to be a child which could put vulnerable children at risk of harm in the future.

Ms Mukhia submitted that your conduct demonstrates serious attitudinal concerns, which are predatory in nature. She submitted that you attempted to exploit vulnerable children and you are now subject to five years on the sex offender register and a sexual harm prevention order. If you were permitted to work as a nurse, a patient might be a vulnerable child who might be subject to a risk of serious harm.

Ms Mukhia told the panel that you have brought the nursing profession into disrepute. She submitted that your conduct breached 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' ("the Code"). Namely: 20.1, 20.2, 20.4, and 20.5.

Ms Mukhia submitted that the public would be deeply concerned if a nurse who attempted to communicate in a sexual nature with children were allowed to practice. Further, she told the panel that you instigated the sexual elements of the chat which went on for a considerable amount of time. She submitted that the seriousness of the circumstances surrounding your conviction have negatively impacted on the profession, brought it into disrepute, and undermined public trust and confidence in the nursing profession.

Ms Mukhia submitted that you breached the fundamental tenets of the profession and a finding of impairment is required to mark the profound unacceptability of your behaviour.

Ms Mukhia told the panel that you have acted dishonestly in that you created a false account online to contact potential victims. You used a false name and a photo from the

internet to hide your true identity in order to engage in sexual activity with children which you chose to seek out. Further, she submitted that this conduct is very difficult to address and highly likely to be repeated.

Ms Mukhia directed the panel to the NMC guidance FTP-15a '*Can the concern be addressed?*' and SAN-2 '*Sanctions for particularly serious cases*'.

Ms Mukhia referred to your reflection in which you state you are taking full responsibility for your actions and you were not aware of the legal outcome in the UK. You express profound regret and state that your behaviour was a lapse in judgement and while your actions occurred outside your nursing role you understand you have breached the Code. Further, she told the panel that you state you are committed to completing the courses related to your conviction and to ensuring the safety of the public and preventing a recurrence of your behaviour. Ms Mukhia told the panel that you state that you would seek professional help if you found yourself in a situation which would lead to legal complications in the future.

Ms Mukhia submitted that, based on the evidence before the panel today, you have demonstrated limited insight with no reflection demonstrating insight into why you took these actions, how they undermine the profession, and how far your conduct fell short of the standards expected of a registered nurse. She told the panel that there is no indication of how you intend to ensure that you protect the public or how you would refrain from carrying out the same actions which led to your conviction. She submitted that you attempt to minimise your actions as you say you were '*not aware of consequences legally*'.

In conclusion, Ms Mukhia submitted that a finding of impairment is required on public protection grounds and is otherwise in the public interest.

You gave evidence under oath.

You repeated that you are currently impaired by way of your conviction.

You asked the panel to consider that you have been a nurse since 2011. You invited the panel to take into account the previous employment testimonials provided today and the proof of police clearance in India which indicates that you have not been subject to criminal convictions prior to coming to the UK.

You directed the panel to the letter provided by [PRIVATE] regarding your previous and current character and your guilty feelings regarding your conviction. You told the panel that you are in the UK subject to a skilled work visa and if you cannot work as a nurse, you may have to return home to India, which will also impact [PRIVATE].

You submitted that in your reflection you take full responsibility for your actions which led to your conviction. You stated that you feel profound remorse and a strong guilty feeling, and you '*don't know how [you] can express this beyond the letter*' (an email provided to the NMC on 31 July 2025). You directed the panel to evidence of you complying with the completion of unpaid work as part of your conviction and proof of the fine being paid in full by you.

You invited the panel to consider that if a sanction is imposed, perhaps that of a conditions of practice order, any potential future employer can decide for themselves if you are suitable for a role after a background check. You concluded that if an employer decides to recruit you, even after being made aware of your conviction, you can work as a nurse and at the same time the NMC can monitor your practice.

Ms Mukhia then asked you several questions. She first asked you to describe your insight in relation to your conviction. You responded by saying that at the time you did not know it was an offence, and you did not know the exact law in this country. You stated that in your home country of India, you can contact children under 18 and have these kinds of conversations, but you are not allowed to meet them. You said, "*this is why I engaged for this purpose*".

Ms Mukhia asked you if you would say it is appropriate to have sexual conversations with children. You responded that it is not appropriate and it was a single incident in your career. You said that you are remorseful and take responsibility.

Ms Mukhia referred to the programme you are enrolled on as a condition of your conviction. You responded that it is a programme called Building Choices which is aimed specifically at cases involving non-contact sexual offences. You described how you are learning about how to interact with children and adults safely and how your communication impacts others. You said you have been given good feedback and you are engaging well. Ms Mukhia clarified the learning and asked if the course teaches you how to interact with children and also how not to repeat the type of behaviour you have been convicted for. You replied that you understand if a child is particularly vulnerable, they may not know what they are doing, but as an adult you have a responsibility to do the right thing. You stated you cannot contact children as you are subject to a sexual harm prevention order. However, if you did not know how to react in a situation, you would contact a '*professional*' for advice and report the incident.

Ms Mukhia asked whether you had reflected on the root cause of you committing the crime. You stated that "*I just started just for fun, I know I am not meeting that person under age of 18, but just fun. I know what I did was wrong and guilty feeling [sic]*".

Ms Mukhia asked you to elaborate on your description of the incident as a serious lapse of judgement. You responded that you were not sure what the consequences would be communicating with an underage person and you did not realise you would be subject to criminal and regulatory proceedings. She asked you whether you agreed that the incidents took place over a long period of time, to which you said "*yes I accept that but not continuous chat for the whole time - once or twice a month. I accept long time.*" and "*I did not know the consequences I would have to face if I did it.*".

Ms Mukhia asked you to provide more insight into how your actions could have led to harm to children. You responded that you could understand that any child under the age of

18 can be easily vulnerable or misguided. Further, you said that as a nurse people have trust in you and while engaging in the criminal activity you did pose some risk to children at that time.

Ms Mukhia asked you how do you think your actions have impacted the nursing profession in your view. You stated that everyone has a responsibility to protect vulnerable people, especially children. You asked the panel *“give me a chance, I am engaging with all the professionals and have positive feedback. Give me one more chance to prove I will be a good nurse.”*

Ms Mukhia asked you where you would seek professional help, as stated by you earlier, if you required help in a similar situation. You stated that as a nurse you would ask a supervisor or a senior colleague for their help, and also look to guidelines and NMC guidance. You also stated that you could speak to your probation officer or a police officer involved in your case.

Ms Mukhia concluded that you have demonstrated limited insight and you have still not fully reflected on your behaviour. Further, she told the panel that you could not tell the panel why what you did was wrong.

You apologised to the panel for what you did and said you know that it was wrong.

The panel accepted the advice of the legal assessor which included reference to relevant judgments. These included: *CHRE and NMC and Grant* [2011] EWHC 927 (Admin), *Cohen v General Medical Council* EWHC 581 (Admin), *Council for the Regulation of Health Care Professionals v GDC v Fleischmann* [2005] EWHC 87 and *PSA v GDC and Naveed Patel* [2024] EWHC 243.

Decision and reasons on impairment

The panel next went on to decide if as a result of the conviction, 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/their fitness to practise is impaired in the sense that S/He/They:

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

The panel determined that all four limbs are engaged in this case.

The panel found that there was no evidence to demonstrate that patients were directly put at risk or caused physical and emotional harm as a result of your actions. However, it was of the view that predatory behaviour, and sexual misconduct, is very difficult to remediate and, by its very nature, is associated with a high risk of repetition. As a result, there is a real risk that the behaviour in question could occur in respect of patients in the future. The panel determined that your conduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. The panel also determined that the circumstances of the incident which led to your conviction, in that you created a false online persona, using electronic devices to conceal your true identity, falsifying your

name and picture, is demonstrative of your studied and calculated dishonesty. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to sexual misconduct extremely serious.

Regarding insight, the panel acknowledged your acceptance that your practice is impaired by way of your conviction. The panel determined that the behaviour in this case is very difficult to address as the concerns are attitudinal in nature, relating to sexual misconduct and a significantly serious crime, which resulted in your conviction.

In its consideration of whether you have addressed the behaviour which led to your conviction, the panel took into account the reflective piece written by you addressing the incident. The panel was of the view that your reflective piece demonstrates very limited insight and speaks to the impact that the incidents had on you, and not to the potential impact on the public, vulnerable children, and the nursing profession as a whole. The panel also took into account the various documents that you provided, including workplace testimonials. However, these predate your time as a nurse in the UK and are from your previous nursing role in India.

The panel considered your response, under oath, to Ms Mukhia's questioning during cross examination. You stated that at the time of the incident, you did not know that what you did was not legal in the UK. Further, you stated that contacting children under 18 was '*allowed*' in your home country of India, but you understood that it was not legal for you to meet them in person. Yet, the panel noted that in relation to your conviction, you were arrested while attending a hotel having arranged to meet a person who you believed to be a child, aged 13. The panel was also aware that you would have undertaken mandatory safeguarding training during your time as a nurse in the UK and therefore you should have understood the impropriety of your conduct before you were arrested.

The panel also considered your response to Ms Mukhia's question regarding you describing the incident as a '*lack of judgement*'. The panel noted that you engaged in sexually inappropriate communication, with a person that you believed to be a child, for a

period of around eight months. Your response when asked to reflect on the root cause of your behaviour, was *“I was not sure what would be the consequences of communicating with an underage person, I did not know I would go through these procedures with the Police and the NMC. I did not know consequences.”*

The panel determined that you have not demonstrated an understanding of why what you did was wrong, how you have reflected on the root cause, and how this impacted negatively on the reputation of the nursing profession. You stated that you *“have a guilty feeling and are remorseful”*. However, the panel was of the view that your insight is seriously limited and you have not sufficiently reflected on the incidents which led to your conviction, beyond a superficial level. You told the panel that should you find yourself in a similar situation in the future, you would seek advice from a professional as to how you should proceed. The panel was of the view that it is not enough, given the seriousness of this case, to have to rely on the thought process of others around you to indicate how you should proceed in a situation involving safeguarding of children. The panel determined that you, as a registered nurse, who would have been subject to mandatory safeguarding training as part of your previous UK nursing role, should have the instinctive intuition and knowledge required to act in an appropriate and safe manner.

The panel was of the view that your actions are demonstrative of a pattern of behaviour and deep-seated attitudinal issues, which occurred over a period of time and involved inappropriate sexual communication with children. The panel took into account the information from the probation service that you have been engaging well with your sentence. However, this was not sufficient to evidence that you have in fact remediated your behaviour and are in a position where it is unlikely to recur. The panel determined that there is insufficient evidence before it to demonstrate any meaningful insight and remediation and therefore the panel was not reassured that you no longer present a real risk to the public. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

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

The panel determined that a reasonable well-informed member of the public who was aware of the details of your conviction, would be shocked and troubled if a finding of impairment was not made, given the serious nature of your actions and the background circumstances which led to your conviction. The panel therefore finds your fitness to practise also to be impaired on public interest grounds.

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 striking-off order. It directs the registrar to strike you off the register. The effect of this order is that the NMC register will show that you have been struck off the register.

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

Submissions on sanction

Ms Mukhia submitted that the appropriate sanction in this case is a striking-off order. She directed the panel to the NMC guidance SAN-1 '*Factors to consider before deciding on sanctions*'.

Ms Mukhia submitted that the aggravating factors in this case are:

- a. A pattern of predatory behaviour over a period of time where you engaged in sexual communication with children between 16 January 2023 and 9 August 2023
- b. Circumstances of your actions where you created a false online account, concealing your true identity, falsified your name and picture which was demonstrative of your studied and calculated dishonesty
- c. Seriously limited insight where you have not sufficiently reflected on the incidents or remediation
- d. Deep seated attitudinal issues
- e. You have been convicted of a sexual offence
- f. You are on the sex offender register and are subject to a sexual harm prevention order

Ms Mukhia submitted that the mitigating feature of this case is:

- a. Guilty pleas to the criminal charges, and admissions to the regulatory charges

Ms Mukhia directed the panel to the NMC guidance SAN-2 '*sanctions for particularly serious cases*', which states that conviction for sexual offences which is a serious crime can gravely undermine the public's trust in nurses, midwives and nursing associates and could have a particularly negative impact on public safety, public confidence or professional standards. Further, she submitted that you have not yet completed serving your sentence as you are subject to inclusion on the sex offender register for five years and a sexual harm prevention order for the same period. These are still outstanding. The guidance states that in general a nurse, midwife or nursing associate should not be permitted to start practising again until they have completed a sentence for a serious offence, which is highlighted in the case of *Fleischmann*.

Ms Mukhia directed the panel to the case of the *Professional Standards Authority (PSA) v General Dental Council (GDC) and Naveed Patel* [2024] EWHC 243 (Admin).

Ms Mukhia submitted that given the panel's decision and reasons on impairment, a sanction at the lower end of the spectrum is not appropriate. She took the panel through the sanctions available to them and gave reasons as to why the NMC submits that the only appropriate and proportionate sanction in this case, is that of a striking-off order. She directed the panel to the NMC guidance SAN-3e '*Striking-off order*'. She submitted that your conduct demonstrates deep seated attitudinal concerns and you have not demonstrated insight and remediation. Further, she noted the panel found that there is a high risk of repetition.

Ms Mukhia submitted that your behaviour and the resulting conviction are fundamentally incompatible with being a registered professional. Your behaviour raises fundamental questions about your professionalism and public confidence in nurses cannot be maintained if you are permitted to remain on the register. You were convicted for a sexual offence and your actions were not limited to just having conversations of a sexual nature with decoy accounts who you believed to be children, but on 10 August 2023 you went to a hotel to meet a person that you believed to be 13 years old. Your conduct of falsifying your name, picture and setting up a false account is demonstrative of your studied and calculated dishonesty. She submitted that your behaviour would have an extremely negative impact on the public's confidence in the profession and is wholly incompatible with you remaining on the register.

In conclusion, Ms Mukhia submitted that a striking off order is the appropriate sanction in this case.

You told the panel that you accept that your fitness to practise is impaired, what you did was wrong and you have a "*strong guilty feeling*". You told the panel that your behaviour happened outside of clinical practice and there was "*no real victim*".

You told the panel that you started your nursing career in 2011 and that there have been no concerns regarding your clinical practice. You asked the panel to take into consideration your rehabilitation activities; your payment of the court fee, your completion of unpaid work, compliance and attendance of your rehabilitation course, and an email from your probation officer.

You submitted that you opposed the NMC's sanction bid of a striking-off order. You invited the panel to impose a conditions of practice order and stated that if an employer was to give you the opportunity to work as a nurse, the NMC could monitor your fitness to practice through a conditions of practice order. You told the panel that any future employer would be made aware of your conviction via background checks.

In conclusion, you told the panel that you are willing to accept any conditions in order to demonstrate your commitment to protecting the public and you would like the opportunity to continue your career as a nurse.

The panel heard and accepted the advice of the legal assessor. The legal assessor directed the panel to the judgements of *Fleishmann* and *Naveed Patel*.

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:

- Pattern of predatory behaviour towards children over an extended period of time

- Calculated dishonesty
- Insufficient insight
- Attitudinal issues
- Subject to five years on the sex offender register and a sexual harm prevention order

The panel also took into account the following mitigating feature:

- Guilty plea in criminal proceedings and admissions to NMC proceedings

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. Such a decision would not mark the seriousness arising from your behaviour and subsequent conviction. It would also fail to address adequately its concerns to protect children from future risks and in particular, would fail to maintain the reputation of the nursing profession and in the NMC.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where '*the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.*' The panel considered that your behaviour was not at the lower end of the spectrum and that a caution order 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 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 was of the view that there are no practical or workable conditions that could be formulated, given the nature of the

concerns in this case which relate to sexual misconduct and deep-seated attitudinal issues over an extended period of time. The behaviour identified in this case is not something that can be addressed through retraining or supervision, particularly as your behaviour occurred outside of the clinical setting. 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.

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, but the panel decided they were not applicable to you and the circumstances of this case.

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *...;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- *...; and*
- *...*

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*

- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

Your actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with you remaining on the register. The panel was of the view that the findings in this particular case demonstrate that your actions were serious and to allow you to continue to practise would undermine public confidence in the profession and in the NMC as a regulatory body. Notably the case involved attempts to exploit children which took place over an extended period of time and involved online communications and an attempt to physically meet a child. Your insight as to the seriousness of these matters and the evident impact they would have to children, the wider public body and the nursing profession is significantly lacking. Both your written and oral submissions, in the view of the panel, demonstrated your minimisation of the seriousness of the events described and your part in them. Bearing in mind the knowledge you would have as a practising registrant regarding the importance of safeguarding children and adults, your improper behaviour is all the more worrying and serious.

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

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

The panel noted that this striking-off order will prevent you from working as a registered nurse and, as a consequence, you may be caused financial hardship. However, in

applying the principle of proportionality, the panel determined that, in any event, the need to protect the public and the wider public interest outweighs your interest in this regard.

This will be confirmed to you in writing.

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in your own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

The panel took account of the submissions made by Ms Mukhia. She submitted that given the panel's decision on sanction, a suspension order for a period of 18 months is necessary in order to protect the public and is otherwise in the public interest, to cover the 28-day appeal period before the substantive order becomes effective. She submitted that it would also be inconsistent with the panel's earlier decision if an interim suspension order were not imposed.

You chose to give no response.

The panel accepted the advice of the legal assessor.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the 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 allow for any appeal to be resolved. Not to impose an interim suspension order would be inconsistent with the panel's earlier decision.

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

That concludes this determination.