

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

**Substantive Hearing
Tuesday, 5 August 2025 – Tuesday, 12 August 2025**

Virtual Hearing

Name of Registrant:	Anton Robin Alan Randle
NMC PIN:	86Y0414E
Part(s) of the register:	Registered Nurse – Sub Part 1 Mental Health Nursing (Level 1) – 20 March 1990
Relevant Location:	Scotland
Type of case:	Misconduct
Panel members:	Paul Hepworth (Chair, Lay Member) Penelope Howard (Registrant Member) Jane Malcolm (Lay Member)
Legal Assessor:	Oliver Wise
Hearings Coordinator:	Zahra Khan (5 – 8 August 2025) Angela Nkansa-Dwamena (11 – 12 August 2025)
Nursing and Midwifery Council:	Represented by Amy Hazlewood, Case Presenter
Mr Randle:	Not present and not represented at this hearing
Facts proved:	Charges 1a, 1b, 1c, 1d, 2, 3a, and 3b
Facts not proved:	Charge 1e
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim order:	Interim suspension order (18 months)

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mr Randle was not in attendance and that the Notice of Hearing letter had been sent to Mr Randle's registered email address by secure email on 2 July 2025.

Ms Hazlewood, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegation, the time, dates and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mr Randle's right to attend, be represented and call evidence, as well as the panel's power to proceed in his absence.

In light of all of the information available, the panel was satisfied that Mr Randle has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Mr Randle

The panel next considered whether it should proceed in the absence of Mr Randle. It had regard to Rule 21 and heard the submissions of Ms Hazlewood, who invited the panel to proceed in the absence of Mr Randle. She submitted that Mr Randle had waived his right to attend or be represented at this hearing.

Ms Hazlewood referred to an email from Mr Randle to the NMC dated 17 June 2025, which stated:

‘... I think it is best for all, to go with option 3. That is to proceed with the hearing in my absence....’

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised *‘with the utmost care and caution’*.

The panel decided to proceed in the absence of Mr Randle. In reaching its decision, the panel considered the submissions of Ms Hazlewood, the representations from Mr Randle, and the advice of the legal assessor. It had particular regard to the factors set out in the decision of *R v Jones (Anthony William)* (No.2) [2002] UKHL 5 and *General Medical Council v Adeogba* [2016] EWCA Civ 162. The panel had regard to the overall interests of justice and fairness to all parties. The main considerations were:

- No application for an adjournment has been made by Mr Randle;
- Mr Randle has informed the NMC that he is content for the hearing to proceed in his absence;
- There is no reason to suppose that adjourning would secure Mr Randle’s attendance at some future date;
- Two witnesses are due to attend to give live evidence;
- Not proceeding may inconvenience the witnesses;
- The charges relate to events that occurred in 2022;
- Further delay may have an adverse effect on the ability of witnesses accurately to recall events; and
- There is a strong public interest in the expeditious disposal of this case.

There is some disadvantage to Mr Randle in proceeding in his absence. The evidence upon which the NMC relies, which includes Mr Randle’s statements to both his former employer and to the NMC and the notes of local investigations, has been

sent to Mr Randle at his registered address and he has responded to the allegations. That said, Mr Randle will not be able to challenge the evidence relied upon by the NMC in the hearing and will not be able to give evidence on his own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Further, the limited disadvantage is the consequence of Mr Randle's decision to absent himself from the hearing.

In these circumstances, the panel decided that it is fair to proceed in the absence of Mr Randle. The panel will draw no adverse inference from Mr Randle's absence in its findings of fact.

Details of charges

That you a Registered nurse:

1. Between 6 May 2022 and 18 May 2022 in relation to Person A, a nursing student, and whilst you were Person A's Practice Supervisor, you:
 - a. Said words to the effect of 'when you don't want to do patient's notes you give me the eyes as if you want me to parent you but considering I'm not your parent, it must mean you want me to shag you.'
 - b. Said words to the effect of 'one thing to keep in mind is to stop walking with your hands behind your back, not only because I am a pervert and like staring at your bum, but it might also make patients think that you are holding something behind there.'
 - c. Drove person A to a 'quiet place.
 - d. Said words to the effect of 'I need to stop looking at your attractive eyes because I will want to kiss you.'

- e. Attempted to drive person A to a destination against her wishes.
- 2. Your actions as specified in charge 1 were in pursuit of a sexual relationship with Person A.
- 3. Your actions as specified in charge 1 was:
 - a) unwanted conduct of a sexual nature, and
 - b) had the purpose or effect of creating intimidating, hostile, degrading, humiliating or offensive environment for Person A.

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

Decision and reasons on application to amend the charge

The panel heard an application made by Ms Hazlewood to amend the wording of charges 1c, 3, and the tail of the charge for typographical purposes.

Ms Hazlewood submitted that the proposed amendments would correct grammatical and spelling errors and not affect the substance of the charges.

“That you a Registered nurse:

- 1. Between 6 May 2022 and 18 May 2022 in relation to Person A, a nursing student, and whilst you were Person A’s Practice Supervisor, you:
 - c. Drove person A to a ‘quiet place’.
- 3. Your actions as specified in charge 1 ~~was~~:
 - a) **constituted** unwanted conduct of a sexual nature, and

b) had the purpose or effect of creating **an** intimidating, hostile, degrading, humiliating or offensive environment for Person A.

AND in light of the above your fitness to ~~practice~~ **practise** is impaired by reason of your misconduct”

The panel accepted the advice of the legal assessor and had regard to Rule 28 of the Rules.

The panel was satisfied that there would be no prejudice to Mr Randle and no injustice would be caused to either party by the proposed amendments being allowed. It was therefore appropriate to allow the amendments.

Details of charges (as amended)

That you a Registered nurse:

1. Between 6 May 2022 and 18 May 2022 in relation to Person A, a nursing student, and whilst you were Person A's Practice Supervisor, you:
 - a. Said words to the effect of ‘when you don’t want to do patient’s notes you give me the eyes as if you want me to parent you but considering I’m not your parent, it must mean you want me to shag you.’
 - b. Said words to the effect of ‘one thing to keep in mind is to stop walking with your hands behind your back, not only because I am a pervert and like staring at your bum, but it might also make patients think that you are holding something behind there.’
 - c. Drove person A to a ‘quiet place’.
 - d. Said words to the effect of ‘I need to stop looking at your attractive eyes because I will want to kiss you.’

- e. Attempted to drive person A to a destination against her wishes.
- 2. Your actions as specified in charge 1 were in pursuit of a sexual relationship with Person A.
- 3. Your actions as specified in charge 1:
 - a) constituted unwanted conduct of a sexual nature, and
 - b) had the purpose or effect of creating an intimidating, hostile, degrading, humiliating or offensive environment for Person A.

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

Background

The charges arose whilst Mr Randle was employed as a registered nurse by [PRIVATE] ('the Trust'). Mr Randle was the Practice Supervisor for Person A, a nursing student, on her first placement.

It is alleged that, between 6 May 2022 and 18 May 2022, Mr Randle made a number of inappropriate comments to Person A, some of which were sexual in nature, and which made Person A feel uncomfortable.

Person A reported Mr Randle's behaviour to the Trust and asked her Personal Academic Tutor if she could have a change of supervisor.

The Trust conducted a local investigation. A conduct hearing took place on 25 November 2022. Mr Randle was issued with a first and final written warning for his conduct on 2 December 2022.

Decision and reasons on facts

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 Ms Hazlewood and the written representations made by Mr Randle.

The panel has drawn no adverse inference from the non-attendance of Mr Randle.

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:

- Person A: A student nurse in her first year of study at the [PRIVATE], on placement with [PRIVATE], at the time of the incident.
- Witness 2: Field Lead for the Mental Health Program and Personal Academic Assessor at the [PRIVATE], at the time of the incident.

Before making any findings on the facts, the panel accepted the advice of the legal assessor.

At the outset of its deliberation, the panel considered that this case concerns a working environment in which there were no independent witnesses to any of the allegations.

The panel was aware that Mr Randle chose for the case to proceed in his absence despite being offered alternative options such as attending at a future date or requesting a postponement. As a result, the panel was unable to test his written evidence by oral questioning and took this into account when making its findings on the facts.

Person A has engaged with the process throughout. The panel found Person A to be a credible and reliable witness. Her evidence remained consistent across different formats, including her initial email to her Personal Academic Tutor, dated 18 May 2022, whereby she simply requested a change in supervisor, a subsequent phone call between Person A and Witness 2 (as recorded in a contact log dated 23 May 2022), her local statement dated 2 June 2022, her written submission to the NMC and Person A's oral evidence. Where Person A was unsure or could not recall something, she was open and honest about it.

Both Person A and Witness 2 were considered highly reliable witnesses by the panel as their accounts were realistic, measured, and not embellished. Much of their evidence aligns with Mr Randle's own version of events.

The panel bore in mind that Mr Randle, in his completed Regulatory Concerns Response Form to the NMC dated 15 August 2023, raised concerns about what he described as Person A's flirtatious behaviour and stated that he had spoken to others about it. However, there is no evidence that Mr Randle formally reported these concerns. Given his experience and seniority as a registered nurse, the panel considered that this undermined his credibility. Had he genuinely perceived Person A's conduct as inappropriate, it would have been reasonable to expect him to report it through the proper channels to protect himself.

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

Charge 1a

"That you a Registered nurse:

1. Between 6 May 2022 and 18 May 2022 in relation to Person A, a nursing student, and whilst you were Person A's Practice Supervisor, you:

a. Said words to the effect of 'when you don't want to do patient's notes you give me the eyes as if you want me to parent you but considering I'm not your parent, it must mean you want me to shag you.'".

This charge is found proved.

In reaching its decision, the panel took into account Person A's witness statement dated 7 November 2023 and her oral evidence, and Witness 2's witness statement dated 2 February 2024 and her oral evidence. It also took into account the investigation meeting notes from the 'NHS Scotland Workforce Policies Investigation Process Investigation Meeting' that took place virtually on 28 July 2022 between Person A as the interviewee (supported by Witness 2) and the Investigating Manager.

Further, the panel took into account Person A's initial email to her Personal Academic Tutor dated 18 May 2022 whereby she requested a change in supervisor, Person A's local statement of events dated 2 June 2022, and supporting documents from Witness 2. These included the NHS Scotland Workforce Policies Investigation Report dated 22 September 2022 regarding Mr Randle, the investigation meeting notes from the 'NHS Scotland Workforce Policies Investigation Process Investigation Meeting' that took place virtually on 23 August 2022 between Mr Randle as the interviewee and the Investigating Manager, and Mr Randle's completed local context form. It also took into account Mr Randle's completed Regulatory Concerns Response Form to the NMC dated 15 August 2023.

There is no dispute that 6 May 2022 to 18 May 2022 are the dates in question or that Person A was a student nurse, and her Practice Supervisor was Mr Randle.

The panel had regard to Person A's witness statement dated 7 November 2023 in which she stated:

“Then, out of nowhere, Anton said: “When you don’t want to do patients’ notes you give me the eyes as if you want me to parent you but considering I’m not your parent, it must mean you want me to shag you”. This made me feel very confused and uncomfortable. I didn’t know where this had come from or why he had decided to say that to me. It felt very inappropriate, was an instant red flag, and didn’t feel right. Because I was in shock in the moment and due to the passage of time, I can’t remember what I said in response, but I imagine I said something along the lines of “Oh okay sorry, I won’t do that anymore”.

...

I don’t know what Anton’s intention was with this comment but it felt like he was trying to make me feel uncomfortable. His wording also made it feel sexually motivated. In saying “it must mean you want me to shag you”, it felt like this was something he was thinking about but he was trying to make it seem like it was coming from me.

...

I felt uncomfortable and the comment kept running through my mind...”

The panel also had regard to the investigation meeting notes from the ‘NHS Scotland Workforce Policies Investigation Process Investigation Meeting’ that took place virtually on 28 July 2022 between Person A as the interviewee (supported by Witness 2) and the Investigating Manager. When asked to describe what Mr Randle had said, Person A stated:

“On that date, I will not remember exact words, but it was around ‘when I don’t want to do patients’ notes sometimes (I was worried at first) I give him some type of eyes that I make him think I want him to parent me or shag me’, something like that...”.

Further, the panel noted that in Person A's local statement of events dated 2 June 2022, she stated:

"... In the car Anton said to me "when you don't want me to do patients notices you give me the eyes as if you want me to parent you but considering I'm not your parent it must mean you want me to shag you". At that point I felt frozen and uncomfortable..."

The panel determined that Person A's contemporaneous statements were consistent with her oral evidence. Despite the passage of time, her recollection and the inferences she drew remained aligned with her earlier account, particularly in terms of the language she used. Overall, Person A's evidence was clear, consistent, and credible.

The panel also considered Mr Randle's response of 21 July 2022 to the local investigation in relation to the issues raised by Person A:

*"Over the past two weeks [Person A] had been staring at me, in what might be considered a playful/flirty manor... she gave me the big eyed defenceless look. She also looked at me through her eyelashes thinking she could manipulate me. She stated she did not know what to do, she looked vulnerable and pathetic. I asked her if the look she was giving me worked on her father. [Person A] stated mostly. I stated that I am not her father. That she is now in the adult world. That if she gave this look to some men, they would take advantage of her. I asked her if she understood what I was saying. She stated "sort of". I said "let me be clear about this, you do **not** want to have sex with me **do you?**" She replied "no". I stated "good that is the right answer". If anything I was a little angry with her on future nurse placements she may meet some predatory males who may manipulate her".*

The panel then turned to the investigation meeting notes from the 'NHS Scotland Workforce Policies Investigation Process Investigation Meeting' that took place virtually on 23 August 2022 between Mr Randle as the interviewee and the Investigating Manager. Mr Randle was asked:

"[Person A] states that you made a comment, words to the effect that you said to her 'when I don't want to do patients' notes sometimes I give him some type of eyes that I make him think I want him to parent me or shag me', the comment was made on Friday 6th May (the day in question) when you were in the car with her. Your statement says it was on 4th May. Can you describe what you had been doing immediately beforehand?"

Mr Randle's response was as follows:

"So before that I'd asked if she'd done the homework I'd given her on 4 main dementia drugs, their starting doses and main side effects. She hadn't done that, gave me 'big eyes', I asked her to think about the people we saw yesterday to practice writing notes and then we would do care plans. She was flicking her eyes at me, the way I call the 'Lady Di look', and looked away in a ~~urtive~~ [furtive] manner. I asked her if the look she was giving me worked on her father. [Person A] stated 'yes, I get away with things'. I stated that I am not her father. That if she gave this look to some men, they would take advantage of her. I asked her if she understood what I was saying. She stated 'sort of'. I said 'let me be clear about this, you do not want to have sex with me do you?' She replied 'no'. I said 'good, that is the right answer'..."

Further, in his completed local context form, Mr Randle stated:

"The incident that relates to her saying that I want to parent her was me trying to get her to understand that she needed to be aware of the way she looks at people and that some individuals may see certain looks as a flirting signal or an invitation to intimacy. The student had not done the homework I had requested her to do as I had let her leave early one afternoon and I had started, at this point, to try and engage her in writing patient notes, which she was very reluctant to do. She would look up at me in a similar way to what I would call, the Lady Di look. This could be viewed flirtatious to some men and I felt I needed to explain this to her I asked if she looked at her Father like that when he asked her to do something she didn't want to do... On reflection, I

could have explained it much better but I wanted to try to explain something that could potentially be damaging to her and to get it across that she needed to think about how she used facial expressions and looks I should have explained it a bit more clearly, backing it up with evidence or a different scenario to make sure she understood it better...”

The panel noted that Mr Randle does not dispute that a comment of this nature was made. While he maintains that different words were used, there is broad agreement between his account and Person A’s account that a conversation of this nature took place.

In his investigation meeting on 23 August 2022, Mr Randle gave a detailed account of the interaction, including his reference to the “Lady Di look” and the subsequent exchange with Person A. However, by the time of his written account in the local context form, his language had shifted slightly, and he placed greater emphasis on the conversation being intended as a “teaching exercise”.

The panel considered that, although there were some differences in how the interaction was described across his statements, Mr Randle ultimately accepted that something to the effect alleged was said. Accordingly, there is no dispute that the comment, or words to that effect, was made.

The panel had regard to Witness 2’s witness statement dated 2 February 2024 whereby she verifies the information that Person A told her. Witness 2 stated:

“... During this call [Person A] provided me with an overview of what happened with Mr Randle but not the dates at that point. There was an incident where Mr Randle and [Person A] had just finished at a patient’s house, there were just the two of them in the car together. Mr Randle made a comment about her ‘giving him the eyes’, that was the terminology that [Person A] told me he used. Mr Randle said that the ‘eyes’ that she was giving him meant that she wanted to ‘shag’ him. She said that she went into complete freeze mode and was extremely uncomfortable with this situation. [Person A] told me that she said something along the lines of ‘I probably

shouldn't do that'. She stated that she was very aware that she was on her own with him and so changed the conversation as she felt so uncomfortable...".

Further, in Witness 2's oral evidence, she confirmed that there were no concerns about Person A. She described her as an exemplary student and did not consider her to be flirtatious or provocative in her behaviours.

The panel determined that the language used by Mr Randle during this exchange was inappropriate and unprofessional, particularly given the inherent power imbalance between a senior nurse and a student. Regardless of any intention Mr Randle may have had to frame the conversation as a teaching moment, the panel considered that the comment was wholly unsuitable in the context of a supervisory relationship.

In these circumstances, the panel determined that it was more likely than not that Mr Randle said words to the effect of 'when you don't want to do patient's notes you give me the eyes as if you want me to parent you but considering I'm not your parent, it must mean you want me to shag you'.

Therefore, the panel found charge 1a proved.

Charge 1b

"That you a Registered nurse:

1. Between 6 May 2022 and 18 May 2022 in relation to Person A, a nursing student, and whilst you were Person A's Practice Supervisor, you:

b. Said words to the effect of 'one thing to keep in mind is to stop walking with your hands behind your back, not only because I am a pervert and like staring at your bum, but it might also make patients think that you are holding something behind there.'".

This charge is found proved.

In reaching its decision, the panel took into account Person A's witness statement dated 7 November 2023 and her oral evidence, and Witness 2's witness statement dated 2 February 2024 and her oral evidence. It also took into account the investigation meeting notes from the 'NHS Scotland Workforce Policies Investigation Process Investigation Meeting' that took place virtually on 28 July 2022 between Person A as the interviewee (supported by Witness 2) and the Investigating Manager, and the representations made on 21 July 2022 by Mr Randle.

Further, the panel took into account Person A's initial email to her Personal Academic Tutor dated 18 May 2022 in which she requested a change in supervisor, Person A's local statement of events dated 2 June 2022, and supporting documents from Witness 2. These included the NHS Scotland Workforce Policies Investigation Report dated 22 September 2022 regarding Mr Randle, the investigation meeting notes from the 'NHS Scotland Workforce Policies Investigation Process Investigation Meeting' that took place virtually on 23 August 2022 between Mr Randle as the interviewee and the Investigating Manager, and Mr Randle's completed local context form. It also took into account Mr Randle's completed Regulatory Concerns Response Form to the NMC dated 15 August 2023.

The panel had regard to Person A's witness statement dated 7 November 2023 in which she stated:

"... Anton and I were leaving a patient's house. I was walking in front of Anton with my hands behind my back, which is how I tend to walk. Anton randomly said: "One thing to keep in mind is to stop walking with your hands behind your back, not only because I'm a pervert and like staring at your bum but it might also make patients think that you are holding something behind there like a needle to inject them or something like that". I was shocked by this comment and felt uncomfortable and scared. I found it strange how he referred to himself as a pervert and I didn't like the fact he said he was staring at my bum. Again, I felt like he was making things weird for no reason. I

replied with something like: “Okay I’ll try not to walk with my hands behind my back”. Anton left it there.

...

I don’t know what Anton’s intention behind his comment was, but I felt like he was trying to make things sexual by calling himself a pervert and saying he was staring at my bum...

...

Anton made it seem like his aim was to give me serious advice. That messed with me as he was saying something weird but simultaneously making me feel like I was being taught a lesson...”.

The panel also had regard to the investigation meeting notes from the ‘NHS Scotland Workforce Policies Investigation Process Investigation Meeting’ that took place virtually on 28 July 2022 between Person A as the interviewee (supported by Witness 2) and the Investigating Manager. Person A stated:

“I would say his demeanour was trying to be funny in some way. He started explaining that it was a thing I should try not to do, point it out I should not do it. “there is one thing I want to point out though, you need to stop walking with your hands behind your back, not just because as much as I like looking at your bum and I’m a pervert it might also be scary for patients as they might think you are holding something like a needle... I felt that uncomfortable feeling again and it felt a bit weird...”.

Further, in Person A’s local statement of events dated 2 June 2022, she stated:

“... Myself and Anton were leaving a patient’s house and I was walking away from the house with my hands behind my back. Anthon [sic] said as we were walking “one thing to keep in mind is to stop walking with your hands behind your back, not only because I’m a pervert and like staring at your bum but it

might also make patients think that you are holding something behind there like a needle to inject them or something like that". I felt uncomfortable and scared after Anton said this, at the time she [Person A] thought it was strange he called himself a pervert and I didn't like the fact he said he was staring at my bum...".

The panel turned to Witness 2's witness statement dated 2 February 2024 in which she stated:

"... [Person A] had her hands behind her back, and he said that she shouldn't do that as he was a 'pervert' and he wanted to see her bum. [Person A] highlighted to me that she was uncomfortable with this comment and thought it was strange that he had referred to himself as a 'pervert'. The fact that Mr Randle made her aware that he was looking at her bum made her feel very anxious...".

The panel noted that Person A's evidence was entirely consistent with the account she gave at the time of the incident. Her recollection closely aligned with her contemporaneous statement and was further corroborated by the evidence of Witness 2.

The panel had regard to the NHS Scotland Workforce Policies Investigation Report dated 22 September 2022 regarding Mr Randle which stated:

"When asked if there was anything in [Person A's] statement that he agreed with, Anton accepted that he did say the alleged words in allegation b). He told the investigators that he meant the comment about he being "a pervert" who liked looking at her bum as "a joke", whilst the overall aim of the interaction from his perspective was to offer serious advice to [Person A].

In the investigation meeting notes from the 'NHS Scotland Workforce Policies Investigation Process Investigation Meeting' that took place virtually on 23 August 2022 between Mr Randle as the interviewee and the Investigating Manager, Mr Randle stated:

“... I did say ‘old perverts like me enjoy looking at your bum’... the comment I made is two-fold, first it was a joke, ‘old perverts like me might want to look at your bum’ and secondly ‘old paranoid patients might think you have a needle in your hand’, it was serious advice...”.

Further, in his completed local context form, Mr Randle stated:

“With regards to the incident relating to her bottom, it was my intention to highlight appropriate body language to her The way she was walking with her hands behind her back with her hand swinging to and fro, [sic] from behind, brought attention to her bottom area as the eye will automatically focus on movement which meant I looked at her bottom This is why I mentioned looking at her bottom, it was not because that is what I wanted to do I did not think my joke of being an old pervert would be taken seriously or literally...”.

Lastly, in Mr Randle’s completed Regulatory Concerns Response Form to the NMC dated 15 August 2023, he stated:

“... I still stand by the fact that I was trying to get the student to understand and be more aware of her body language and facial expressions...”.

The panel noted that Mr Randle admitted making the comment, both during the investigation meeting and in his written local context form. While he described it as a joke intended to accompany serious advice about professional appearance and body language, the panel considered the language used, particularly referring to himself as “a pervert”, to be wholly inappropriate, especially in a supervisory relationship.

In these circumstances, the panel determined that it was more likely than not that Mr Randle said words to the effect of ‘one thing to keep in mind is to stop walking with your hands behind your back, not only because I am a pervert and like staring at your bum, but it might also make patients think that you are holding something behind there.’

Therefore, the panel found charge 1b proved.

Charge 1c

“That you a Registered nurse:

1. Between 6 May 2022 and 18 May 2022 in relation to Person A, a nursing student, and whilst you were Person A’s Practice Supervisor, you:

- c. Drove person A to a ‘quiet place’”.

This charge is found proved.

In reaching its decision, the panel took into account Person A’s witness statement dated 7 November 2023 and her oral evidence, and Witness 2’s witness statement dated 2 February 2024 and her oral evidence. It also took into account supporting documents from Witness 2. These included the NHS Scotland Workforce Policies Investigation Report dated 22 September 2022 regarding Mr Randle, Mr Randle’s local statement dated 21 July 2022, the investigation meeting notes from the ‘NHS Scotland Workforce Policies Investigation Process Investigation Meeting’ that took place virtually on 23 August 2022 between Mr Randle as the interviewee and the Investigating Manager, and Mr Randle’s completed local context form.

The panel had regard to Person A’s witness statement dated 7 November 2023 in which she stated:

“... we drove off and engaged in general conversation. Soon after setting off, he told me he wanted to show me a “nice place” so I could tell people I’d been there. I think he may have mentioned his intention to take me to this area earlier in the day as well. Anton didn’t ask me if I wanted to go to this place but I didn’t say I didn’t want to go. When he said he would drive me there, I didn’t really respond; I just indicated agreement.

...

Anton then asked me whether I would want to live somewhere like where we had stopped or whether it was too secluded. He commented that WiFi connection would be difficult. I went along with the conversation. I wasn't sure what we were doing there or what we were going to do but the conversation was normal. We talked for around 10 minutes before we ran out of things to say on that topic. There was then silence for few moments which felt a bit uncomfortable. It felt like something was about to be said or happen as Anton showed no signs of either getting out the car or driving off..."

The panel turned to Witness 2's witness statement dated 2 February 2024 in which she stated:

"... As they got back into the car, Mr Randle informed her that he wanted to show her a nice place so that she could tell people that she had visited there. They were in a rural area where there are some well-known beauty spots. It was a 10-minute car drive to get there, and this made [Person A] feel really nervous as they were in a very rural, isolated location, without many people around. When they got to that destination, normally she said he would get out of the car, but he did not on this occasion..."

The panel found Witness 2's evidence corroborated Person A's evidence.

The panel had regard to the NHS Scotland Workforce Policies Investigation Report dated 22 September 2022 regarding Mr Randle which stated:

"... Anton confirmed that he did not discuss with [Person A] whether she wanted to be driven to a quiet spot in order to have a private conversation..."

Further, in Mr Randle's local statement dated 21 July 2022, he stated:

"... I felt we needed to talk about the previous day and other things. To this end I wanted to do this somewhere that was safe for both of us and yet where we would not be disturbed. I drove to the end of the glen where there is a

cluster of houses. I parked at the turning point. To point out to [Person A] that there were houses all around, I asked if living in this location would be heaven or hell for her. She indicated the later [sic] due to its isolation...".

The panel also had regard to the investigation meeting notes from the 'NHS Scotland Workforce Policies Investigation Process Investigation Meeting' that took place virtually on 23 August 2022 between Mr Randle as the interviewee and the Investigating Manager. Mr Randle stated:

"...So it was a 5 minute drive, we'd had a conversation about hands behind the back, let's drive to a quiet place where can discuss other issues [sic] ... I stopped in the turning place".

At the meeting, when asked whether this was so that him and Person A would not be overheard, Mr Randle responded:

"Not only that but also where we wouldn't be disturbed...".

At the meeting, he was then asked "So 'not disturbed' in the sense that you would not be recognised etc" to which he responded:

"Yes".

The panel noted that Mr Randle accepted that he drove Person A to a quiet and secluded location. While he stated that the purpose was to have a private conversation in a setting where they would not be disturbed, he acknowledged during the investigation meeting that part of the intention was also to avoid being recognised or overheard. Mr Randle was a senior nurse taking a student to an isolated location without prior discussion or clear justification.

Person A's account of the drive, including her discomfort and uncertainty about why they were there, was consistent with her contemporaneous statements and corroborated by Witness 2. The panel found both Person A and Witness 2 to be credible and reliable witnesses, as stated previously.

In these circumstances and taking into account Mr Randle's own admissions and the consistency of evidence, the panel determined that it was more likely than not that Mr Randle drove Person A to a 'quiet place'.

Therefore, the panel found charge 1c proved.

Charge 1d

"That you a Registered nurse:

1. Between 6 May 2022 and 18 May 2022 in relation to Person A, a nursing student, and whilst you were Person A's Practice Supervisor, you:

d. Said words to the effect of 'I need to stop looking at your attractive eyes because I will want to kiss you.'".

This charge is found proved.

In reaching its decision, the panel took into account Person A's witness statement dated 7 November 2023 and her oral evidence, and Witness 2's witness statement dated 2 February 2024 and her oral evidence. It also took into account the investigation meeting notes from the 'NHS Scotland Workforce Policies Investigation Process Investigation Meeting' that took place virtually on 28 July 2022 between Person A as the interviewee (supported by Witness 2) and the Investigating Manager.

Further, the panel took into account Person A's initial email to her Personal Academic Tutor dated 18 May 2022 in which she requested a change in supervisor, Person A's local statement of events dated 2 June 2022, and supporting documents from Witness 2. It also took into account the NHS Scotland Workforce Policies Investigation Report dated 22 September 2022 regarding Mr Randle, the investigation meeting notes from the 'NHS Scotland Workforce Policies Investigation Process Investigation Meeting' that took place virtually on 23 August 2022 between

Mr Randle as the interviewee and the Investigating Manager, and Mr Randle's completed local context form. It also took into account Mr Randle's completed Regulatory Concerns Response Form to the NMC dated 15 August 2023.

The panel had regard to Person A's witness statement dated 7 November 2023 in which she stated:

"... Anton then said: "I need to stop looking at your attractive eyes because I will want to kiss you". I believe he had only started looking at me as he said the comment. This comment came out of nowhere. There was nothing leading up to it other than the unrelated conversation about whether I'd like to live somewhere like where he'd stopped the car. I instantly froze and didn't know what to say or do. I remember starting to physically shake at some point as I was very nervous and scared. I didn't know what was going to happen. I didn't say anything and we just sat in silence for a few moments. It's possible that Anton sensed how uncomfortable I felt as he changed the topic and started talking about our surroundings. After a few minutes, he drove off. During the drive, I kept talking about random things to try and prevent him from saying anything else weird. My voice and legs were shaking. At one point, he asked me what I thought about what he'd said earlier, in reference to his comment about kissing. I didn't answer the question and started talking about something unrelated..."

In Person A's initial email to her Personal Academic Tutor dated 18 May 2022 whereby she requested a change in supervisor, she stated:

"... He, a male in his 50s has been making comments and remarks that make me uncomfortable for example taking me to a quiet area after a visit with a patient and making an entirely unwanted comment such as saying that he needs to "stop looking at my eyes or he will want to kiss me". This made me feel extremely uncomfortable..."

Further, in Person A's local statement of events dated 2 June 2022, she stated:

“... There was a period of silence for a few seconds when Anton looked at me and said “I need to stop looking at your attractive eyes because I will want to kiss you”. I then felt frozen at this point and I tried to ignore what Anton said. Anton then changed the conversation to talk about the surroundings. After a few minutes Anton drove off and as he was driving I tried to keep talking about ‘random things’ so that he couldn’t ask me anything else about kissing...”.

The panel turned to Witness 2’s witness statement dated 2 February 2024 whereby she stated:

“... . They were in the car for about 10 minutes when Mr Randle made an inappropriate comment. Mr Randle said to her that she needed to stop looking at him with her attractive eyes as he would want to kiss her. [Person A] said that she could feel her legs shaking. She tried to ignore what he said by changing the conversation by talking about random things. Whilst disclosing this to me, [Person A] told me that she felt very vulnerable and scared. On the way back Mr Randle asked [Person A] what she thought about what he had said to her. [Person A] again tried to change the subject, but her voice was really trembling at this point....”.

The panel found Person A’s written evidence to match closely to her oral evidence and this was further corroborated by Witness 2 as she gave a closely aligned version of this incident.

The panel considered Mr Randle’s response of 21 July 2022 to the local investigation in which he says:

“... Again, she gave me the big eyed vulnerable look and looked bashful looking up through her eyelashes at me. Clearly she was not going to discuss it. I stated “you are giving me the big eyes again, I do not want to end up kissing you or anything, let’s get you back to your car”. By her standards she was chatty on the way back to her car. In context, this was small talk that most people would do anyway...”.

Further, Mr Randle's completed local context form, he stated:

"... My comment about "I don't want to end up kissing or anything, let's get you back to your car", was crass, stupid and unprofessional I would normally never say anything like that, and I cannot apologise enough for how this made her feel I like to think that I act professionally around students and this is an occasion where I feel I let myself and the profession down. It has made me more aware of how out of touch I am with younger people and I need to be more mindful about how I talk and engage with them, as I predominately work with the over 65's in my line of practice and have very little contact with young people and I have no children of my own..."

The panel determined that Mr Randle stated that he wanted to discuss something with Person A but prefaced this by saying "I don't want to end up kissing". It considered that this remark clearly suggests that Mr Randle contemplated kissing Person A as a potential outcome of the interaction. The panel determined that the wording used by Mr Randle was sufficiently close in meaning to the allegation that he said he would want to kiss Person A.

Further, the comment was inappropriate, particularly given the context. It was not related to any clinical or educational discussion, and there was no professional justification for such a remark. It was entirely out of place in a supervisory setting and contributed to the overall discomfort experienced by Person A.

In these circumstances, the panel determined that it was more likely than not that Mr Randle said words to the effect of 'I need to stop looking at your attractive eyes because I will want to kiss you'.

Therefore, the panel found charge 1d proved.

Charge 1e

"That you a Registered nurse:

1. Between 6 May 2022 and 18 May 2022 in relation to Person A, a nursing student, and whilst you were Person A's Practice Supervisor, you:

- e. Attempted to drive person A to a destination against her wishes.”.

This charge is found NOT proved.

In reaching its decision, the panel took into account all the relevant evidence.

The panel had regard to Person A's witness statement dated 7 November 2023 in which she stated:

“... I asked if we could go back to the ferry terminal and wait for the ferry. Anton said there was a lot of time left but I insisted on going and waiting for the ferry. I just wanted to get home. As we were driving to the ferry, he started to turn the car around and said we should go and do some sightseeing. I said that I didn't want to. He still tried to drive somewhere else but I insisted that I didn't want to. He ended up taking me to the ferry terminal and we waited for the ferry...”.

In Person A's oral evidence, she further explained that Mr Randle suggested some sightseeing and began to manoeuvre the car by starting to turn the steering wheel in a direction away from the ferry terminal. Person A stated she did not want to go and asked to be taken to the ferry. Mr Randle responded and drove to the ferry.

Mr Randle did not refer to the incidents driving to the ferry other than mentioning visiting a craft fair to reduce the time in the car at the terminal.

The panel determined that, although Person A's evidence was consistent and credible and it did not doubt that she felt uncomfortable during the journey in question, a momentary movement of the steering wheel, without more, was insufficient to establish an attempt to drive to another destination. As such, the NMC

failed to provide sufficient evidence that there was any indication that Mr Randle disregarded Person A's wishes or continued in a direction she opposed.

The panel also noted that this allegation was not explored at the local level. Therefore, while Person A's account was credible and supported by Witness 2's evidence to some extent, in the absence of further evidence from Mr Randle, the panel concluded that the NMC had not provided sufficient evidence to satisfy the burden of proof,

Accordingly, the panel found charge 1e not proved.

Charge 2

"2. Your actions as specified in charge 1 were in pursuit of a sexual relationship with Person A."

This charge is found proved.

In reaching its decision, the panel took into account all the relevant evidence as outlined in charge 1.

The panel had regard to Person A's witness statement dated 7 November 2023 in which she stated:

"... Again, I felt like he was making things weird for no reason... I don't know what Anton's intention behind his comment was, but I felt like he was trying to make things sexual by calling himself a pervert and saying he was staring at my bum. It's possible that he called himself a pervert as a self-deprecating joke. I remember that he said the word "pervert" differently to how he said the rest of the sentence, maybe louder or something, which could have made the comment sound jokey or self-deprecating. However, it was still weird even if he said it as a joke. Anton made it seem like his aim was to give me serious advice. That messed with me as he was saying something weird but simultaneously making me feel like I was being taught a lesson... During the

drive there, I didn't feel very comfortable. The comment Anton had made on the walk to the car was going round my head. I was trying to understand where the comment had come from. I also felt like I wanted to get home... Anton then said: "I need to stop looking at your attractive eyes because I will want to kiss you". I believe he had only started looking at me as he said the comment. This comment came out of nowhere... I instantly froze and didn't know what to say or do. I remember starting to physically shake at some point as I was very nervous and scared. I didn't know what was going to happen... When I got into my car, I felt awful, confused, and uncomfortable".

In Mr Randle's local statement dated 21 July 2022, he stated:

"... Over the past two weeks [Person A] had been staring at me, in what might be considered a playful/flirty manor [sic]... On future student nurse placements she may meet some predatory males who may manipulate her. I was trying to get over to her that the consequences of her behaviour could be dire... I felt embarrassed about [Person A's] more flirtatious behaviour..."

The panel also had regard to the investigation meeting notes from the 'NHS Scotland Workforce Policies Investigation Process Investigation Meeting' that took place virtually on 23 August 2022 between Mr Randle as the interviewee and the Investigating Manager. Mr Randle stated:

"... She was pushing the boundaries with the things she said and the strange staring which was at times quite intimidating and intense. If I noticed this and looked at her she would look away and then look back. It was coy and happened in the office and in the car..."

At the meeting, Mr Randle was asked:

"You went on to describe to [Person A] a previous patient interaction where oral sex had been mentioned. Why did you do this?"

Mr Randle's response states as follows:

“Yes that was the 2nd visit of the day and the man we were visiting has paranoia... when we were back in the car I spoke to [Person A] about the visit and had just started the car when I had the memory. [Person A] said it was important memory? I said ‘no’, she said ‘this sounds interesting’ and I said ‘OK I’m only going to tell you this as there is an educational basis’ and that is the only reason I told that story”.

Further, in Mr Randle’s completed local context form, he stated:

“I was previously a Violence and Aggression trainer, so I knew the importance of body language and facial expressions From talking to my student, she had only done Violence and Aggression modules on TURAS and she may not have picked up the importance of how to present herself in a Professional setting, especially in Mental Health and that a Community setting was still a professional place.

The incident that relates to her saying that I want to parent her was me trying to get her to understand that she needed to be aware of the way she looks at people and that some individuals may see certain looks as a flirting signal or an invitation to intimacy.

...

She would look up at me in a similar way to what I would call, the Lady Di look This could be viewed flirtatious to some men and I felt I needed to explain this to her.

...

I then said I was not her parent and that looking like that to someone else might make them think you want to have sex with them, especially in some Mental Health settings she may find herself in On reflection, I could have explained it much better but I wanted to try to explain something that could

potentially be damaging to her and to get it across that she needed to think about how she used facial expressions and looks I should have explained it a bit more clearly, backing it up with evidence or a different scenario to make sure she understood it better...".

While Mr Randle consistently framed his comments as educational or protective, the panel found this explanation unconvincing in the context of the repeated inappropriate, personal and sexualised remarks he made. These included referring to himself as "a pervert", commenting on Person A's body, and stating that he needed to "stop looking at her attractive eyes because [Mr Randle] will want to kiss her".

The panel noted a clear pattern in Mr Randle's behaviour: conversations of a sexual nature, use of sexualised language, and discussions about sexual conduct in a professional setting. The panel also took into account the notes of the local investigation meeting of 23 August 2022 in which Mr Randle was asked about the frequency that sex was mentioned in his conversations with Person A. Mr Randle agreed that this was not usual and came up more often than with other students. His own evidence included repeated references to Person A's alleged flirtatiousness, "coy" behaviour, and "making eyes" at him. This is language that the panel considered highly inappropriate and revealing of an underlying preoccupation with how he perceived her rather than maintaining appropriate professional boundaries.

Although Mr Randle maintained that his intentions were educational, there was no clinical justification for several of the comments made, nor any evidence that similar 'teaching' methods were used with other students. The panel accepted Person A's evidence that she experienced discomfort, fear, and confusion in response to Mr Randle's behaviour. Her account was consistent, detailed, and credible.

In these circumstances, on the balance of probabilities, the panel found that Mr Randle's actions as specified in charge 1 (in relation to charge 1a, 1b, 1c, and 1d only) were in pursuit of a sexual relationship with Person A.

Therefore, the panel found charge 2 proved.

Charge 3a

“3. Your actions as specified in charge 1:

a) constituted unwanted conduct of a sexual nature”.

This charge is found proved.

In reaching its decision, the panel took into account all the relevant evidence as outlined in charge 1.

The panel had regard to Person A’s witness statement dated 7 November 2023 in which she repeatedly described feeling “*uncomfortable*” due to Mr Randle’s actions.

In Person A’s local statement of events dated 2 June 2022 she stated she felt “*uncomfortable*”, “*scared*”, “*awful*”, “*confused*”, “*frozen*”, that her “*legs were shaking really badly*”, and that she felt her “*voice was trembling*”.

In Person A’s oral evidence, she used the same language when describing how Mr Randle’s unwanted actions made her feel. She also described his actions as “*coming out of nowhere*”.

Person A rebutted Mr Randle’s claims that she made eyes or acted flirtatiously with him, nor had she initiated any discussion about sex. This is supported by Witness 2’s oral evidence that she would not have expected this behaviour from Person A based on her contact with her.

The panel turned to Witness 2’s witness statement dated 2 February 2024 in which she stated:

“She [Person A] stated that she was very aware that she was on her own with him and so changed the conversation as she felt so uncomfortable. They had continued on their journey back to the office. [Person A] also told me that she

spoke to a friend about it and that she [Person A] had written down what happened as it had felt very odd... [Person A] highlighted to me that she was uncomfortable with this comment and thought it was strange that he had referred to himself as a 'pervert'. The fact that Mr Randle made her aware that he was looking at her bum made her feel very anxious... It was a 10-minute car drive to get there, and this made [Person A] feel really nervous as they were in a very rural, isolated location, without many people around... Mr Randle said to her that she needed to stop looking at him with her attractive eyes as he would want to kiss her. [Person A] said that she could feel her legs shaking. She tried to ignore what he said by changing the conversation by talking about random things. Whilst disclosing this to me, [Person A] told me that she felt very vulnerable and scared... her voice was really trembling at this point... she informed me that she was so scared of challenging him about his behaviour. I asked her if she was ever able to bring up his behaviour with Mr Randle and she said no as she was just too scared... Mr Randles actions were not just a one off. He had demonstrated extremely inappropriate behaviour on numerous occasions. [Person A] is a young female who also looks young in her appearance. She was 4 hours away from home in a rural location on her first away placement in her training..."

Witness 2, in her oral evidence, also confirmed that Person A was very distressed and cried during their phone call on 23 May 2022.

The panel was satisfied that none of the conduct described was invited, encouraged, or welcomed by Person A. On the contrary, Person A consistently reported (both contemporaneously and during the hearing) that she found Mr Randle's actions uncomfortable, confusing, and distressing. Her responses, both emotional and physical, as well as her efforts to seek support from her Personal Academic Tutor and Witness 2, demonstrated the serious psychological impact the conduct had on her.

As established, the panel found Person A to be a credible and reliable witness, whose evidence was corroborated by Witness 2. The panel also had regard to its early findings that Mr Randle's actions were sexually motivated.

In these circumstances, on the balance of probabilities, the panel found that Mr Randle's actions as specified in charge 1 (in relation to charge 1a, 1b, 1c, and 1d only) constituted unwanted conduct of a sexual nature.

Therefore, the panel found charge 3a proved.

Charge 3b

"3. Your actions as specified in charge 1:

b) had the purpose or effect of creating an intimidating, hostile, degrading, humiliating or offensive environment for Person A."

This charge is found proved.

In reaching its decision, the panel took into account all the relevant evidence as outlined in charge 1.

The panel first considered whether Mr Randle's actions either had the purpose or effect of creating an intimidating, hostile, degrading, humiliating or offensive environment for Person A. The panel was not satisfied that Mr Randle intended to create such an environment, and accordingly did not find that his actions had that purpose.

The panel went on to consider in relation to each of the adjectives describing "environment" whether his actions had had that effect.

The panel then considered the ordinary meanings of the five terms in the charge and applied them to the evidence:

Intimidating

This term refers to behaviour that causes fear or nervousness. Person A consistently described feeling scared, nervous, and frozen, with her legs physically shaking during interactions with Mr Randle.

Hostile

This term refers to an unfriendly or threatening atmosphere. Person A reported feeling uncomfortable and was psychologically distressed. Witness 2 recalled that Person A was extremely upset during their phone call and encouraged her to talk to her parents about this. Witness 2 also offered an Occupational Health referral and counselling support.

Degrading

This term refers to behaviour that causes someone to feel disrespected or worthless. Mr Randle failed to maintain professional boundaries, treating a vulnerable 18-year-old student in an isolated setting without sensitivity or due regard to her position. Person A was left feeling confused, nervous and disrespected.

Humiliating

This term refers to behaviour that causes embarrassment or shame. Person A described being confused and embarrassed by Mr Randle's remarks, particularly those of a sexual nature. She struggled to understand the purpose of his comments and was left questioning herself.

Offensive

This term refers to behaviour that causes upset, discomfort, or resentment. Person A repeatedly described feeling uncomfortable, scared, and distressed during multiple interactions over the course of her placement. These effects culminated in significant emotional upset by the end of the placement.

While Mr Randle may not have intended to cause harm, the panel was satisfied that the effect of his conduct was to create an environment for Person A that was intimidating, hostile, degrading, humiliating or offensive. These impacts were clearly evidenced in both Person A's written and oral evidence and corroborated by Witness 2.

Accordingly, the panel found charge 3b 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 Mr Randle's 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, 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 therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. Firstly, 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, Mr Randle's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

Ms Hazlewood invited the panel to find that the facts found proved amount to misconduct. She referred to paragraphs 20, 20.2, 20.3, 20.4, 20.5, and 20.8 of *'The Code: Professional standards of practice and behaviour for nurses and midwives'* (2015) (the Code).

Ms Hazlewood submitted that Mr Randle took advantage of his position as the senior nurse on duty and behaved inappropriately towards a very junior student, Person A, by making inappropriate and unwanted comments. His conduct made her feel unsafe in her place of work.

Ms Hazlewood submitted that Mr Randle either entirely or equivocally denied the allegations and went so far as to make counter-allegations against Person A in a way that sought to portray her as the instigator of the unwanted conduct. Ms Hazlewood submitted that the panel may consider that this was an attempt to undermine Person A's character, reputation, and credibility on a personal level.

Ms Hazlewood said that the panel will have regard to the contents of Mr Randle's own bundle, alongside the NMC's bundle, both of which include his statements. She submitted that the panel may be of the view that Mr Randle has demonstrated no insight or remorse in relation to his behaviour, which could be indicative of an attitudinal concern.

Further, Ms Hazlewood submitted that these were not isolated incidents. Mr Randle repeatedly made sexually inappropriate comments to Person A on multiple occasions. She submitted that this raises serious concerns about his attitude, his understanding of his professional obligations, and his failure to appreciate the power dynamic between himself and junior members of staff.

Ms Hazlewood submitted that Mr Randle continues to pose a risk of repetition, having failed to acknowledge his wrongdoing or demonstrate any meaningful insight. She submitted that his equivocal responses and denial of responsibility suggest a continued attempt to deflect blame rather than take ownership of his behaviour.

Given Mr Randle's lack of insight, lack of remorse, and the abuse of his position of trust, Ms Hazlewood submitted that the panel may rightly question whether the misconduct in this case is easily remediable, or remediable at all.

Submissions on impairment

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

Ms Hazlewood submitted that this is a case of serious professional misconduct that amounts to an impairment of Mr Randle's fitness to practise. She submitted that Mr Randle continues to pose a risk to others within the profession and, potentially, to members of the public.

Ms Hazlewood submitted that a finding of impairment is necessary on both public protection and public interest grounds. She submitted that a well-informed member of the public would be extremely concerned if no finding of impairment were made in relation to a nurse who has engaged in sexually motivated behaviour and abused his position of trust, particularly where such conduct was directed towards a junior colleague.

Further, Ms Hazlewood submitted that public confidence in the nursing profession would be significantly undermined if a finding of impairment were not made in this case. This supports a conclusion that Mr Randle's fitness to practise is currently impaired.

Ms Hazlewood submitted that misconduct of this nature (involving a breach of professional boundaries and an abuse of power) is fundamentally incompatible with the standards of conduct and behaviour expected of a registered nurse. As such, she submitted that the panel may conclude that a finding of impairment is both necessary and justified.

In his completed Regulatory Concerns Response Form dated 15 August 2023, Mr Randle states:

"I strongly deny that I ever set out to sexually intimidate or harass my student and there was most certainly no sexual motivation.

Having re-read my statements and reflection from January, I don't feel that there is much more I need to add. I still stand by the fact that I was trying to get the student to understand and be more aware of her body language and facial expressions. Looking back, it appears things were spiralling out of control and although I thought I was ok, I quite clearly was not. Hindsight is a wonderful thing. Maybe I should have told her that she was making me feel uncomfortable, maybe she may have understood me better. I know now that I should have used better language. That would have helped her understand what I was trying to do as I feel the nuances and use of context were missing or lost in translation.

[PRIVATE]. It was during this time when meetings were trying to be arranged with the NHS Highland investigation team that kept having to be changed. On looking back, as well as the mitigating circumstances described in my reflective account, I felt this might have had an impact on how I presented myself to them and my ability to be articulate in order to give a good account of myself.

I have never been accused of harassing anyone in the past, sexually or otherwise and it's upsetting to think that I am being accused of that. Again, I apologise to the student and to the NMC for not fully upholding the professionalism and standard of working expected of me.

I have now retired and have not renewed my registration. I have no further intention of working in any healthcare setting in the future. I am hoping that my 30 odd years of unblemished working, of having been put forward for awards in mentoring by past students and the respect of my former colleagues will help towards your decision".

The panel accepted the advice of the legal assessor.

Decision and reasons on misconduct

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel determined that Mr Randle's actions did fall significantly short of the standards expected of a registered nurse, and that his actions amounted to the following breaches of the Code:

'9 Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues

To achieve this, you must:

...

9.4 support students' and colleagues' learning to help them develop their professional competence and confidence

20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

20.4 keep to the laws of the country in which you are practising

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

...

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

... '

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel concluded that Mr Randle's actions were

sufficiently serious to amount to misconduct. The panel had regard to the following excerpts from NMC guidance, (*FtP-2a*), which states:

'The environment that all health and social care professionals work in should be safe and free from bullying, harassing (including sexual harassment) and victimising behaviours, as well as any abuses of power to exploit, coerce or obtain a benefit (for example sexual or monetary) from people receiving care, colleagues or students...

The presence of bullying, harassment (including sexual harassment) and victimisation in the workplace can have an extremely negative effect on the work environment, performance and attendance...

Sexual misconduct is unwelcome behaviour of a sexual nature, or behaviour that can reasonably be interpreted as sexual, that degrades, harms, humiliates or intimidates another. It can be physical, verbal or visual. It could be a pattern of behaviour or a single incident...sexual misconduct outside professional practice could indicate deep-seated attitudinal issues which could put the public at risk, as well as raise fundamental questions about the professional's ability to uphold the standards and values set out in the Code.'

The panel considered that Mr Randle's conduct towards Person A was a serious breach of the Code and was a repeated pattern of sexual misconduct, which raises fundamental questions about his professionalism. The panel noted that at the time, Mr Randle was a Senior Band 6 Nurse who was responsible for the supervision of Person A, an 18-year-old student nurse who was away from home in a remote island environment, at the start of her nursing career. Over a period of several weeks, and generally in settings where she was alone with him, he made a series of personal, sexualised comments. The panel was of the view that Mr Randle's actions constituted an abuse of trust, demonstrated a deep-seated attitudinal issue and raised fundamental questions about his ability to uphold the standards and values set out in the Code.

The panel heard from both Person A and Witness 2 about the impact of Mr Randle's behaviour and the harm it reportedly caused. Person A described feeling anxious, uncomfortable and scared as a result of his conduct. The panel recognised that concerns of this nature can have a profound effect on those subjected to this kind of behaviour.

In light of the above, the panel found that Mr Randle's actions did fall seriously short of the conduct and standards expected of a nurse and that his conduct in Charges 1a, 1b, 1c, 1d, 2, 3a and 3b amounted to misconduct.

Decision and reasons on impairment

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

In reaching its decision, the panel had regard to the NMC guidance entitled 'Impairment' (*DMA-1*), updated on 3 March 2025, which states:

"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.

The panel was aware that the question of impairment is a forward-looking exercise, and accordingly it went on to consider whether Mr Randle's misconduct was remediable and whether he has already remediated his misconduct. The panel took

into account Mr Randle's responses during the local investigation and his responses contained within his reflective statement.

The panel considered that sexual misconduct is often difficult to remediate, given the seriousness and the deep-seated attitudinal nature of the conduct. With respect to whether Mr Randle has remedied the concerns, the panel noted that Mr Randle has not provided substantive evidence of remorse, reflection or insight into his actions, their impact on Person A, his colleagues, the wider public and the reputation of the nursing profession. The panel considered that there is limited evidence from Mr Randle to demonstrate that he has taken steps to remediate the concerns. Additionally, the panel noted that during the local investigation, Mr Randle continued to use sexualised language and sought to shift the blame onto Person A. He also sought to justify his sexualised behaviour as part of 'teaching' Person A.

In light of this, the panel concluded that it is likely that the misconduct would be repeated.

The panel then went on to consider the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. At 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.'

At 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 concluded that limbs b) and c) of the *Grant* test were engaged in this case. The panel considered that Mr Randle’s misconduct had breached the fundamental tenets of the nursing profession, as demonstrated by the breaches of the Code, and had therefore brought its reputation into disrepute.

The panel carefully considered whether limb a) was engaged in this case as there is a potential that patients could be put at a risk of harm by Mr Randle if he were to repeat this behaviour. However, after careful consideration, it concluded that there was insufficient evidence before it to engage this section of the *Grant* test.

Due to the lack of reflection, insight or remorse from Mr Randle, the panel concluded that there was a likelihood of repetition of his conduct, which presents a real risk of harm to the public, including patients and colleagues. The panel therefore decided that a finding of impairment was necessary on the grounds of public protection.

The panel bore in mind that the overarching objective of the NMC is the protection of the public. This involves the pursuit of the following objectives: to protect, promote and maintain the health, safety, and well-being of the public; to promote and

maintain public confidence in the professions; and to promote and maintain proper professional standards and conduct for members of those professions.

The panel determined that a finding of impairment on public interest grounds is also required as this case involves an experienced nurse, who has been found to have committed this sexual misconduct in relation to a student during the course of clinical practice. The panel was of the view that a well-informed and reasonable member of the public would be deeply concerned by the circumstances of this case and that public confidence in the nursing profession would be undermined if a finding of impairment was not made. The panel therefore finds Mr Randle's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Mr Randle's fitness to practise is currently impaired.

Sanction

The panel considered this case carefully and decided to make a striking-off order. It directs the registrar to strike Mr Randle off the register. The effect of this order is that the NMC register will show that Mr Randle has been struck off the register.

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

Submissions on sanction

Ms Hazlewood informed the panel that in the Notice of Hearing, dated 2 July 2025, the NMC had advised Mr Randle that it would seek the imposition of a striking off order if the panel found Mr Randle's fitness to practise currently impaired. She submitted that this remains the NMC's position today.

Ms Hazlewood informed the panel that Mr Randle has no previous regulatory findings against him and then referred the panel to the NMC's SG (*SAN-2*). She

submitted that in situations where there is sexual misconduct, particularly where there is an abuse of a position of trust or power, there is always a risk of a registrant being removed from the register.

Ms Hazlewood submitted that Mr Randle has demonstrated limited insight into his conduct and has either tried to deny or attempted to deflect blame on to Person A. She submitted that he has failed to demonstrate an understanding that as an experienced nurse, he had a responsibility to set clear boundaries.

Ms Hazlewood stated that Mr Randle would often drive alone with Person A to remote and isolated areas. Person A was a first-year student nurse, on her second placement, which was in contrast to Mr Randle, who was a senior Band 6 nurse with an oversight role. She submitted that this afforded him a level of power and authority over Person A. Ms Hazlewood submitted that given Mr Randle's lack of insight and remorse, there is a risk of repetition.

With respect to aggravating factors, Ms Hazlewood submitted that there is a clear abuse of position of trust, lack of insight into failings and a pattern of misconduct over a period of time, causing harm to Person A.

With respect to the available sanctions, Ms Hazlewood submitted that taking no action or imposing a caution order would not be appropriate, considering the seriousness of the charges found proved and the deep-seated attitudinal concerns arising from Mr Randle's conduct. She further submitted that due to the fact that there are no identifiable areas of Mr Randle's practice that require retraining or assessment, a conditions of practice order is also not a suitable or appropriate sanction.

With respect to a suspension order, Ms Hazelwood submitted that the nature of Mr Randle's conduct suggests a deep-seated attitudinal problem. She submitted that Mr Randle denied his behaviour and sought to place blame on Person A. He also sought to either justify or minimise his actions and has refused to take responsibility for his actions, as a result of his limited insight. Ms Hazlewood submitted that it is for

these reasons that that a suspension order would not be an appropriate sanction in this case.

Finally, Ms Hazlewood addressed the matter of a striking off order. She submitted that is the most appropriate sanction for this case, and it is the least restrictive action that the panel can proportionately impose. She outlined the questions set out in NMC guidance SAN-3e and submitted that in this case, there was sexual misconduct which took place on a regular basis towards a student nurse, which only came to an end when Person A reported it. Ms Hazlewood submitted that although Mr Randle's behaviour was not towards a patient, it was targeted towards a student nurse who was at the very beginning of her training. She submitted that Person A should have been able to have a positive learning experience but unfortunately, she found herself in the company of a nurse who lacked professionalism and took advantage of the vulnerable position she was in.

Ms Hazlewood submitted that concerns of this nature raise fundamental questions about a registrant's professionalism and that public confidence in nurses, midwives and nursing associates cannot be maintained if Mr Randle is not struck off from the register. She submitted that a striking off order is the only sanction which would be sufficient to protect patients and members of the public and maintain professional standards.

Decision and reasons on sanction

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

The panel took into account the following aggravating features:

- Abuse of a position of power and trust.
- The vulnerability of Person A, who was a young student on her second clinical placement, away from home, in a remote island environment.
- A pattern of sexual misconduct repeated over a period of time.
- Attempting to deflect blame on to Person A whilst also not appropriately escalating the concerns he had described.
- Lack of insight into failings and the impact his actions may have had on Person A.

The panel also took into account the following mitigating feature:

- The absence of any previous regulatory findings in relation to Mr Randle.

The panel acknowledged that Mr Randle had stated that at the time, he had been distracted by a number of [PRIVATE] matters and that he did not have adequate support. However, the panel noted that there was no evidence provided by Mr Randle to support this.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Mr Randle's 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 Mr Randle's misconduct 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 a conditions of practice order on Mr Randle's 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 serious nature of the charges in this case, the deep-seated attitudinal concerns and Mr Randle's lack of insight. The panel also noted that the misconduct identified in this case was not something that can be readily addressed through retraining, unless there is genuine insight and willingness to engage with the training. Furthermore, the panel concluded that the placing of conditions on Mr Randle's registration would not adequately address the seriousness of this case, would not protect the public and would not maintain public confidence and therefore protect the public interest.

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:

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

The panel considered that this case involved multiple and repeated instances of misconduct, which occurred over a period of time and there was evidence to suggest deep-seated attitudinal problems. The panel was also satisfied that Mr Randle has demonstrated only very limited insight into his misconduct, as he has continually sought to deflect blame and has not provided evidence to demonstrate his remorse or remediation of the concerns in this case.

Additionally, the conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that

the serious breach of the fundamental tenets of the profession evidenced by Mr Randle's actions is fundamentally incompatible with him remaining on the register.

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?*

Mr Randle's actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with him remaining on the register. The panel considered that Mr Randle's misconduct raises questions about his professionalism both in relation to public protection, including colleagues, and the public interest. The panel was of the view that the findings in this particular case demonstrate that Mr Randle's actions were serious and to allow him to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the only appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of Mr Randle's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct themselves, the panel 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 public protection and 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.

This will be confirmed to Mr Randle in writing.

Interim order

As the striking off order cannot take effect until the end of the 28-day appeal period, the panel 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 Mr Randle's 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 Hazlewood. She invited the panel to impose an interim suspension order for a period of 18 months on the grounds of public protection and otherwise in the public interest. She submitted that as the striking off order will not take effect until after the 28-day period, an interim order is necessary to cover this intervening period to protect the public and meet the public interest in light of the panel's findings.

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 sanction it has imposed; namely a striking off order and the reasons for that, its findings and reasons on the facts, misconduct and impairment.

The panel determined that in view of its findings and reasons overall, only an interim suspension order would be consistent with its determination, and it would also be proportionate. The panel determined that, in imposing an interim suspension order, the public would have the continuity of protection from harm and the public interest would continue to be upheld. In the panel's judgement, these outweigh any interests of Mr Randle during the potential appeal period or the 28-day notice period.

The panel has therefore determined to impose an interim suspension order for a period of 18 months to allow for the possibility of an appeal to be made and determined.

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

That concludes this determination.