

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

**Substantive Meeting  
Tuesday, 23 December 2025**

Virtual Meeting

<b>Name of Registrant:</b>	<b>Roberta Sandra Batchelor</b>
<b>NMC PIN:</b>	00I4105E
<b>Part(s) of the register:</b>	Nurses part of the register – Sub Part 1 RNA – Adult Nurse Level 1 – 2 September 2023
<b>Relevant Location:</b>	Birmingham
<b>Type of case:</b>	Misconduct
<b>Panel members:</b>	John Kelly (Chair, Lay member) Kate Richards (Lay member) Tiago Horta Reis da Silva (Registrant member)
<b>Legal Assessor:</b>	Hala Helmi
<b>Hearings Coordinator:</b>	Daisy Sims
<b>Consensual Panel Agreement:</b>	Accepted
<b>Facts proved:</b>	All
<b>Facts not proved:</b>	None
<b>Fitness to practise:</b>	Impaired
<b>Sanction:</b>	<b>Striking-off order</b>
<b>Interim order:</b>	<b>Interim suspension order (18 months)</b>

## **Decision and reasons on service of Notice of Meeting**

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Mrs Batchelor's by registered email address on 16 December 2025.

The panel noted the witness statement of an NMC employee who stated:

*'On 16 December 2025 I sent a notice of meeting to the above email address informing the registrant of the meeting taking place on or after Wednesday 17 December 2025. I attach a copy of the email I sent as exhibit 2. Please note the notice of meeting letter that was in the bundle and served to the panel, was not the notice that was served to the registrant, this was added to the bundle in error, before it had been checked or served. The correct notice was served to the registrant on 16 December 2025, with the date of CPD meeting taking place on or after 17 December 2025.'*

The panel noted that phone calls logs of calls made to Mrs Batchelor by the NMC on 10 December 2025 in which Mrs Batchelor stated she was happy to waive the 28 day notice period. It also noted a phone call log of a call made to Mrs Batchelor by the NMC on 19 December 2025 which explained why the previous panel did not consider this at their meeting. Mrs Batchelor again confirmed that she was happy to waive the 28 day notice period. The panel had sight of an email dated 19 December 2025 from the NMC to Mrs Batchelor. The panel noted that Mrs Batchelor replied on the same date: *'Yes I'm happy for them to continue for the case can be close early'*.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, dates and the fact that this meeting was heard virtually.

In the light of all of the information available, the panel was satisfied that Mrs Batchelor has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

### **Details of charge**

That you, a registered nurse:

1. In or around August 2024 posted and/or shared the following to your public Facebook profile:
  - a. A split image showing a boat filled with people arriving at the beach captioned "*these give nothing and get everything*" and a homeless veteran captioned "*these give everything and get nothing*".
  - b. An image of a child being chased by men, one wielding a knife, captioned "*Next time when you pay your taxes, remember that some of your money goes for the "Protection of Mosques"*"
  - c. An image with a highlighted section of the book of Deuteronomy stating "*Foreigners who live in your land will gain more and more power, while you gradually lose yours. They will have money to lend you, but you will have none to lend them. In the end they will be your rulers.*"
  - d. A split image showing a security inspection captioned "*YOU AT THE AIRPORT*" and a man departing from a boat captioned "*MUHAMMAD AT DOVER*".
2. Your actions as set out in charges 1(a)-(d) were inappropriate and/or offensive.
3. Your actions as set out in charges 1(a),1(c) and 1(d) were racist.

4. Your actions as set out in charges 1(a),1(c) and 1(d) were racially motivated in that:
  - a. You sought to cause offence to immigrants.
  - b. You sought to incite hatred towards immigrants.
5. Your actions as set out in charge 1(b) amounted to discrimination in that:
  - a. You sought to cause offence to those of Muslim faith.
  - b. You sought to incite hatred towards those of Muslim faith.

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

### **Consensual Panel Determination**

At the outset of this meeting, the panel was made aware that a provisional agreement to a Consensual Panel Determination (CPD) had been reached in this case between the Nursing and Midwifery Council (NMC) and Mrs Batchelor.

The agreement, which was put before the panel, sets out Mrs Batchelor's full admissions to the facts alleged in the charges, that her actions amounted to misconduct, and that her fitness to practise is currently impaired by reason of that misconduct. It is further stated in the agreement that an appropriate sanction in this case would be a striking off order.

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

That provisional CPD agreement reads as follows:

*Nursing & Midwifery Council ('the NMC') and Roberta Sandra Batchelor, PIN 0014105E ('the Registrant'), collectively referred to as the Parties agree as follows:*

- 1. The Registrant is content for her case to be dealt with by way of a CPD meeting.*

*The Registrant understands that if the Panel determines that substantial amendments are needed to the agreement, the Panel will adjourn the matter for this provisional agreement to be considered at a CPD hearing.*

*2. The Registrant admits the following charges:*

*That you, a registered nurse:*

*1. In or around August 2024 posted and/or shared the following to your public Facebook profile:*

*a. A split image showing a boat filled with people arriving at the beach captioned “these give nothing and get everything” and a homeless veteran captioned “these give everything and get nothing”.*

*b. An image of a child being chased by men, one wielding a knife, captioned “Next time when you pay your taxes, remember that some of your money goes for the “Protection of Mosques””*

*c. An image with a highlighted section of the book of Deuteronomy stating “Foreigners who live in your land will gain more and more power, while you gradually lose yours. They will have money to lend you, but you will have none to lend them. In the end they will be your rulers.”*

*d. A split image showing a security inspection captioned “YOU AT THE AIRPORT” and a man departing from a boat captioned “MUHAMMAD AT DOVER”.*

*2. Your actions as set out in charges 1(a)-(d) were inappropriate and/or offensive.*

*3. Your actions as set out in charges 1(a),1(c) and 1(d) were racist.*

*4. Your actions as set out in charges 1(a),1(c) and 1(d) were racially motivated in that:*

*a. You sought to cause offence to immigrants.*

*b. You sought to incite hatred towards immigrants.*

*5. Your actions as set out in charge 1(b) amounted to discrimination in that:*

*a. You sought to cause offence to those of Muslim faith.*

*b. You sought to incite hatred towards those of Muslim faith.*

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

***The facts***

*3. At the relevant time the Registrant was working as a Ward Manager for the University Hospitals Birmingham NHS Foundation Trust ('the Trust').*

*4. On 5 August 2024, the Trust received a complaint from a member of the public raising concerns about posts on the Registrant's public Facebook account. The complaint alleged that the posts were racially abusive.*

*5. This was investigated by the Trust who took screenshots of a number of posts on the Registrant's account which were considered to be derogatory and/or offensive. The posts targeted those of Muslim faith and immigrants/refugees to the United Kingdom. The Registrant's public Facebook page also clearly identified her as a nurse.*

*6. During the local investigation, the Registrant admitted making the posts in question, and apologised for making them.*

*7. The post described in charge 1(a) criticises immigrants/refugees arriving by boat in the United Kingdom and states that they "give nothing and get everything".*

*The post in charge 1(b) criticises the protection of mosques and implies that those of an Islamic faith are violent and dangerous by attaching the caption to an image of a child being chased by men in traditional Arabic clothing.*

*9. The post described in charge 1(c) takes an excerpt from the book of Deuteronomy. While the book of Deuteronomy is a religious text, and is not offensive in of itself, the Registrant picked a single paragraph without surrounding context intended to target immigrants/refugees.*

*10. The post in charge 1(d) relates to immigrants/refugees arriving by boat in the UK. This post implies that individuals are improperly entering the UK without proper security and is directed towards a particular group by the use of the traditionally Arabic name 'Muhammed' when captioning the individual entering the country without any apparent security.*

***Misconduct***

11. *The Parties agree that the Registrant's conduct as set out in the charges amounts to misconduct. The Parties agree that the Registrant's conduct fell seriously short of what was expected and required of a registered nurse in the circumstances of the case and was conduct that fellow practitioners would consider her actions to be deplorable.*

12. *The NMC's guidance on misconduct (FTP-2a) states that the NMC Code sets out the professional standards of practice and behaviour for nurses, midwives and nursing associates, and the standards that the public tell the NMC they expect from those professionals. Nurses, midwives and nursing associates must act in line with the NMC Code. If their conduct falls short of the requirements of the Code, what they did or failed to do could amount to serious professional misconduct.*

13. *Although not defined in statute, the comments of Lord Clyde in Roylance v General Medical Council [1999] UKPC 16 provide some assistance when seeking to define misconduct:*

*"Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rule and standards ordinarily required to be followed by a [nurse] practitioner in the particular circumstances."*

*As do the comments of Jackson J in Calhaem v GMC [2007] EWHC 2606 (Admin) and Collins J in Nandi v General Medical Council [2004] EWHC 2317 (Admin), respectively:*

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

*And*

*"The adjective "serious" must be given its proper weight, and in other contexts there has been reference to conduct which would be regarded as deplorable by a fellow practitioner."*

15. *Where the acts or omissions of a registered nurse are in question, what would be proper in the circumstances (per Roylance) can be determined by having reference to the Code.*

*16. The Parties agree the following provisions of the Code, to which the Registrant was subject to as a registered nurse at all relevant times, have been breached in this case:*

*1.1 treat people with kindness, respect and compassion*

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

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

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

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

*20.7 make sure you do not express your personal beliefs (including political, religious or moral beliefs) to people in an inappropriate way*

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

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

*17. The NMC's social media guidance makes clear that posts inciting hatred or discrimination are not acceptable and may jeopardise an individual's registration.*

*18. The Registrant expressed views which were racist and discriminatory. This happened on several occasions and is evidence of deep-seated attitudinal issues. The Parties therefore agree that the Registrant's actions clearly amounted to serious misconduct.*

### ***Impairment***

*19. The Parties agree that the Registrant's fitness to practise is currently impaired by reason of her misconduct. The Parties agree that a finding of impairment is necessary on both public protection and public interest grounds.*

*20. The NMC's guidance on impairment (DMA-1) explains that impairment is not defined in legislation but is a matter for the Fitness to Practise Committee to decide.*



*This involves a consideration of both the nature of the concern and the public interest.*

*21. The Parties agree that consideration of the nature of the concern involves looking at the factors set out by Dame Janet Smith in her Fifth Report from Shipman, approved in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) by Cox J, specifically whether a registrant:*

*1) 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*

*2) Has in the past brought and/or is liable in the future to bring the professions into disrepute; and/or*

*Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the professions; and/or*

*4) Has in the past acted dishonestly and/or is liable to act dishonestly in the future.*

*22. The Parties agree that limbs 1-3 are engaged in this case.*

*23. The Parties agree that limb 1 is engaged as the Registrant's actions had the potential to cause harm and distress to members of the public as evidenced by the initial member of the public who reported the matter to the Trust.*

*24. The Parties agree that limb 2 is engaged as the very public nature of the Registrant's actions bring the profession into disrepute.*

*25. The Parties agree that limb 3 is engaged because, through her actions, the Registrant breached the fundamental tenets of prioritising people and promoting professionalism and trust.*

*26. Looking at the potential future engagement of these limbs, in the case of Cohen v General Medical Council [2008] EWHC 581 (Admin), the Court set out three matters which it described as being 'highly relevant' to the determination of the question of current impairment:*

*a) Whether the conduct that led to the charge(s) is easily remediable.*

*b) Whether it has been remedied.*

*c) Whether it is highly unlikely to be repeated.*

27. As set out in the NMC's guidance entitled 'Can the concern be addressed' (FTP-

15a), incidents of discrimination are cited as examples of conduct more difficult to address. The Parties agree that the Registrant's conduct is difficult to remediate given that it is indicative of underlying attitudinal concerns.

28. The Parties agree that the Registrant's conduct has not been remedied. In her recent response to the allegations the Registrant made the following comments "Posting horrible stuff on Facebook I was angry because at the time the government was going to take away the elderly TV licence and winter fuel I allowed myself to get caught up in all the up rest in the country. [I] can not forgive my self [sic] for doing this as all my family are if[sic] black and ethnic minority. I find it very difficult to forgive myself for doing this ridiculous thing I apologised to all my family and friends also work friends who knew it wasn't something I would do without a reason . So for my sanity I wish to be removed from nursing as I don't feel I should have that privilege. ... I fully except responsibility for my actions Personal impact I just was thinking about the elderly whom I have been a nurse advocate and champion for the elderly . I was having a bad time at work my matron didn't like me and made it very obvious I cut my hours down to 2 days because I got to a point where I hated going to work ,something I loved for 43years[sic] was going to work . I went off sick quite often because the though[t] of seeing my matron worried me if it wasn't for my staff that seen this happen and supported me I would of eventually left the trust.

...

I would like to say how I feel so disgusted with myself for being so angry that I took this out with horrible stuff on Facebook I should never allow my self to get into such a situation as a professional."

29. The parties acknowledge that the Registrant has admitted to her actions, shown some insight, and provided evidence of genuine remorse. However the Registrant has not provided an in-depth reflection speaking to a recognition of the potential harm of her actions. The Registrant's insight therefore remains incomplete:

*The Parties agree that, in light of the Registrant's incomplete insight, and the fact the Registrant's actions demonstrate underlying attitudinal concerns, there is a real risk of repetition. The Parties therefore agree that limbs 1-3 of the Shipman test are engaged in respect of future risk.*

*31. In Grant, in addition to endorsing the Shipman test, at paragraph 74 Cox J commented that:*

*"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."*

*32. Considering the Registrant's impairment in the round in line with the case of Grant, the Parties agree that the Registrant continues to present a risk to members of the public, but furthermore a finding of impairment is needed to uphold proper professional standards and public confidence in the profession.*

*33. A member of the public has an expectation against discrimination by a regulated healthcare professional. The posting of racist and discriminatory material in a public forum by a nurse therefore has the potential to seriously undermine their confidence in the profession. The need to uphold proper professional standards and public confidence in the profession would therefore be undermined if a finding of impairment were not made in this case.*

### **Sanction**

*34. The Parties agree the appropriate sanction in this case is a striking-off order.*

*35. The aggravating features of this case are agreed by the parties to be:*

- a) Conduct involving racism and discrimination in a public forum; and*
- b) Attitudinal issues that would be difficult to put right.*

*36. The mitigating features of this case are agreed by the Parties to be:*

- The Registrant's admissions to her conduct; and*
- b) The remorse and insight shown.*

*37. Considering the facts of this case in line with the available sanctions in ascending*

*order of seriousness:*

*Taking no further action*

*38. The NMC's guidance on taking no further action (SAN-3a) indicates that a panel has a discretion to take no further action after a finding of impairment, but will only use that discretion rarely. The Parties are agreed the nature of this case is not exceptional and that taking no action would not be sufficient to protect the public, maintain standards, or maintain confidence in the profession and the NMC as a regulator.*

*Caution order*

*39. The NMC's guidance on caution orders (SAN-3b) indicates that a caution order is only appropriate if there's no risk to the public or patients, and the case is at the lower end of the spectrum of impaired fitness to practise. The Parties are agreed that a caution order is inappropriate as there is a risk of harm to the public, and the Registrant's actions are not at the lower end of the spectrum.*

*Conditions of practice order*

*40. The NMC's guidance on conditions of practice orders (SAN-3c) sets out a list of factors which suggest when conditions of practice may be appropriate. These include where:*

- a) there is no evidence of harmful deep-seated personality or attitudinal problems;*
- b) there is potential and willingness to respond positively to retraining; and*
- c) there are conditions that can be created that can be monitored and assessed.*

*41. The Parties agree that there is evidence of harmful deep-seated attitudinal problems. Given that the Registrant does not intend to return to registered practice, there is no evidence of a willingness to remediate through retraining or other similar measures. In view of the nature of the concerns, there are no workable conditions which would adequately address the underlying concerns. In light of these factors, conditions of practice would not be appropriate.*

*Suspension order*

*42. The NMC's guidance on suspension orders (San-3d) outlines that a suspension*

*order may be appropriate in cases “where the misconduct isn’t fundamentally incompatible with the nurse, midwife or nursing associate continuing to be a registered professional, and [the NMC’s] overarching objective may be satisfied by a less severe outcome than permanent removal from the register.”*

*43. The Parties are agreed that this is a case where the Registrant’s actions represent serious discriminatory conduct which is extremely difficult to put right. Looking at the Registrant’s current intention not to return to practice, this is therefore conduct which cannot be put right in the circumstances and is therefore incompatible with the Registrant remaining a registered professional.*

*Striking-off order*

*44. The NMC’s guidance on striking-off orders (SAN-3e) outlines that, before imposing a striking-off order, a Fitness to Practise Committee should consider among other matters:*

- a) Whether the regulatory concerns about the nurse raise fundamental questions about their professionalism;*
- b) Whether public confidence in the profession can be maintained if the nurse is not removed from the register; and*
- c) Whether striking-off is the only sanction that would be sufficient to protect patients, members of the public, or maintain professional standards.*

*45. As set out in the NMC guidance on misconduct (FTP-2a), the NMC takes concerns relating to discrimination very seriously, and takes the stance that no form of discrimination should be tolerated within healthcare.*

*The Parties are agreed that the Registrant’s conduct is so serious that it raises fundamental concerns about her professionalism; that public confidence would be severely undermined if the Registrant were not removed from the register; and a striking-off order is the only appropriate and proportionate sanction in the circumstances.*

*47. Furthermore, even in circumstances where the conduct in question were remediable, given the Registrant has no desire to return to practice, the Parties are agreed that no lesser order would serve any purpose, as there is no real prospect of remediation.*

### ***Interim order***

*48. The Parties are agreed an interim order is required in this case. An interim order is necessary for the protection of the public and otherwise in the public interest for the reasons given above. This is a case where there is an ongoing risk of harm to the public resulting from further discriminatory conduct. Furthermore, given the nature of the Registrant's actions, public confidence would be seriously undermined if no restriction were in place in respect of the Registrant's practice. The interim order should be for a period of 18 months in the event that the panel's decision is appealed. If the substantive decision is not appealed the interim order will fall away at the end of the 28 day appeal period when the striking-off order takes effect. The Parties are agreed that an interim order should take the form of an interim suspension order. The Parties are agreed that conditions would not be workable or appropriate in this case given the submissions already outlined above. The Parties understand that this provisional agreement cannot bind a panel, and that the final decision on findings impairment and sanction is a matter for the panel. The Parties understand that, in the event that a panel does not agree with this provisional agreement, the admissions to the charges and the agreed statement of facts set out above may be placed before a differently constituted panel that is determining the allegation, provided that it would be relevant and fair to do so.'*

Here ends the provisional CPD agreement between the NMC and Mrs Batchelor. The provisional CPD agreement was signed by Mrs Batchelor on 4 December 2025 and the NMC on 18 December 2025.

### **Decision and reasons on the provisional CPD agreement**

The panel decided to accept the provisional CPD agreement.

The panel heard and accepted the legal assessor's advice. She referred the panel to the 'NMC Sanctions Guidance' (SG) and to the 'NMC's guidance on Consensual Panel Determinations'. She reminded the panel that they could accept, amend or outright reject

the provisional CPD agreement reached between the NMC and Mrs Batchelor. Further, the panel should consider whether the provisional CPD agreement would be in the public interest. This means that the outcome must ensure an appropriate level of public protection, maintain public confidence in the professions and the regulatory body, and declare and uphold proper standards of conduct and behaviour.

The panel noted that Mrs Batchelor admitted the facts of the charges. It also noted that there is some documentary evidence before it through screenshots of Facebook posts. Accordingly the panel was satisfied that the charges are found proved by way of Mrs Batchelor's admissions as set out in the signed provisional CPD agreement.

### **Decision and reasons on misconduct and impairment**

In respect of misconduct, the panel considered each charge and sub charge separately. It determined that it was clear from Mrs Batchelor's social media that she is a registered nurse because she posted photographs of herself in uniform outside her place of work. It determined that this created a strong link between her role as a senior nurse and the views that she expressed in her social media account.

The panel endorsed paragraphs 11 to 18 of the provisional CPD agreement in respect of misconduct including paragraphs of the Code listed and breached by Mrs Batchelor. The panel was satisfied that her actions in respect of each charge and sub charge amounts to serious misconduct.

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

In coming to its decision, the panel had regard to the NMC Guidance on '*Impairment*' (Reference: DMA-1 Last Updated: 03/03/2025) in which the following is stated:

*‘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.’*

The panel determined that Mrs Batchelor’s fitness to practise is currently impaired. In coming to this conclusion, the panel endorsed and adopted the rationale in paragraphs 19 to 33 of the provisional CPD agreement.

Whilst the panel noted the apology and expression of remorse from Mrs Batchelor in relation to her posting the comments and images described in the charges. It considered that, beyond this, there is no evidence of remediation or strengthened practice. The panel noted Mrs Batchelor’s comments in her reflections that she no longer wishes to practise as a registered nurse.

The panel determined that a member of the public would be shocked to hear that a registered nurse would publicly share these views. The panel determined that there is a real risk for these views to cause harm and distress to patients.

### **Decision and reasons on sanction**

Having found Mrs Batchelor’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 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:

- Repeated conduct involving racism and discrimination in a public forum; and
- Attitudinal issues that would be difficult to put right.

The panel also took into account the following mitigating features:

- Mrs Batchelor's admissions to her conduct;
- The remorse and insight shown.

In considering the appropriate sanction in this case, the panel had regard to paragraphs 34 to 47 of the provisional CPD agreement between the parties.

The panel first considered whether to take no action but agreed with the provisional CPD agreement and 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 agreed with the provisional CPD agreement between the parties and determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Mrs Batchelor'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 Mrs Batchelor'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 conditions of practice on Mrs Batchelor's registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case and the deep seated attitudinal issues identified. The nature of the misconduct identified in this case is not something that can easily be addressed through retraining. The panel also noted that the personal social media posts subject of the charges were made outside of Mrs Batchelor's clinical practice. Additionally, the panel considered conditions unworkable because of Mrs Batchelor's wish to not return to work as a registered nurse. The panel concluded that the placing of conditions on Mrs Batchelor's registration would not adequately address the seriousness of this case and would not protect the public. In reaching this decision, the panel agreed with paragraphs 40 and 41 of the provisional CPD agreement.

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 misconduct in this case represented significant departures from the standards expected of a registered nurse. The panel determined that the serious breaches of the fundamental tenets of the profession are fundamentally incompatible with Mrs Batchelor remaining on the register.

The panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction in this case and agreed with paragraph 43 of the provision CPD agreement that in the circumstances this is conduct which cannot be put right.

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?*

Mrs Batchelor's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mrs Batchelor's actions were serious and to allow her to continue practising would give rise to a real risk of harm to the public and 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 agreed with paragraphs 44 to 47 of the provisional CPD agreement that the appropriate and proportionate sanction is that of a striking-off order.

The panel considered that this order is necessary to protect the public and to mark the seriousness of Mrs Batchelor's misconduct and underpin the importance of maintaining public confidence in the profession, and send to the public and the profession a clear message about the standard of behaviour required of a registered nurse. The panel took into account proportionality and that the sanction of the striking off order will have a potential impact on Mrs Batchelor reputationally and financially, as well as upon her right

to practise her profession. However, the panel decided that the need to protect the public and uphold the public interest outweighed her interests in this regard.

### **Decision and reasons on interim order**

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 Mrs Batchelor's own interest. The panel heard and accepted the advice of the legal assessor.

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

The panel agreed with the CPD that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months due to adequately protect the public and uphold the public interest over any appeal period.

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

That concludes this determination.