

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

**Substantive Meeting  
Monday 8 December 2025 – Wednesday, 10 December 2025**

**Virtual Meeting**

<b>Name of Registrant:</b>	John James Howgate
<b>NMC PIN:</b>	90I2367E
<b>Part(s) of the register:</b>	Nurses part of the register Sub part 1 RN1: Adult nurse, level 1 (8 December 1993)
<b>Relevant Location:</b>	Sussex
<b>Type of case:</b>	Misconduct/Conviction
<b>Panel members:</b>	Graham Coulston-Herrmann (Chair, lay member) Ivan McGlen (Registrant member) Fay Jackson (Lay member)
<b>Legal Assessor:</b>	Gerard Coll
<b>Hearings Coordinator:</b>	Catherine Blake
<b>Misconduct facts proved:</b>	Charges 1a, 1b, 2a, 2b, 4, 5, and 6
<b>Conviction facts proved:</b>	Charge 1 (in its entirety)
<b>Misconduct facts not proved:</b>	Misconduct charges 2c and 3
<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 Mr Howgate's registered email address by secure email on 30 October 2025.

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 would be held virtually.

In the light of all of the information available, the panel was satisfied that Mr Howgate 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. On unknown dates between 15 June 2022 and 28 September 2022, on one or more occasions, changed Patient A's dressing:
  - a. without wearing gloves **[PROVED]**
  - b. without using Appeal spray. **[PROVED]**
2. On an unknown date between August 2022 and 3 September 2022 made the following comments to Patient C:
  - a. on one or more occasions said "get your tits out" or words to that effect; **[PROVED]**
  - b. said in relation to the partner of Relative B that you were "sure he had seen Patient C's naked body before" or words to that effect; **[PROVED]**
  - c. that the partner of Relative B would have been aroused when seeing Relative B and/or Patient C naked or words to that effect **[NOT PROVED]**
3. Your conduct in any or all of Charge 2 above was sexually motivated in that you were seeking sexual gratification. **[NOT PROVED]**

4. Your conduct in any or all of Charge 2 above was a breach of professional boundaries. **[PROVED]**
5. On unknown dates between 17 August 2022 and 28 August 2022, engaged in online conversations with unknown persons about the sexual abuse of children. **[PROVED]**
6. Your conduct in Charge 5 above was sexually motivated in that you were seeking sexual gratification. **[PROVED]**

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

## **Background**

The charges arose whilst Mr Howgate was employed as a Homecare nurse by [PRIVATE] (the Referrer). The Referrer received two complaints about Mr Howgate's poor clinical practice and making inappropriate comments.

The Referrer received a telephone call from Patient A stating that when Mr Howgate changed their dressing, he did not wear gloves or use Appeal spray, this is a sterile medical adhesive remover. When interviewed by the Referrer on 21 September 2022, Mr Howgate accepted not wearing gloves or using the spray but provided an explanation for his actions. At a probation review meeting on 28 September 2022 Mr Howgate provided a further explanation that the house was cluttered and made locating the spray difficult.

The complaint in respect of making inappropriate comments related to comments alleged to have been made by Mr Howgate when undertaking a dressing change for Patient C on one occasion. This was undertaken at Patient C's home in the kitchen when Relative B and their partner were present. The comments alleged are set out in charge 2 above.

When interviewed by the Referrer on 13 September 2022, Mr Howgate denied stating "*get your tits out*" but stated that he did say "*get it out*" to Patient C but he meant the line when he said that. In respect of the comment to Relative B's partner, Mr Howgate stated that the partner came into the kitchen and stated he did not want to see that to which Mr Howgate

replied "*I am sure you have seen it all before.*" Mr Howgate accepted that this comment was unprofessional and crossed the line of professional boundaries. At the probation review meeting on 28 September 2022, Mr Howgate accepted saying something about getting her tits out and that this was misguided or misjudged and he was quite embarrassed afterwards.

The Referral further detailed that Mr Howgate had been arrested on 22 September 2022 for engaging in on-line conversations discussing the sexual abuse of children. Mr Howgate was interviewed regarding this by the police and the Occurrence enquiry log entry details that Mr Howgate stated in interview that he engages online in chats with other adults who present that they have children to be abused. Mr Howgate stated he did that on the premise that he is interested in understanding the mindset of that person and denied having a sexual interest in children.

### **Decision and reasons on facts**

In reaching its decisions on the facts, the panel took into account all the documentary evidence in this case together with the representations made by the NMC.

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 had regard to the written statements of the following witnesses on behalf of the NMC:

- Witness 1: Registered Nurse at the Referrer
- Relative B: Daughter of Patient C

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

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

### **Charge 1**

*“That you, a registered nurse, on unknown dates between 15 June 2022 and 28 September 2022, on one or more occasions, changed Patient A’s dressing:*

- a) without wearing gloves*
- b) without using Appeal spray.”*

### **These charges are found proved.**

At the outset, the panel noted the evidence supporting sub-charges 1a and 1b is the same. Accordingly, the panel will consider each sub-charge separately but will present its findings together.

In reaching this decision, the panel took into account the statement and exhibits of Witness 1, which included the summary of complaint from Patient A, Patient A’s investigation report, and the notes from Mr Howgate’s probation meeting dated 28 September 2022.

The panel also had sight of the Dressing Change Protocols [PRIVATE], and that the procedure for cleaning the wound is clearly articulated requiring sterile gloves to be used at all times. The panel noted that use of the Appeal spray is optional, however the panel has seen evidence that Patient A requested it to be used.

The panel noted the following from the summary of Patient A’s complaint dated 21 September 2022. It was recorded that:

*[Mr Howgate] has been completing the dressing changes for [Patient A] without gloves on including taking off dressing, cleaning the area, applying bio patch and new dressing. He has also raised that on multiple occasions Patient A has asked JH to use the appeal spray for dressing change but HCN JH has said that Patient A doesn't need this... He haqs[sic] requested that HCN JH does not visit him again.’*

Mr Howgate's perspective on this incident is recorded in the probation review meeting notes:

*'Because of Patient A's past history of sepsis[sic] he is always careful to make sure he wears gloves. The dressing often sticks to gloves so the only time he took the gloves off was to stick the dressing down. JH explained that he took the dressing off and cleaned the site. JH is aware it blisters if you don't leave it a few minutes. JH had to do the dressing twice as the first time he tried to stick it his gloves got stuck and it was twisted so on the second time he removed his gloves to stick dressing on. JH explained he used alcohol gel on his hands when his gloves were removed before touching the dressing. Breached sepsis protocol'*

The panel noted Mr Howgate's interview responses in Patient A's investigation report and that he appears to admit to not wearing gloves and acknowledges that this poses an infection risk to the patient:

*'I struggle to get the gloves on for the dressing change due to the material as my hands get very sweaty when removing gloves after connecting and I do the dressing after connection. I am careful not to contaminate the key parts such as the Bionector, and only touch the exit site with the chloraprep...  
...  
Thinking about it, I must have to touch the exit site and contaminate it.  
...  
Yes- this is of course a risk to the patient- I will be doing dressings as per your suggestion to ensure I am following the correct procedure.'*

*Not many patient's[sic] have the Apeel[sic] spray, and Patient A doesn't remind me to use this for him until I am gloved up and have started to remove his dressing. By this point it is too late for me to use it without starting again.'*

On the basis of his admissions, and the evidence in the bundle, the panel was satisfied that it is more likely than not that Mr Howgate changed Patient A's dressing without

wearing gloves and without using appeal spray. The panel considered it has seen no evidence or information to the contrary and no alternative version of events.

Accordingly, these sub-charges are found proved.

### **Charge 2a**

*“That you, a registered nurse, on an unknown date between August 2022 and 3 September 2022 made the following comments to Patient C:*

- a. on one or more occasions said “get your tits out” or words to that effect”*

**This charge is found proved.**

In reaching this decision, the panel took into account Relative B's local statement dated 2 September 2022 and her written statement, as well as Patient C's internal investigation form, and the notes from Mr Howgate's probation meeting dated 28 September 2022.

The panel first considered Relative B's description of the incident in her local statement:

*‘On 3 occasions[sic] during 1 visit John proceeded to make sexually inappropriate comments, my mum (Patient C) had mentioned she need to change her dressing to which he initially said he could do for her and his was to go about that was to say 3 times ‘Get your tits out’ my mum tried to brush it off unsure if she was being too sensitive…’*

This is corroborated by her written statement.

The panel considered Mr Howgate's interview responses in Patient C's internal investigation form:

*‘At no point did I tell her to get her tits out. When I said get it out- I meant the line.’*

However, the panel noted that Mr Howgate appears to admit to this charge in the interview recorded in his probation review meeting notes:

*‘Explained that he had gone into the patient’s home before and this lady was always a bit anxious. Admitted it may have been misguided or misjudged but JH said something about getting her tits out – this was said as a matter of trying to balance*

*between humour of the situation and he was quite embarrassed afterwards. JH explained that she had a new pump and all the nurses were having problems with it.'*

On the basis of his admission, and the evidence in the bundle, the panel was satisfied that it is more likely than not that Mr Howgate told Patient C to 'get her tits out'. Accordingly, these sub-charges are found proved.

### **Charge 2b**

*"That you, a registered nurse, on an unknown date between August 2022 and 3 September 2022 made the following comments to Patient C:*

- b. said in relation to the partner of Relative B that you were "sure he had seen Patient C's naked body before" or words to that effect"*

### **This charge is found proved.**

In reaching this decision, the panel took into account Relative B's written statement, as well as her local statement dated 2 September 2022, Patient C's internal investigation form, and the notes from Mr Howgate's probation meeting dated 28 September 2022.

The panel paid close attention to the wording of the charge, in particular that Mr Howgate allegedly made reference to Patient C's nudity. In order for this charge to be found proved, the panel will need to be satisfied that the comments made by Mr Howgate were in reference to Patient C's nudity, and implying that Relative B's partner had previously seen Patient C naked.

The panel considered the following from Relative B's description of the incident in her local statement:

*'On 3 occasions[sic] during 1 visit John proceeded to make sexually inappropriate comments, my mum (Patient C) had mentioned she need to change her dressing to which he initially said he could do for her and his was to go about that was to say 3 times 'Get your tits out' my mum tried to brush it off unsure if she was being too sensitive. Mum then followed on by saying she was sure my partner (who was in*

*the room at the time) wouldn't want to see her body and John made a further comment about how he's seen them before.'*

The panel considered Relative B's written statement, and that it adds further context to the conversation recorded in the notes:

*'On the day of the incident, John attended my family home to provide care to my mother who is extremely vulnerable. My mother needed her dressing to be changed and John said that he could change the dressing... My mother then said that my partner who was in the room at the time, would not want to see her naked body. John then made a comment that he was sure that my partner had seen it before.'*

The panel considered Mr Howgate's interview responses in Patient C's internal investigation form:

*'When I was changing the dressing the partner of the daughter came in and stated "I don't want to see that", to which I replied "I'm sure you've seen it before". We have offered to multiple times, if she wants to do the dressing change somewhere more private but she insists on this being done in the communal space. I was trying to defend the patient, and she laughed with me after I had said it. It was a flippant remark and I thought nothing of it following this as everyone laughed'*

The panel considered this from Mr Howgate to be an admission to the charge, and corroborates Relative B's version of events. The panel has seen nothing in the bundle to challenge this version of events. Accordingly, the panel found this charge proved.

## **Charge 2c**

*"That you, a registered nurse, on an unknown date between August 2022 and 3 September 2022 made the following comments to Patient C:*

- c. that the partner of Relative B would have been aroused when seeing Relative B and/or Patient C naked or words to that effect"*

**This charge is found NOT proved.**

In reaching this decision, the panel took into account Relative B's written statement, as well as her local statement dated 2 September 2022, Patient C's internal investigation form, and the notes from Mr Howgate's probation meeting dated 28 September 2022.

The panel considered Relative B's local statement and her general evidence that Mr Howgate 'made sexually inappropriate comments'.

The panel considered the specific evidence supporting this charge comes from Relative B's written statement:

*'...My mother then said that my partner who was in the room at the time, would not want to see her naked body. John then made a comment that he was sure that my partner had seen it before. John also made comments about my partner being aroused when seeing me and my mother naked. Due to the passage of time, I cannot recall exactly what was said.'*

*'The incident made me and my mother feel uncomfortable and disgusted.'*

However, the panel noted that this charge is not corroborated in Relative B's local statement, and that the written statement was drafted some 12 months later. The panel has seen no other evidence in the bundle of this incident. There is nothing to suggest this charge was put to Mr Howgate in any of the interview records it was seen and so the evidence supporting this charge is untested.

The inappropriateness of the comments do not necessarily mean Mr Howgate implied that Relative B's partner would have been sexually aroused by Patient C naked. The panel therefore concluded there is insufficient evidence to support charge 2c. Accordingly, the panel were not satisfied on the balance of probabilities that Mr Howgate's comments were intended to imply that Relative B's partner had been aroused by Patient C.

### **Charge 3**

*"Your conduct in any or all of Charge 2 above was sexually motivated in that you were seeking sexual gratification."*

**This charge is found NOT proved.**

In reaching this decision, the panel took into account Relative B's written statement, as well as her local statement dated 2 September 2022, Patient C's internal investigation form, and the notes from Mr Howgate's probation meeting dated 28 September 2022.

The panel bore in mind Relative B's evidence that Mr Howgate made '*sexually inappropriate statements*', and that this made her and Patient C uncomfortable. However, the panel has not seen any evidence that the purpose of him making these statements was seeking sexual gratification.

Further, there is nothing in the notes from Mr Howgate's probation meeting exploring the possibility that he made these statements seeking sexual gratification. Accordingly, the evidence supporting this charge has not been tested.

The panel noted the NMC's submissions:

*'Sexual motivation can be inferred from the words used as there was no clinical justification for making such comments and there is an absence of any other plausible reason for the comments.'*

The panel considered it had insufficient information to discern Mr Howgate's intentions in making these statements. Without the benefit of hearing from him in person, or any opportunity to question his motivations in making that statement the panel could not be satisfied that Mr Howgate's comments were sexually motivated. Further, the panel did not have the benefit of a statement from any direct witness to the event that might describe Mr Howgate's actions or provide further detail into his demeanour which the panel might discern sexual motivation.

Given the context, the panel considered Mr Howgate's comments were more likely a vulgar colloquial interjection than a genuine attempt to seek sexual gratification. Accordingly, the panel did not find this charge proved.

**Charge 4**

*“Your conduct in any or all of Charge 2 above was a breach of professional boundaries.”*

**This charge is found proved.**

In reaching this decision, the panel took into account its decision at charge 2, and Patient C's internal investigation form.

As well as being listed in the Referrer's job description for Homecare Nurses, the requirement to observe professional boundaries are outlined in the 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' ("the Code"), specifically at paragraphs 1.1 and 20.6.

The panel considered Relative B's statement that Mr Howgate's behaviour was inappropriate. The panel also considered Patient C's internal investigation form, and Mr Howgate's interview responses to the question of whether he crossed professional boundaries:

*‘No It wasn’t professional and absolutely crossed that line. I should have thought before I said anything’*

On the basis of this admission, and the relevant sections of the Code, the panel was satisfied that his behaviour at charge 2 was a breach of professional boundaries.

**Charge 5**

*“On unknown dates between 17 August 2022 and 28 August 2022, engaged in on-line conversations with unknown persons about the sexual abuse of children.”*

**This charge is found proved.**

In reaching this decision, the panel took into account the Police Occurrence details, and the Police Occurrence enquiry log entry report.

The panel had sight of the occurrence details log from Sussex Police. The summary confirms that, during an interview with the Police on 22 September 2022, Mr Howgate stated he engaged in online conversations with other adults about the sexual abuse of children. Mr Howgate also admitted to other similar chats.

The panel considered that the details log was drafted by the Police, and had no reason to doubt the veracity of its contents, including the interview summary. Accordingly, the panel found this charge proved.

## **Charge 6**

*“Your conduct in Charge 5 above was sexually motivated in that you were seeking sexual gratification.”*

### **This charge is found proved.**

In reaching this decision, the panel took into account the Police Occurrence details, and the Police Occurrence enquiry log entry report.

The panel had sight of the occurrence details log from Sussex Police. The panel noted Mr Howgate's explanation in the interview summary that he only engaged in these online conversations as he is interested in understanding the minds of that kind of person, and that he does not have a sexual interest in children. However, Mr Howgate also admitted to gaining sexual gratification from child sexual abuse material (CSAM), and to distributing indecent images of children (IIOC) to his partner via WhatsApp and Air Drop.

The panel considered Mr Howgate's explanation to be weak and unsubstantiated given the extremity of the activity he engaged in, and his admissions. Further, the panel could see no reason for Mr Howgate to distribute the material if his explanation was true.

On the balance of probabilities, the panel determined that it was more likely than not that Mr Howgate's actions at charge 5 were sexually motivated. Accordingly, the panel found this charge 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 Howgate'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, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

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

## **Representations on misconduct**

In coming to its decision, the panel had regard to the case of *Roylance v GMC (No. 2)* [2000] 1 AC 311 which defines misconduct as a '*word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.*'

The NMC invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of the Code in making its decision.

The NMC identified the specific, relevant standards where Mr Howgate's actions amounted to misconduct. Specifically that the following paragraphs of the Code are engaged: 1.1, 1.2, 19.3, 20.1, 20.2, 20.5, and 20.10.

The NMC requires the panel to bear in mind its overarching objective to protect 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. The panel has referred to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments.

### **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 was of the view that Mr Howgate's actions did fall significantly short of the standards expected of a registered nurse, and that Mr Howgate's actions amounted to a breach of the Code. Specifically:

*'1.1 treat people with kindness, respect and compassion*

*1.2 make sure you deliver the fundamentals of care effectively*

*2.3 encourage and empower people to share in decisions about their treatment and care*

*2.4 respect the level to which people receiving care want to be involved in decisions about their own health, wellbeing and care*

*5.5 share with people, their families and their carers, as far as the law allows, the information they want or need to know about their health, care and ongoing treatment sensitively and in a way they can understand*

*6.2 maintain the knowledge and skills you need for safe and effective practice*

*7.2 take reasonable steps to meet people's language and communication needs, providing, wherever possible, assistance to those who need help to communicate their own or other people's needs*

*16.3 tell someone in authority at the first reasonable opportunity if you experience problems that may prevent you working within the Code or other national standards, taking prompt action to tackle the causes of concern if you can*

*17.1 take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse*

*19.3 keep to and promote recommended practice in relation to controlling and preventing infection*

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

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

*20.6 stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct.

In respect of charge 1a the panel determined that, although not wearing gloves for a patient with sepsis history increased the risk to the patient, the occasions when this had taken place, in the panel's view, did not reach the high standard for serious misconduct.

Similarly in respect of charge 1b, the panel took into account Mr Howgate's explanations at interview for not using the spray, that the house was cluttered and made finding the Appeal spray difficult. The interviewer appeared to accept this, and reinforced the need to be better prepared. The panel was of the view that this indicated a lack of preparation and

carelessness rather than a disregard for the patient. Accordingly, the panel did not find that this met the high threshold for serious misconduct.

In respect of charges 2a and 2b, the panel bore in mind that these charges occurred over one incident. It also considered its decision at charge 3, and that the comments as charged were likely vulgar colloquial interjections. However, the panel also considered its decision in respect of charge 4 that Mr Howgate breached professional boundaries in speaking to Patient C and her family members the way that he did. The panel has seen evidence that Patient C was a vulnerable adult at the time, and was so upset by these comments that she did not want Mr Howgate to return to her house. Accordingly, due to the impact these comments made and Mr Howgate's admission that this crossed professional boundaries, the panel determined that his behaviour was serious misconduct.

In respect of charges 5 and 6, the panel determined that Mr Howgate's behaviour fell so far below the standards expected of a registered nurse it was clear that it amounted to serious misconduct. Although this behaviour did not occur while Mr Howgate was at work, the panel determined that sexual misconduct charges outside of professional practice raises concerns of deep-seated attitudinal issues, especially as it concerns children.

The panel found that Mr Howgate's actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

### **Details of conviction charges**

Having reached its decision on the facts relating to misconduct, the panel was provided with a secondary bundle containing the following charges against Mr Howgate:

That you, a Registered Nurse:

1. Were convicted at Brighton Magistrates Court on 2 January 2025 of the following offences:
  - a. Making indecent photograph/pseudo-photographs of a child;
  - b. Making indecent photograph/pseudo-photographs of a child;
  - c. Making indecent photograph/pseudo-photographs of a child;

- d. Possessing extreme pornographic image/images portraying act likely to result in serious injury to a person's private parts;
- e. Possession of Methylamphetamine, a Class A controlled drug.

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

#### **Decision and reasons on service of Notice of Meeting for the conviction charges**

The panel acknowledged these charges were contained in the Notice of Meeting that had been sent to Mr Howgate's registered email address by secure email on 30 October 2025.

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

As above, the panel was satisfied that Mr Howgate 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).

#### **Decision and reasons on facts of the conviction charges**

The charges concern Mr Howgate's conviction and, having been provided with a copy of the certificate of conviction, the panel finds that the facts are found proved in accordance with Rule 31 (2) and (3). These state:

**'31.— (2) Where a registrant has been convicted of a criminal offence—**

- (a) a copy of the certificate of conviction, certified by a competent officer of a Court in the United Kingdom (or, in Scotland, an extract conviction) shall be conclusive proof of the conviction; and**
- (b) the findings of fact upon which the conviction is based shall be admissible as proof of those facts.**

**(3) The only evidence which may be adduced by the registrant in rebuttal of a conviction certified or extracted in accordance with**

*paragraph (2)(a) is evidence for the purpose of proving that she is not the person referred to in the certificate or extract.'*

## **Fitness to practise**

Having announced its findings on the facts, the panel then considered whether, on the basis of the facts found proved, Mr Howgate's fitness to practise is currently impaired by reason of Mr Howgate's misconduct and conviction. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

## **Representations on impairment**

The NMC requires the panel to bear in mind its overarching objective to protect 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. The panel has referred to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

The NMC invited the panel to find Mr Howgate's fitness to practise impaired:

*'However, there are types of concerns that are so serious that, even if the professional addresses the behaviour, a finding of impairment is required either to uphold proper professional standards and conduct or to maintain public confidence in the profession.'*

...

*'A finding of impairment is required to mark the profound unacceptability and abhorrent nature of Mr Howgate's behaviour and conviction, emphasise the importance of the fundamental tenets breached and to reaffirm proper standards of behaviour, and maintain public confidence in the profession.'*

*'We consider there is a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behaviour and'*

*maintain public confidence in the profession.'*

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments including *GMC v Meadow* [2007] QB 462 (Admin).

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

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

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.'*

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. must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

*'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the*

*public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'*

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

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

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

The panel finds that patients were put at risk as a result of Mr Howgate's conviction. The panel noted that the conviction charges occurred over an eight-year period, and that this put children in his care at risk. The panel also considered that Mr Howgate had been working as a community nurse, and would have been working alone in patients' homes where children might be. The panel was of the view that, regardless of whether this misconduct was within a clinical setting or not, the charges depict a deep-seated and insidious sexual interest in children over a significant period of time, and that this put children he came into contact with at risk. Accordingly, the panel is of the view that a finding of impairment is necessary on the ground of public protection.

The panel determined that Mr Howgate's conviction had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect the wider public interest, which includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions. As Mr Howgate is now on the sex offenders register, a finding of impairment is necessary on the ground of public interest.

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

### **Sanction**

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

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

### **Representations on sanction**

The panel noted that in the Notice of Meeting, dated 30 October 2025, the NMC had advised Mr Howgate that it would seek the imposition of a striking-off order if it found Mr Howgate's fitness to practise currently impaired.

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

Having found Mr Howgate's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful

regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Convictions for offences relating to images and videos involving child sexual abuse
- Being subject to the requirements of the sex offenders register
- Absence of any insight
- Pattern of behaviour over a period of time

The panel considered there were no mitigating factors.

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 Howgate'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 Howgate's misconduct was at the most extreme end of the spectrum and that a caution order would be wholly 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 Mr Howgate'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. The misconduct identified in this case was not something that can be addressed through retraining. Furthermore, the panel concluded that the placing of conditions on Mr Howgate's registration would not adequately address the seriousness of this case and would not protect the public nor meet 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;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*

None of these factors apply to this case.

The conduct, as highlighted by the facts found proved, gravely undermined the public's trust in nurses. The panel noted that Mr Howgate's actions are serious breaches of the fundamental tenets of nursing and 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 Howgate's actions are fundamentally incompatible with him remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mr Howgate's actions were the most 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 appropriate and proportionate sanction is that of a striking-off order. The panel noted the guidance in SAN-2 for particularly serious cases and which specifically mentions sexual misconduct and convictions for relating to images or videos involving child sexual abuse. These offences gravely undermine the public's trust in nurses.

Having regard to the matters it identified, in particular the effect of Mr Howgate's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct himself, the panel has concluded that nothing short of this would be sufficient in this case.

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

This will be confirmed to Mr Howgate in writing.

### **Interim order**

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

### **Representations on interim order**

The panel took account of the representations made by the NMC that an interim suspension order would be necessary to protect the public and meet the public interest during the appeal period.

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

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

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months to allow any appeal to be resolved.

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

That concludes this determination.