

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

**Substantive Order Review Hearing
Tuesday, 30 December 2025**

Virtual Hearing

Name of Registrant:	Bernard Roy Watt
NMC PIN:	19B0014O
Part(s) of the register:	Registered Nurse – Adult Nursing RNA – (1 February 2019)
Relevant Location:	Westmorland and Furness
Type of case:	Lack of competence
Panel members:	Elliott Kenton (Chair, Lay member) Alison McVitty (Lay member) Sally Hatt (Registrant member)
Legal Assessor:	Gerard Coll
Hearings Coordinator:	Aisha Charway
Nursing and Midwifery Council:	Represented by Sopna Roy, Case Presenter
Bernard Roy Watt:	Not present and unrepresented
Order being reviewed:	Suspension order (12 months)
Fitness to practise:	Impaired
Outcome:	Suspension order (12 Months) to come into effect on 2 January 2026 in accordance with Article 30 (1)

Decision and reasons on service of Notice of Hearing

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

Ms Roy, 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 substantive order being reviewed, 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 Watt'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 Watt has been served with notice of this hearing in accordance with the requirements of Rules 11 and 34.

The panel noted that the Rules do not require delivery and that it is the responsibility of any registrant to maintain an effective and up-to-date registered address.

Decision and reasons on proceeding in the absence of Mr Watt

The panel next considered whether it should proceed in the absence of Mr Watt. The panel had regard to Rule 21 and heard the submissions of Ms Roy who invited the panel to continue in the absence of Mr Watt. She submitted that Mr Watt had voluntarily absented himself.

Ms Roy submitted that there had been limited engagement by Mr Watt with the NMC in relation to these proceedings and, as a consequence, there was no reason to believe that an adjournment would secure his attendance on some future occasion.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Mr Watt. In reaching this decision, the panel has considered the submissions of Ms Roy and the advice of the legal assessor. It has had particular regard to any relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mr Watt;
- Mr Watt has not engaged with the NMC in response to the NMC Notice of Hearing and has not responded to any of the emails sent to him about this hearing including an email sent a day before the hearing;
- There is no reason to suppose that adjourning would secure his attendance at some future date; and
- There is a strong public interest in the expeditious review of the case.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mr Watt.

Decision and reasons on review of the substantive order

The panel decided to extend the current suspension order for a further period of 12 months.

This order will come into effect at the end of 2 January 2026 in accordance with Article 30(1) the 'Nursing and Midwifery Order 2001' (the Order).

This is the second review of a substantive suspension order originally imposed for a period of 12 Months by a Fitness to Practise Committee panel on 3 December 2024. This was reviewed on 27 November 2025 and was adjourned as Mr Watt had technical issues and the panel concluded that it would be best for the hearing to resume at a later date so that Mr Watt could attend.

The current order is due to expire at the end of 2 January 2026.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved which resulted in the imposition of the substantive order were as follows:

1. *'On 4 March 2022 administered an incorrect dose of hypertonic saline to Patient A.*
2. *On 10 April 2022:*
 - a) *Required prompting to complete observations of patients in your care.*
 - 2b. *On 10 April 2022:*
 - b) *Incorrectly recorded two patients were not on oxygen.*
 - 2c. *On 10 April 2022:*
 - c) *Failed to identify and/or escalate Patient B's oxygen levels had dropped below their target.*
 - 2d(i) *On 10 April 2022:*
 - d) *In relation to Patient C:*
 - i) *Incorrectly recorded you had administered intravenous medication.*
 - 2d(ii) *On 10 April 2022:*
 - d) *In relation to Patient C:*
 - ii) *Did not provide an explanation to Colleague A when asked about the entry in the patient's records.*

3a. *On or around 1 May 2022:*

a) *Did not administer Patient D's 10am dose on time.*

3b. *On or around 1 May 2022:*

b) *Did not record a G2 pressure ulcer in Patient E's clinical notes.*

3c. *On or around 1 May 2022:*

c) *Did not provide an effective handover of Patient E to a colleague.*

3d. *On or around 1 May 2022:*

d) *Failed to identify and/or escalate Patient F's oxygen levels had dropped below their target.*

3e. *On or around 1 May 2022:*

e) *Required prompting to check patients' allergies and dates of birth when administering medication.*

4. *On or around 2 May 2022 did not provide an explanation to Colleague B when asked about an entry you made in Patient G's records.*

5. *On 15 May 2022 did not identify the correct prescribed drug for Patient H during a supervised round.*

6. *On an unknown date failed to complete observations due for patients in your care before going on your lunch break. '*

The original panel determined the following with regard to impairment:

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

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 February 2024, which states:

'The question that will help decide whether a professional's fitness to practise is impaired is:

"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"

If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. Nurses must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

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

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

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

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

The panel determined that patients were put at significant risk of harm as a result of Mr Watt's lack of competence, and that the only reason no actual harm was caused was because he was being supervised by other registered nurses. Mr Watt's lack of competence had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

Regarding insight, the panel considered that Mr Watt has not demonstrated an understanding of how his actions put the patients at a risk of harm, and he has also not demonstrated an understanding of why what he did was wrong and how this impacted negatively on the reputation of the nursing profession.

The panel determined that Mr Watt has not provided any evidence to demonstrate that he has taken steps to strengthen his practice, or that he

has undertaken any relevant training since the incidents occurred in 2022. The panel took into account that Mr Watt was a qualified nurse, and had worked at a different trust previously, and was supported by his development plan and extended probationary period, as well as receiving supervision from his colleagues, but that this did not improve his clinical practice.

The panel also took account of the completed regulatory concerns response form that was returned to the NMC by Mr Watt on 15 November 2022. In the form, Mr Watt denied the following regulatory concern:

'Concern 1: Lack of competence – in that you failed to demonstrate the standards of knowledge, skill and judgement to practise without supervision in the following areas:

- a. Knowledge of medicines and administering medicines when due*
- b. Communication with patients*
- c. Making adequate clinical records*
- d. Patient observations*
- e. Identifying a need for escalation/ escalating patients where indicated'*

In light of this, the panel determined that Mr Watt has not demonstrated any insight into his failings and determined that it is highly likely that the facts found proved would be repeated in the future if a finding of current impairment was not made. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

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

The panel determined that, in this case, a finding of impairment on public interest grounds was also required. The panel determined that a reasonable member of the public, who knew the circumstances of this case, would be concerned to learn that a registered nurse could not successfully complete basic tasks that are fundamental to nursing practice. The panel also determined that a finding of no impairment would undermine public confidence in the nursing profession and the NMC as the regulator.

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

The original panel determined the following with regard to sanction:

'Having found Mr Watt'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:

- *Lack of insight into failings*
- *A pattern of incompetence over a period of time*
- *Conduct which put patients at risk of suffering harm.*
- *Lack of engagement with the NMC regarding this process*

The panel considered references made to [PRIVATE], and whether these may have amounted to a mitigating factor in relation to his practise. However, the panel, whilst accepting there were some [PRIVATE], considered that these were linked to his attendance record and not to his clinical practise. In the circumstances, the panel found that there were no mitigating factors in this case.

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 Watt'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 Watt's lack of competence was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Mr Watt's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG.

The panel determined that Mr Watt has demonstrated general incompetence in relation to his nursing practise. The panel also took into account that Mr Watt is not currently living in the United Kingdom and has not been engaging with the NMC regarding this process. The panel has no confidence that Mr Watt would comply with conditions, were they to be imposed. It therefore determined that it is not possible to formulate workable conditions in this case. Furthermore, such an order would not protect the public or meet the public interest in this case.

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 the following factor is apparent:

In cases where the only issue relates to the nurse or midwife's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.

The panel went on to consider whether a striking-off order would be proportionate in this case. Given this is a lack of competence case, a striking-off order is not available to the panel until Mr Watt has been subject to a substantive order for a period of two years. Therefore, the least restrictive sanction the panel can impose at this time is a suspension order.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.

The panel noted the hardship such an order will inevitably cause Mr Watt. However, this is outweighed by the public interest in this case.

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

The panel determined that a suspension order for a period of 12 months was appropriate in this case to mark the seriousness of Mr Watt's lack of competence.'

Decision and reasons on current impairment

The panel has considered carefully whether Mr Watt's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as can the nurse practise kindly, safely and professionally. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle. This has included very limited correspondence with Mr Watt, including a very short reflective statement, and a short email from him confirming he has completed the personal contact and employment details form.

It has taken into account the submissions made by Ms Roy on behalf of the NMC. Ms Roy submitted that Mr Watt is still impaired and made reference to the limited documentation that Mr Watt had supplied ahead of today's hearing. She noted that Mr Watt's reflective statement did not properly demonstrate his understanding of what went wrong and what he would have done differently in relation to the charges found proved. She stated that Mr Watt could not demonstrate that his fitness to practise is no longer impaired. She submitted to the panel that the onus is on Mr Watt to demonstrate that his fitness to practise is no longer impaired.

Ms Roy referred the panel to NMC Guidance FTP 15-b *Has the concern been addressed?*

Ms Roy referred to the training that Mr Watt had undertaken and noted the time each one took to complete:

- *'Effective Communication Skills for Healthcare Professionals - 2.5 Hours'*
- *Assessing Vital signs – 31 minutes*
- *Quality and Patient Safety Foundations - 7 Hours*
- *Medication Safety: Handling and Administration – time unknown'*

Ms Roy further noted that these courses taken by Mr Watt had not specified whether the training included any practical training. She stated that the training had not addressed all areas of concern such as making adequate patient records, undertaking patient observations, identifying the need for escalation of patients and knowledge in relation to when medications are due or when to administer them.

Ms Roy informed the panel that Mr Watt is currently residing in the Philippines and has been working in a non-clinical role and has not provided any further updates on his employment.

Ms Roy further submitted that Mr Watt is liable to repeat matters of the kind proved as he has not shown that he has remediated or reflected on the concerns. She submitted that his reflection provided is weak and the training did not address the areas of concerns identified.

Ms Roy stated that Mr Watt remains impaired and that a finding of continuing impairment is necessary on the grounds of public protection, she further stated that there should be a finding on public interest grounds and that a fully informed member of the public, would be concerned should a finding of impairment not be made at this time as there has been no new information that has been provided by Mr Watt as to whether he has reflected or remediated on the concerns since the sanction was imposed.

Ms Roy made submissions in relation to sanction. She submitted that no action or a caution order would be inappropriate in this case, given the seriousness of the concerns found proved and would neither be proportionate or in the best interests of the public. She referred to the possibility of a conditions of practice order and noted that as Mr Watt is not currently residing in the UK and has not engaged with the NMC in relation to the process, this would not be an appropriate sanction. The panel would need to have confidence that Mr Watt would comply with the conditions imposed and she submitted that it is not currently possible to formulate workable conditions.

Ms Roy suggested that the panel may want to extend the current order for a further period of 12 months. She stated that this would enable Mr Watt to engage further with the NMC, she noted Mr Watt's email to the NMC dated the 13 November 2025. This contained a short reflection; she stated that a further suspension may assist Mr Watt to provide a more detailed reflection and further evidence of training in the areas recommended by the original substantive order panel.

Ms Roy informed the panel that an imposition of a striking off order would not be possible, as Mr Watt has only been on a suspension order for one year. She stated that a strike off order would require a registrant to be on a two-year period before a panel could replace a suspension order with a striking off order.

The panel had regard to Mr Watt's reflection dated 13 November 2025.

The panel heard and accepted the advice of the legal assessor.

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether Mr Watt's fitness to practise remains impaired.

The panel noted that the original panel found that Mr Watt had insufficient insight.

At this hearing, the panel was of the view that there was no new information to demonstrate that Mr Watt's insight had improved. His reflection was brief and did not address the impact of his actions on colleagues, patients or the wider public.

In its consideration of whether Mr Watt has taken steps to strengthen his practice, the panel took into account that Mr Watt had completed online certificates but noted that these were limited, some were historic, the duration of the courses was limited, and there was no further evidence of the course content.

The original panel determined that Mr Watt was liable to repeat matters of the kind found proved. The panel found that there was no new information or evidence which would undermine this finding and accordingly Mr Watt is still liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required as a well-informed member of the public would be concerned should Mr Watt continue to practice without restriction.

For these reasons, the panel finds that Mr Watt's fitness to practise remains impaired.

Decision and reasons on sanction

Having found Mr Watt's fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

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.

The panel 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 Watt'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 Watt's actions were not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether a conditions of practice order on Mr Watt's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel bore in mind the seriousness of the facts found proved at the original hearing and that Mr Watt was not residing in the UK and concluded that a conditions of practice order would not be proportionate or workable in this case. The panel was not able to formulate conditions of practice that would adequately address the concerns relating to Mr Watt's lack of competence.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow Mr Watt further time to fully reflect on his previous failings. The panel concluded that a further 12-month suspension order would be the appropriate and proportionate response and would afford Mr Watt adequate time to further develop his insight and take steps to strengthen his practice. It would also give Mr Watt an opportunity to approach past and current health professionals to attest to his actions in his workplace since the substantive hearing.

The panel determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. Accordingly, the panel determined to impose a suspension order for the period of 12 months. This would provide Mr Watt with an opportunity to engage with the NMC, and to provide evidence of full insight and to address the competency issues relevant to the charges. The panel was of the view that this would be an appropriate amount of time should Mr Watt want to return to practice in the UK as he would be able to complete training and find a new role. It considered this to be the most appropriate and proportionate sanction available.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 2 January 2026 in accordance with Article 30(1)

Before the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- Evidence of training in medication management and administration, contemporaneous record keeping and escalation of deteriorating patients.
- A reflection detailing further insight into the charges found proved.
- Full engagement with the NMC and attendance at future hearings
- Testimonials from Mr Watt's most recent employer

This will be confirmed to Mr Watt in writing.

That concludes this determination.