

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

Substantive Meeting

Wednesday, 30 July 2025 – Thursday, 31 July 2025

Virtual Meeting

Name of Registrant:	Sherwin Seesahai
NMC PIN:	98C1346E
Part(s) of the register:	Nurses part of the register Sub part 1 RNA: Adult nurse, level 1 (2 April 2001)
Relevant Location:	Chelsea
Type of case:	Misconduct
Panel members:	Derek Artis (Chair, lay member) Lisa Holcroft (Registrant member) Alison James (Lay member)
Legal Assessor:	Juliet Gibbon
Hearings Coordinator:	Catherine Blake
Facts proved:	All charges
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim order:	Interim suspension order (18 months)

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 Seesahai's registered email address by secure email on 25 June 2025.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegations, the time, and the fact that this meeting would be held heard virtually on or after 30 July 2025.

In the light of all of the information available, the panel was satisfied that Mr Seesahai 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 charges

That you, a registered nurse:

1. On one or more occasions acted beyond the scope of your practice in that you carried out full body and/or intimate examinations on patients.
2. Your conduct at charge 1 above was sexually motivated in that you were seeking sexual gratification.
3. On one or more occasions you carried out intimate examinations without clinical justification to do so.
4. On 2 October 2023, in relation to patient A:
 - a. You did not obtain consent to do an intimate examination.
 - b. You did not offer a chaperone for an intimate examination.
5. On 2 October 2023, in relation to Patient A, you failed to keep accurate records in that:
 - a. You did not record that you carried out an intimate examination.
 - b. You did not record whether consent was obtained.
 - c. You did not record whether a chaperone was offered.

d. You did not record the findings of the intimate examination.

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

Background

Mr Seesahai was referred to the NMC on 28 December 2023 by the Chelsea and Westminster Hospital NHS Foundation Trust (“the Trust”). He had been employed by them since 21 April 2008.

Mr Seesahai was a Band 5 Staff Nurse in the adult Accident and Emergency (“A&E”) Department at Chelsea & Westminster Hospital. His main duty was patient care in triage, assessing patients on arrival and following the triage guidelines. This included doing vital signs and other clinical assessments that were relevant to the complaint.

It is alleged that on 2 October 2023, Mr Seesahai performed an intimate examination of a patient (Patient A) without clinical justification.

Patient A attended A&E with rib pain after falling off his bicycle three weeks previously. Whilst assessing the patient in triage, Mr Seesahai examined his genital area. The patient said that he felt extremely uncomfortable in the triage room with Mr Seesahai.

When Patient A went on to have a consultation with Witness 2, he asked the doctor if it was normal that the nurse that had triaged him, Mr Seesahai, should have examined his penis and genitals as part of the assessment. This was repeated to the nurse in charge, and the nurse in charge of minor injuries.

Patient A lodged a formal complaint by email to PALS on 3 October 2023.

The Trust conducted an investigation. During the investigation meeting on 30 October 2023, Mr Seesahai accepted that he did not ask for consent as he assumed wrongly that it was implied consent. He accepted that he did not get a chaperone and that he was aware of the chaperone policy. He stated that he could not remember if the patient had given him consent for the examination and felt that it was implied consent for the intimate

examination as Patient A had already removed his shirt and Mr Seesahai had examined his shoulder.

Mr Seesahai admitted that he had conducted similar examinations on other patients, although he said, “*not many*”. Mr Seesahai admitted that he did not ask Patient A for consent and he did not document the examination.

Following the investigation the matter was referred to a Disciplinary hearing which took place on 1 and 5 December 2023. Mr Seesahai made admissions to the incident and stated that this was a “*mistake*”, and he was very sorry for what happened and to the patient for causing them distress.

Decision and reasons on facts

At the outset of the meeting, the panel noted the recorded representations from Mr Seesahai in which, while not admitting to any of the alleged facts, he did not dispute the charges. It also noted that Mr Seesahai had admitted most of the alleged facts during the Trust’s local investigation.

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: Mr Seesahai’s line manager at the time of the charges, and local investigation lead

- Witness 2: Locum Registrar at the time of the charges
- Witness 3: Emergency Medicine Consultant at the time of the charges
- Patient A: Patient A

The panel also had regard to a local written statement and reflection from Mr Seesahai as part of the Trust's local investigation.

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 charges and made the following findings.

Charge 1

'That you, a registered nurse, on one or more occasions acted beyond the scope of your practice in that you carried out full body and/or intimate examinations on patients.'

This charge is found proved.

In reaching this decision, the panel took into account the written statements of Witness 1 and Patient A, as well as the notes of the investigation meeting held on 30 October 2023.

The panel noted that, in order for this charge to be found proved, it needed to be satisfied that Mr Seesahai did carry out full body and/or intimate examinations on patients, and that this was beyond his scope of practice.

The panel considered the notes of the investigation meeting held on 30 October 2023 in which Mr Seesahai admitted to examining Patient A's genitals. The panel also considered

the written outcome of the disciplinary hearing dated 14 December 2023, in which Witness 1 reports:

'I asked [Mr Seesahai] to confirm how many patients [Mr Seesahai] had performed this examination to prior, and [Mr Seesahai] responded that it would be less than 10'

The panel also took into account the following from Witness 1's statement in respect of Mr Seesahai's examination of Patient A:

'During the investigation meeting, Sherwin admitted that he conducted a full top to toe assessment and stated that it was good practice to do that in case the patient had any other injuries ...'

The panel also considered the written statement of Patient A, regarding the incident of 2 October 2023:

'I was wearing suit trousers that had a metal clip at the top which we[sic] easy to undo, the registrant proceeded to undo my trousers himself and then pulled back the top of my boxer shorts towards him. The registrant then looked down my boxer shorts at my penis and then reached into my boxer shorts with his hand and felt around my genitals.'

The panel considered the evidence of Witness 1 and Patient A and determined it to be cogent and consistent throughout. The panel was satisfied that, due to the reported admissions of Mr Seesahai, and the evidence of Witness 1 and Patient A, Mr Seesahai did carry out full body/intimate examinations of Patient A and other patients.

The panel next considered whether conducting these examinations were within Mr Seesahai's scope of practice.

The panel considered the notes of the investigation meeting held on 30 October 2023 in which Witness 1 asked:

[Witness 1]: ... from the training that you've had so far in the department, did any of the training that you completed, was it indicated during that training that you should do a full physical head to toe assessment?

SS: No.'

The panel also considered Witness 1's written statement:

'As part of my investigation, I interviewed and took statements from whiteness's[sic]. I read the patients[sic] notes on the system to cover what he came into A&E with and tried to understand why Sherwin did such a full assessment on him. I concluded that there was no clinical justification or indication as to why Sherwin did an intimate examination. I also went through Sherwin's training records as he had been with The Trust for 15 years, to make sure that he hadn't[sic] been taught at any point that this was the correct procedure to follow. I involved HR and it was confirmed that he had not been taught to perform intimate examinations...'

The panel considered the evidence of Witness 1 and the admission of Mr Seesahai during the local investigation that he had not been trained to complete intimate examinations. On the balance of probabilities, the panel was satisfied that Mr Seesahai acted beyond his scope of practice in conducting intimate examinations of patients, and accordingly found this charge proved.

Charge 2

'Your conduct at charge 1 above was sexually motivated in that you were seeking sexual gratification.'

This charge is found proved.

The panel considered this charge last. In reaching its decision, the panel took into account its decisions and reasoning in respect of all charges, particularly charge 1, to which this charge relates, as well as the totality of the evidence in the bundle.

The panel noted that this allegation was not put to Mr Seesahai at the local investigation. Mr Seesahai has also not submitted any responses to the NMC in respect of this charge. In order to find this charge proved, therefore, the panel will need to determine the intent behind Mr Seesahai's conduct at the time of the incidents in charge 1.

The panel considered Patient A's contemporaneous written complaint to the Trust dated 2 October 2023:

'[Mr Seesahai] then however proceeded to undo my trousers without asking me and pulled back my boxer shorts exposing my genitalia. He then felt around my waist and proceeded to run his hand down my groin, he then took hold of my penis and scrotum briefly as if inspecting them. He assured me afterwards that this was to check for blood. Although I didn't object to it at the time I did find it odd as to why this would be necessary for a rib injury.'

This was confirmed in Patient A's written statement.

The panel determined that Mr Seesahai's explanation for completing a top-to-toe assessment of Patient A as part of 'good practice' and to check for other injuries is weak. The panel considered the context of this examination of Patient A, namely that it occurred during triage after Patient A had presented for a rib injury sustained some weeks prior. Taking into account its reasoning above, the panel considered that there was no clinical justification for the intimate examination, and noted that it was beyond the scope of Mr Seesahai's practice.

The panel was further concerned that there was no attempt to record the examination, and that it took place in a private room without a chaperone.

The panel considered the evidence of Patient A in his contemporaneous complaint:

'[Mr Seesahai] then asked me to open my shirt so he could inspect the injured area (the right side ribs). He then inspected other areas of my torso for signs of internal bleeding which I assume is completely normal. He then however proceeded to undo

my trousers without asking me and pulled back my boxer shorts exposing my genitalia.'

The panel considered Patient A's written statement:

'The registrant did not tell me that he was going to be examining my genitals, he just did it with absolutely no warning. He did not ask me for consent to an intimate examination. He did not ask me if I wanted a chaperon present.'

The panel further noted the statement of Witness 1:

'[Mr Seesahai] said he couldn't remember if the patient gave him consent to the examination and felt it was implied consent for the head to toe examination as [Patient A] had already removed his shirt...'

The panel determined this justification to be flawed. While Patient A had taken off his own shirt to assist examination of his ribs, the panel note that the registrant undid Patient A's trousers without seeking his consent in order to complete a genital examination. The panel did not accept implied consent to be made out for a genital examination.

The panel was satisfied that Mr Seesahai was not trained to carry out intimate examinations, he did not offer Patient A a chaperone, he did not obtain Patient A's consent, and he did not document the intimate examination. Given all of the above, the panel was satisfied on the balance of probabilities that Mr Seesahai's actions at charge 1 were sexually motivated in that he was seeking sexual gratification. The panel determined there was no reasonable alternative explanation for Mr Seesahai's conduct.

Accordingly, this charge is found proved.

Charge 3

'That you, a registered nurse, on one or more occasions you carried out intimate examinations without clinical justification to do so.'

This charge is found proved.

In reaching this decision, the panel took into account the written statements of Witness 1, Witness 3 and Patient A, as well as the notes of the investigation meeting held on 30 October 2023. The panel also had regard to its decision and reasons at charge 1.

The panel considered the following from Patient A's contemporaneous complaint dated 2 October 2023:

'After waiting I was called in to a room by a nurse for preliminary checks. He took my blood pressure and oxygen levels. He then asked me to open my shirt so he could inspect the injured area (the right side ribs). He then inspected other areas of my torso for signs of internal bleeding which I assume is completely normal. He then however proceeded to undo my trousers without asking me and pulled back my boxer shorts exposing my genitalia. He then felt around my waist and proceeded to run his hand down my groin, he then took hold of my penis and scrotum briefly as if inspecting them. He assured me afterwards that this was to check for blood. Although I didn't object to it at the time I did find it odd as to why this would be necessary for a rib injury'

This is supported in Patient A's written statement,

The panel also noted the following from Witness 1's statement:

'I read the patients notes on the system to cover what [Patient A] came into A&E with and tried to understand why Sherwin did such a full assessment on him. I concluded that there was no clinical justification or indication as to why Sherwin did an intimate examination.'

The panel also considered the email sent by Witness 3 to Witness 1 on 30 October 2023:

'...I do not recall Sherwin mentioning any injury to any other part of the body and I did not asked[sic] him to conduct any further examination.'

'It would not be 'normal' to examine the genitalia for a possible rib fracture. It would be normal to inspect and examine the chest to look for bruising and isolate whereabouts the pain was most. It would also be prudent to check for any abdominal tenderness if the injury was to one of the lower ribs. There would however be no need to examine the genitalia unless the patient complained of an injury there.'

The panel considered Mr Seesahai's professional responsibilities outlined in Witness 1's statement:

'...Sherwin was employed as a Band 5 Nurse in the adult A&E department. His main duty was patient care in triage, assessing patients on arrive and following the triage guidelines. This included doing vital signs and other clinical assessments that were relevant to the complaint, for example, neurological observations, blood glucose testing, dressing wounds, giving medication and transferring patients to the wards and doing handovers.'

The panel noted that Patient A's statement does not mention an injury in any place other than his ribs.

The panel also took into account the following from the notes for the investigation meeting held on 30 October 2023:

'[Witness 1]: So it's your understanding that you were just being very, very thorough during the head to toe, but from what you've just read out to me, you realise now that you should move them into a clinical area and get the doctor to assess them.'

'And just to confirm, you have never had any training to teach you to do a full body assessment A to E in triage?'

'SS: No.'

The panel also considered the email from Witness 3 and, while not contemporaneous, is supported by their local written statement. The panel was therefore satisfied of its reliability.

The panel was satisfied that, due to the reported admissions of Mr Seesahai, and the evidence of Witness 1, Witness 3 and Patient A, there was no clinical justification for Mr Seesahai to have carried out an intimate examination of Patient A.

Accordingly, the panel found this charge proved.

Charge 4

‘That you, a registered nurse, on 2 October 2023, in relation to patient A:

- a. You did not obtain consent to do an intimate examination.*
- b. You did not offer a chaperone for an intimate examination.’*

This charge is found proved.

At the outset of its deliberations, the panel took into account that the evidence in support of each of the sub-charges in charge 4 comes from the same witness statements and exhibits. Accordingly, the panel determined to consider each of the sub-charge separately but will present its findings together.

In reaching this decision, the panel took into account the written statements of Witness 1, Witness 3 and Patient A, and Mr Seesahai’s local statement as well as the notes of the investigation meeting held on 30 October 2023, and the Trust’s chaperone policy. The panel also had regard to its decision and reasons at charge 1.

The panel took into account the following from Witness 1’s statement:

‘You need to obtain verbal consent from a patient before you examine them, especially for an intimate examinations and ask them if they would like a chaperone, this is contained within the Chaperone Policy (Appendix 13). There is a clause in the policy that if a patients injuries are life threatening or if the patient is

unable to consent, for example if they are unconscious, then we do the examination in the best interest of the patient. This wasn't the case for this incident. The chaperone policy is up all over the department stating that patients are entitled to a chaperone.

'During the investigation meeting, Sherwin admitted that he conducted a full top to toe assessment and stated that it was good practice to do that in case the patient had any other injuries (Appendix 11). I asked Sherwin whether he was aware of the chaperone policy, and he stated that he was and that he didn't know why he didn't get a chaperone. He said he couldn't remember if the patient gave him consent to the examination and felt it was implied consent for the head to toe examination as he had already removed his shirt and examined his shoulder'

The panel also considered the written statement of Patient A, regarding the incident of 2 October 2023:

'I was wearing suit trousers that had a metal clip at the top which we[sic] easy to undo, the registrant proceeded to undo my trousers himself and then pulled back the top of my boxer shorts towards him. The registrant then looked down my boxer shorts at my penis and then reached into my boxer shorts with his hand and felt around my genitals. He said that he was checking for any bleeding. At the time I believed him as he was a medical professional.

'The registrant did not tell me that he was going to be examining my genitals, he just did it with absolutely no warning. He did not ask me for consent to an intimate examination. He did not ask me if I wanted a chaperon[sic] present.'

The issue of consent was addressed by Mr Seesahai in his local statement:

'I did not ask for consent as I assumed wrongly that it was implied consent, as I'd already checked his neck and torso with his agreement before I moved on to his groin and legs.'

The issue of a chaperone was also referred to in the notes for the investigation meeting held on 30 October 2023:

'It was established and acknowledged by SS that he did examine patient's genitals without a chaperone or documentation while carrying out the examination.'

The panel has seen evidence that Mr Seesahai was aware of the chaperone policy, and agreed that he should have sought to have a chaperone present, and obtained consent from Patient A, before carrying out an intimate examination.

Accordingly, the panel found both sub-charges proved.

Charge 5

'That you, a registered nurse, on 2 October 2023, in relation to Patient A you failed to keep accurate records in that:

- a. You did not record that you carried out an intimate examination.*
- b. You did not record whether consent was obtained.*
- c. You did not record whether a chaperone was offered.*
- d. You did not record the findings of the intimate examination.'*

This charge is found proved.

At the outset of its deliberations, the panel took into account that the evidence in support of each of the sub-charges in charge 5 is the same. Accordingly, the panel determined to consider each sub-charge separately, but will present its findings together.

In reaching this decision, the panel took into account the written statement of Witness 1, Patient A's hospital records on 2 October 2023, and Mr Seesahai's local statement as well as the Trust's chaperone policy. The panel also bore in mind its findings at the previous charges.

The panel considered Patient A's hospital records for the 2 October 2023, and noted that none of the information regarding the intimate examination was recorded.

The panel next considered the statement of Witness 1:

‘Sherwin did not document the examination...’

The panel also considered the following Mr Seesahai’s local statement:

‘When I document I only write negative findings so did not write that I did the full body assessment.’

This was confirmed in the notes for the investigation meeting held on 30 October 2023.

On the basis of this evidence, and Mr Seesahai’s admissions, the panel was satisfied that Mr Seesahai did not record that he had carried out an intimate examination, whether consent was obtained to do so, whether a chaperone was offered, nor any findings of the intimate examination.

The panel noted that the duty to keep accurate records is a fundamental aspect of nursing practice.

The panel also considered the following from the statement of Witness 1, which sets out the expectations of triage nurses in conducting intimate examinations of patients:

‘... It should be documented why the examination has been done, whether the patient consented, whether a chaperon[sic] was declined or agreed, the name of the chaperone and the findings of the examination. There should also have been a body map documenting any injuries if a full head to toe examination is performed, which was not done.’

The panel was satisfied that Mr Seesahai had a professional duty to record that he had carried out an intimate examination, whether consent was obtained to do so, whether a chaperone was offered, as well as any findings of the intimate examination.

Accordingly, the panel find all sub-charges 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 Seesahai'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 Seesahai's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

In coming to its decision, the panel had regard to the written submissions of the NMC, and in particular 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: Professional standards of practice and behaviour for nurses and midwives (2015)' ("the Code") in making its decision.

The NMC identified the specific, relevant standards where Mr Seesahai's actions amounted to misconduct. Specifically that he was in breach of the following sections of the Code: 1.1, 4.2, 7.4, 10.1, 10.3, 10.4, 20.1, 20.3, 20.5, 20.6, and 20.8.

The NMC submitted that this misconduct was a significant departure from the standards expected of a registered professional and a finding of misconduct must follow. It was submitted that, in addition to risk to patients, the nature of the misconduct and Mr Seesahai's sexual motivation of committing the acts undermine trust and confidence in the nursing profession.

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 was 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 Seesahai's fitness to practise impaired. It submitted that the first three limbs of the test in *Grant* are engaged.

The NMC submitted that the misconduct has not been remediated, and that Mr Seesahai's insight is limited. The NMC notes that while Mr Seesahai has admitted the facts and apologised at local level, he has dismissed them as a 'mistake' and born out of wanting to be thorough. The NMC noted that Mr Seesahai has not undertaken relevant training or remediation in respect of the issues of concern, nor has he worked in a clinical environment since the issues of concern were raised.

The NMC submitted that there is a continuing risk to the public due to Mr Seesahai's lack of full insight, failure to undertake relevant training and having not had the opportunity to demonstrate strengthened practice through work in a relevant area. It was submitted that Mr Seesahai's actions, being sexually motivated, demonstrate deep seated attitudinal issues that are difficult to remedy. The NMC submitted that Mr Seesahai's conduct fell so far short of the standards the public expect of professionals caring for them that public confidence in the nursing and midwifery professions is undermined.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, *Cohen v General Medical Council* EWHC 581 (Admin), *R (on the Application of Remedy UK Ltd) v GMC* [2010] EWHC 1245 (Admin), and *Grant*.

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

1. *Treat people as individuals and uphold their dignity*

1.1 *treat people with kindness, respect and compassion*

4. *Act in the best interests of people at all times*

4.2 *make sure that you get properly informed consent and document it before carrying out any action*

6. *Always practise in line with the best available evidence*

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

10. *Keep clear and accurate records relevant to your practice*

10.1 *complete all records at the time or as soon as possible after an event, recording if the notes are written some time after the event*

10.3 *complete all records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements*

13. *Recognise and work within the limits of your competence*

13.3 *ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence*

13.5 *complete the necessary training before carrying out a new role*

20. Uphold the reputation of your profession at all times

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

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

The panel understood that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that, given the facts found proved and the relevant parts of the Code that have been breached, the panel was satisfied that Mr Seesahai's behaviour amounted to misconduct. The panel agreed that, due to Mr Seesahai's actions being sexually motivated, there are likely to be deep seated attitudinal issues that are very difficult to remedy. The panel found that Mr Seesahai's actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

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

In coming to its decision, the panel had regard to the NMC's guidance on impairment at DMA-1 in the Fitness to Practise Library, updated on 3 March 2025, which states:

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

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

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

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

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

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

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

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

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

d) ...'

The panel found that patients were put at risk of, and Patient A was caused, emotional harm as a result of Mr Seesahai's serious misconduct. The panel concluded Mr Seesahai's misconduct breached the fundamental tenets of the nursing profession, and has therefore brought its reputation into disrepute. Regarding insight, the panel considered that it has not had the benefit of hearing from Mr Seesahai. It noted he made early admissions to some of the facts at the local level, but that the NMC has received no evidence of strengthened practice from Mr Seesahai since the referral.

The panel was satisfied that the clinical misconduct in this case is capable of being addressed, but the panel has not seen any evidence of any steps taken by Mr Seesahai to strengthen his practice. Further, it noted the Mr Seesahai has not worked in a clinical environment since the concerns were raised. The panel also bore in mind that sexual misconduct is at the extreme end of the spectrum of misconduct, and is very difficult to remediate. The panel has also not seen any additional insight or reflection from Mr Seesahai beyond that reported from the local investigation.

Accordingly, the panel is of the view that there is a high risk of repetition based on the nature and seriousness of the misconduct and the lack of sufficient insight and remorse into the misconduct. The panel therefore concluded 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; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

In addition, the panel concluded that, given that Mr Seesahai's misconduct at charge 1 was sexually motivated, public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds Mr Seesahai's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Mr Seesahai'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 Seesahai off the register. The effect of this order is that the NMC register will show that Mr Seesahai 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, in particular the guidance on sexual misconduct. The panel accepted the advice of the legal assessor.

Representations on sanction

The panel noted that in the Notice of Meeting, dated 22 June 2025, the NMC had advised Mr Seesahai that it would seek the imposition of a striking-off order if it found Mr Seesahai's fitness to practise currently impaired.

The NMC submitted that this was not an isolated incident but rather a series of unwarranted sexually motivated touching. It was submitted this repeated misconduct demonstrates harmful deep-seated personality or attitudinal problems. The NMC note there is no evidence of reflection and understanding of the misconduct and as such, a suspension order is not appropriate.

The NMC submitted that Mr Seesahai's misconduct raises fundamental questions about his professionalism. It was submitted that his actions are fundamentally incompatible with being a registered nurse, and, as the concerns are difficult to address, a striking-off order is the appropriate sanction.

Decision and reasons on sanction

Having found Mr Seesahai'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:

- Abuse of a position of trust
- Lack of insight into failings
- A pattern of misconduct over a period of time
- Conduct which put patients at risk of suffering harm

The panel also took into account the following mitigating features:

- Early admissions to some of the facts during the local investigation

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 Seesahai'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 Seesahai'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 Mr Seesahai's registration would be a sufficient and appropriate response. The panel is of the view that,

while conditions could be drafted to address the clinical failings, there are none that would address the sexual misconduct. Further, the sexual misconduct identified in this case was not, in the panel's view, something that can be addressed through retraining. Furthermore, the panel concluded that the placing of conditions on Mr Seesahai'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;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour; and*
- *No evidence of harmful deep-seated personality or attitudinal problems*

The conduct, as highlighted by the facts found proved, included serious misconduct that was sexually motivated and amounted to a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Mr Seesahai's actions is fundamentally incompatible with Mr Seesahai 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 Seesahai's misconduct was a significant departure from the standards expected of a registered nurse, and, in the panel's view, is fundamentally incompatible with him remaining on the register. The panel determined that the findings in this case demonstrate that Mr Seesahai's misconduct was serious and to allow him to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

The panel took into account all the evidence before it and determined that the appropriate and proportionate sanction is that of a striking-off order. The panel had regard to the matters it identified, in particular the effect of Mr Seesahai's actions in breaching fundamental tenets of the profession. His actions therefore put members of the public at risk of harm and also brought 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 standards of behaviour required of a registered nurse.

This will be confirmed to Mr Seesahai 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 Seesahai'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, should the panel find that a striking-off order is the appropriate sanction, an interim order of suspension should be imposed on the basis that it is necessary for the protection of the public and otherwise in the public interest.

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 time for any appeal to be resolved.

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

That concludes this determination.