Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Tuesday, 6 May – Monday, 12 May 2025

Virtual Hearing

Name of Registrant:	**Gavin Williams**
NMC PIN:	12J1048E
Part(s) of the register:	Registered Nurse – Sub Part 1 Adult Nursing (Level 1) – 27 October 2013 Registered Specialist Community Public Health Nurse (Health Visitor) – 25 November 2016 Community Practitioner Nurse Prescriber (V100) 25 November 2016
Relevant Location:	Somerset
Type of case:	Misconduct
Panel members:	Shaun Donnellan (Chair, Lay Member) Patricia Ford (Registrant Member) Peter Cowup (Lay Member)
Legal Assessor:	Justin Gau
Hearings Coordinator:	Angela Nkansa-Dwamena
Nursing and Midwifery Council:	Represented by Shoba Aziz, Case Presenter
Mr Williams:	Not present and not represented
Facts proved by admission (as amended):	Charges 1a, 1b, 2, 3, 4, 5, 6, 7, 8, 9, 10a, 10b, 11, 13a, 13b, 13c, 14a and 14b
Facts proved (as amended):	Charges 12, 13d and 13e
Facts not proved:	None
Fitness to practise:	Impaired

Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mr Williams was not in attendance and that the Notice of Hearing letter had been sent to Mr Williams' registered email address by secure email on 3 April 2025.

Ms Aziz, 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 allegations, 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 Williams' 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 Williams has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Mr Williams

The panel next considered whether it should proceed in the absence of Mr Williams. It had regard to Rule 21 and heard the submissions of Ms Aziz, who invited the panel to proceed in the absence of Mr Williams.

Ms Aziz referred the panel to Mr Williams' Case Management Form (CMF), completed on 4 February 2025, in which he expressed:

> *'I would have no wish to attend a hearing…*
>
> *I have not practised since my dismissal in December 2021.*

I have not applied for any nursing roles since being informed of these proceedings
I have not revalidated and have no intention of nursing again.
As far as I am concerned I was off the register anyway having failed to revalidate and not having heard anything from the NMC for approximately 2 years.
I have no wish to put the NMC through any expense or trouble and would in no way wish to ever return to the register or work in nursing in any form.'

Ms Aziz submitted that no application for adjournment has been made by Mr Williams, and he has expressed that he does not wish to be part of these proceedings therefore, there is no reason to believe that an adjournment would secure his attendance on some future occasion. She submitted that there is a strong public interest in the expeditious disposal of this case and there would be potential inconvenience caused to the witnesses who are due to give evidence in this case.

Ms Aziz submitted that Mr Williams has voluntarily absented himself from today's proceedings therefore, it is fair and appropriate to proceed in his absence.

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised *'with the utmost care and caution'* as referred to in the case of *R* v *Jones (Anthony William)* (No.2) [2002] UKHL 5.

The panel decided to proceed in the absence of Mr Williams. In reaching this decision, the panel considered the submissions of Ms Aziz, Mr Williams' responses, and the advice of the legal assessor. It had particular regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- Mr Williams has clearly expressed that he does not wish to attend the hearing and has provided his responses within his CMF;
- No application for an adjournment has been made by Mr Williams;

- There is no reason to suppose that adjourning would secure his attendance at some future date;
- Witnesses have been warned to give evidence in this case and are present and ready to do so;
- Not proceeding may inconvenience the witnesses, their employer(s) and, for those involved in clinical practice, the clients who need their professional services;
- The charges relate to events that occurred in 2021, and further delay may have an adverse effect on the witnesses' ability to accurately recall events; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Mr Williams in proceeding in his absence. Although the evidence upon which the NMC relies has been sent to his registered email address, he will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on his own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Mr Williams' decision to absent himself from the hearing, waive his right to attend, and/or be represented, and to not provide evidence or make submissions on his own behalf.

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

Decision and reasons on application to amend the charge

Following the close of the NMC's case, Ms Aziz made an application to amend the wording of Charge 12f.

The proposed amendment was to correct the date of 13 July 2021 to 8 July 2021 with respect to Charge 12f and include the wording consistent with the evidence outlined within Witness 1's documentary evidence. Ms Aziz submitted that the proposed amendment was being made to provide clarity and more accurately reflect the evidence. She further submitted that by amending the dates and wording in Charge 12f to fall in line with the evidence, there would be no unfairness to Mr Williams and the amendment could be made without any injustice to him.

Ms Aziz suggested changing Charge 12f to become a new standalone charge namely, Charge 13. However, she submitted that it was in the panel's discretion to decide how the amendment should be made to reflect the evidence.

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

The panel was of the view that such an amendment, as applied for, was in the interest of justice. The panel was satisfied that there would be no prejudice to Mr Williams and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment, as applied for, to ensure clarity and accuracy.

The panel decided to change Charge 12f to become Charge 12 to follow the chronology of events. Subsequently, Charges 12a- 12e will now become Charges 13a-13e.

Original Charge

That you, a registered nurse:

12) On 13 July 2021, in relation to patient A you:

…

f) said patient A's Whatsapp profile picture 'wasn't like all the other girls'

Proposed Amendment

That you, a registered nurse:

12) **On 8 July 2021, in relation to Patient A, you said words to the effect of *"I've got all you girls saved on my phone and all your pictures look like this"* you then pulled a pouty face and then said *"but yours is actually quite nice"***

13) On 13 July 2021, in relation to patient A you:
    a) sent a text message saying 'I'm outside your door x'
    b) without clinical justification, moved closer to patient A on the sofa
    c) without clinical justification, touched patient A's tattoo with your finger
    d) without clinical justification held patient A's hand
    e) without clinical justification put your hand on patient A's knee
    ~~f) said patient A's Whatsapp profile picture 'wasn't like all the other girls'~~

Details of charge (as amended)

That you, a registered nurse:

1) Failed to document your visit to patient A in a timely manner on:

    a) 8 July 2021
    b) 13 July 2021

2) On or about 12 August 2020, you failed to follow up on an Accident and Emergency notification in that you did not visit patient C to discuss their attendance at the emergency department.

3) On one or more occasions, you failed to conduct the mandated visit on the child patient reaching the age of two.

4) Further to a police notification received on 9 June 2021 in relation to patient B, you failed to follow up in a timely manner.

5) Further to a South Western Ambulance Service NHS Foundation Trust report notification received on 30 July 2020, in relation to patient G, you failed to follow up in a timely manner.

6) Further to Accident and Emergency notifications received in relation to patient F on 2 May 2021, 6 July 2021, and/or 21 September 2021 you failed to follow up in a timely manner.

7) Failed to conduct and/or ensure any antenatal visits to patient K took place.

8) Further to a notification received on 12 October 2021 and/or 15 October 2021, that patient O attended minor injuries unit, you failed to follow up.

9) On or about 28 October 2020, you failed to complete a domestic abuse risk assessment and/or refer patient S to the domestic abuse service.

10) On or about 24 June 2021 in relation to patient V you failed to:

a) make a referral to the community paediatrician.
b) document and/or upload the development assessment test in the case record.

11) Further to your visit on 24 June 2021, you failed to refer patient U to talking therapy and/or the domestic abuse service.

12) On 8 July 2021, in relation to Patient A, you said words to the effect of *"I've got all you girls saved on my phone and all your pictures look like this"* you then pulled a pouty face and then said *"but yours is actually quite nice"*

13) On 13 July 2021, in relation to patient A you:

a) sent a text message saying 'I'm outside your door x'

b) without clinical justification, moved closer to patient A on the sofa
c) without clinical justification, touched patient A's tattoo with your finger
d) without clinical justification held patient A's hand
e) without clinical justification put your hand on patient A's knee

14) On 13 July 2021 in relation to your visit to patient A, you failed to follow Covid-19 government guidance in that:

a) you did not wear a face mask
b) you did not maintain social distancing

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

Background

On 1 February 2022, the NMC received a referral from Somerset County Council (the Council), raising concerns about Mr Williams. The charges arose whilst he was employed as a Band 6 Health Visitor.

On 8 July 2021, it is alleged that Mr Williams, during a visit to Patient A, said words to the effect of *"I've got all you girls saved on my phone and all your pictures look like this"*, he then pulled a pouty face and then said *"but yours is actually quite nice"* with respect to Patient A's WhatsApp profile picture.

On 13 July 2021, it is reported that Mr Williams carried out an unannounced face-to-face visit at Patient A's home. Before the visit, it is alleged that Mr Williams sent Patient A a text stating *'I am outside your door x'*.

During the visit, it is alleged that Mr Williams touched Patient A's tattoo with his finger. It is further alleged that Mr Williams also touched Patient A's knee, held her hand and sat unnecessarily close to her and asked if she was 'an emotional drunk'.

On 15 July 2021, the Council received a verbal complaint from the mother of Patient A, stating that Mr Williams had reportedly behaved inappropriately toward Patient A during a visit to her home and had made her feel uncomfortable.

Further, it is said that Mr Williams failed to document the 13 July 2021 visit until after the complaint had been received from Patient A's mother, on 16 July 2021. Mr Williams failed to document a previous visit to Patient A in a timely manner, in that the visit was undertaken on 8 July and recorded on 16 July 2021. Additionally, Mr Williams reportedly failed to document other service users' records in a timely manner from visits undertaken on 8 and 13 July 2021.

The complaint prompted a review of Mr Williams' case records by his manager. This revealed 17 individual incidents in which Mr Williams had either missed a mandated core contact with a service user or failed to follow up a police, hospital or ambulance service notification.

Mr Williams was removed from clinical duties while an investigation was undertaken. He was summarily dismissed from his post on 23 December 2021.

Decision and reasons on facts

At the outset of the hearing, the panel noted that within his CMF, Mr Williams had made full admissions to Charges 1a, 1b, 2, 3, 4, 5, 6, 7, 8, 9, 10a, 10b, 11, 13a, 13b, 13c, 14a and 14b.

The panel therefore finds Charges 1a, 1b, 2, 3, 4, 5, 6, 7, 8, 9, 10a, 10b, 11, 13a, 13b, 13c, 14a and 14b proved in their entirety, by way of Mr Williams’ admissions.

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Ms Aziz, on behalf of the NMC.

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

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

The panel heard live evidence from the following witness called on behalf of the NMC:

- Witness 1: Team Leader for Public Health Nursing at the Council and Mr Williams' Line Manager, at the time of the incidents.

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

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

Charge 12

12) On 8 July 2021, in relation to Patient A, you said words to the effect of *"I've got all you girls saved on my phone and all your pictures look like this"* you then pulled a pouty face and then said *"but yours is actually quite nice"*

This charge is found proved.

In reaching this decision, the panel took into account the oral and documentary evidence of Witness 1 and the documentary evidence of Patient A and Mr Willliams.

The panel had regard to the complaint email Patient A had sent to Witness 1 on 18 July 2021, following Patient A's mother's verbal complaint on 15 July 2021. The email stated:

'He had previously mentioned my WhatsApp picture the week prior saying it's not as out there as other girls and it's nice.'

This was supported by Witness 1's account within her 'Manager Communication/ Report Form' dated 15 July 2021:

'I said to Patient A that I had noticed she mentioned she had seen Gavin the week before. Patient A confirmed that he visited at 4.30pm on 8th July. I asked if anything had happened at that visit that was unusual or made her feel uncomfortable. She said nothing at the time but looking back he did make a comment about her profile picture on Whatsapp. He said something like "I've got all you girls saved on my phone and all your pictures look like this" He then pulled a pouty face like lots of girls do in selfies. And then said "but yours is actually quite nice"'

During her oral evidence, Witness 1 explained that Patient A's mother had attended the children's centre to make a complaint regarding Mr Williams' conduct during a visit on 13 July 2021. In response to this, Witness 1 had called Patient A, who outlined the above incident. She also included this in her written complaint.

During a formal interview on 17 September 2021, Mr Williams was asked about the alleged comment, and he denied it, saying that he *"did not comment on her Whatsapp photo"*.

In his Case Management Form dated 4 February 2025, Mr Williams had stated:

'I did not make any comment about WhatsApp images.'

The panel considered the above evidence and decided to accept the accounts of Witness 1 and Patient A. The panel noted that Patient A's account was consistent and was supported by Witness 1's oral and documentary evidence. It acknowledged that although this incident was not at the forefront of Patient A and her mother's

initial complaint, she had raised the matter in response to Witness 1's question. The panel heard that at the time of the visit on 8 July 2021, Patient A had not thought much of Mr Williams' alleged comment, the evidence of Patient A had found this comment to be of concern after she had had the opportunity to reflect on it in the context of Mr Williams' behaviour during the visit of 13 July 2021.

The panel considered that there was no evidence to suggest that either Patient A or her mother had a motive to lie about a comment made about a Whatsapp picture or have malicious intent towards Mr Williams, given that he was involved in the ongoing care of Patient A and her family and their motivation, based on the evidence, would seem to be to prevent other women from having a similar experience . The panel was of the view that it was more likely that Mr Williams had made a comment with words to the effect of those outlined within the charge.

Accordingly, the panel found Charge 12 proved.

Charges 13d and 13e

13) On 13 July 2021, in relation to patient A you:

…

d) without clinical justification held patient A's hand

e) without clinical justification put your hand on patient A's knee

These charges are found proved.

In reaching this decision, the panel took into account the oral and documentary evidence of Witness 1 and the documentary evidence of Patient A and Mr Willliams.

The panel noted that within her complaint email, Patient A had outlined:

> *'Gavin came to see me on Tuesday 13/07/2021… When he came in we were sat on opposite ends of my large corner sofa, he spoke to me about [REDACTED] for a matter of minutes and I felt as though it could've been said*

over the phone as he'd already called and then said he'd come over to discuss things. After this he moved over directly next to me on the sofa…He then noticed my tattoo … and traced it with his finger down my arm and slid his hand into mine and his other hand on my knee. He then asked if he was making me nervous to which I responded yes a little bit, he asked if I wanted him to move and I said no it's okay I'm just going to get some water and I messaged my friend to call me so I could go over to her house. He did apologise and said he was just being supportive. However I felt very uneasy and feel as though if there was nothing wrong he shouldn't have to apologise…'

This account was also supported by Patient A's written NMC witness statement dated 4 October 2022 and Witness 1's account within her management report. During her oral evidence, Witness 1 explained that it was uncommon practice for Health Visitors to visit unannounced, unless they were unable to get in contact with their client and they had ongoing concerns. She further explained that holding a patient's hand may be appropriate in circumstances where a client required emotional support. She told the panel that during the investigation, Mr Williams had explained to her that he had been concerned about Patient A's emotional wellbeing. This was not recorded in Patient A's records until 16 July 2021, after the complaint had been made and Mr Williams had been approached for his lack of documentation.

When asked about the allegation by Witness 1 on 16 July 2021 Mr Williams said that he couldn't remember if he "*touched her hand"* but that he *"Didn't think so".*
He also said that he was *"certain"* that he "*did not put his hand on her knee"*.

During a formal interview on 20 October 2021, he was asked whether he had held Patient A's hand he said that he cannot remember "*But didn't think so"*. He was also asked about placing his hand on her knee and replied that he *"did not think so"*.

Within his CMF, Mr Williams stated:

'I did not intentionally touch patient A's knee or hold her hand.

If I did do these things it would have been purely accidental.'

The panel considered the above evidence and preferred the accounts of Witness 1 and Patient A. The panel noted that Patient A's account had been consistent from the time she made a complaint to the time she gave her NMC witness statement, unlike Mr Williams.

It noted that this encounter had made Patient A feel uncomfortable to the point where she had to leave the room to send a 'SOS' text message to her friend. The panel also noted that Mr Williams had also sensed that Patient A was uncomfortable. This incident had led Patient A to ask her friend and mother whether the encounter was strange or whether she was simply overthinking and had subsequently prompted Patient A's mother's complaint to Mr Williams' manager. The panel considered that there was no evidence to suggest that either Patient A or her mother had a motive to lie about this incident.

The panel considered that since Mr Williams had admitted to moving closer to Patient A and touching her tattoo, it was satisfied that he had also held her hand and touched her knee during the visit as this would have been consistent with his previous actions.

With respect to clinical justification, the panel considered Mr Williams' entry in Patient A's records. It noted that Mr Williams had documented that he had only visited Patient A to update her on his progress in contacting her child's nursery. This visit had been a surprise to Patient A as she thought this simple message could have been communicated via telephone. The panel noted that this was an unwarranted and impromptu visit to Patient A's home therefore, Mr Williams had no clinical justification to hold Patient A's hand or touch her knee.

Accordingly, the panel found Charges 13d and 13e 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 Williams' 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 Williams' fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct and impairment

Ms Aziz invited the panel to find that Mr Williams' conduct amounts to misconduct and that his fitness to practise is currently impaired. She submitted that this case requires the panel's careful consideration to safeguard the public and uphold the integrity of the nursing profession and maintain confidence in the regulatory process.

Ms Aziz submitted that the primary concerns in this case are public protection and safety, the maintenance of public confidence in the nursing profession and upholding the standards expected of registered nurses. She submitted that the charges found proved are of a very serious nature and represent failings across elements of safe and effective nursing practice, including maintaining professional boundaries, which put patients at a risk of harm.

Ms Aziz submitted that Mr Williams' breach of professional boundaries would be difficult to address at this time, as he has not provided information as to how he would deal with these matters in the future. She submitted that Mr Williams has not provided any reflective statements, and he has expressed in his CMF that he accepts that his fitness to practise is impaired by reason of his misconduct.

Ms Aziz submitted that nurses are entrusted with the care of vulnerable individuals, but Mr Williams had taken advantage of Patient A's vulnerability and had breached her trust.

Ms Aziz referred to the case of *Roylance v General Medical Council (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.'* She also referred the panel to the cases of *Remedy UK Ltd v General Medical Council* [2010] EWHC 1245 (Admin), *Nandi v GMC* [2004] EWHC 2317 (Admin) and NMC guidance.

Furthermore, Ms Aziz cited the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin) and outlined the summary of Dame Janet Smith's 'test' outlined within the 5th Shipman report.

Ms Aziz submitted that Mr Williams had a responsibility to care for vulnerable patients and it was his duty to ensure that he protected them from harm. However, from the evidence, it is clear that Patient A had experienced emotional harm as a result of his actions. Ms Aziz further referred to the cases of *Meadow v GMC* [2006] EWCA Civ 1390 and *Cohen v GMC* [2008] EWHC 581 (Admin). She submitted that Mr Williams' conduct is likely to be repeated as there is no evidence from him to suggest that he has taken steps to remediate the concerns in this case.

Ms Aziz referred the panel to *'The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates'* (2015) (the Code) and submitted that Sections 1.1, 1.2, 1.5, 2.6, 4.1, 4.2, 4.3, 20.1, 20.3, 20.4 and 20.5 of the Code have been breached by Mr Williams. She submitted that nurses are

required to protect patients, their families, the wider community, whilst maintaining a high standard of practice at all times. She stated that nurses are personally accountable for their actions and omissions in practice and should treat people as individuals and respect their dignity. She submitted that the charges found proved have breached this therefore, Mr Williams' actions amount to serious misconduct and a finding of impairment is justified where there is a risk of repetition, lack of proactive remediation such as further training, reflection or insight.

Ms Aziz submitted that there is no evidence of Mr Williams' self-awareness since the incident into his failure to maintain professional boundaries, the seriousness of the charges he has admitted to or how he could remediate the concerns. She submitted that there is sufficient reason to believe that Mr Williams' actions posed a risk to patient safety and violated the professional standards. Ms Aziz further submitted that Mr Williams' ability to practise safely and effectively is impaired due to his lack of insight and his actions are incompatible with remaining on the register.

Ms Aziz submitted that there remains a risk of repetition of Mr Williams' behaviour therefore, Mr Williams' fitness to practise is impaired by reason of his misconduct.

In response to panel questions, Ms Aziz submitted that evidence indicated that Mr Williams failed to complete records, referrals or follow-ups in a timely manner. She submitted that Witness 1 indicated that despite concerns being raised about his recordkeeping and support being provided, Mr Williams' practice did not improve, and he has not provided further information demonstrating whether he has addressed these concerns.

The panel accepted the advice of the legal assessor.

Decision and reasons on misconduct

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

The panel was of the view that Mr Williams' actions did fall significantly short of the standards expected of a registered nurse, and that Mr Williams' actions amounted to a breach of the Code. Specifically:

> *'**1 Treat people as individuals and uphold their dignity***
> *To achieve this, you must:*
> ***1.1** treat people with kindness, respect and compassion*
> ***1.2** make sure you deliver the fundamentals of care effectively*
> *…*
> ***1.4** make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay*
> *…*
> ***2 Listen to people and respond to their preferences and concerns***
> ***To achieve this, you must:***
> ***2.1** work in partnership with people to make sure you deliver care effectively*
> *…*
> ***2.6** recognise when people are anxious or in distress and respond compassionately and politely*
> *…*
> ***3 Make sure that people's physical, social and psychological needs are assessed and responded to***
> *To achieve this, you must:*
> ***3.1** pay special attention to promoting wellbeing, preventing ill health and meeting the changing health and care needs of people during all life stages*
> *…*
> ***3.3** act in partnership with those receiving care, helping them to access relevant health and social care, information and support when they need it*
> *…*
> ***4 Act in the best interests of people at all times***
> *To achieve this, you must:*
> ***4.1** balance the need to act in the best interests of people at all times with the requirement to respect a person's right to accept or refuse treatment*
> *…*
> ***8 Work cooperatively***

To achieve this, you must:

8.1 *respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate*

8.2 *maintain effective communication with colleagues*

8.3 *keep colleagues informed when you are sharing the care of individuals with other health and care professionals and staff*

…

8.5 *work with colleagues to preserve the safety of those receiving care*

8.6 *share information to identify and reduce risk*

…

10 Keep clear and accurate records relevant to your practice

This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.

To achieve this, you must:

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*

10.2 *identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need*

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

To achieve this, you must, as appropriate:

…

13.2 *make a timely referral to another practitioner when any action, care or treatment is required*

…

13.4 *take account of your own personal safety as well as the safety of people in your care*

…

17 Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection

To achieve this, you must:

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

***17.2** share information if you believe someone may be at risk of harm, in line with the laws relating to the disclosure of information*

…

20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

…

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

…

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

***20.6** 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. However, the panel was of the view that some of Mr Williams' actions did fall short of the standards expected of a nurse and were serious enough to amount to misconduct.

Charges 1a and 1b

In relation to Charges 1a and 1b, the panel was of the view that Mr Williams' failure to document his visits to Patient A on 8 and 13 July 2021 in a timely manner, was sufficiently serious to amount to misconduct. The panel considered that as a health visitor, Mr Williams had a duty to document all interactions with his clients in a timely manner. The panel noted the oral evidence of Witness 1, who had stated that Mr Williams' had previously been challenged regarding the poor quality and delays associated with his record keeping, but despite being offered support and receiving

further training, his practice had not improved. The panel also noted that Mr Williams had only documented his visits to Patient A after he had been approached by Witness 1 in response to Patient A's initial complaint.

The panel considered that Patient A was put at a risk of harm as other healthcare professionals would have needed to rely on Mr Williams' documentation to ensure patient safety and continuity of care.

Charge 2

In relation to Charge 2, the panel was of the view that Mr Williams' failure to follow up on Patient C's Accident and Emergency (A&E) notification, was sufficiently serious to amount to misconduct. The panel noted that in this case, a young child had suffered harm by having an accident at home. As a health visitor, Mr Williams had a duty to follow up on this incident following a notification from an emergency service, to ensure the safety of Patient C, which he had failed to do.

Charge 3

With respect to Charge 3, the panel was of the view that Mr Williams' failure to conduct a mandated visit on a number of children reaching the age of two, was sufficiently serious to amount to misconduct. The panel considered that a key role of a health visitor is to oversee the care and development of every child in their caseload at key times specified, to highlight any issues early on, in order to improve their outcomes.

The panel noted that Mr Williams had failed to undertake the mandated visits within the specified timeframe, which fell far below the standards expected of a health visitor.

Charge 4

With regards to Charge 4, the panel was of the view that Mr Williams' failure to follow up on a police notification in a timely manner, was sufficiently serious to amount to

misconduct. The panel noted that this case involved a serious safeguarding concern requiring police involvement. The panel identified that Mr Williams, as the health visitor for Patient B, had a duty to act on the police notification for this incident to support a vulnerable, at-risk patient and their family. In failing to do this in a timely manner, Mr Williams further put Patient B and their family at a risk of harm that was avoidable if the correct actions had been taken at an appropriate time.

Charge 5

With respect to Charge 5, the panel considered Mr Williams' failure to follow up on an ambulance notification, of a child safeguarding concern, in a timely manner, was sufficiently serious to amount to misconduct. The panel noted that although the notification was received in July 2020, Mr Williams had failed to carry out a follow-up until September 2020. This was a serious breach of the standards expected of a health visitor as the undue delay could have put Patient G at a risk of harm.

Charge 6

In relation to Charge 6, the panel was of the view that Mr Williams' failure to follow up on Patient F's A&E notification in a timely manner, was sufficiently serious to amount to misconduct. The panel noted that in this case, another young child had been harmed by having an accident at home. The panel noted that there were other safeguarding concerns in this family and Mr Williams had failed to recognise the importance of a timely follow-up to safeguard Patient F. In addition to this, the panel noted that on three separate occasions, Mr Williams had failed to follow up on incidents flagged up by an emergency service, in a timely manner, subsequently putting Patient F at a risk of harm.

Charge 7

In relation to Charge 7, the panel was of the view that Mr Williams' failure to ensure Patient K's antenatal visits had taken place, was sufficiently serious to amount to misconduct. The panel noted that concerns had been raised by Patient K's General Practitioner (GP) about potential safeguarding concerns and a risk of harm to Patient

K. As Patient K's health visitor, Mr Williams had a duty to carry out her mandated antenatal visits, and the panel further noted that due to the GP's concerns, this should have been a priority. In failing to do this, Patient K and her unborn child were put at an unwarranted risk of harm.

Charge 8

With respect to Charge 8, the panel was of the view that Mr Williams' failure to follow up on Patient O's hospital notification, was not sufficiently serious to amount to misconduct. The panel noted that although Patient O was allocated to Mr Williams' caseload, at the time of the notification, Mr Williams had been removed from clinical duties and was in an admin role. The panel noted that there may have been a systemic issue as it seemed that there was a lack of oversight of Patient O's case in Mr Williams' absence from his clinical role.

Charge 9

With regards to Charge 9, the panel considered Mr Williams' failure to complete a domestic abuse risk assessment/refer Patient S to a domestic abuse service, was sufficiently serious to amount to misconduct. The panel noted that as a health visitor, Mr Williams had a duty to refer Patient S and escalate any safeguarding concerns he had. In failing to do this, Patient S was further exposed to a risk of harm.

Charges 10 and 11

With regards to Charges 10 and 11, the panel considered Mr Williams' actions were sufficiently serious to amount to misconduct. The panel noted that although it appeared that Mr Williams had undertaken the assessment for Patient V, he had failed to make a referral to the community paediatrician or upload the assessment onto Patient V's case record in a timely manner, noting that this happened 35 days later. The panel considered that as a health visitor, Mr Williams had a duty to document this assessment and make the necessary referral within a timely manner. This would allow other healthcare professionals to become involved in Patient V's care to make ongoing referrals and assessments. In failing to do this, Patient V

experienced harm as there was undue delay in receiving potential support and treatment for developmental delays.

With respect to Patient U, the panel noted that Patient U had raised with her GP that she had not received any appointments in relation to a referral Mr Williams had said he would make on her behalf. The panel acknowledged that Patient U had experienced emotional distress as she had been under the impression that she would be receiving support, when in fact Mr Williams had failed to put through the referral almost six months after the initial assessment. This was a serious breach of the standards and trust placed in health visitors as the undue delay had put both Patient V and Patient U at a risk of harm.

Charge 12

With regards to Charge 12, the panel considered that Mr Williams' actions were sufficiently serious to amount to misconduct. The panel considered that as a lone working male entering patient homes, Mr Williams would have been aware of the importance of maintaining professional boundaries. The panel considered whether Mr Williams may have made a comment about Patient A's WhatsApp picture in an attempt to establish a rapport with her but rejected this. The panel was of the view that not only was this inappropriate, but Mr Williams had acted outside of the professional boundaries expected of a community nurse. The panel was of the view that there had been a power imbalance given Patient A's age and vulnerability and Mr Williams' position as a nurse and that making inappropriate comments about Patient A's WhatsApp image may be considered as predatory.

Charges 13a – 13e

The panel decided to consider Charges 13a – 13e as a continuum of events and determined that Mr Williams' actions, both individually and collectively, were sufficiently serious to amount to misconduct. It noted that Patient A, a young and vulnerable individual, was sufficiently uncomfortable with the series of events that she felt the need to excuse herself to send an 'SOS' message to a friend, stating that she was *'freaking out'*. This confirmed that Mr Williams' behaviour was completely

unwelcome and suggests that Patient A had experienced emotional distress as a result of Mr Williams' actions. Again, the panel was of the view that there had been a power imbalance during this exchange, and not only would Mr Williams' actions be considered predatory, but it would also be considered deplorable by fellow practitioners and the public.

Charges 14a and 14b

With respect to Charges 14a and 14b, the panel was of the view that Mr Williams' failure to maintain COVID-19 protocols, was not sufficiently serious to amount to misconduct. The panel noted that according to the Council's COVID-19 guidance, Mr Williams had breached COVID-19 protocols by not maintaining social distancing with Patient A.

The panel noted that the Council's guidance, written in April 2020, had outlined that a mask needed to be worn if a patient had or was suspected of having Covid. In addition, the panel noted that Mr Williams had said that he had asked Patient A if she wanted him to wear a mask and she had stated no.

The panel concluded that due to uncertainty in national COVID-19 protocols, that may have differed from the Council's guidance, the panel was satisfied that this breach was not in fact misconduct.

Decision and reasons on impairment

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

The panel noted in the statement of Witness 1:

> *'The potential harm as a result of failing to properly safeguard is catastrophic. If a health visitor is the only professional involved with a family and is aware of safeguarding concerns but fails to get early help and support for the family it can, in the worst cases, lead to child death or injury.'*

The panel also noted repeated failures in making and attending appointments, in follow-up and mandatory care and in record keeping.

The panel noted the predatory behaviour towards a vulnerable patient in a serious breach of trust.

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, 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. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

The panel was aware that this is a forward-looking exercise, and accordingly it went on to consider whether Mr Williams' misconduct was remediable and whether he has already remediated his misconduct. It considered Mr Williams' responses during the local investigation and his responses contained within his CMF.

The panel considered that Mr Williams' misconduct could be remediated but only through significant reflection and insight into all his failings. The panel noted that during a meeting with Witness 1, Mr Williams had expressed that he did not feel he had acted in an inappropriate way to Patient A but if he could apologise to her he would. However, the panel noted that Mr Williams has not provided any evidence, such as a reflective piece, expressing further remorse or evidencing any reflection or insight, specifically into his actions, their impact on patients, his colleagues, the wider

public and the reputation of the nursing profession. The panel considered that there was no evidence from Mr Williams to demonstrate that he has taken steps to remediate the concerns. In relation to his recordkeeping issues, the panel took into account the evidence of Witness 1, who had stated that despite support and further training, Mr Williams' practice had not improved, and he had not sought to strengthen his practice.

The panel considered whether Mr Williams had made any efforts to strengthen his practise with regard to the wider concerns contained within the proved charges, the panel had nothing before it to suggest that Mr Williams had completed any training or demonstrated he had been able to practise safely and professionally since the concerns and concluded the concerns had not been addressed.

Mr Williams confirmed his lack of practice strengthening and the unlikelihood that he will ever remediate in his CMF when he stated:

> *'I have not practised since my dismissal in December 2021.*
> *I have not applied for any nursing roles since being informed of these proceedings*
> *I have not revalidated and have no intention of nursing again.'*

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/ fitness to practise is impaired in the sense that S/He:

a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*

b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

d) *…'*

The panel concluded that limbs a), b) and c) of the *Grant* test were engaged in this case. The panel found that a number of vulnerable patients had been put at an unwarranted risk of harm as a result of Mr Williams' misconduct and that Patient A had suffered from actual harm in the form of emotional distress and that Patient V had also suffered actual harm. The panel considered that Mr Williams' misconduct had breached the fundamental tenets of the nursing profession, as demonstrated by the breaches of the Code, and had therefore brought its reputation into disrepute.

Due to the lack of reflection, insight or further remorse from Mr Williams, the panel concluded that there was a likelihood of repetition of his conduct, and that there remains a real risk of harm to the public, including patients and colleagues. The panel acknowledged that Mr Williams had repeatedly failed in his duties as a health visitor, which put several patients and their families at a risk of harm. The panel therefore decided that a finding of impairment was necessary on the grounds of public protection.

The panel bore in mind that the overarching 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.

The panel determined that a finding of impairment on public interest grounds is also required. The panel was of the view that a well-informed and reasonable member of the public would be deeply concerned with the matters in this case and that public confidence in the nursing profession would be undermined if a finding of impairment was not made. The panel therefore finds Mr Williams' fitness to practise impaired on the grounds of public interest.

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

Sanction

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

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

Submissions on sanction

Ms Aziz referred to the NMC SG and submitted that with respect to seriousness, the panel should take into account the Code and whether the misconduct can be

addressed and if there has been comprehensive insight, remorse or strengthened practice which addresses specific concerns that have been raised.

Ms Aziz submitted that the panel must be satisfied that the behaviours have been addressed and that there is no risk of repetition. She submitted that the NMC has a responsibility to take action, to protect the public from harm, if there is evidence of serious concerns that warrant regulatory action.

Ms Aziz referred to the case of *Fuglers LLP & ORS V Solicitors Regulatory Authority* [2014] EWHC 179 (Admin) which outlines that the most important factors to consider are the culpability for the misconduct in question, the harm caused by the misconduct, proportionality, aggravating features, mitigating features and a registrant's previous fitness to practise history, as reflected in the NMC SG.

Ms Aziz submitted that the aggravating features in this case are an abuse of a position of trust, lack of insight into failings and conduct which put patients at risk of suffering harm. She submitted that Mr Williams' misconduct was deliberate, and it is unclear whether Mr Williams is still working as a nurse.

Ms Aziz submitted that despite stating in his CMF that he has not applied for nursing roles since his dismissal in December 2021, an email from Mr Williams to the NMC dated 10 February 2022, demonstrated that Mr Williams had applied for and been offered interviews for roles as a Band 5 nurse. Ms Aziz submitted that that it is imperative that Mr Williams' practice is restricted with a sanction following the panel's findings of misconduct and impairment.

With respect to the sanctions, Ms Aziz submitted that taking no further action or imposing a caution order would not sufficiently address the seriousness of the concerns of the case, and it would not meet the wider public interest. She submitted that most of Mr Williams' failings were clinical and related to poor record keeping and safeguarding.

Ms Aziz submitted that a conditions of practice order would not be sufficient to protect the public due to Mr Williams' inappropriate behaviour towards Patient A. She

submitted that it would not be appropriate as a breach of professional boundaries would be difficult to address and there are no conditions that could effectively address these concerns or the seriousness of the case.

In relation to a suspension order, Ms Aziz outlined the factors set out in the SG and submitted that Mr Williams has not provided any evidence to suggest that he has reflected on his actions or made any attempts to address any of the concerns. She further stated that Mr Williams' conduct has fallen far short of the standards expected of the registered nurse therefore, a suspension order would not be suitable in this case.

Turning to a striking- off order, Ms Aziz outlined the SG, which states that a striking-off order is likely to be appropriate where a registrant's conduct is fundamentally incompatible with remaining on the register. She outlined the factors within the SG in relation to a striking off order and submitted that Mr Williams' failure to maintain professional boundaries had caused psychological harm to Patient A, who was a vulnerable adult. She submitted that Mr Williams was aware of Patient A's vulnerability and the fact that she had felt uncomfortable as a result of the encounter.

Ms Aziz submitted that the concerns in this case raise fundamental questions about Mr Williams' professionalism and his actions are fundamentally incompatible with him continuing to be a registered professional. She submitted that his conduct breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. Ms Aziz submitted that the only appropriate and proportionate sanction in these circumstances would be a striking-off order, to promote confidence in the nursing profession.

In response to panel questions, Ms Aziz stated that the only mitigating feature was an early admission to the majority of the charges by Mr Williams. There is no history of previous fitness to practise proceedings or referrals for Mr Williams.

Ms Aziz submitted that from the evidence before the panel, the previous concerns in relation to record keeping and the panel's findings on misconduct and impairment, Mr Williams cannot be considered as a competent and diligent practitioner. She

stated that the NMC sets out its expectations with regards to safeguarding patients and maintaining professional boundaries, and it is necessary to emphasise that the nature of Mr Williams' misconduct is incompatible with him remaining on the register.

Ms Aziz submitted that Mr Williams' misconduct involved multiple breaches of the Code, breached his position of trust and put patients, colleagues and the public at a risk of harm. She submitted that even though Mr Williams has no previous fitness to practise proceedings, in the absence of any demonstrated insight or remediation, Mr Williams' failure to take responsibility for his actions suggest that he remains a risk to patient safety and the integrity of the profession. His previous character cannot offset the panel's findings with respect to misconduct and impairment.

Ms Aziz submitted that a suspension order, even for the maximum duration, would not mark the seriousness of the case or protect the wider public interest where Mr Williams' conduct has breached the fundamental tenets of the nursing profession and where there is no evidence that Mr Williams has remediated the concerns.

Decision and reasons on sanction

Having found Mr Williams' 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:

- Conduct which put vulnerable patients at risk of suffering harm
- A pattern of misconduct over a period of time, affecting a number of patients
- Breaches of the Code, mandatory standards and local procedures, which were attitudinal in nature
- Abuse of a position of trust

- Lack of remorse or insight into failings

The panel also took into account the following mitigating features:

- Early admissions to the majority of the charges
- Very limited insight
- Previous good character/history

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 Williams' 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 Williams' 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 Williams' registration would be a sufficient and appropriate response. The panel was of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The panel considered that Mr Williams has stated that he does not wish to continue practising as a registered nurse although, there is no evidence before it to indicate that he would engage with a conditions of practice order, if it were to be imposed. Furthermore, the panel concluded that the placing of conditions on Mr Williams' registration would not adequately address the seriousness of this case and would not protect the public.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

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

The panel considered that this case involved multiple instances of misconduct, which occurred over a prolonged period of time and there was evidence to suggest attitudinal problems. The panel was also satisfied that Mr Williams has demonstrated only very limited insight into his misconduct, as he has not provided further evidence to demonstrate his remorse or remediation of the concerns in this case and he has expressed that he no longer wishes to continue practising as a nurse.

Additionally, the conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Mr Williams' actions is fundamentally incompatible with him remaining on the register.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*

- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

The panel concluded that Mr Williams' actions were significant departures from the standards expected of a health visitor and are fundamentally incompatible with him remaining on the register. The panel considered that Mr Williams' misconduct raises questions about his professionalism as there is evidence to suggest that he is unable to undertake his role in a safe, competent and effective manner. The panel was of the view that Mr Williams' actions fell far below the standards expected of a health visitor and that his misconduct, which included acting in a predatory manner towards one of his patients, had failed to protect the vulnerable families in his care.

The panel was of the view that the only way to protect the public due to the findings in this particular case was a striking-off order. The panel also considered that the absence of any remorse or insight meant that the risk of repetition and harm is high.

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 Williams in writing.

Interim order

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

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

Submissions on interim order

The panel took account of the submissions made by Ms Aziz. She invited the panel to impose an interim order for a period of 18 months on the grounds of public protection and otherwise in the public interest. She submitted that as the striking off order will not take effect until after the 28-day period, an interim order is necessary to cover this intervening period to protect the public and meet the public interest in light of the panel's findings.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the sanction it has imposed; namely a striking off order and the reasons for that, its findings and reasons on the facts, misconduct and impairment.

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

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

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

That concludes this determination.