Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday, 22 September to Friday, 26 September 2025
Monday, 24 November 2025

Virtual Hearing

Name of Registrant:	Bryan McAteer
NMC PIN	89K0085S
Part(s) of the register:	Nurses Part of the Register - Sub Part 1 - RN3 Registered Nurse - Mental Health - 21 May 1993
Relevant Location:	South Lanarkshire
Type of case:	Misconduct
Panel members:	Rachel Onikosi (Chair, Lay member) David Anderson (Lay member) Helen Reddy (Registrant member)
Legal Assessor:	Neil Fielding (22 - 26 September 2025) Maeve Holland (24 November 2025)
Hearings Coordinator:	Margia Patwary
Nursing and Midwifery Council:	Represented by Graham Macdonald, Case Presenter
Mr McAteer:	Present and represented by Aimee Doran
Facts proved:	Charges 1, 2 a-e, 3, 4, and 5
Facts not proved:	None
Fitness to practise:	Impaired
Sanction:	**Suspension order (9 months)**
Interim order:	**Interim suspension order (18 months)**

Charges

That you, a registered nurse:

1. On 8 July 2022, sent an email to colleague A asking if she 'would be interested in having some great flirtatious fun'

2. On 8 July 2022, said to Colleague A:

a) "I wouldn't mind seeing you with your clothes off" or words to that effect;
b) "Me and you could be really good together" or words to that effect;
c) "Me and you would be a really good fuck" or words to that effect;
d) "Am I making you feel uncomfortable?" or words to that effect;
e) "Well what about a kiss then?' or words to that effect.

3. On 9 July 2022 sent an email to Colleague A which stated 'I honestly thought that we both could have had a lot of fun. I still do, but I understand that it may not be for you'.

4. Your actions in any one of charges 1- 3 above were sexually motivated in that you were seeking sexual gratification and/or intended to pursue a future sexual relationship with Colleague A

5. Your actions at one or more of the charges at 1 to 3 above amounted to harassment of Colleague A in that:
    a) Your conduct was unwanted;
    b) Your conduct had the purpose or effect of violating Colleague A's dignity and/or creating an intimidating, hostile, degrading, humiliating or offensive environment for Colleague A.

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

Special Measures Application - Colleague A

Mr Macdonald, on behalf of the Nursing and Midwifery Council (NMC), applied for special measures in relation to Colleague A, the first witness in this case. He submitted that Colleague A had indicated she would find it distressing to give her evidence whilst being observed by you on screen. He therefore sought a direction that, whilst she gave her evidence, you should have your camera switched off. He explained that the measure was designed to assist the witness in giving her best evidence. He confirmed that this proposal had been discussed with your representative and that there was agreement in principle, subject to the approval of the panel.

Mr Macdonald submitted that the proposed measure was both necessary and proportionate. He explained that it was limited in scope, would operate only for the duration of Colleague A's evidence, and would not prejudice your ability to follow the proceedings.

Ms Doran, on your behalf confirmed that you did not oppose the application.

The panel heard and accepted the advice of the legal assessor. He referred the panel to Rule 23 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004.

The panel was satisfied that Colleague A was a vulnerable witness within the meaning of Rule 23, as the allegations in this case are of a sexual nature and she is the alleged victim. The panel considered that the measure sought was both appropriate and proportionate. It noted that the application was unopposed and that the measure would not prejudice your participation in the hearing.

Accordingly, the panel granted the application. You were directed to have your camera switched off during the course of Colleague A's evidence

Background

You were employed at the State Hospital, Carstairs (the Hospital). You commenced employment at the Hospital in 1989 and had worked there for 33 years as a Charge Nurse. The Hospital is a high-security and specialist hospital providing care for patients with severe mental illness in a challenging work environment.

You and Colleague A had worked at the Hospital as colleagues for approximately 25 years. Until July 2022, there had been no concerns raised regarding your professional relationship.

The allegations considered by this panel arise from incidents which are said to have occurred on 8 and 9 July 2022. It is alleged that you sent inappropriate emails to Colleague A and made a number of sexually explicit comments to her in person during the course of a shift. It is alleged that your actions were sexually motivated and amounted to harassment of Colleague A.

It is further alleged that your conduct violated Colleague A's dignity and/or created an intimidating, hostile, degrading, humiliating or offensive environment for her.

Decision and reasons on facts

At the outset of the hearing, the panel heard from Ms Doran, who informed the panel that you made admissions to charges 1 and 3.

The panel therefore found charges 1 and 3 proved in their entirety, by way of your admissions.

Ms Doran made clear that you did not admit that either of those emails were sexually motivated. You further denied the words alleged in charge 2, and you did not admit the motivation or harassment alleged in charges 4 and 5.

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

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 witnesses called on behalf of the NMC:

- Colleague A: Staff Nurse at the Hospital
- Witness 1: Senior Charge Nurse at the Hospital

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

- Witness 2: Staff Nurse at the Hospital

The panel also heard evidence from you under oath.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor.

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

Charge 2 a), b) and c) Charge 2 d) and 2 e)

"On 8 July 2022, said to Colleague A:

a) "I wouldn't mind seeing you with your clothes off" or words to that effect;

b) “Me and you could be really good together” or words to that effect;
c) “Me and you would be a really good fuck” or words to that effect;
d) “Am I making you feel uncomfortable?” or words to that effect;
e) “Well what about a kiss then?’ or words to that effect.

This charge is found proved in its entirety

In reaching this decision, the panel took into account the oral and written evidence of Colleague A, your oral evidence and the evidence of Witness 2.

The panel found Colleague A’s account to be clear, consistent, and a detailed account of the remarks made. She described the layout of the medication area and her close proximity to you, and that patients would collect their medication one at a time. She explained that there was background noise from the patients and that the television was on in the day room.

The panel noted that Colleague A immediately discussed the incident with a nursing assistant, asking not to be left alone with you. She also informed her line manager that night, which the panel considered provided significant contemporaneous evidence of Colleague A seeking support. The panel considered that there was insufficient evidence before the panel to suggest that Colleague A had any reason to fabricate these allegations.

During Colleague A’s oral evidence, she told the panel that she did not respond to your comments because she felt embarrassed, awkward, and shocked.

The panel did not find your explanation for the contents of the two emails you admitted sending to be plausible. You characterised them respectively as relating to *“fun”* you described as workplace banter and an apology for failing to support colleague A. The panel was of the view that the meaning of the emails was readily apparent on their face. The nature of the 'fun' sought by you can be identified by reference to the phrase it

“doesn't need to be serious and know(sic) one needs to ever know”. It is patent from these words that you were seeking a sexual relationship with colleague A.

The panel therefore rejected your retrospective attempts to explain them otherwise. Moreover, the panel did not consider that the lack of support you described would or could have warranted or prompted the second email. It is difficult to conceive how a failure to support colleague A would result in her feeling *“awkward”* or *“embarrassed”*. It is far more likely however that the conduct described by Colleague A would have prompted just such a response. To that extend it corroborates Colleague A's account. Your explanation for sending the second email following a change in Colleague A's demeanour also tends to support Colleague A's account. From Colleague A's evidence which we accept she had not seen the first email sent by you until later in the evening and therefore the most likely reason for the change in her behaviour you observed would be what she states you said to her.

The panel also heard from Witness 2 who has known you and Colleague A for a significant number of years. She describes a culture of sexual banter in the Hospital and that she has witnessed both you and Colleague A engaging in light-hearted sexual banter. She however confirmed that she has never witnessed sexual banter occurring between the two of you, and upon hearing the alleged remarks you made she agreed that it went beyond sexual banter.

The panel noted Witness 2’s account of the likely positioning of the patients near to the medicine administration area and her view that the area is generally quiet as per protocol. The panel noted that Witness 2 was not present on 8 July 2022 and could not therefore speak to the precise circumstances on that day.

On the balance of probabilities, the panel found charges 2 a) – e) proved.

Charge 4

> Your actions in any one of charges 1- 3 above were sexually motivated in that you were seeking sexual gratification and/or intended to pursue a future sexual relationship with Colleague A.

This charge was found proved.

In reaching this decision, the panel took into account the language of the email dated 8 July 2022, the further email of 9 July 2022, and the remarks proved under charge 2. The panel considered the words used in both the emails and the comments to be overtly sexual in nature.

The panel did not accept your explanation that *"great flirtatious fun"* referred to workplace banter and that your apology email of 9 July 2022 was sent because of your lack of support towards Colleague A on the shift. The panel considered that your phrase *"wanted to apologise for my behaviour yesterday"* was more likely to refer to the alleged remarks made to Colleague A rather than the first email you had sent or the lack of support you referred to. It also considered these interpretations implausible and inconsistent with the wording of your messages. The panel determined that your purpose was to test whether Colleague A was interested, as you intended to pursue a sexual relationship with her rather than for your sexual gratification. The panel also took into account the words and phrases used in an email of 8 July 2022 in particular *"you were looking fantastic lately and if you fancy a shot of my didgeridoo"* which was sent from your email account by a colleague as a joke to Colleague A. The panel was of the view, that you had an opportunity to stop the joke at this point but instead you made a conscious decision to continue and pursue Colleague A.

On the balance of probabilities, the panel found your actions to be sexually motivated solely on the basis that you intended to pursue a future sexual relationship with Colleague A. Accordingly, charge 4 is proved.

Charge 5

Your actions at one or more of the charges at 1 to 3 above amounted to harassment of Colleague A in that:

a) Your conduct was unwanted;
b) Your conduct had the purpose or effect of violating Colleague A's dignity and/or creating an intimidating, hostile, degrading, humiliating or offensive environment for Colleague A.

This charge was found proved.

In reaching this decision, the panel took into account the oral and written evidence of Colleague A and your oral evidence.

Colleague A described the impact of your conduct to the panel. She said she felt shocked, embarrassed, and humiliated. She spoke of crying on her way home, avoiding you at work, requesting that management ensure that her shifts did not bring her into contact with you and ultimately retiring earlier than she had intended. The panel accepted this evidence as credible and consistent.

The panel was satisfied that your conduct was unwanted. It also found that it had the effect of violating Colleague A's dignity and creating an intimidating, hostile, degrading, humiliating and offensive environment for her. The panel did not find that you deliberately intended to cause these effects, but it was satisfied that the effect of your actions met the test for harassment.

Accordingly, the panel found charge 5 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 your 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 suitability to remain on the register unrestricted.

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, your fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct and impairment

In coming to its decision, the panel had regard 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.'*

Mr Macdonald 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.

Mr Macdonald submitted that your conduct towards Colleague A had breached a number of these provisions and that the seriousness of the case was aggravated by the fact that

some of the remarks were made during a medication round in a secure psychiatric hospital, where the focus should have been entirely on patient safety.

Turning to impairment, Mr Macdonald referred the panel to the cases of *Cohen v General Medical Council [2008] EWHC 581 (Admin)* and *Council for Healthcare Regulatory Excellence v Nursing and Midwifery Council and Grant [2011] EWHC 927 (Admin)*. He submitted that three of the four limbs identified in *Grant* were engaged. First, he submitted that there was a risk of harm to patients, as your behaviour distracted both you and Colleague A during the administration of medication. Second, he submitted that your conduct brought the profession into disrepute, given the sexual nature of the communications and the impact on a colleague. Third, he submitted that your behaviour breached fundamental tenets of the profession, including the requirement to treat colleagues with dignity and respect.

Mr Macdonald submitted that you had engaged in some reflection but submitted that your insight was limited and self-serving. He submitted you had sought to minimise your behaviour and had not demonstrated full acceptance of the impact on Colleague A. He further submitted that there was no evidence before the panel of formal remediation, such as structured training or professional development to strengthen boundaries and professional conduct.

Mr Macdonald invited the panel to find that your fitness to practise is currently impaired, both on the basis of public protection and on the wider public interest grounds of maintaining confidence in the profession and upholding proper standards of conduct.

Ms Doran accepted that the emails and remarks found proved by the panel were inappropriate. However, she submitted that it was important to recognise the distinctions within the panel's findings of fact. The panel had not found that you acted for the purpose of sexual gratification, but rather that the conduct was motivated by an attempt to test whether Colleague A was interested in a relationship. Further, the harassment charge had

been proved on the basis of the effect on Colleague A, not because you had intended to cause humiliation or distress.

Ms Doran submitted that these distinctions were important in determining whether your behaviour, although inappropriate, should properly be characterised as serious misconduct. She submitted that this was an isolated incident in a long and otherwise unblemished career, and that it was not predatory, exploitative, or repeated behaviour. In her submission, while the conduct did fall below the standards expected, it did not amount to a fundamental departure of such seriousness as to warrant a finding of misconduct.

Turning to impairment, Ms Doran submitted that impairment is a forward-looking exercise and it is not to punish past conduct.

In regard to insight, Ms Doran submitted that you had described your actions as a *"grave error of judgment"* and had reflected on the importance of maintaining professional boundaries. You had explained how you would act differently in the future, for example by ensuring your computer was locked, reporting IT breaches immediately, and mentoring junior colleagues on professional standards.

In regard to remediation, Ms Doran submitted that you had practised safely in the Hospital since the events in question without further incident. She referred to positive references from your line managers and to evidence that you had been mentoring other staff. She submitted that these demonstrated meaningful behavioural change and remediation.

On the risk of repetition, Ms Doran submitted that the incident was isolated and out of character, occurring after more than three decades of unblemished practice. Given the absence of any further concerns since the incident occurred, she submitted that the risk of repetition was negligible.

Ms Doran addressed the public interest. She submitted that there had been no clinical failings and that patients had not been put at risk. She acknowledged that public

confidence in the profession might be affected by the panel's finding of facts but submitted that a well-informed member of the public would recognise the difference between a one-off lapse and predatory or exploitative misconduct. She invited the panel to conclude that your fitness to practise is not currently impaired.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Grant*, *NMC v Cheadle* (2012), and *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311.

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

8 As a registered nurse, midwife or specialist community public health nurse, you must act to identify and minimise the risk to patients and clients
8.2 maintain effective communication with colleagues.

> ***20 You uphold the reputation of your profession at all times. You should display a personal commitment to the standards of practice and behaviour set out in the Code. You should be a model of integrity and leadership for others to aspire to. This should lead to trust and confidence in the professions from patients, people receiving care, other health and care professionals and the public.***
>
> **20.1** *Keep to and uphold the standards and reputation of your profession at all times*

20.2 *Treating people fairly and without … harassment*

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

20.5 *Treat people in a way that does not … cause them upset or distress*

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

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

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

In respect of charges 1 to 3, the panel noted that you sent two uninvited and sexually motivated emails to Colleague A whilst at work. These messages were entirely inappropriate in the workplace and represented a serious departure from the standards expected of a Charge Nurse. The sexual remarks you made, some of which were explicit, during a medication round in a high-security psychiatric hospital, demonstrated your failure to consider the impact on Colleague A at the time and the effect it could have had on patient safety and care. The panel also noted that the use of your work email account for such communications was a total disregard of the Hospital's email policy and the NMC Code section 20.10 (digital communication).

In respect of charge 4, the panel found that your actions were sexually motivated, in that you were seeking to pursue a future sexual relationship with Colleague A. It considered this to be a further serious departure from professional standards.

In respect of charge 5, the panel found that your conduct amounted to harassment. Your behaviour was unwanted, was of a sexual nature, and had the effect of violating Colleague

A's dignity and creating an intimidating, hostile, degrading, humiliating and offensive environment for her.

The panel was particularly concerned that this behaviour was directed towards a colleague with whom you were working in close proximity in a secure hospital environment. It noted that, as a Charge Nurse with 33 years' experience, you held a position of responsibility and were expected to act as a role model to others.

The panel determined that, taken together, your conduct fell far below the standards expected of a registered nurse. It amounted to a serious departure from the Code and was sufficiently serious to amount to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, your fitness to practise is currently 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, nurses must act with integrity. 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 *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 determined that three of the four limbs of this test are engaged in your case.

The panel found that you had in the past put patients at unwarranted risk of harm and are liable to do so in the future; that you had in the past brought the profession into disrepute and are liable to do so in the future; and that you had in the past breached, and are liable to do so in the future to breach, fundamental tenets of the profession.

The panel noted the NMC guidance that sexually motivated misconduct may be difficult to remediate, however the panel considered that your conduct was capable of remediation. It

noted that you had acknowledged your behaviour was wrong and had described it as a *“grave error of judgment”*. You told the panel that you have acted differently since the incident, including ensuring that your computer is locked, reporting IT breaches promptly, and mentoring junior staff on professional boundaries. The panel also noted that you had continued to practise at the State Hospital for three years since the incident without further concern being raised.

Whilst the panel acknowledges that you have some insight into these matters which appears to be developing, it is not satisfied that it is fully established and embedded in your practice. In your oral evidence you sought to minimise aspects of your behaviour, at times describing it as *“banter”*. The panel was concerned that this suggested a lack of full appreciation of the gravity of your actions and of their impact on Colleague A, other work colleagues, vulnerable patients and the wider profession. You had not provided the panel with a written reflective piece or evidence of any training or meaningful remediation to strengthen your practice in this area.

The panel was also particularly concerned that some of your behaviour occurred during a medication round in a high-security psychiatric hospital. At that time, you and Colleague A should have been focused entirely on patient care. The distraction created by your remarks created a potential risk to patient safety, particularly given the strength of the medications involved and the vulnerability of the patient group. The panel also considered that patients could have overheard your comments, which could have caused them distress.

Given that your insight is not fully developed and the limited evidence of steps taken to strengthen your practice, the panel was not satisfied that the risk of repetition was negligible. It determined that a finding of impairment was required on the grounds of public protection.

The panel then considered the wider public interest, including the need to maintain confidence in the nursing profession and in the NMC as its regulator, and to uphold proper professional standards.

The panel considered that your behaviour breached fundamental tenets of the profession, including the requirement to treat colleagues with dignity and respect and to act as a role model for others. Your conduct was capable of bringing the profession into disrepute.

The panel concluded that a well-informed member of the public, fully informed of the facts, would be concerned if a nurse who had engaged in sexually motivated and harassing behaviour towards a colleague during a medication round and through email communication were allowed to continue in unrestricted practice. The panel determined that a finding of impairment was necessary to uphold proper standards of conduct and behaviour and to maintain public confidence in the nursing profession and in the NMC.

For these reasons, the panel determined that your fitness to practise is currently impaired, both on the grounds of public protection and in the wider public interest.

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

Sanction

The panel has considered this case very carefully and has decided to impose a suspension order for a period of 9 months. The effect of this order is that the NMC register will show that your registration has been suspended.

Submissions on sanction

Mr Macdonald submitted that the appropriate and proportionate sanction was a suspension order for nine months, subject to review. He reminded the panel that the

purpose of sanction is not punitive but to protect the public, maintain public confidence, and uphold standards. He submitted that the panel should apply proportionality and necessity, weighing public protection and public interest against your own interests.

Mr Macdonald took the panel through the aggravating features of your case. He highlighted that the misconduct involved sexual harassment of a colleague in the workplace by a nurse in a position of trust. He submitted that there had been a risk to patient safety during a medication round and that you had shown only limited appreciation of the gravity of your actions. He submitted that there was no evidence of meaningful remediation and that there had been a power imbalance between you, as a Charge Nurse, and Colleague A, who was a Staff Nurse. He further submitted that in terms of mitigating features you had shown some insight and provided references.

Mr Macdonald submitted that taking no action or imposing a caution order would not be appropriate, given the seriousness of the misconduct and the panel's finding of impairment on both public protection and public interest grounds. In his submission, a caution would not mark the seriousness of the misconduct or satisfy the public interest.

Mr Macdonald submitted that a suspension order was the proportionate order. He emphasised that this was a case of sexual harassment over two days, involving explicit remarks and leaning in for a kiss, which could not be dealt with by a caution. However, he did not invite the panel to impose a striking off order, acknowledging that your conduct, while serious, was not fundamentally incompatible with remaining on the register.

Ms Doran submitted that the appropriate and proportionate outcome was a caution order. She reminded the panel that the purpose of sanction is not to be punitive but to protect the public, maintain confidence in the profession, and uphold proper standards of conduct and behaviour. She submitted the panel must apply the principle of proportionality, imposing the least restrictive sanction consistent with those aims.

Ms Doran took the panel through the mitigating features of your case. She highlighted that while your conduct had been found to be sexually motivated, the panel had not found that it was for the purpose of sexual gratification. The harassment charge had been proved on the basis of the effect on Colleague A, rather than any intention to humiliate or distress her. She submitted that your behaviour was not predatory, exploitative, or repeated.

Ms Doran submitted that you had described your actions as a grave error of judgment and had explained the changes you would make in future, including acting as a mentor to junior staff and exercising much greater care over what you had previously regarded as *"banter"*. She reminded the panel that you had continued to practise safely for over three years since the incident, without restriction by either your employer or the NMC, and with no interim order imposed.

Ms Doran also referred the panel to the strong testimonials provided on your behalf, which described you as a highly professional nurse trusted with the most vulnerable patients and valued for your judgment and leadership. She submitted that these references demonstrated that you continued to enjoy the confidence of your colleagues and managers.

Ms Doran submitted that the risk of repetition was negligible, given your otherwise long and unblemished career and your safe practice since the events in question. She also referred the panel to the case of Yeong v GMC [2009] EWHC 1923 (Admin), which she submitted demonstrated that even cases of serious sexual misconduct do not necessarily require suspension where there is evidence of remediation and a negligible risk of repetition.

Ms Doran submitted that a caution order, which is public and enduring, would be sufficient to mark the seriousness of your misconduct and meet the public interest, while avoiding the punitive impact of a suspension order, which she argued would be disproportionate in the circumstances.

In response to a panel question, you confirmed that an internal investigation by your employer had not resulted in any restriction on your practice, but you were issued a 12-month final warning. You confirmed that this has been served without any further concerns.

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

Decision and reasons on sanction

Having found your 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:

- Senior position as a Charge Nurse
- Risk to patient safety during a medication round
- Attitudinal concerns - lack of appreciation of the gravity of the misconduct as demonstrated by minimising your misconduct
- Lack of meaningful remediation
- Persistent pattern of behaviour over two days
- The panel noted you not only continue to deny the primary facts in relation to charge two, (though notionally accepting the panel's findings) but this extended to accusing Colleague A of lying about the incident against the weight of the surrounding circumstantial evidence. The panel found that this tends to support a lack of full insight into the most serious regulatory concern.

The panel also took into account the following mitigating features:

- No further concerns since the incident
- Over three years of safe practice

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

The panel next considered a conditions of practice order. It noted that such an order may be appropriate where concerns are clinical in nature and can be addressed by retraining or supervision. However, the panel determined that your misconduct was attitudinal and related to sexual harassment of a colleague. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case and in any event would not address the seriousness of the misconduct.

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

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*

- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- *…*
- *…*

The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register.

The panel determined that a suspension order was the appropriate and proportionate sanction in this case. The panel considered that your misconduct, which involved sexually motivated behaviour towards a colleague over two days, was serious and fell significantly short of the standards expected of a registered nurse. The panel found that your actions breached fundamental tenets of the profession, placed patients at risk during a medication round, and were capable of bringing the profession into disrepute.

The panel next considered a striking-off order. It acknowledged that this is the most serious sanction available and should be reserved for cases where the misconduct is fundamentally incompatible with remaining on the register. The panel determined that, although serious, your behaviour was not predatory, exploitative, or repeated beyond the two-day period. You have continued to practise safely for more than three years since the incident, and you have had a long and otherwise unblemished career. In these circumstances, the panel concluded that a striking-off order would be disproportionate and punitive.

The panel therefore determined that a suspension order was the appropriate and proportionate sanction because your misconduct involved sexually motivated behaviour towards a colleague over two days which was serious and fell significantly short of the standards expected of you as a registered nurse. It determined that your actions demonstrated attitudinal concerns that are yet to be remediated.

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

The panel considered that this order is 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.
The panel determined that a suspension order for a period of 9 months was appropriate in this case to mark the seriousness of the misconduct.

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

Any future panel reviewing this case would be assisted by:

- A fully developed reflective piece, demonstrating insight into your misconduct, the impact on Colleague A, colleagues more generally, and the potential impact on patients and the wider public.
- Evidence of having undertaken formal training or continuing professional development on professional boundaries, workplace conduct, and dignity at work.
- Testimonials from your current or most recent employer and/or line managers, addressing your clinical competence, professionalism, and conduct at work.
- Any further evidence of remediation since this hearing.
- Your attendance at the review hearing, so that the reviewing panel can hear from you directly.

This will be confirmed to you in writing.

This hearing resumed on 24 November 2025.

Interim order

As the suspension 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 McAteer's own interests until the suspension 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 Mr Macdonald. He submitted that an interim suspension order is necessary on the grounds of public protection and in the wider public interest.

Ms Doran submitted these events date back to July 2022. Mr McAteer has practiced safely for over three years since, with no further concerns raised. She submitted that there has been no interim order to date and there has been no suggestion that patient safety has been compromised. She submitted that an interim order would be disproportionate and not required for public protection or the wider 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 cover the appeal period.

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

This will be confirmed to Mr McAteer in writing.

That concludes this determination.