

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

**Substantive Meeting
Thursday, 20 November – Friday 21 November 2025**

Virtual Meeting

Name of Registrant:	Muhammad Mir
NMC PIN:	21B0286E
Part(s) of the register:	Registered Nurse – Sub Part 1 RNA Adult Nurse – July 2021
Relevant Location:	Huddersfield
Type of case:	Misconduct
Panel members:	Louise Guss (Chair, registrant/lay member) Simone Thorn Heathcock (Registrant member) Lorraine Chalk (Lay member)
Legal Assessor:	Valerie Paterson and Robin Hay
Hearings Coordinator:	Fionnuala Contier-Lawrie
Facts proved:	Charges 1.a and 1.b
Facts not proved:	N/A
Fitness to practise:	Impaired
Sanction:	Suspension order (3 months)
Interim order:	Interim suspension order (18 months)

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Mr Mir's registered email address by secure email on 17 October 2025.

The panel accepted the advice of the legal assessor.

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

In the light of all of the information available, the panel was satisfied that Mr Mir has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Decision and reasons on proceeding in absence

The panel took legal advice from the legal assessor regarding proceeding in absence of Mr Mir and were content that it was appropriate to hear the case at this meeting and proceed in the absence of Mr Mir.

Details of charge

That you, a registered nurse:

1. On 26 June 2022, failed to maintain professional boundaries in that you:

a) Contacted Person A by text message/and or telephone calls without clinical justification using Person A's confidential personal information.

b) Made a personal visit to the home address of Person A.

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

Background

The NMC received an anonymous referral on the 22 August 2022 regarding Mr Mir, who was employed as a band 5 nurse at Calderdale and Huddersfield NHS Trust.

On 27 June 2022, a member of the public contacted a Matron at the Trust to report an incident. She informed the Matron that Mr Mir had contacted her on her personal number and visited her at her home and both contacts were for non-clinical reasons. The member of the public's daughter, Patient A had been a patient where Mr Mir worked.

When confronted about this, Mr Mir admitted to using confidential information for his personal use and apologised for his actions. The Trust investigated this incident under its disciplinary procedures.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the documentary evidence in this case together with the representations made by the NMC. The documentary evidence included statements produced by Mr Mir in the course of the Trust's local investigation and a response to the NMC regarding regulatory concerns.

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

The panel had regard to the written statement of the following witness on behalf of the NMC:

- Witness 1: Assistant Director of Finance for
Medicine and Community Division at
Calderdale and Huddersfield NHS
Foundation Trust

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

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

Charge 1a)

That you, a registered nurse:

On 26 June 2022, failed to maintain professional boundaries in that you:

- a) Contacted Person A by text message/and or telephone calls without clinical justification using Person A's confidential personal information.

This charge is found proved.

In reaching this decision, the panel took into account the Witness statement of Witness 1 dated 19 December 2023, which states:

“As part of security checks, Muhammad asked for her address, which he wrote down on a piece of paper. She also provided Muhammad with her number so that he could call her back in relation to her request to visit her daughter. Muhammad failed to properly dispose of the paper that had the mother’s personal information and he found it in his pocket weeks later. On 26 June 2022, he phoned the mother and they had a brief conversation which was followed by an exchange of text messages. In one of her messages to him, she accused Muhammad of wanting sex, which he said was not the case.”

The panel also took into account the admissions Mr Mir made in his own statement from the internal investigation dated 25 July 2022 which states:

“When I found the number I called the patient’s mother on 26 June. I shouldn’t have called her but I felt there had been a rapport between us when she visited her

daughter. I called her whilst I was on break at work. When we spoke on the phone I felt there a rapport and I felt flattered throughout our conversation.

There was no clinical reason for me to contact the patient's mother as I did on 26 June. I had just found the number and it reminded me of the rapport I felt at the time. I know now that I read it wrong but at the time I felt there was something there"

The panel also had evidence before it of exchanges over text on 26 June 2022 between Person A and Mr Mir. The panel have seen the evidence of the call log dated 26 June 2022. While the panel are not able to identify the actual registrant's phone number due to redactions, it accepts from his own admission that contact took place.

The panel also noted that in appendix 5 and 6, in the local investigation report, both Person B and Person C referred to Person A telling them that Mr Mir had made contact on 26 June 2022 on telephone and text during a meeting on 27 June 2022.

The panel also noted that contained within the evidence bundle for this meeting, there is an undated response by Mr Mir to the NMC inquiries team regarding regulatory concerns. The question and the response is set out as:

"Do you accept the regulatory concerns: Concern 1: Failure to maintain professional boundaries - in that you:

(i) accessed Patient A's confidential information to inappropriately engage in communication with family member for non clinical reasons;

(ii) visited the home of Patient A's family without clinical justification to do so.

Yes

Please explain, one by one, why you chose to tick 'yes' or 'no' on each of the concerns we just listed. Include anything that can help us understand your perspective. You can use the box below or write on a separate sheet if you prefer.

In June 2022, whilst in employment at CHFT, I inappropriately used contact details of a Patient A's mother to contact her. There was no clinical reason to

do this and therefore contact of any type was not warranted. Whilst looking after Patient A, her mother attended, during the time I incorrectly interpreted her politeness for something else. On reflection I misread the politeness of Patient A's mother's interaction”

This admission from Mr Mir is consistent with his admissions made in the local investigation.

The panel noted that Mr Mir had a duty to maintain professional boundaries and has failed to do so in charge 1.a and as a result, it found this charge proved.

Charge 1b)

That you, a registered nurse:

On 26 June 2022, failed to maintain professional boundaries in that you:

b) Made a personal visit to the home address of Person A.

This charge is found proved.

In reaching this decision, the panel took into account the witness statement of Witness 1 which states:

“On 26 June 2022, he phoned the mother and they had a brief conversation which was followed by an exchange of text messages. In one of her messages to him, she accused Muhammad of wanting sex, which he said was not the case. In a bid to explain his intentions to her, he visited the mother at her home in [...] that evening. He got her address from the paper he failed to dispose of. She was not happy about this and was concerned that Muhammad had her address because her 12 year old daughter lived with her.”

The panel also considered Mr Mir’s local statement dated 25 July 2022, which states:

“When I wasn’t getting a response from her I wanted to explain to her and have a conversation with her as I felt that I needed to make my intentions understood. Early in the evening I sent a message to say I was nearly done work. As soon as I finished work, around 8pm, I headed over to her home address. I had the address still on the piece of paper from when I wrote the address down to check security when her daughter was a patient. I parked up near the home address to see if she wanted to meet and then to explain what we had discussed. Sex was not what it was all about. I knocked on the door of her home but then I walked away as I got scared. I’m not sure if she knew it was me at the door. I called her when I got back to the car. I called her a few times whilst in [...]. She only answered the once. I said I was in [...]. I told her that it wasn’t just about sex. I wanted to talk and make my intentions clear. She asked why I had said in my text that it was urgent that we speak. I said it was urgent as I wanted to explain my intention and that it was not just a sex thing.”

The panel took into account the local statement of Person B which states:

“The mother reported that on the 26th June Mohammed had called her to ask what she would think if he was outside her house. She said this was around 6.30pm. The mother said to Mohammed that she would find it creepy. The mother told me she was concerned that Mohammed knew her address as she has a 12 year old daughter living with her. The mother said that there was a knock on her door and that the 12 year old daughter answered it but there was no one there. The mother told me she asked Mohammed what car he drives and she then reported the details to the police.”

The panel determined that on the basis of Mr Mir’s admission and recognition of his personal conduct which was confirmed by both Witness 1 and Person A, it found the charge proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Mr

Mir's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

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

Representations on misconduct and impairment

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

The NMC invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' ("the Code") in making its decision.

The NMC identified the specific, relevant standards where Mr Mir's actions amounted to misconduct:

1 Treat People as individuals and uphold their dignity

To achieve this, you must:

1.1 treat people with kindness, respect and compassion

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.

20.2 act with honesty and integrity at all times...

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

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.

20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to

The NMC referred the panel to its overarching objective to protect the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. The panel has referred to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

When determining whether the Registrant's fitness to practise is impaired, the questions outlined by Dame Janet Smith in the 5th Shipman Report (as endorsed in the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin)) are instructive. Those questions were:

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

b. has [the Registrant] in the past brought and/or is liable in the future to bring the [nursing] profession into disrepute; and/or

c. has [the Registrant] in the past committed a breach of one of the fundamental tenets of the [nursing] profession and/or is liable to do so in the future and/or

d. has [the Registrant] in the past acted dishonestly and/or is liable to act dishonestly in the future

The NMC invited the panel to find Mr Mir's fitness to practise impaired on the grounds that limbs a, b and c of the *Grant* test are engaged.

The NMC submitted that in relation to limb a, a lack of objectivity has the real potential to adversely impact on decision making and the provision of nursing care. Further Mr Mir used personal information provided by Person A for the purposes of information about her daughter's admission to hospital for his own benefit. The personal information was provided by Person A at a time when she could be seen as being in particularly vulnerable position and Person A wished to support her daughter at hospital. Further, Mr Mir used Person A's personal information approximately two weeks later to attend her address causing her alarm and prompting her to contact the police. This behaviour suggests an underlying problem with Mr Mir's attitude and has the potential to put patients at risk of harm in the future.

In relation to limb b, the NMC submitted that failing to have clear professional boundaries with a relative of a patient is a type of behaviour that not only raises clear risks to public safety but also public confidence and professional standards.

With respect to limb c above, maintenance of professional boundaries is a fundamental tenet of the nursing profession. The NMC submitted that Mr Mir's conduct calls into question his professionalism and trustworthiness in the workplace and represented a serious departure from the standards expected of a registered nurse.

The NMC submitted that although Mr Mir reflected on his conduct and displayed insight locally, and he expressed remorse for his conduct in his response to the NMC, his insight

remains limited as he has not engaged since August 2023. The NMC added that Mr Mir had not engaged in the regulatory process in any meaningful way. Mr Mir's explanation for contacting Person A is that he felt there was a rapport, but he read the situation completely wrong and that he misread the politeness of Person A's interaction.

The NMC stated that Mr Mir has not provided any evidence of training to demonstrate that he has strengthened his practice in the area of concern and understands the impact of his actions on others, or any recent testimonials. It is therefore highly likely that the conduct could be repeated.

The NMC therefore consider that a finding of impairment on public protection grounds is required.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), and *General Medical Council v Meadow* [2007] QB 462 (Admin).

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 Mir's actions did fall significantly short of the standards expected of a registered nurse, and that Mr Mir's 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

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.

20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives 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. However, the panel was of the view that Mr Mir's actions were serious and that his actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

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

In coming to its decision, the panel had regard to the NMC Guidance on '*Impairment*' (Reference: DMA-1 Last Updated: 03/03/2025) in which the following is stated:

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

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

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and 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 *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

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

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith’s “test” which reads as follows:

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

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

The panel was satisfied that Mr Mir's conduct breached limbs a, b and c of the *Grant* test.

The panel determined that there was a risk of unwarranted patient harm and determined that due to the lack of engagement from Mr Mir since August 2023, there is nothing before the panel to suggest that the risk does not remain in the future. The panel noted that while Mr Mir has expressed remorse, it considered there to be minimal insight and therefore were not content that the risk no longer remains. The panel also noted that he has demonstrated an attitudinal problem which could extend to risk to patients and their families.

The panel determined that Mr Mir has used confidential information for nonclinical purposes and in doing so, has in the past brought the nursing profession into disrepute. The panel noted that there has been limited insight into these actions and Mr Mir has disengaged with the NMC since August 2023, which raised concerns of his potential risk of repetition in the future.

The panel determined that Mr Mir had breached and is liable to breach one of the fundamental tenets of the medical profession, in particular the duty to maintain professional boundaries. The panel determined that his professionalism was called into question due to his actions and that due to his minimal insight the panel could not be satisfied that he would not repeat such actions in the future.

The panel was satisfied that the misconduct in this case is capable of being remedied, despite its serious nature. The panel therefore carefully considered the evidence before it in determining whether or not Mr Mir has taken steps to strengthen his practice. The panel determined that while he has shown a level of remorse and insight into the impact of his actions, there is insufficient evidence at present to show that he has taken steps to remedy them. The panel could not be satisfied that the concerns have been remedied as Mr Mir has shown extremely limited insight and has not engaged with the NMC since August 2023. The panel determined that Mr Mir has not provided any evidence of strengthening of practice, which could include reflective pieces and proof of undertaking relevant training.

The panel noted that the evidence before it contains a testimonial from Mr Mir's employer, dated 13 March 2024, however considered that this was brief, contained little detail and at the time of the meeting was over 19 months old.

Further, the panel found that there is a risk of repetition based on the fact it has no evidence before it to show that the concerns have been remedied and therefore consider that there is a risk that the actions will be repeated in the future. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC; 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 public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds Mr Mir's fitness to practise impaired on the grounds of public interest.

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

Sanction

The panel has decided to make a suspension order for a period of 3 months with a review. The effect of this order is that the NMC register will show that Mr Mir's registration has been suspended.

Representations on sanction

The NMC submitted that whilst sanction is a matter for the panel's independent professional judgement, it considered that a suspension order for 3 months with a review is the most appropriate and proportionate sanction in this case.

In its submissions the NMC considered the following aggravating and mitigating factors:

Aggravating factors:

- Abuse of a position of trust - the registrant was entrusted with confidential personal information for the purposes of providing updates to Person A but abused this for his own benefit.

Mitigating factors:

- Evidence of insight – an early admission of the facts during the local investigation, acknowledgement his behaviour was unprofessional and unacceptable, apologetic and remorseful for his actions

Decision and reasons on sanction

Having found Mr Mir's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Mr Mir's actions breached his employer's "Confidentiality Group Policy"
- Abuse of a position of trust
- The conduct left Person A and her family feeling at risk to the extent that she called the police
- Mr Mir has displayed limited insight into his failings
- Mr Mir's escalating pattern of misconduct over a period of time, both on the day in question (26 June 2022) and prior to this date when he removed the personal details of Person A from his place of work

The panel also took into account the following mitigating features:

- Evidence of some insight, albeit limited, into the impact of his behaviour

The panel weighed the aggravating features against the mitigating factors and determined that the aggravating outweighed the mitigating factors.

The panel were concerned in particular about how Mr Mir's inappropriate behaviour escalated on the 26 June 2022 – from texting and calling to very persistent texting and calling and eventually turning up uninvited to Person A's home address which caused Person A such alarm that she called the police. This compounded Mr Mir's initial breach of professional boundaries in keeping the confidential information and removing it from his workplace.

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 Mir's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour*

was unacceptable and must not happen again.' The panel considered that Mr Mir's 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 whether placing conditions of practice on Mr Mir's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable of the nurse, midwife or nursing associates practice in need of assessment and/or retraining;*
- *Potential willingness to respond positively to retraining;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *Conditions could be created that can be monitored and assessed.*

The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of Mr Mir's misconduct.

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;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*

On balance, while the panel considered evidence of Mr Mir's insight to be limited, it noted that he had acknowledged his actions promptly at a local level and

repeated that acknowledgment later to the NMC. The panel also took into account that it had no evidence before it of any repeated referrals or concerns regarding Mr Mir's conduct from the date of these charges to this meeting. It considered however that Mr Mir had not provided sufficient evidence that his conduct had been remedied and that he had strengthened his practice.

The panel was satisfied that Mr Mir's misconduct was not fundamentally incompatible with his remaining on the register.

It did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, the panel concluded that it would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Mr Mir's case to impose a striking-off order.

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

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 3 months with a review, 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 the provision of the following, at least 2 weeks prior to the review date:

- Evidence from Mr Mir of full written reflections regarding his breach of professional boundaries and the impact it had on Person A and Person A's family, the nursing profession, his employer and the regulator

- Evidence of strengthened practice, e.g. certificates of training relating to the regulatory concerns
- Up to date testimonials from Mr Mir's present employer(s)
- A report completed by Mr Mir's line manager/employer regarding his maintenance of professional boundaries in the workplace.

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 Mir's own interests until the suspension sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Representations on interim order

The panel took account of the representations made by the NMC that it considers an interim order in the same terms as the substantive order should be imposed on the basis that it is necessary for the protection of the public and otherwise in the public interest.

Decision and reasons on interim order

The panel 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 for the protection of the public and otherwise in the public interest.

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

That concludes this determination.

This will be confirmed to Mr Mir in writing.