Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday, 15 September 2025 – Thursday, 18 September 2025
Monday, 22 September 2025 – Wednesday, 8 October 2025

Virtual Hearing

Name of Registrant:	**Mahendra B Chavan**
NMC PIN:	02G0192O
Part(s) of the register:	Registered Nurse, Sub Part 1 RN1, Adult (2 July 2002)
Relevant Location:	Falkirk
Type of case:	Misconduct
Panel members:	Shaun Donnellan (Chair, lay member) Vanessa Bailey (Registrant member) Margaret Jolley (Lay member)
Legal Assessor:	Gillian Hawken (15 – 18 September 2025) Trevor Jones (22 September 2025 – 8 October 2025)
Hearings Coordinator:	Clara Federizo
Nursing and Midwifery Council:	Represented by Raj Joshi, Case Presenter
Mr Chavan:	Present and represented by Gary Burton
No case to answer:	None
Facts proved:	Charges 1a, 1b, 1c, 1d, 1e, 1f, 2a, 3a, 3b, 3c, 4a, 4b, 4c, 5a, 5b, 5c, 5d, 5e, 6a, 6b, 7a, 7b, 7c and 7d
Facts not proved:	Charges 2b and 2c
Fitness to practise:	Impaired

Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (12 months)**

Decision and reasons on application for hearing to be held in private

At the outset of the hearing, Mr Burton, on your behalf, made a request that the entirety of this case be held in private on the basis of your health and that some reference to this may be made during the hearing. [PRIVATE].

Mr Burton highlighted that [PRIVATE]. He invited the panel to consider this application in light of [PRIVATE] that the hearing be held in private to protect your privacy and support your ability to participate effectively in the proceedings. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Dr Joshi, on behalf of the Nursing and Midwifery Council (NMC), supported the application to the extent that any reference relating to your health should be heard in private. He explained that panels may decide to hear only specific parts of a case in private when personal or sensitive health matters are being discussed. He clarified that while he was not formally opposing Mr Burton's application, it was important to highlight relevant considerations for the panel.

In addition to the health considerations, Dr Joshi drew the panel's attention to witness concerns. He informed the panel that witnesses had contacted the NMC [PRIVATE], where they fear that public exposure could have a detrimental impact on them. They indicated that participating in a public hearing would be particularly difficult. Dr Joshi submitted that this was a matter ultimately for the panel.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

The panel carefully considered the application for the hearing to be held entirely in private. It considered the high threshold for departing from the principle of open justice, which is a

fundamental cornerstone of the regulatory process. It noted that hearings are expected to be held in public unless there are strong and compelling reasons to do otherwise.

In considering the medical evidence you provided, the panel concluded that it was not sufficiently persuasive to meet the high threshold required to hold the entire hearing in private. While the panel acknowledged your health matters and the concern raised about potential detriment, the panel determined that it was possible and practical to hear any reference in relation to your health in private, as and when such matters arise, in order to protect your privacy and confidentiality in this regard.

The panel also took into account the concerns raised by witnesses, regarding their discomfort in giving evidence publicly due to the small and close-knit nature of the [PRIVATE] community. It noted that this is a very small population where individuals are easily identifiable. However, there was no evidence before it of any threats, intimidation or indication that witnesses would be unable to give their best evidence if the hearing were held in public. The panel accepted that their concerns were genuine, but it concluded that these did not amount to sufficient grounds to justify holding the entire hearing in private.

The panel determined that these concerns could be appropriately managed through practical measures, which may include anonymising witness names where necessary, carefully managing the questioning to minimise any risk of inadvertent identification and applying other safeguards to protect the witnesses' privacy and wellbeing.

The panel noted that it will continue to monitor the situation throughout the hearing and remains open to reconsidering its position should further evidence be presented.

Decision and reasons of witness special measures

Dr Joshi referred the panel to the relevant NMC guidance (CMT-12), which sets out the principles for supporting individuals to give evidence effectively in hearings and made an application under Rule 23 of the Rules. [PRIVATE]. He submitted that some witnesses indicated that they believed they would be able to provide their best evidence if special

measures were put in place, for example by having your camera turned off while they give their evidence.

Dr Joshi noted that not all witnesses had requested special measures, for example, Witness 1, who had not. Therefore, he proposed that he would confirm that specific needs of each witness during his pre-meeting with them and bring forward individual requested measures as appropriate.

Mr Burton informed the panel that the NMC had previously contacted him about special measures being put in place for certain witnesses. Specifically, the NMC had requested that special measures be applied in the form of turning off your camera while these witnesses give evidence. The witnesses identified were Colleague A, Colleague B Colleague C and Colleague E. He confirmed that this had already been agreed during pre-hearing discussions with the NMC, and therefore, in relation to the named witnesses, the application for special measures was unopposed.

Mr Burton noted that Dr Joshi may wish to have further discussions with other witnesses before deciding whether to make additional applications. He indicated that he would reserve his position should any further applications for different special measures be made for other witnesses later in the proceedings.

The panel was satisfied that the application for special measures, to turn your camera off when witnesses give evidence, was not opposed, as was made clear at an earlier preliminary hearing stage and was aligned with the guidance provided for cases involving sexual allegations. It therefore allowed the special measures to be implemented at this hearing.

Decision and reasons on application to amend the charges

The panel heard an application made by Dr Joshi, on behalf of the NMC, to amend the wording of charges 6b, 7a, 7b, 7c and 7d.

The proposed amendment was to include the additions of the words: *'colleague'* and *'and/or'*. It was submitted by Dr Joshi that the proposed amendment would provide clarity and more accurately reflect the legal requirements, particularly under the Equality Act 2010. He outlined that, when considering the facts, the panel would need to determine three key elements:

1) Whether the conduct was unwanted by the colleague concerned.
2) Whether the conduct was of a sexual nature.
3) Whether the conduct was intended to violate the dignity of the colleague, or had the effect of creating an intimidating, hostile, degrading, humiliating or offensive environment.

Dr Joshi noted that the original wording of the charges had not fully captured these and would be best practice to mirror the statutory language. Further, he informed the panel that these amendments had been agreed following discussions with Mr Burton. Dr Joshi invited the panel to adopt the amended wording for charge 6 and 7 as follows:

"That you, a registered nurse:

[…]

6. *Your actions at charges 1 and/or 2, and/or 3, and/or 4, and/or 5 were sexually motivated in that:*

    a. *you were seeking to gain sexual gratification from your actions and/or;*
    b. *you were seeking to pursue a future sexual relationship with Colleague A and/or* ***Colleague*** *B and/or* ***Colleague*** *C and/or* ***Colleague*** *D and/or* ***Colleague*** *E.*

7. *Your conduct in charges 1 and/or 2 and/or 3 and/or 4 and/or 5:*

    a. *was unwanted by Colleague A* ***and/or Colleague*** *B* ***and/or Colleague*** *C* ***and/or Colleague*** *D and/****or Colleague*** *E* ***and,***

b. *was of a sexual nature and,*
c. *was intended to violate Colleague A **and/or Colleague** B **and/or Colleague** C **and/or Colleague** D and/**or Colleague** E's dignity and/or create an intimidating, hostile, degrading, humiliating or offensive environment for Colleague A **and/or Colleague** B **and/or Colleague** C **and/or Colleague** D and/**or Colleague** E, or*
d. *had the effect of violating Colleague A **and/or Colleague** B **and/or Colleague** C **and/or Colleague** D and/**or Colleague** E's dignity and/or creating an intimidating, hostile, degrading, humiliating or offensive environment for Colleague A **and/or Colleague** B **and/or Colleague** C **and/or Colleague** D and/**or Colleague** E.*

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

Mr Burton confirmed for the panel that you did not oppose the proposed amendments.

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 amendments, as applied for, were in the interest of justice. The panel considered that this application was not opposed, and it was satisfied that there would be no prejudice to you and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendments, as applied for, to ensure clarity and accuracy.

Details of charge (as amended)

That you a Registered Nurse:

1. In relation to Colleague C:

a. said to Colleague C words to the effect of *'you look good tonight'*. **[PROVED]**
b. said to Colleague C *'do you want to do it?'* and touched her arm. **[PROVED]**
c. showed Colleague C a pornographic video on your phone. **[PROVED]**
d. attended colleague C's home address without invite. **[PROVED]**
e. attempted to gain entry to colleague C's home. **[PROVED]**
f. on one or more occasions, invited Colleague C for breakfast despite them saying no. **[PROVED]**

2. In relation to Colleague A:

    a. took a screenshot or a photograph of Colleague A's chest without permission. **[PROVED]**
    b. shared the screenshot or photograph with colleagues without permission. **[NOT PROVED]**
    c. watched Colleague A swim without invite. **[NOT PROVED]**

3. In relation to Colleague B:

    a. on more than one occasions invited Colleague B to breakfast despite them saying no. **[PROVED]**
    b. touched Colleague B's leg. **[PROVED]**
    c. said words to the effect of *'come on we don't have to have sex'.* **[PROVED]**

4. In relation to Colleague D:

    a. drove Colleague D to your home address when they expected to be taken to the swimming pool. **[PROVED]**
    b. kept the car doors locked whilst Colleague D was inside. **[PROVED]**
    c. requested that Colleague D enter your home address. **[PROVED]**

5. In relation to Colleague E:

    a. on one or more occasions placed your arms around Colleague E's waist. **[PROVED]**
    b. grabbed Colleague E around the neck. **[PROVED]**
    c. on one or more occasions grabbed Colleague E's arms. **[PROVED]**
    d. asked Colleague E if she would leave her partner for money. **[PROVED]**
    e. said words to the effect of *'it's a shame she is pregnant and engaged but she is not married yet, so I might still have a chance'.* **[PROVED]**

6. Your actions at charges 1 and/or 2, and/or 3, and/or 4, and/or 5 were sexually motivated in that:

    a. you were seeking to gain sexual gratification from your actions and/or; **[PROVED]**
    b. you were seeking to pursue a future sexual relationship with Colleague A and/or Colleague B and/or Colleague C and/or Colleague D and/or Colleague E. **[PROVED]**

7. Your conduct in charges 1 and/or 2 and/or 3 and/or 4 and/or 5:

    a. was unwanted by Colleague A and/or Colleague B and/or Colleague C and/or Colleague D and/or Colleague E and, **[PROVED]**
    b. was of a sexual nature and, **[PROVED]**
    c. was intended to violate Colleague A and/or Colleague B and/or Colleague C and/or Colleague D and/or Colleague E's dignity and/or create an intimidating, hostile, degrading, humiliating or offensive environment for Colleague A and/or Colleague B and/or Colleague C and/or Colleague D and/or Colleague E, or **[PROVED]**
    d. had the effect of violating Colleague A and/or Colleague B and/or Colleague C and/or Colleague D and/or Colleague E's dignity and/or creating an

intimidating, hostile, degrading, humiliating or offensive environment for Colleague A and/or Colleague B and/or Colleague C and/or Colleague D and/or Colleague E. **[PROVED]**

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

Background

The charges arose whilst you were employed as a registered agency nurse at [PRIVATE] (the Trust). Concerns were raised in relation to your alleged inappropriate and unprofessional behaviour towards colleagues, some of which was alleged to be sexual in nature or sexually motivated.

The concerns raised by colleagues included making inappropriate comments, unwanted physical contact and inappropriate advances. It was alleged that you put your hand on a colleague's leg and said, *"we don't have to have sex"*, took a photograph of another colleague's cleavage and arrived uninvited at another colleague's home allegedly attempting to gain entry. Other reported incidents included driving another colleague to your home when they had expected to go to a swimming pool, persistently asking colleagues to meet for breakfast and showing inappropriate material on your phone at work.

The allegations were investigated by the Trust's Clinical Governance and HR teams. You were interviewed in May 2023. However, no formal disciplinary hearing was held. During the investigation, you partially accepted some behaviours, including taking photographs on a work night out, asking a food vendor about a colleague's whereabouts and driving a colleague to your home. However, you denied the more serious allegations, particularly those of a sexual nature, and stated that the allegations were false, malicious and had affected your health.

Decision and reasons on application of no case to answer

The panel considered an application from Mr Burton that there is no case to answer in respect of Charges 2b and 7. This application was made under Rule 24(7).

In relation to Charge 2b*,* Mr Burton outlined this charge alleges that you shared a photograph of Colleague A's cleavage with colleagues without permission. He submitted that the allegation, as framed, requires proof that the photograph was sent to someone other than Colleague A and that the evidence does not support this. Moreover, Mr Burton submitted that Colleague A stated both in her witness statement and under cross-examination that the image was sent to her directly, and when asked if it had been sent to others, she replied *"not as far as I know".*

Further, Mr Burton submitted that the statements of Witness 1 are consistent with Colleague A's account. In his submission, Witness 1's evidence and the investigation records show that you confirmed to Witness 1 that the photograph was only sent to Colleague A. He also took the panel to the contemporaneous employer interview notes, which he submitted also reflect this position. On that basis, Mr Burton invited the panel to conclude that there is no evidence that the image was shared with anyone other than Colleague A, thus the allegation cannot be proved, and therefore, there is no case to answer in respect of Charge 2b.

In relation to Charge 7, Mr Burton accepted that this charge has been amended to cover all relevant colleagues. However, he emphasised that each subpart of the allegation must be proved in respect of each individual colleague. Focusing on Colleague D, he submitted that her evidence was clear that she did not feel scared, trapped, worried, intimidated, humiliated or degraded when she was in the vehicle with you. Mr Burton submitted that her evidence was that she did not experience an intimidating or hostile environment, nor did she feel that such an environment was intended. Therefore, Mr Burton submitted that the NMC have failed to establish that Charge 7 is made out in respect of Colleague D. Mr

Burton invited the panel to find that there is no case to answer for Charge 7 so far as it relates to Colleague D. In these circumstances, it was submitted that these charges should not be allowed to remain before the panel.

Dr Joshi submitted that when considering this application, the panel must look at the totality of the evidence, not just the oral evidence heard but also the witness statements and investigation notes.

In relation to Charge 2b, Dr Joshi submitted that the evidence shows the photograph of Colleague A was in fact *"shared around".* He referred the panel to Colleague A's account that she became aware of the image not only because you sent it directly to her, but because of conversations around her and the reaction of others. Dr Joshi took the panel to the evidence which recorded that Colleague C reported being sent a zoomed-in picture and that she was upset by this. Dr Joshi submitted that this demonstrates the matter went beyond Colleague A and the photograph was indeed shared more widely.

In respect of Charge 7 in relation to Colleague D, Dr Joshi accepted that her oral evidence did not describe feeling scared or intimidated in the strongest terms, but he emphasised other important aspects. Colleague D described you as *"pushy"* and told the panel that she was extremely tired at the end of the shift and recalled that the *"feelings stick".* He also highlighted that, in her evidence, Colleague D expressed anger at your behaviour and concern that others might make light or laugh about this. Dr Joshi pointed out that her reflective statement and other evidence showed that boundaries had been crossed. He submitted that although Colleague D may not have explicitly said she was frightened, her description of the incident, such as that the door was locked and that you repeatedly pressed her to enter her home, could support a finding of behaviour amounting to intimidation or harassment.

In conclusion, Dr Joshi submitted that the evidence demonstrates the inappropriate nature of your conduct in both Charges 2b and 7. He therefore invited the panel to refuse the no case to answer application.

The panel heard and accepted the advice of the legal assessor, which included reference to the NMC guidance (DMA-6) and relevant case law: *R v Galbraith* [1981] 1 WLR 1039.

In reaching its decision, the panel has made an initial assessment of all the evidence that had been presented to it at this stage. The panel was solely considering whether sufficient evidence had been presented, such that it could find the facts proved and whether you had a case to answer.

Charge 2b

The panel was satisfied that there was no dispute that you took a photograph of Colleague A, and it noted that the allegation pertains to whether you shared this with others without permission. The panel accepted there was no documentary evidence showing that you had forwarded or actively distributed the image. However, the panel noted that there is evidence before it which may suggest that individuals, other than Colleague A, had seen the photograph and that this became a topic of conversation.

As such, the panel was not prepared to accede to an application of no case to answer. What weight the panel gives to any evidence remains to be determined at the conclusion of all the evidence.

Charge 7 (in relation to Colleague D)

The panel acknowledged that Colleague D's evidence did not include specific words such as *"intimidated"* or *"threatened".* The panel also noted that Colleague D said she was not scared or worried, though she did describe you as *"pushy"*, explained she was extremely tired at the time and stated that she felt *"annoyed", "exasperated"* and *"angry"* about your behaviour. The panel considered that simply because Colleague D did not use the exact terms set out in the charge within her evidence, this did not mean the alleged conduct could not fall within those categories. The panel determined that the ordinary meaning of

the words in the charge should be applied to the evidence as a whole. The panel therefore concluded that there was sufficient evidence to justify charge 7 (in relation to Colleague D) at this stage and, as such, it was not prepared, based on the evidence before it, to accede to an application of no case to answer. What weight the panel gives to any evidence remains to be determined at the conclusion of all the evidence.

Decision and reasons on facts

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 Dr Joshi, on behalf of the NMC, and by Mr Burton, on your behalf.

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:

- Witness 1: [PRIVATE] held interviews during the HR investigation of the concerns and produced a local investigation report;
- Colleague A: [PRIVATE];
- Colleague B: [PRIVATE];
- Colleague C: [PRIVATE];

- Colleague D: Registered Nurse, whom you worked with;

- Colleague E: [PRIVATE];

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. It considered the witness and documentary evidence provided by both the NMC and you. The panel also considered the following points raised by parties:

- **The quality of the Trust investigation conducted by Witness 1:**

  Mr Burton submitted that the Trust investigation was fundamentally flawed. He said this was due to a number of reasons which he listed. It was, he said, Witness 1's first and only such investigation. The investigation had not dealt with the possibility of retaliation in response to you submitting a Datix report against two colleagues (who were witnesses in this case) and the length of time taken for the investigation to conclude.

  The panel accepted that the investigation could have been more thorough, but the delays were understandable given the amount of people to interview and the competing demands of their shifts, annual leave and days off.

  The panel was not bound by any conclusions reached in the course of this internal investigation. The panel made its own independent decisions based on all the evidence and submissions available in the course of the hearing.

- **Suggestion of collusion:**

  The alleged behaviour which resulted in the charges took place in an unusual location. The [PRIVATE] are relatively small, have close communities and all of the witnesses

worked at the same Hospital. The panel acknowledged that the confidentiality of the Trust's internal investigation may have been compromised due to an error in copying an email regarding the investigation to a number of colleagues. The panel was satisfied that this was a lamentable but unintentional error. Nonetheless, the panel was therefore cautious in its consideration of potential collusion.

The panel also considered whether witnesses could have innocently shared their perception of the allegations with others in case this had contaminated their evidence.

The panel observed some of the charges emanated from incidents where you accept you played a part but disagreed with either the context, your intention or the repeated nature of your requests:

- You accept you invited colleagues to have breakfast after work.
- Charge 1d and 1e: You accept you visited Colleague C's home. You accept offering her breakfast.
- Charge 2a: You accept taking a screenshot or a photograph of Colleague A.
- Charge 4: You accept you gave Colleague D a lift and you took her to your home.

The panel noted that none of the witnesses criticised your clinical practice:

- Colleague A in her NMC statement said:

"I had no concerns with Mr Chavan's medical practice".

- Colleague B in her oral evidence agreed that you were a good nurse.

The panel concluded that it might have been expected that if witnesses colluded, they would go further rather than just stick to the incidents disclosed.

Some of the witnesses in their oral evidence expressed dismay at being (as they saw it) forced to participate by giving accounts, witness statements and oral evidence:

- Colleague A was asked if they had been influenced by colleagues to report you, she replied:

  "No- somebody put my name forward"

  and went further saying (about the investigation and subsequent hearing):

  " I didn't realise I could opt out"

- Colleague B in her NMC statement showed reluctance to become involved with the investigation against you saying:

  "I was fearful that a complaint would lead to tension on the Ward and negative consequences for myself."

  In her oral evidence she said she had only become involved because a colleague had:

  "Put my name forward after a discussion"

- Colleague C in her oral evidence was asked why she had not reported you sooner and said:

  "I didn't want to be the one to start if off"

- Colleagues A to E were asked about the potential for their evidence being affected by other witnesses or colleagues, all gave direct, non-evasive answers that this had not occurred.

The panel was not persuaded any of the witnesses had a motive to be untruthful.

The panel determined therefore that there had been no collusion between the witnesses.

In reaching this decision, the panel was mindful of the burden and standard of proof and was satisfied that the witnesses gave consistent accounts, and that some of the behaviour described was admitted by you, albeit in a different context. The panel considered that, had there been collusion, the witness evidence would likely have targeted your overall competence and character, rather than focusing only on the specific allegations.

- **The Datix report:**

Mr Burton submitted that Colleague C and Colleague D only reported concerns about you after you had submitted a Datix report regarding a verbal altercation between you all during the nightshift of 10 and 11 January 2023. Not long after this, you were told to report for your next duties for work in the A&E department.

In his submissions, Dr Joshi suggested that you may have submitted the report as an act of retaliation after learning that concerns about you had been raised by Colleague C and D and that you were under investigation.

Colleague C in her oral evidence said she only learnt of the Datix after she had reported your alleged behaviour. Colleague E in her oral evidence said she was unaware you had submitted a Datix in relation to her and had never been told you had complained.

The panel concluded that the Datix report (dated 13 January 2023) did not identify the colleagues in question and was submitted only after Colleague C had reported her

concerns. The panel therefore determined it unlikely to have been the catalyst for the allegations.

- **The delays in reporting the concerns by colleagues:**

  Mr Burton submitted the NMC have failed to specify the dates upon which the incidents that resulted in these allegations occurred and have also failed to provide even a date range. The panel accepted this was unusual and should be considered carefully. The witnesses though gave reasons in their oral evidence for how they could pinpoint within a reasonable period when the incidents occurred. By way of example:

  - Colleague B said:

    "I can't recall the specific dates but it would have been spring, summer 2022 due to the light mornings"

  - Colleague E recalled events during her pregnancy and close to her returning work from maternity leave, and

  - Colleague D in her oral evidence accepted that whilst dates were unclear, and time lapse can cause memories to fade said:

    "Yes, but feelings don't.....feelings stick"

The panel determined that the lack of either the exact dates or a date range did not of itself undermine the allegations. The panel further noted that there were submissions made on your behalf that the case as put by the NMC was such that you were unable to respond in terms of your own defence.

The panel received and understood the good character direction in relation to you and understood that this means that your good character supports your credibility and may mean you are less likely to have carried out the actions described in the charges.

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

Charge 1a

1. *"In relation to Colleague C:*

    a. *said to Colleague C words to the effect of 'you look good tonight'."*

This charge is found proved.

In reaching this decision, the panel took into account the oral and written evidence of Colleague C, the investigation meeting interview notes by Witness 1, your account and your reflection letter.

The panel considered Colleague C's responses to Witness 1 during the local investigation meeting interview held on 27 March 2023:

> *"…One-night shift he was standing over me. We were discussing breaks. I said I didn't mind when I go and knew he likes to go first so I suggested he went. He asked if I was coming. I said you just go, then* [PRIVATE] *went to answer the bell and he said 'you look really good tonight' as he walked out the room…"*

The panel also had regard to the witness statement of Colleague C dated 6 April 2024:

> *"Mr Chavan always ended up being a bit too "in your face" in that they were frequently in my personal space. For example, I do not recall the date, but there was a shift when I was in the patient sitting room alone with Mr Chavan. Mr Chavan*

tried to get me to go for my break with them, however I kept saying no. When Mr Chavan started to leave the room to go for their break, they turned to me and told me that I looked good tonight. I responded by saying something like "Rubbish, I look the same as I always do on a night shift" and then Mr Chavan left the room."

The panel considered that Colleague C's evidence was consistent across her initial interview with Witness 1, her written statements and oral evidence. In her oral evidence, she recalled you saying words to the effect of *"you look good tonight"* and her account remained consistent under cross-examination. The panel therefore found Colleague C's evidence to be clear, reliable and not suggestive of exaggeration. The panel also noted that Colleague C gave a balanced account, including when asked about your clinical practice, she responded positively affirming that you are a *'good nurse'*.

The panel also had regard to your evidence. It noted that you denied using those words, stating that you would not have said them. You suggested that you might have made a more neutral remark such as *"you look well"*, mirroring similar comments that colleagues sometimes made to you. In your letter dated 15 June 2023, you also stated:

"It is my nature to be friendly and helpful to everybody, but due to my ethnic and cultural differences, the people have misunderstood me."

The panel, however, was not persuaded by the suggestion that this comment could have been misunderstood or 'lost in translation'.

The panel has been mindful, at all times, to assess the content and credibility of the evidence from each witness (including your own testimony) taking account of any challenges to the same. It has been careful to avoid disregarding any account given because it may have been difficult to understand and has been careful to assess the weight it can attach to anything said, rather than the manner in which it was said. Nonetheless, it found your evidence in relation to this charge to be vague and at times difficult to follow, with a tendency to provide lengthy and unfocused responses.

Having weighed both accounts, the panel preferred the evidence of Colleague C, which it found to be more reliable and credible. The panel determined that, on the balance of probabilities, it was more likely than not that you did say words to the effect of *"you look good tonight"* to Colleague C.

Accordingly, the panel finds Charge 1a proved.

Charge 1b

1. *"In relation to Colleague C:*

    b. *said to Colleague C 'do you want to do it?' and touched her arm."*

This charge is found proved.

In reaching this decision, the panel took into account the oral and written evidence of Colleague C, your evidence and the investigation meeting interview notes by Witness 1.

The panel considered Colleague C's responses to Witness 1 during the local investigation meeting interview held on 27 March 2023:

> *"…There was one incident where we were assisting a patient to the toilet. He shut the door and said 'do you want to do it?' He was right in my face. He then changed what he said when he noticed I was alarmed. I said 'what do you mean?' He then changed his wording to ask if I wanted to do training."*

The panel also had regard to the witness statement of Colleague C dated 6 April 2024:

> *"Another incident with Mr Chavan that I can recall was during a visit to a patient's room on the Ward. The patient had gone to the toilet so I was waiting next to the*

bed with Mr Chavan. Mr Chavan then turned and asked me "do you want to do it?". I asked Mr Chavan what they were talking about and then they reached out and touched my arm. I asked him again what they were talking about and then they stopped touching my arm and said "do you want to do your training?". I do not know exactly what Mr Chavan was trying to imply and if they were referring to my training but if that is what they meant, I do not know why they did not say that in the first place. At first, I interpreted this to be a sexual innuendo. I do not recall when this incident occurred."

The panel noted that Colleague C gave a consistent account of this incident both in the local investigation, her witness statement and in her oral evidence. It noted that in all accounts, she described you saying, *"do you want to do it?"* while a patient was in the toilet and, at the same time, touching her arm. The panel noted that Colleague C recalled being surprised by the remark and challenged you, after which you appeared to backtrack by adding the word *"training"* to the end of the phrase. The panel considered that this detail supported the credibility of Colleague C's account as it suggested an immediate reaction to an inappropriate comment.

The panel found that Colleague C's evidence was clear and consistent across different stages of the investigation and at the hearing. It considered that her evidence was not undermined during cross-examination and therefore found this to be reliable and credible.

The panel also considered your evidence. You denied making the comment in a sexual or inappropriate context, suggesting instead that you may have been misunderstood and that the words related to routine care of the patient. You also denied touching Colleague C's arm. However, the panel found your explanation unconvincing and after careful deliberation concluded that your explanation was vague. The panel considered that your attempt to reframe the comment as relating to *"training"* further undermined your credibility.

Having weighed both accounts, the panel preferred the evidence of Colleague C. The panel determined that, on the balance of probabilities, it was more likely than not that you said, *"do you want to do it?"* to Colleague C and touched her arm.

Accordingly, the panel finds Charge 1b proved.

Charge 1c

1. *"In relation to Colleague C:*

    c. *showed Colleague C a pornographic video on your phone."*

This charge is found proved.

In reaching this decision, the panel took into account the oral and written evidence of Colleague C, your evidence, and the investigation meeting interview notes by Witness 1.

The panel noted that Colleague C gave a consistent account of this incident. In her local investigation interview she stated:

> *"…He was always putting porn videos on his phone. He would then show staff members and asking them what they thought and if they liked that. He showed me one, I didn't want to see it. He was always watching inappropriate videos on duty, asking staff if they would do this and what they thought. The team has discussed this."*

In her subsequent written statement, Colleague C stated:

> *"Another concern that I had with Mr Chavan was that they would often watch pornography on their phone and show people. When Mr Chavan would show what he was watching on his phone, he would often ask comments such as "would you*

do this?" and "what do you think of this?". This did not just happen to me, but to other members of staff on the Ward as well. I am aware as people would speak about it and about Mr Chavan's behaviour, When it happened to me, I was by myself with Mr Chavan, and I felt awful and uncomfortable."

The panel was satisfied that Colleague C maintained this account in her oral evidence, which the panel found to be clear and credible.

The panel also considered your evidence. It noted that you deny ever showing Colleague C a pornographic video, though you accepted that you had shown colleagues other content, such as TikTok videos. The panel considered whether this incident could have involved a misunderstanding of what was meant by *"pornographic"*. It noted that individual or cultural differences may influence how such material is described. However, the panel concluded that this was not sufficient to undermine Colleague C's account that you had shown her *'inappropriate'* content which made her feel *'awful and uncomfortable'*.

The panel noted that the evidence suggests that personal phone use on the Ward was common, thus, it was not improbable that videos were shown and/or shared between colleagues. Having weighed both accounts, the panel preferred the evidence of Colleague C. The panel considered that Colleague C's evidence remained consistent across the different stages of the proceedings and conveyed a clear recollection of how uncomfortable the incident made her feel. The panel was of the view that it was unlikely Colleague C would have misunderstood a TikTok to be a pornographic video. The panel determined that, on the balance of probabilities, it was more likely than not that you showed Colleague C a pornographic video on your phone.

Accordingly, the panel finds Charge 1c proved.

Charges 1d, 1e and 1f

1. "In relation to Colleague C:

d. attended colleague C's home address without invite.
e. *attempted to gain entry to colleague C's home.*
f. *on one or more occasions, invited Colleague C for breakfast despite them saying no."*

These charges are found proved.

In reaching this decision, the panel took into account the witness statement and oral evidence of Witness 1 and Colleague C, as well as your oral evidence, and the investigation meeting interview notes by Witness 1.

In respect of Charge 1d, the panel noted that in your oral evidence you accepted attending Colleague C's home address without invitation. You explained that your purpose was to deliver food and look for your daughter's Airbnb. Mr Burton, on your behalf, submitted that Colleague C's evidence was undermined by the fact that she said she had reported to another colleague what had happened at her home address. The written record of this colleague did not contain the full details of what Colleague C said she had reported. However, the panel having read the record of the interview of the colleague concluded that Colleague C had disclosed the visit to her house by you and her concerns about that visit. The panel found that your explanation did not alter the fact that you had gone to Colleague C's home uninvited and therefore found Charge 1d proved.

In respect of Charge 1e, the panel considered Colleague C's account that you not only attended her address uninvited but also *"tried the door handle"*. While it acknowledged that there were some variations in how Colleague C described this incident at different stages, the panel considered her evidence to be credible overall. The panel concluded that Colleague C was consistent in stating that she saw you try the door and that she felt shocked and uncomfortable by your unannounced visit. The panel determined that, on the balance of probabilities, it was more likely than not that you attempted to gain entry to

Colleague C's home by trying the door handle after receiving no response to your knock, as this would indicate an attempt to open the door and thereby gain entry.

In relation to Charge 1f, the panel noted Colleague C's evidence that you repeatedly invited her for breakfast despite her declining. In her statement, Colleague C said:

> *"I asked Mr Chavan why they came to my house and they said that they wanted to see whether I wanted breakfast. After this incident, Mr Chavan kept asking me if I wanted to go for breakfast the morning after a night shift. They kept telling me that my husband does not need to know and that I can just get back home from my shift a little bit late."*

The panel also considered your evidence where you accept and explain that the reason you went to Colleague C's house was to deliver her curry. It also considered that in the local investigation meeting, you told Witness 1 that:

> *"We are all agency nurses, working together, we do breakfast and then we go, just a simple kind of gesture… . I will never force anybody to come to breakfast. It is a small place, we need company, we need friends to talk to."*

The panel accepted that discussing post-shift breakfast would not be unusual on the ward. The panel therefore concluded that it was probable you did also invite Colleague C on at least one occasion as has been alleged.

Further, the panel considered that Colleague C's account pointed to an unwanted invitation to breakfast. The panel gave weight to Colleague C's recollection of your comment about her husband 'not needing to know', as this was specific, memorable and she clearly described the impact it had on her. It considered that such a comment would be indicative of one insisting despite initial rejection. Therefore, the panel determined that, on the balance of probabilities, it was more likely than not that you on one or more occasions, invited Colleague C for breakfast despite them saying no.

Accordingly, the panel finds Charges 1d, 1e and 1f proved.

Charge 2a

2. *"In relation to Colleague A:*

    a. *took a screenshot or a photograph of Colleague A's chest without permission."*

This charge is found proved.

In reaching this decision, the panel took into account the oral and written evidence of Colleague A, Colleague D, Colleague E, Witness 1, as well as your own evidence.

The panel accepted Colleague A's account that you took a photograph/screenshot of her chest without consent. The panel considered Colleague A's evidence in her interview with Witness 1 on 8 March 2023, and her witness statement dated 19 March 2024 was clear, consistent and credible.

In your evidence and in the reflection sent to the NMC on 30 November 2023, you stated:

> *"I want to clarify that I never took a photograph of a colleague's cleavage. The picture in question was a screenshot one of photograph that had been zoomed in while sending all Christmas party photos to colleagues on her request..."*

Whilst the panel considered the context of the Christmas event and that photos are normally taken in such settings, also you do not deny having *"taken a screenshot"* and *"zoomed in"* on a photo of Colleague A. The panel considered that while an initial photograph may have been with Colleague A's permission, the adaptation of this photograph to emphasise her cleavage using the screenshot function caused Colleague A

to be upset. Therefore, the panel concluded that the screenshot was taken without her permission.

Accordingly, the panel finds Charge 2a proved.

Charge 2b

2. "In relation to Colleague A:

b. shared the screenshot or photograph with colleagues without permission."

This charge is found NOT proved.

In reaching this decision, the panel carefully considered whether there was sufficient evidence that you actively shared the photograph with others. The panel noted that while Colleague A believed others had seen it, the evidence before it from Colleague A suggested that the photos were sent to her *"personally as opposed to a group chat".* There was insufficient evidence before the panel demonstrating either an intentional or accidental act on your part to share specifically the screenshot/photograph of Colleague A with others without her permission. The panel determined that the NMC did not discharge the burden of proof for this charge.

Accordingly, the panel finds Charge 2b not proved.

Charge 2c

2. "In relation to Colleague A:

c. watched Colleague A swim without invite."

This charge is found NOT proved.

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

The panel considered Colleague A's evidence that she saw you at the beach while she was swimming and that this made her feel uncomfortable. The panel also noted that you do not deny that you were at the beach, however, you explained that you regularly walk there for the good of your health.

The panel recognised that the beach was a public place, and it found there was insufficient evidence to establish that you were there specifically to watch Colleague A swim. The panel considered that your presence could have been coincidental. The panel therefore determined that the NMC had not discharged the burden of proof in relation to this charge.

Accordingly, the panel finds Charge 2c not proved.

Charges 3a, 3b and 3c

3. *"In relation to Colleague B:*

    a. *on more than one occasions invited Colleague B to breakfast despite them saying no.*
    b. *touched Colleague B's leg.*
    c. *said words to the effect of 'come on we don't have to have sex'."*

These charges are found proved.

In reaching its decision, the panel considered the written and oral evidence of Colleague B, the investigation meeting notes by Witness 1 and your own account.

The panel had regard to Colleague B's evidence that:

> *"…Mr Chavan kept making comments such as "Oh come on, I'll take you for breakfast". Mr Chavan then slid their chair over to me and put their hand on my knee and said "we'll go for breakfast". I told Mr Chavan no again and then they said "come on we don't have to have sex" and touched the top of my thigh..."*

The panel considered that Colleague B's evidence was internally consistent across the local investigation, her witness statement and her oral evidence. In particular, she gave a clear and straightforward account that you touched her leg, affirming in her oral evidence:

> *"I know he touched my thigh."*

When asked if it was a rub, she responded firmly that she could not recall that, but was clear about the touch as alleged in the charge.

The panel found Colleague B's evidence to be credible and consistent. It considered her account to be reliable and found that she did not exaggerate. It also noted her explanation as to why she had not reported the incident at the time, saying she *"did not want to cause tension on the ward"* and feared *"negative consequences"* given her previous experience of raising concerns. She also explained that her daughter was critically ill at the time, which meant she did not have the *"headspace"* to pursue a complaint. The panel considered this explanation rational, credible and consistent with her overall evidence.

While you denied the allegations, the panel found that you individually inviting colleagues repeatedly to breakfast despite their refusal was a common feature across the witnesses' evidence. The panel determined that, on the balance of probabilities, it was more likely than not that you on one or more occasions, invited Colleague B for breakfast despite them saying no, that you touched her leg and said words to the effect of *'come on we don't have to have sex'*.

Accordingly, the panel finds Charges 3a, 3b and 3c proved.

Charge 4a

4. *"In relation to Colleague D:*

    a. *drove Colleague D to your home address when they expected to be taken to the swimming pool."*

This charge is found proved.

In reaching its decision, the panel considered the oral and written evidence of Colleague D, as well as your own account.

The panel had regard to the witness statement of Colleague D:

> *"…One day after a night shift, Mahendra offered to give me a lift which I accepted. As I was tired, I agreed that he can take me to the swimming pool. I would often go to the local swimming pool after a night shift as it would help me sleep better.*
>
> *When I got in the car, Mahendra offered to take me to his house and show me his bedroom. I declined his request and asked him to take me to the swimming pool. Mahendra continue to insist. He then stopped at his flat which was on the way to the swimming pool…"*

The panel noted that Colleague D was consistent across her accounts, stating that you stopped at your home address despite an arrangement to drive her to the swimming pool.

The panel also noted that in her oral evidence, Colleague D described feeling *"annoyed"* and *"exasperated",* explaining that you had previously invited her to see your home, which she did not want to do. She said, *"going to his house, seeing his room had been offered*

on many occasions" and she was frustrated that this occurred instead of going directly to the pool as agreed. This was consistent with her witness statement and remained so despite close cross-examination.

In considering your account, the panel noted that you accepted that you had stopped at your home address, but you said this was because the swimming pool was not yet open and you intended to collect your belongings to go together. Colleague D was clear in her evidence that the pool was already open. The panel had regard to the evidence before it, including that the map of the area shows your house is on the way to the pool.

On the totality of evidence, the panel preferred Colleague D's evidence. Whilst there is a discrepancy as to the conversations that may have taken place in the car and whether the pool was open, Colleague D's evidence is that for her the stop at your house was unexpected. Therefore, the panel determined that, on the balance of probabilities, it was more likely than not that you drove Colleague D to your home address when she expected to be taken to the swimming pool.

Accordingly, the panel finds Charge 4a proved.

Charge 4b

4. *"In relation to Colleague D:*

    b. *kept the car doors locked whilst Colleague D was inside."*

This charge is found proved.

The panel considered Colleague D's evidence that the doors were locked, and she was unable to get out until you opened them. In her witness statement, Colleague D said:

"The door was locked so I could not get out of the car, but I think most cars have auto lock on. I asked Mahendra several times to let me out but he was really insisting that I go in to his flat. I then told Mahendra that I am really tired and he eventually opened the doors…"

The panel noted that Colleague D gave balanced evidence, acknowledging that the locking mechanism might have been automatic and stating she did not feel trapped or frightened but rather *"tired and exasperated".* The panel considered her account to be credible, particularly as she did not exaggerate the incident or suggest she felt in danger.

Although you disputed this, the panel determined that, on the balance of probabilities, it was more likely than not that the doors were locked and that you did not release them immediately, despite repeated requests by Colleague D to do so, which left her unable to exit the car when she wanted to.

Accordingly, the panel finds Charge 4b proved.

Charge 4c

4. *"In relation to Colleague D:*

    c. *requested that Colleague D enter your home address."*

This charge is found proved.

The panel had regard to the witness statement of Colleague D, which stated:

"When I got in the car, Mahendra offered to take me to his house and show me his bedroom. I declined his request and asked him to take me to the swimming pool…"

"Mahendra often insisted taking me to his house but I was always very firm with him…He would say 'I have a bed or sofa you could use'…"

The panel considered Colleague D's consistent evidence that you asked her to come into your flat. The panel noted that in her oral evidence, she recalled you suggesting she could have a coffee while you collected your swimming gear. The panel found that Colleague D's account was also supported by your own evidence, in which you accepted that you asked her if she wanted to come in for a coffee. Therefore, the panel determined that, on the balance of probabilities, it was more likely than not that you had requested that Colleague D enter your home address.

Accordingly, the panel finds Charge 4c proved.

Charge 5a, 5b and 5c

5. *"In relation to Colleague E:*

    a. *on one or more occasions placed your arms around Colleague E's waist."*
    b. *grabbed Colleague E around the neck."*
    c. *on one or more occasions grabbed Colleague E's arms."*

These charges are found proved.

In reaching its decision, the panel considered Colleague E's local interview with Witness 1 on 22 February 2023, her witness statement and her oral evidence.

The panel had regard to Colleague E's local investigation interview with Witness 1, dated 22 February 2023, where she stated:

"Recently he grabbed me around my neck, then my waist and then grabbed my arms. I told him to get off. I wouldn't be annoyed by a person doing that to me in a

jokey way but with all the comments over the years it made me more uncomfortable, and I am pregnant. I tell him to stop it but he just kept doing it."

The panel also had regard to Colleague E's statement dated 13 July 2025:

"In addition to the inappropriate comments, the registrant was also quite touchy and handsy. He has touched my hand, my waist, my shoulders if he is behind me. At the time I was pregnant, the registrant put his hands on my waist. He was not hurting me, it was more like a hug but I was still very uncomfortable. I told him to get off several times, he did get off my waist but went onto grab my hands & arms before stopping."

The panel found Colleague E's account to be consistent and credible. It considered that Colleague E was clear in that you had placed your arms around her waist, and she recalled telling you to stop. Further, Colleague E described occasions where you grabbed her neck and arms, and she was clear in oral evidence that she resisted and repeatedly told you *"get off".* The panel accepted that her account was consistent across different stages of the process and attached weight to her evidence.

The panel was of the view that in her evidence Colleague E described the events without embellishment or deflection.

The panel also took into account the wider context in relation to similar behaviour exhibited by you towards other colleagues. The panel considered that Colleague E described you to be *"quite touchy and handsy"* in her statement. It also noted incidents of physical contact was reported by other colleagues in a similar manner, such as Colleague C describing you as *"touchy feely" or "hands on".* These reports further reinforced the plausibility of Colleague E's account.

In her witness statement, Colleague D said:

"Whilst [Colleague E] was pregnant I witnessed Mahendra touch her stomach on more than one occasion."

Therefore, whilst the panel noted your denial of the matter in terms of these did not happen and said , the panel determined that, on the balance of probabilities, it was more likely than not that you on one or more occasions placed your arms around Colleague E's waist, grabbed Colleague E around the neck and grabbed Colleague E's arms.

Accordingly, the panel finds Charges 5a, 5b and 5c proved.

Charge 5d

5. *"In relation to Colleague E:*

    d. *asked Colleague E if she would leave her partner for money."*

This charge is found proved.

In reaching its decision, the panel took into account Colleague E's local interview with Witness 1 on 22 February 2023, her witness statement and her oral evidence.

In the local interview with Witness 1, Colleague E recalled:

"Before my maternity leave. He asked if I planned on being with [Colleague E's husband] forever. I can't remember his words exactly, but he said I am worth half a million and asked would I leave [Colleague E's husband] for the money? I said no, absolutely not."

In her statement, Colleague E stated:

"On one occasion he said he would give me money to leave my husband."

The panel gave weight to Colleague E's consistent and specific recollection of this comment, which in her oral evidence she described as both inappropriate and memorable. It was of the view that this was not the type of remark she would be likely to fabricate, particularly as she recalled it being said in front of a patient, which she described as embarrassing, and even remembered you naming a figure of *"half a million pounds".*

The panel further noted her evidence that her husband had been angry when she told him about the incident and had urged her to report it. Although she was unable to recall precise dates, she was able to situate the incident in relation to her pregnancy and maternity leave, which the panel considered strengthened her recollection.

The panel considered the concerns raised by Mr Burton regarding Colleague E's credibility and the suggestion that there had been a prior fallout between you and her. However, the panel preferred Colleague E's explanation for not reporting at the time: that she did not know who to approach as her manager was on leave and believed management would not address it, and that she thought the matter would resolve with her maternity leave as she expected you would not be working there upon her return after a year. The panel considered this to be a rational and realistic response.

Therefore, the panel determined that, on the balance of probabilities, it was more likely than not that you asked Colleague E if she would leave her partner for money.

Accordingly, the panel finds Charge 5d proved.

Charge 5e

5. *"In relation to Colleague E:*

    e. *said words to the effect of 'it's a shame she is pregnant and engaged but she is not married yet, so I might still have a chance'."*

This charge is found proved.

In reaching this decision, the panel took into account the witness statement and oral evidence of Colleague E, Colleague D, the investigation meeting interview notes by Witness 1 and your own evidence.

In the local interview with Witness 1, Colleague E recalled:

> *"He has also made a few inappropriate comments, in front of patients. A patient commented that I was a good nurse. He said, 'I know, it's a shame she's pregnant and engaged but she's not married yet, so I might still have a chance'. I didn't say anything to him because of the patient."*

In her statement, Colleague E stated:

> *"The registrant made such inappropriate comments next to patients as well. One example of this is when a patient commented that I am a good nurse. In response, the registrant said "yes, it is a shame she is pregnant but she is not married yet, so I might still have a chance"*

The panel was satisfied that Colleague E's evidence is consistent. It also noted that evidence from Colleague D corroborated her account:

> *"…I also recall Mahendra saying that he was cross or upset because [Colleague E] was pregnant. He said he did not like her being pregnant…"*

The panel determined that, on the balance of probabilities, it was more likely than not that you said words to the effect of *'it's a shame she is pregnant and engaged but she is not married yet, so I might still have a chance'* in relation to Colleague E.

Accordingly, the panel finds Charge 5e proved.

Charges 6a and 6b

6. *"Your actions at charges 1 and/or 2, and/or 3, and/or 4, and/or 5 were sexually motivated in that:*

    a. *you were seeking to gain sexual gratification from your actions and/or;*
    b. *you were seeking to pursue a future sexual relationship with Colleague A and/or Colleague B and/or Colleague C and/or Colleague D and/or Colleague E."*

These charges are found proved.

In reaching this decision, the panel took into account all the evidence before it.

Charge 1 (in relation to Colleague C)

The panel considered the context in which your actions in Charge 1 took place. In her statement, Colleague C recalled that one incident occurred when you were both *"in the patient sitting room alone"* and you *"tried to get [her] to go for [her] break with [you]"* before telling her that *"[she] looked good tonight".* The panel noted that the comment appeared to occur when you were alone with Colleague C.

The panel further noted that the comment *"do you want to do it?"* and touching of the arm were made when the patient had temporarily left the room to use the toilet, leaving you and Colleague C alone. While you claimed this was a reference to training, the panel considered that, in the specific circumstances, this was more likely to have been intended as a sexual innuendo or attempt at flirtation. The panel noted that your explanation appeared to shift to frame the remark as training-related only after you were seemingly questioned.

The panel considered this alongside other conduct found proved: showing Colleague C a pornographic video, attempting to enter her home and insisting on inviting her to breakfast. These incidents, taken together and combined with Colleague C's wider account that you were *"touchy feely",* would *"make a lot of physical contact"* and would *"be in [her] personal space"*, suggested numerous efforts to flirt with Colleague C and create opportunities to spend time with her alone.

Taking account of the conduct described and the context of these incidents, the panel determined that, on the balance of probabilities, your actions in Charge 1 were sexually motivated, in that you were seeking sexual gratification or attempting to pursue a future sexual relationship with Colleague C.

Charge 2a (in relation to Colleague A)

The panel considered that your actions in taking a screenshot of a photograph of Colleague A's chest without permission, particularly as you appear to have *"zoomed in"* on her cleavage, was an action that was likely sexually motivated, in that you were seeking sexual gratification.

The panel also noted that you sent the image directly to Colleague A, rather than sharing it in the group chat in connection to the Christmas party. Whilst your explanation was that you sent it to her *"because it is her photo"* and that you sent a *"series of photos"* at once, the panel was persuaded that your actions were personal in nature and directed specifically at her, which the panel considered more consistent with an attempt at seduction or flirtation than with a general *"fun and jokes"*.

The panel also took into account Colleague A's witness statement, in which she said:

> *"There were several occasions where Mr Chavan would tell patients that he and I were married and when I was not around, patients would ask me about this. They*

would also sometimes gossip to their family about this. I felt that this was inappropriate and it made me feel uncomfortable, and treated unprofessionally."

The panel considered that these comments to patients, family and others, combined with the intrusive photograph, were actions in which you attempted to blur professional boundaries and create the impression of a personal relationship with Colleague A.

The panel determined that, on the balance of probabilities, your actions in Charge 2a were sexually motivated, in that you were seeking sexual gratification or attempting to pursue a future sexual relationship with Colleague A.

Charge 3 (in relation to Colleague B)

The panel determined that your actions in inviting Colleague B to breakfast, insisting despite her refusal, then touching Colleague B's leg and saying the words to the effect of *'come on we don't have to have sex'* demonstrated an effort to persuade or seduce Colleague B. The panel acknowledged that inviting a colleague for breakfast after a shift is not inherently inappropriate. However, in the specific context, where your invitations were unwanted, accompanied by physical contact and framed with sexualised language, indicated that your behaviour went beyond friendly interaction.

In light of this, the panel determined that, on the balance of probabilities, your actions in Charge 2a were sexually motivated, in that you were seeking sexual gratification or attempting to pursue a future sexual relationship with Colleague B.

Charge 4 (in relation to Colleague D)

The panel determined that your actions in driving Colleague D to your home address, when she expected to be taken to the swimming pool, keeping the car doors locked while she remained inside, and requesting that she enter your home, were likely sexually motivated.

The panel carefully considered your explanation that you intended only to make a quick stop on the way to the swimming pool to collect your swimming gear. While this explanation might appear logical in isolation, the panel found it less persuasive when viewed in context. It noted that Colleague D recalled that, prior to this, you had invited her to your home to *"see your bedroom".* Therefore, in subsequently driving to your house without her agreement and the other charges taken together, the panel considered that your actions were more consistent with an attempt to seduce Colleague D or to create an opportunity to spend time with her alone.

On this basis, the panel determined that, on the balance of probabilities, your actions in Charge 4 were sexually motivated, in that you were seeking sexual gratification or attempting to pursue a future sexual relationship with Colleague D.

Charge 5 (in relation to Colleague E)

The panel had regard to the statement of Colleague E, in which she said:

> *"Whilst working with the registrant, he displayed inappropriate and sexualised behaviour which made me feel uncomfortable. This wasn't just towards me but also towards several other female colleagues within the Hospital.*
>
> *The registrant used to make a lot of inappropriate comments whilst we worked together on the ward which would make me feel uncomfortable."*

Taking this context into account, the panel determined that placing your arms around Colleague E's waist, grabbing her around the neck and arms, asking her if she would leave her partner for money and saying words to the effect of *'it's a shame she is pregnant and engaged but she is not married yet, so I might still have a chance'* were not isolated or innocent interactions. The panel determined that, on the balance of probabilities, your

actions in Charge 5 were sexually motivated in that you were seeking either sexual gratification or to pursue a future sexual relationship with Colleague E.

In light of all of the above, the panel finds Charges 6a and 6b proved.

Charge 7a

7. *"Your conduct in charges 1 and/or 2 and/or 3 and/or 4 and/or 5:*

    a. *was unwanted by Colleague A and/or Colleague B and/or Colleague C and/or Colleague D and/or Colleague E and,"*

This charge is found proved.

The panel took into account all the evidence before it. It determined that each colleague involved made clear that your conduct was unwanted, by rejecting you and in expressing that you made them feel uncomfortable. The panel had regard to some of the following examples:

- Colleague C described how, when shown a pornographic video:

    "I didn't want to see it … I felt awful and uncomfortable."

- Colleague B stated:

    "I told Mr Chavan no again and then they said "come on we don't have to have sex" and touched the top of my thigh. At this point I got up and told Mr Chavan that they had gone too far."

- Colleague A stated:

"Mr Chavan would not pick up on hints sometimes such as people's body language or sometimes direct requests for them to stop. It would take two or maybe three times to tell him to stop, for example when they were pinching people's sides."

- Colleague E stated:

"Whilst working with the registrant, he displayed inappropriate and sexualised behaviour which made me feel uncomfortable … he used to make a lot of inappropriate comments."

- Colleague D stated:

"Whilst working with Mahendra, he often insisted that he takes me to his house and shows me his bedroom. I would always decline his request and pull him up for it, he would then stop" and *"I asked Mahendra several times to let me out but he was really insisting that I go in to his flat."*

Taken together, the panel was satisfied that, on the balance of probabilities, your actions in Charges 1, 2a, 3, 4 and 5 were unwanted by Colleague A, Colleague B, Colleague C, Colleague D and Colleague E, as alleged.

Accordingly, the panel finds Charge 7a proved.

Charge 7b

7. *"Your conduct in charges 1 and/or 2 and/or 3 and/or 4 and/or 5:*

   b. *was of a sexual nature and,"*

This charge is found proved.

The panel was satisfied that the conduct you showed in Charges 1, 2a, 3, 4 and 5 included sexualised comments, physical touching, propositions of alone time, invitations to private spaces and sharing of inappropriate images and videos.

Taken cumulatively and considering their findings in its earlier decisions at Charges 6a and 6b, the panel determined that, on the balance of probabilities, your actions in Charges 1, 2a, 3, 4 and 5 were more likely than not of a sexual nature.

Accordingly, the panel finds Charge 7b proved.

Charge 7c

7. *"Your conduct in charges 1 and/or 2 and/or 3 and/or 4 and/or 5:*

    c. *was intended to violate Colleague A and/or Colleague B and/or Colleague C and/or Colleague D and/or Colleague E's dignity and/or create an intimidating, hostile, degrading, humiliating or offensive environment for Colleague A and/or Colleague B and/or Colleague C and/or Colleague D and/or Colleague E, or"*

This charge is found proved.

The panel considered whether your behaviour was carried out with the intention of violating colleagues' dignity and/or creating an intimidating, hostile, degrading, humiliating or offensive environment.

The panel carefully considered intention. The panel asked itself whether you could have not recognised the unacceptability of your actions and so had no intention of violating colleagues' dignity and therefore creating an intimidating, hostile, degrading, humiliating or offensive environment.

At the time of the incident, you had practiced as a registered nurse in the UK for around 20 years in varied settings including larger city hospitals. The panel found it extremely likely that you would have had some forms of training related to standards of acceptable behaviour, the panel was shown a copy of the NHS Scotland Bullying and Harassment Policy which clearly explains the required standards of all staff.

You were also told repeatedly and clearly by colleagues that your actions and language were unacceptable and unwanted.

The panel therefore found that you knew the impact of your actions and language and intended to violate colleagues' dignity and therefore create an intimidating, hostile, degrading, humiliating or offensive environment.

The panel noted that your actions, such as placing your arms around Colleague E's waist, locking Colleague D in your car, touching Colleague B's leg and saying to Colleague C *"do you want to do it?"*, were not isolated or accidental. These incidents occurred when you were alone with female colleagues and were unwanted, over-familiar and sexualised conduct.

The panel gave weight to the consistent evidence of colleagues, who described feeling *"uncomfortable", "awful", "embarrassed" and "shocked".* In particular:

- Charge 1 (Colleague C):

> *"Mr Chavan's actions…would make me feel quite uncomfortable."*

- Charge 2a (Colleague A):

"…I received a direct message from Mr Chavan with a picture of my cleavage...It was mortifying…I felt violated and dirty almost. I was humiliated and felt vulnerable."

- Charge 3 (Colleague B):

"At the time I felt angry that they had put me in this position." "I wasn't frightened or intimidated. I was angry and humiliated."

- Charge 4 (Colleague D):

Although Colleague D described feeling *"annoyed"* and *"exasperated",* the panel found that your actions, in driving her to your house instead of the swimming pool, locking her in the car and insisting she enter your home, demonstrated a disregard for her choices and created a humiliating and hostile environment that forced her to walk to the pool instead.

- Charge 5 (Colleague E):

"Whilst working with the registrant, he displayed inappropriate and sexualised behaviour which made me feel uncomfortable. This wasn't just towards me but also towards several other female colleagues within the Hospital."

The panel considered that your persistence despite colleagues' clear refusals, and their consistent evidence of discomfort and humiliation, demonstrated a disregard for their dignity or was reckless as to that effect. Further, given your experience as a registered nurse in the UK, the panel noted that you would have been fully aware of professional boundaries.

The panel determined that the persistence of your actions, combined with the nature and circumstances in which they occurred, indicated an intention to push boundaries in a way that disregarded your colleagues' dignity. Whilst it noted that you presented the intention behind your conduct to be *"fun and jokes"* between colleagues, the panel found that, within context, it was more likely than not you intended to place colleagues in situations that were degrading and offensive, thereby creating an intimidating, hostile, degrading, humiliating or offensive environment for them.

Taken together, the panel was satisfied that, on the balance of probabilities, your conduct in Charges 1, 2a, 3, 4 and 5 were more likely than not intended to violate their dignity and create an intimidating, hostile, degrading, humiliating or offensive environment for Colleague A, Colleague B, Colleague C, Colleague D and Colleague E.

Accordingly, the panel finds Charge 7c proved.

Charge 7d

7. *"Your conduct in charges 1 and/or 2 and/or 3 and/or 4 and/or 5:*

    d. *had the effect of violating Colleague A and/or Colleague B and/or Colleague C and/or Colleague D and/or Colleague E's dignity and/or creating an intimidating, hostile, degrading, humiliating or offensive environment for Colleague A and/or Colleague B and/or Colleague C and/or Colleague D and/or Colleague E."*

This charge is found proved.

The panel carefully considered whether your conduct had the effect of violating your colleagues' dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment, as alleged.

The panel noted that in respect of Colleague C (Charge 1), she consistently described your behaviour as making her feel *"uncomfortable".* She stated that when you showed her a pornographic video while she was alone with you, she felt *"horrified"* and *"shocked".* In her witness statement she added that your actions left her feeling *"awful"*. The panel was satisfied that your behaviour had the effect of violating her dignity.

In respect of Colleague A (Charge 2a), the panel noted that she described receiving a direct message from you with a screenshot of her cleavage as *"mortifying".* In her witness statement she said:

> *"I felt violated and dirty almost. I was humiliated, I felt vulnerable."*

The panel considered this strong and consistent language from Colleague A to be clear evidence of actual impact on her dignity and emotional wellbeing.

Regarding Colleague B (Charge 3), the panel considered her witness statement where she said at the time she felt *"angry".* In her interview she consistently said:

> *"I wasn't frightened or intimidated. I was angry and humiliated."*

The panel noted that she also used described the incidents involving her to be a *"one-off".* Therefore, whilst the panel noted that the potential effect your actions could have had, the panel could not be satisfied that your actions, in relation to Colleague B, went to the extent of having the effect of violating her dignity and creating an offensive environment for her. The panel also noted that Charge 7d did not require all aspects of the charge to be found proved.

In respect of Colleague D (Charge 4), while she primarily described feeling *"annoyed", "exasperated"* and *"tired"* in her oral evidence, she also used the words *"uncomfortable", "frustrated"* and *"sickened"* to describe the effect that your actions had on her. The panel considered that your actions, in driving her to your home instead of the swimming pool,

locking her in the car and insisting she enter your home, were sufficiently serious to have the effect of violating her dignity and creating an intimidating and humiliating environment, even if she did not explicitly use strong language.

Finally, in relation to Colleague E (Charge 5), she stated that you *"displayed inappropriate and sexualised behaviour which made me feel uncomfortable".* The panel noted that in the local investigation Colleague E described you as *"creepy"* and said she *"didn't know how it was going to end"*. Further, the panel considered that your actions had such an impact on Colleague E that, as a consequence, she stopped bringing her car into work. The panel also noted that she even told her husband about your conduct, which prompted him to urge her to report it. The panel determined that these were clear indicators that your conduct had the effect of violating her dignity and creating an offensive environment.

Taking all of this into account, the panel concluded that while individual colleagues experienced the impact differently, your conduct nonetheless had the cumulative effect in each case of violating their dignity and/or creating an intimidating, hostile, degrading, humiliating or offensive environment.

Accordingly, the panel finds Charge 7d 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 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, your fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

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'.* It also heard and considered the submissions by Dr Joshi and Mr Burton.

Dr Joshi referred the panel to the relevant guidance (FTP-2a) and invited the panel to take the view that the facts found proved amount to misconduct. He highlighted that there were five separate complainants who described similar behaviour over an extended period, and submitted that this demonstrated a pattern of misconduct, not an isolated incident. He also explained that in cases such as this, particularly where there is sexual misconduct, one person's complaint often gives others the courage to come forward and submitted that is what happened here.

Dr Joshi referred the panel to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code) and identified the specific, relevant standards where your actions amounted to misconduct. He submitted that your behaviour engaged the discriminatory, bullying and harassment elements of the Code, highlighting that all the victims were women and that there was a clear element of power and control in the situations you created.

Dr Joshi further submitted that despite being told to stop, you continued with the same behaviour, showing no sign of reflection or self-awareness. He noted that, even during your evidence to this panel, your repeated use of the word *"girls"* to describe your former female colleagues reflects disrespect to fellow professionals.

Dr Joshi reminded the panel that you are not an inexperienced nurse. You have been practising in the UK for around twenty years and had been in your most recent workplace for approximately three years. You therefore knew what acceptable behaviour was. He said that even if you were to claim some cultural differences, this point could not stand as, in his submission, *"common sense would dictate"* that your actions were completely inappropriate and offensive, particularly the sharing of pornographic material and the taking of the photograph of your colleague.

Dr Joshi read from NMC guidance, which states that:

> *'…The presence of bullying, harassment (including sexual harassment) and victimisation in the workplace can have an extremely negative effect on the work environment, performance and attendance. This in turn can have an effect on the delivery of care and if not dealt with can affect trust and confidence in the professions'*.

Dr Joshi submitted that your actions caused distress, humiliation and unease among colleagues, and that in some instances they actively avoided working with you or hoped your placement would end soon. He submitted that your conduct demonstrates attitudinal issues that raise serious questions about your ability to uphold the standards and values set out in the Code. Your actions were serious breaches of the Code and amounted to misconduct.

Mr Burton submitted that while you deny the conduct which has been found proved, you fully appreciate that such behaviour would amount to misconduct. Accordingly, he did not

seek to make detailed submissions on this point and accepted that this was a matter ultimately for the panel's discretion.

Submissions on impairment

Dr Joshi moved on to the issue of impairment and addressed the panel on the need to have regard to protecting 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. This included reference to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Dr Joshi referred the panel to the relevant guidance on impairment (DMA-1), which poses the key question*:*

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

Dr Joshi acknowledged that there was some reference to your good character, in that several colleagues had described you as *"a good nurse".* However, he submitted that being a good nurse cannot be separated from personal and professional conduct. He submitted that a good nurse is not simply someone who is clinically competent, but someone who adheres to the Code on a daily basis, ensuring that colleagues are treated with respect and are not harassed, victimised or bullied.

Dr Joshi submitted that the incidents should not be taken in isolation, as the fact that these were repeated over a period of time with different complainants and an *'ulterior motive'*, indicated an attitudinal problem. He outlined that you ignored colleagues' objections and persisted even when they clearly expressed discomfort. Dr Joshi submitted that you showed no genuine insight into your behaviour or its impact on others.

In his submission, your behaviour breached fundamental principles of the profession including prioritising people, practising effectively, preserving safety and promoting professionalism and trust. Dr Joshi added that although there may have been some contextual factors, such as lack of supervision or workplace culture, these were minimal and did not excuse your actions.

Dr Joshi submitted that both public protection and public interest grounds are engaged and point towards a finding of impairment. He submitted that while you presented a number of character references and training, these did not demonstrate that you had taken any meaningful steps towards recognising or remedying your behaviour. Therefore, there is a likelihood of repetition. He emphasised that the purpose of these proceedings is not to punish you for your actions but to protect the public.

Further, he submitted that any member of the public would be *'horrified'* hearing about your conduct, including the sexual comments, the inappropriate photograph and the sharing of pornographic videos. He submitted that such behaviour undermines public confidence in the nursing profession and the maintenance of proper professional standards. Thus, he submitted that the only proper conclusion is that your fitness to practise is currently impaired.

Mr Burton submitted that the test is whether your fitness to practise is currently impaired, not at the time of the incidents, which were reported to have taken place three years ago.

Mr Burton invited the panel to take into account your long and distinguished nursing career, both in India and in the United Kingdom, during which you have worked in a range of settings and in complex areas of practice. He referred the panel to your CV and outlined that you have never been subject to any prior regulatory findings or disciplinary issues.

Further, Mr Burton emphasised that your clinical competence has never been questioned. He pointed out that several witnesses, including those involved in the proceedings, have described you as a very good nurse and someone who always strives to do your best for

patients. This was also supported by the numerous positive testimonials contained in your bundle. He invited the panel to reread and consider these in relation to your current fitness to practice as they show your commitment, professionalism and strong patient care record.

Mr Burton submitted that you have engaged fully with the NMC process, doing your best to communicate your position despite some difficulties with language and expression. He also informed the panel that during your interim suspension, you have made efforts to keep your clinical knowledge up to date, enrolling in a number of relevant learning courses, including training on professional boundaries, which you undertook after recognising its importance following the incident with Colleague A. Mr Burton submitted that this showed significant insight and remorse from you, and that during your evidence you had reflected thoughtfully on that behaviour and its impact.

Although you deny many of the charges, Mr Burton submitted that there is evidence of developing insight and remorse in relation to certain aspects of your conduct. He highlighted that you recognised your error regarding the photograph and accepted that behaviour of that nature was wrong. He submitted that your willingness and initiative to undertake training, and your acceptance that such conduct would amount to misconduct are both to your credit.

Mr Burton reminded the panel that none of the proven matters involved patients or affected patient safety and submitted that this was an important distinction. He submitted that the behaviour related to errors of judgment, rather than deficiencies in clinical ability. Moreover, he submitted that this type of conduct is remediable, and you have already taken meaningful steps to address it through further learning and reflection.

Therefore, Mr Burton invited the panel to find that your conduct is on its way to being remedied, given your engagement, remorse and participation in relevant training. He submitted that the likelihood of repetition is highly unlikely and emphasised that there has been no recurrence of such behaviour in the three years since the incidents, and no

similar concerns have ever been raised previously in your long career. He said that you have clearly learned from the experience, and that the investigation itself has had a profound personal, emotional, financial and mental impact on you, which would further deter any repetition in the future.

Mr Burton accepted the seriousness of the proven findings but submitted that, in light of your overall record, public protection and public confidence would not be undermined by a finding of no current impairment. He referred the panel to the case of *Meadows v GMC* [2006] EWHC 146 (Admin), which in his submission, confirms that the purpose of fitness to practise proceedings is not to punish a practitioner for past misconduct but to protect the public from those who are not fit to practise. Therefore, he submitted that the panel should look forward, not backwards in reaching its decision.

In conclusion, Mr Burton invited the panel to find that, while misconduct is proved, your fitness to practise is not currently impaired. He submitted that the misconduct is remediable, has been partially remedied, and that there is no real risk of repetition. Additionally, he submitted that a finding of misconduct alone would sufficiently mark the seriousness of the behaviour and maintain public confidence, and therefore no current impairment finding is required either for public protection or in the wider public interest.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Council for Healthcare Regulatory Excellence v (Nursing and Midwifery Council) & Grant* [2011] EWHC 927 (Admin)*, Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, *Cohen v General Medical Council* [2008] EWHC 581 (Admin), *General Medical Council v Meadow* [2007] QB 462 (Admin), *Cheetle v General Medical Council* [2009] EWHC 635 (Admin) and *Sawati v General Medical Council* [2022] EWHC 283 (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 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:

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

To achieve this, you must:

1.1 treat people with kindness, respect and compassion

1.5 respect and uphold people's human rights

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, treating people fairly and without discrimination, bullying or 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 take advantage of their vulnerability or cause them upset or distress

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. It also recognised that whilst provisions 1.1 and 1.5 of the Code primarily refer to patients, they also apply to colleagues, since respectful treatment of co-workers is fundamental to maintaining a safe and professional working environment.

The panel was of the view that the nature of the charges found proved, which included bullying, discrimination and sexual harassment toward colleagues, were serious breaches

of the Code and a significant departure from the standards expected of a registered nurse. Therefore, the panel found that your actions amounted 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.

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.

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 found that, although no patients were directly involved in your misconduct, your behaviour towards colleagues created an unsafe and intimidating working environment. It accepted that such conduct could indirectly put patients at risk of harm, as it undermines teamwork, communication and trust, all of which are essential to safe nursing practice. The panel was also satisfied that your actions had breached the fundamental tenets of the nursing profession, including respect for others, equality and integrity, and therefore brought its reputation into disrepute. Accordingly, the panel concluded that limbs (a), (b) and (c) of the test in *Grant* were met.

Regarding insight, the panel took into account your reflective statement and your oral evidence. The panel found that your reflection was limited and superficial, as you appeared to focus on how others had *"misunderstood"* your actions, rather than on acknowledging the impact your conduct had on your colleagues or on the wider profession. For instance, you stated that:

> *"I'm from a different culture, I am sorry that she misunderstood me"*

Further, following your completion of the professional boundaries course. You stated:

> *"I deeply regret if any junior staff members misunderstood my friendly behaviour."*
>
> *"…going forward, I commit to refraining from making any comments that may be perceived as inappropriate towards my colleagues."*
>
> *"…after attending a Professional Boundary Limits course, I now recognize that people may interpret physical contact differently..."*

The panel determined that while you expressed some regret that others had been offended, this did not amount to genuine remorse or meaningful insight into your actions. It found insufficient evidence that you fully understand how your behaviour breached the NMC Code, the impact of your behaviour and how this affected your colleagues, nor how your actions affected the reputation of the nursing profession. The panel therefore concluded that you have demonstrated limited insight into your misconduct.

The panel accepted that, in principle, misconduct of this kind is capable of being addressed. It therefore carefully considered the evidence before it in determining whether you have taken steps to strengthen your practice or demonstrate behavioural change.

The panel took into account the additional training you have undertaken, including the course on professional boundaries. Whilst it noted that this was relevant to the charges, there was no evidence of any targeted or sustained learning, particularly in your reflections following your completion of this course.

The panel also recognised that you have been subject to an interim suspension order and therefore have not had the opportunity to work since. However, this meant that there is limited evidence before it of your current ability to practice kindly, safely and professionally alongside colleagues.

The panel also carefully considered the five testimonials you provided. Whilst it accepted that these were positive, and spoke of your skills as a nurse, the panel found that one was from your partner, and most were from friends or former colleagues who appeared unaware of the full details of the charges in this case. On this basis, the panel gave them little weight.

Given the absence of meaningful reflection, an expression of remorse (other than to one colleague), practical application of training or evidence of change in behaviour, the panel determined that there remains a real risk of repetition, and the panel could not be confident that the conduct would not be repeated in future. The panel therefore decided that a finding of impairment is necessary on the ground 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 required. It considered that the public would expect the NMC to take regulatory action where a registered nurse has engaged in bullying, harassing and/or sexually inappropriate conduct

in the workplace. To do otherwise would shock an informed member of the public and would risk undermining confidence in both the nursing profession and its regulator. The panel therefore concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case.

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 make a striking-off order. It directs the registrar to strike you off the register. The effect of this order is that the NMC register will show that you have been struck off the register.

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

Submissions on sanction

Dr Joshi submitted that this is a serious case, involving long-term and repeated misconduct of a sexual nature. He outlined that the conduct is aggravated by its duration, repetition and the number of colleagues affected. He emphasised that the seriousness of the behaviour raises fundamental concerns, which are more difficult to put right.

Dr Joshi submitted that a conditions of practice order would not be appropriate because there is evidence of a deep-seated attitudinal problem and a lack of insight on your part. He stated that the investigation report and your responses at the time showed no meaningful understanding or acceptance of the seriousness of your behaviour.

Dr Joshi then turned to the possibility of a suspension order and submitted that this too would be unsuitable. He outlined that this case involved repeated incidents, spanning over a period of time, and related to numerous colleagues. Therefore, he submitted this cannot be described as a single instance of misconduct. Given the seriousness of the misconduct, the repeated nature of this and the absence of insight, Dr Joshi submitted that a period of suspension would not adequately protect the public.

Dr Joshi submitted that the only proportionate and appropriate sanction is a striking off order. He submitted that your behaviour has caused significant and lasting harm to those affected and undermines trust and confidence in the profession. He submitted that such conduct is fundamentally incompatible with remaining on the register.

Dr Joshi referred the panel to the NMC guidance (SAN-2), which sets out the key factors it should consider. These include the duration of the misconduct, the power imbalance in the relationships, the exploitative and predatory nature of the behaviour and the abuse of a position of trust. He reminded the panel that some witnesses continued to show distress during their evidence, three years after the incidents, demonstrating the serious and lasting impact of your actions. He submitted that sexual misconduct of this nature can have a particularly severe impact on public confidence and on the standards and values of the profession. Dr Joshi therefore submitted that a striking off order is the only sanction capable of adequately protecting the public, maintaining public confidence and upholding professional standards.

Mr Burton reminded the panel that the purpose of this stage of the proceedings is not to punish you, but to protect the public, maintain public confidence in the profession and uphold proper standards. He emphasised that any sanction must be fair, proportionate and the minimum necessary to meet those objectives, taking into account both the public interest and your individual circumstances.

Mr Burton told the panel that you have already been subject to an interim suspension for three years, which in his submission, has already met much of the public interest in

demonstrating the seriousness of the misconduct. He invited the panel to consider your long and distinguished nursing career, both in India and the UK, during which you have never been the subject of adverse regulatory findings. He submitted that witnesses, including senior staff at [PRIVATE], described you as a good nurse who always tried to do your best for patients. He also reminded the panel of the positive testimonials that form part of the bundle.

Mr Burton submitted that you have taken clear steps towards remediation, including enrolling on relevant courses and completing professional boundaries training at the time, after recognising the importance of this issue following the incident with Colleague A. He submitted that this demonstrates a genuine degree of insight and remorse for your behaviour. He further highlighted that you completed additional training on ‘Dignity at Work’, ‘Social Media and Interaction’ and ‘Effective Communication’ over the weekend, after reflecting on the panel’s findings. He also noted that you had done so despite recently receiving difficult news that your health had worsened, which showed your willingness to continue learning and intention to continue to take steps to remediate your behaviour.

Mr Burton acknowledged that while you denied many of the allegations, you have begun to show insight, recognising what you did wrong, particularly in respect of Colleague A, and what you have learned. He also referred back to the panel’s earlier note that this case does not relate directly to patient safety, which in his submission, is a very important factor when considering public protection and public interest.

Mr Burton informed the panel that you have been more recently given a further health diagnosis, and despite this, you have continued to engage with the NMC’s regulatory process and additional training. He submitted that this demonstrates how seriously you are taking this matter and your intention and commitment to returning to safe nursing practice.

In terms of sanction, Mr Burton submitted that the panel should look at the least restrictive sanction and only move up the scale if necessary. He invited the panel to impose either a caution order or a conditions of practice order, submitting that anything more severe would be excessive and risk undermining the rehabilitative process you are currently undertaking.

Mr Burton submitted that a caution order would be a sanction that marks the seriousness of the behaviour and makes clear that it must not happen again. He noted the absence of any repetition of the behaviour since you left [PRIVATE] your developing insight and your ongoing remediation. Alternatively, if the panel did not accept a caution order, he invited it to impose a conditions of practice order, which could include working with a single employer, a personal development plan addressing communication, attitude and values, regular managerial reviews, further reflective statements, and notification requirements. He confirmed that you are willing to comply with such conditions, and any other that the panel may see fit.

Mr Burton submitted that a suspension order would be disproportionate and unnecessary, given the lengthy interim suspension order already served, your lack of repeated misconduct and your efforts to return to work in a supported environment. He also strongly opposed a striking off order, which in his submission, was entirely inappropriate and disproportionate. He submitted that a striking off is reserved for cases where conduct is fundamentally incompatible with continued registration and is the only option, which he submitted is not the case here as you have at least begun to show developing insight and made efforts to remediate.

Mr Burton submitted that a such severe sanctions would be punitive, and would undermine the rehabilitative purpose of regulation, particularly in considering a nurse with your experience, who has not directly caused patient harm. Therefore, he invited the panel to consider that the public interest and protection of the public can be fully achieved through a fair, proportionate and constructive sanction, which can be met by a lesser sanction such as a caution order or a conditions of practice order.

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:

- Abuse of a position of trust and authority.
- A clear power imbalance between you and several colleagues.
- A pattern of repeated misconduct over a sustained period of time.
- Limited meaningful insight and reflection.
- Misconduct which undermined an already stretched working environment and put patients indirectly at risk of suffering harm.
- The emotional impact on colleagues, some of whom remain distressed years later.

The panel also took into account the following mitigating features:

- Cooperation at the local investigation in partial acceptance of your behaviour.
- Previous good character and absence of prior regulatory history.
- Personal mitigation including [PRIVATE]health.
- Completion of training courses on professional boundaries, dignity at work, social media and interaction and effective communication.
- The working environment and the evidence heard about limited management presence and support on the ward, particularly on nightshifts.

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 behaviour in this case being serious, repeated and attitudinal in nature. 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 your registration would be a sufficient and appropriate response taking account of the SG. 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. The misconduct found in this case was serious and attitudinal, as opposed to clinical concerns, and therefore, it was of the view that the concerns are not something that can be addressed through retraining alone. Furthermore, the panel concluded that the placing of conditions on your registration would not adequately address the seriousness of this case and would not protect the public. Even if suitable conditions of practice could have been formulated by the panel, it determined that owing to your lack of meaningful reflection into your personal misconduct, the panel had no confidence that you would meaningfully engage with a conditions of practice order.

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;*

The misconduct, 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 your actions is fundamentally incompatible with you remaining on the register.

The panel determined that this case does not involve a single isolated incident, as the misconduct was repeated over an extended period, involving multiple colleagues and several occasions, which significantly aggravates its seriousness.

Moreover, the panel found evidence of deep-seated attitudinal concerns. It considered that your behaviour persisted despite being challenged by colleagues at the time, and there was a lack of meaningful reflection for a number of years. It was of the view that this indicates that the concerns cannot be resolved through temporary removal from the register.

The panel considered that the lack of developed insight and the attitudinal nature of the concerns meant that it could not be satisfied that there is no risk of the misconduct happening again in the future towards colleagues and placing patients at indirect risk of harm. The panel determined that the risk of repetition was significant.

Further, the panel acknowledged that you have taken some efforts towards remediation by completing online training courses. However, the panel acknowledged the recent training was undertaken during the course of these proceedings following the panel's enquiry

about more recent evidence of your training. In the absence of your oral evidence at the impairment stage or an updated reflective statement, this did not adequately demonstrate sustained or meaningful insight.

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 found that your misconduct demonstrated a serious breach of the fundamental tenets of the nursing profession, including respect, dignity, and professional boundaries, which raised fundamental questions about your professionalism and suitability to remain on the register.

The panel determined that your actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with you remaining on the register. The panel was of the view that the findings in this particular case demonstrate that your actions were serious and to allow you to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

The panel considered that the attitudinal concerns identified are not capable of remediation through lesser sanctions, and therefore, a striking-off order is the only

sanction capable of adequately protecting the public, maintaining professional standards and upholding public confidence.

In reaching this decision, the panel carefully considered the submissions of Mr Burton. The panel recognised that you have practised as a nurse for 20 years and have not had any prior or further concerns raised. However, it also noted that you have not practiced as a nurse since the incidents took place. It also had regard to the positive character testimonials, and the witness evidence it heard that you are a good nurse but found this personal mitigation to be limited in its effect. It also took into account the recent remediation steps you have taken, including undertaking additional relevant training despite personal health challenges. However, the panel did not hear how you would apply this learning, it found these efforts insufficient to address the underlying concerns or to mitigate the seriousness and attitudinal nature of the misconduct.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of your actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct themselves, the panel has concluded that nothing short of this would be sufficient in this case.

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

This will be confirmed to you in writing.

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of

this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in your own interests until the striking-off sanction takes effect.

Submissions on interim order

The panel took account of the submissions made by Dr Joshi. He noted that there is an interim suspension order already in place and would ask for that to continue. He submitted that bearing in mind the panel's findings and the striking-off order it has imposed, an interim suspension order is appropriate for 12 months to cover the appeal period.

Mr Burton submitted that in light of the panel's decision, there is no opposition to the interim suspension order being continued or imposed.

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

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. In reaching the decision to impose an interim order, the panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive striking-off 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 striking-off order.

The panel determined that an interim suspension order was necessary to protect the public and uphold public confidence in the nursing profession and considered that to do otherwise would be incompatible with its earlier findings. The period of this order is for 12

months in line with the submissions made on behalf of the NMC today, to allow for the possibility of an appeal to be made and concluded.

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

That concludes this determination.