

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

**Substantive Meeting
Wednesday, 17 September 2025 - Thursday, 18 September 2025**

Virtual Meeting

Name of Registrant:	Carlo Federico Spatola
NMC PIN:	14J0255C
Part(s) of the register:	Nurses part of the register Sub part 1 RN1: Adult nurse, level 1 (14 August 2014)
Relevant Location:	London
Type of case:	Misconduct
Panel members:	Patricia Dion Richardson (Chair, lay member) Sabrina Sheikh (Lay member) Chloe McCandlish-Boyd (Registrant member)
Legal Assessor:	Ian Ashford-Thom
Hearings Coordinator:	Fabbiha Ahmed
Facts proved:	Charges 1a,1b,1c,1d,2
Facts not proved:	N/A
Fitness to practise:	Impaired
Sanction:	Suspension order (6 months)
Interim order:	Interim suspension order (18 months)

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Mr Spatola's registered email address by secure email on 8 August 2025.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, date and the fact that this meeting was heard virtually.

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

Details of charge

'That you, a registered nurse:

1. On or around 19 February 2021:

- a. Sent Patient A a Facebook friend request*
- b. Sent a follow request to Patient A on Instagram*
- c. Messaged Patient A on Instagram without any clinical justification*
- d. 'Liked' one of Patient A's photos on Instagram*

2. Your conduct in any or all of charge 1 was a breach of professional boundaries.

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

Background

The charges arose whilst Mr Spatola was employed as a registered nurse by Guy's and St Thomas' NHS Foundation Trust (the 'Trust').

Mr Spatola was working at the Trust in 2019 as an ophthalmic emergency nurse practitioner. On or around 19 February 2021, Patient A attended an appointment at the emergency eye department in St Thomas' Hospital in London. Mr Spatola conducted some tests for Patient A's vision.

Approximately one hour after the appointment, Patient A received a friend request on Facebook and a follow request from someone with the same name on Instagram.

Mr Spatola received a message from Patient A on Instagram and asked if it was him. Mr Spatola confirmed that it was him.

Mr Spatola also 'liked' one of Patient A's photos on Instagram. Patient A removed Mr Spatola from their profile and did not hear from him again.

Patient A reported the incident to the Patient Advice and Liaison Service (PALS). The Trust conducted an internal investigation where Mr Spatola admitted social media contact, and following a disciplinary hearing his employment was terminated in August 2021.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the documentary evidence in this case together with the representations made by the NMC.

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

The panel had regard to the written statements of the following witnesses on behalf of the NMC:

- Witness 1: Patient A
- Witness 2: Deputy Head of Nursing at the Trust

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

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

Charge 1

‘That you, a registered nurse:

1. On or around 19 February 2021:
 - a. Sent Patient A a Facebook friend request’

This charge is found proved.

In reaching this decision, the panel had before it, Mr Spatola’s admissions during the investigation meeting, carried out by the Trust, as well as the statement of Patient A.

The panel considered Patient A’s statement to be detailed and credible. The panel noted that Patient A had been consistent with her evidence in the concerns she raised with PALS, where she queried whether or not it was appropriate for Mr Spatola to have sent her a friend request on Facebook and Instagram.

The panel also noted that Patient A’s statement was consistent with Mr Spatola’s admissions.

In light of the above, the panel found on the balance of probabilities, that this charge is found proved.

b. Sent a follow request to Patient A on Instagram

This charge is found proved.

The panel applied the same rationale as it did in respect of Charge 1(a) in considering Charge 1(b).

The panel had before it the statement of Patient A, together with the admissions of Mr Spatola and a screenshot of the Instagram request made to Patient A.

Accordingly, the panel finds this charge proved.

c. Messaged Patient A on Instagram without any clinical justification

This charge is found proved.

The panel had before it direct messages exchanged between Mr Spatola and Patient A on Instagram, and determined that the content of those messages clearly indicated that there was no clinical justification for the contact. The panel determined that Mr Spatola had no appropriate reason to be messaging Patient A via Instagram.

The panel also had sight of Patient A's allegation that outlines the direct messages between them together with Mr Spatola's admission.

On this basis, the panel finds this charge proved on the balance of probabilities.

d. 'Liked' one of Patient A's photos on Instagram

This charge is found proved.

In reaching its decision, the panel had before it clear evidence in the form of a screenshot showing Mr Spatola's Instagram account name, together with a notification which confirmed that he had liked one of Patient A's posts. The panel considered this evidence to be credible, noting that the account name shown in the screenshot was consistent with the name handle referred to in Mr Spatola's own admissions. The panel also had before it Patient A's allegation.

Accordingly, the panel finds this charge proved.

2. Your conduct in any or all of charge 1 was a breach of professional boundaries.

This charge is found proved.

In finding this charge proved, the panel had regard to the Trust's confidentiality and social media policy. The panel noted that, although Mr Spatola stated in his evidence that he had not read the Trust's social media policy, he acknowledged in his statement that its requirements were 'common sense'. Mr Spatola confirmed he had recently completed Information Governance Training. The panel considered that within the Confidentiality and Data Protection Policy it states:

'Keep confidential the personal information of patients, staff and all other persons, only using it where strictly necessary and where a legitimate care relationship or other lawful basis exists'.

The panel also took into account the NMC Code of Conduct, in particular 20.1,20.6,20.10, which make clear the expectation that registered nurses maintain professional boundaries at all times.

The panel determined that Mr Spatola breached those professional boundaries by searching for Patient A on Instagram and Facebook after her appointment, sending her a

friend request, liking her social media post, and subsequently sending her direct messages.

The panel therefore found this charge proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Mr Spatola's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally.

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

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

Representations on misconduct and impairment

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

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

The NMC identified the specific, relevant standards where Mr Spatola's actions amounted to misconduct, namely, 1.1,5.1,20, 20.1,20.5,20.6 and 20.8.

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

The NMC invited the panel to find Mr Spatola's fitness to practise impaired. The NMC submitted that limbs b and c of the "test" are engaged, and a finding of impairment is required.

The NMC submitted that Mr Spatola's behaviour and conduct was serious and represented a significant departure from the standards expected of a registered nurse. The NMC submitted that, Mr Spatola was required to maintain appropriate professional boundaries with patients both during and after their care. It was submitted that Mr Spatola's conduct is liable to bring the nursing profession into disrepute.

The NMC submitted that Mr Spatola has breached fundamental tenets of the nursing profession. The NMC referred the panel to the NMC Guidance contained within a document titled 'FTP-14a'. The NMC submitted that Mr Spatola's conduct has fallen short of the standards expected of a registered nurse.

The NMC also referred the panel to the Guidance titled 'FTP-15b'. The NMC submitted that whilst Mr Spatola accepted that he contacted Patient A and that it was a '*lapse of professionalism*', he did not think a '*simple message to a patient formed part of this*'. The NMC submitted that Mr Spatola has not acknowledged the risk of harm and the damage to public confidence in the nursing profession. The NMC submitted that the concerns have not been fully addressed.

The NMC submitted that beyond the local investigation stage, Mr Spatola has not engaged in the NMC process. The NMC submitted that Mr Spatola has not demonstrated sufficient

insight and that there is no evidence of appropriate steps taken to address the concerns identified in the charges. The NMC submitted that there remains a risk of repetition.

The NMC further submitted that Mr Spatola presents underlying attitudinal concerns, which are difficult to remediate. The NMC considered there to be a continuing risk to the public if Mr Spatola was allowed to practise unrestricted.

The NMC submitted that a finding of impairment is necessary on the grounds of public protection and public interest. The NMC submitted that these concerns are so serious that, even if the professional addresses the behaviour, a finding of impairment is required to uphold proper standards and conduct or to maintain public confidence in the profession.

The NMC submitted that there is no evidence that the concerns identified have been remediated. The NMC considers that there is a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behaviour, and to maintain public confidence in the profession and the NMC as its regulator.

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

Decision and reasons on misconduct

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

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

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

20.6 *stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past),*

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. The panel determined that Mr Spatola breached the fundamental tenets of professionalism and that his actions fell seriously short of the conduct and the standards that would be proper in the circumstances. The panel determined that Mr Spatola's conduct did amount to a finding of misconduct.

The panel acknowledged that Patient A was under Mr Spatola's care prior to his contact with her via social media. The panel had before it Mr Spatola's admissions that his conduct was inappropriate.

The panel determined that Mr Spatola's conduct was wholly inappropriate and that he was aware of the Trust's social media policy and had received relevant training in this area. The panel also noted from the investigation meeting, carried out by the Trust, Mr Spatola was aware of the Information Governance Policy and accepted that his actions represented a 'lapse of professionalism'.

The panel determined that Mr Spatola's behaviour represented a clear breach of the NMC Code of Conduct, specifically in relation to maintaining professional boundaries. The panel considered this conduct to be a serious departure from the standards expected of a registered nurse. The panel determined that Mr Spatola's actions fell short of the standards of professionalism. The panel also determined that other members of the profession and members of the public would find Mr Spatola's actions to be deplorable.

The panel noted that the Trust considered Mr Spatola's conduct sufficiently serious to warrant his suspension and subsequent dismissal. The panel accepted this as further evidence of the seriousness of his misconduct,

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Mr Spatola's 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/their fitness to practise is impaired in the sense that S/He/They:

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

The panel determined that limbs b and c of the “test” are engaged. It determined that although Patient A does not specifically outline that she suffered harm as a result of Mr Spatola’s actions, it was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to breaching professional boundaries to be serious.

The panel determined that Mr Spatola demonstrated a lack of sufficient insight into his misconduct. The panel accepted the submissions of the NMC in that Mr Spatola accepts that he had a *‘lapse of professionalism’*. However, it noted that in Mr Spatola’s investigation meeting he states that he did not think a ‘simple message’ would cause a problem. The panel determined that Mr Spatola’s actions demonstrated a lapse in professionalism, and he did not fully appreciate the seriousness of his behaviour, or the potential impact it may have on a patient. The panel also noted that this demonstrated a lack of insight into his misconduct.

The panel also noted that Mr Spatola has shown no remorse into his conduct. The panel determined that there was no evidence before it of any meaningful reflections or attempts

to strengthen his practice. The panel has no evidence before it to suggest that Mr Spatola has remediated.

The panel acknowledged that this may have been a one-off incident and noted that Mr Spatola made admissions to his behaviour and did not pursue further contact with Patient A once she had blocked him. However, the panel noted Mr Spatola's lack of engagement with these proceedings and his failure to provide any evidence of reflection or further insight beyond his limited admissions made during the local investigation meeting.

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.

Having found very limited insight, no evidence of remorse, reflection or strengthening of practice, the panel therefore determined that there remains a future risk of repetition and that a finding of impairment is necessary on the grounds of public interest.

It determined that members of the public would be concerned to learn of Mr Spatola's conduct and his lack of meaningful remediation. The panel was satisfied that a finding of impairment is required to uphold the professional standards and to maintain confidence in the nursing profession.

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

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of 6 months. The effect of this order is that the NMC register will show that Mr Spatola registration has been suspended.

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.

Representations on sanction

The panel took into account the submissions of the NMC. The NMC invited the panel to make a suspension order as the appropriate and proportionate sanction in this case.

The NMC submitted that the following aggravating features are present: abuse of position of trust, attitudinal and behavioural issues and a failure to demonstrate a meaningful level of insight, remorse and remediation.

The NMC submitted that there are no mitigating features in this case.

The NMC Submitted that Mr Spatola's actions, taken together, are not fundamentally incompatible with being a registered professional. This is a single instance of misconduct and there is no evidence of repetition of behaviour since the incident.

The NMC invited to panel to consider a suspension order for a period 6 months.

Decision and reasons on sanction

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

The panel took into account the following aggravating features:

- Lack of meaningful insight, remorse or remediation
- Abuse of position of trust

The panel determined that patients are entitled to be confident that, when receiving care, nurses act solely in their best interests and without any ulterior motives. The panel noted that the same professional standards apply to all nurses, regardless of the nature of the health concern being addressed.

The panel also observed that Patient A may have had her eyes closed during parts of the eye examination, placing her in a vulnerable position. The panel determined that this heightens the seriousness and inappropriateness of Mr Spatola's conduct.

The panel also took into account the following mitigating features:

- Early admissions during the local investigation meeting carried out by the Trust
- One off incident, in which Mr Spatola immediately ceased contact with Patient A after he realised she was not responding

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, an order that does not restrict Mr Spatola's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Mr Spatola's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Mr Spatola's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*
- *The nurse or midwife has insight into any health problems and is prepared to agree to abide by conditions on medical condition, treatment and supervision;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case and the lack of engagement by Mr Spatola. The misconduct identified in this case was not something that can only be addressed through retraining. The panel determined that Mr Spatola's full cooperation and engagement in developing his insight and strengthening his practice would be required.

Furthermore, the panel concluded that the placing of conditions on Mr Spatola's registration would not adequately address the seriousness of this case and would not protect the public.

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

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of repetition of behaviour since the incident;*

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

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

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

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

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

The panel determined that a suspension order for a period of 6 months was appropriate in this case to mark the seriousness of the misconduct.

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

Any future panel reviewing this case would be assisted by:

- Written evidence as to Mr Spatola's insight, in particular the impact of his behaviour on the patient and the nursing profession
- Evidence of training focussing on professionalism and maintaining professional boundaries
- Testimonials

This will be confirmed to Mr Spatola in writing.

Interim order

As the suspension order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Mr Spatola's own interests until the suspension sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Representations on interim order

The panel took account of the representations made by the NMC:

'If a finding is made that Mr Spatola's fitness to practise is impaired and a restrictive sanction imposed, we consider an interim order in the same terms as the substantive order should be imposed for a period of 18 months'

Decision and reasons on interim order

The panel was satisfied that an interim order is in the public interest.

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

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive suspension order. The panel therefore imposed an interim suspension order for a period of 18 months because to do otherwise would be incompatible with its earlier findings. The period of this order is for 18 months 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 substantive suspension order 28 days after Mr Spatola is sent the decision of this hearing in writing.

That concludes this determination.