Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Tuesday 18 August 2026 – Tuesday 25 August 2026

Virtual Hearing

Name of Registrant:	**Romulus Berejena**
NMC PIN:	15I1121E
Part(s) of the register:	RNMH, Registered Nurse - Mental Health (26 February 2016)
Relevant Location:	Greater London
Type of case:	Misconduct
Panel members:	Anica Alvarez Nishio (Chair, Lay member) Margaret Marshall (Registrant member) Dino Rovaretti (Lay member)
Legal Assessor:	Neil Fielding Nigel Mitchell (18 August 2026)
Hearings Coordinator:	Anya Sharma
Nursing and Midwifery Council:	Represented by Iwona Boesche, Case Presenter
Mr Berejena:	Present and unrepresented
Facts proved:	Charges 1a, 1b, 1c, 1d, 2, 3a, 3b, 4a, 4b and 4d
Facts not proved:	Charge 4c
Fitness to practise:	**Impaired**
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Details of charge

That you, a registered nurse:

1) On a date between 22 May to 29 May 2024 in relation to Patient A:

   a) Messaged Patient A via Instagram without clinical justification.

   b) Asked Patient A on a date.

   c) Sent a voice note saying, "*I'm probably going to be driving because we know what you're on, in it*."

   d) Sent a voice note saying, "*You know what you're on, so we don't need to get into it babe*."

2) Your conduct at Charge 1a and/or Charge 1b was sexually motivated in that you were intending to pursue a romantic and/or sexual relationship with Patient A.

3) On 19 July 2022 in relation to Colleague B:

   a) Said words to the effect of '*I saw you downstairs without your mask. You look very pretty*'.

   b) Kissed Colleague B on her lips.

4) Your conduct at Charge 3a and/or 3b:

   a) Was unwanted by Colleague B

   b) Was of a sexual nature

   c) Was intended to violate Colleague B's dignity and/or create an offensive environment for Colleague B

      or

   d) Had the effect of violating Colleague B's dignity and/or creating an offensive environment for Colleague B

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

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

At the outset of the hearing, you made a request that this case be held partly in private on the basis that proper exploration of your case involves reference to [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Boesche indicated that she supported the application to the extent that any reference to [PRIVATE] should be heard in private.

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 determined to go into private session in connection with [PRIVATE] as and when such issues are raised.

Decision and reasons on anonymisation application under Rule 23

Following the panel having raised a concern about the use of Colleague B's name during proceedings due to the sensitivity of the matter and the sexual nature of the allegations, Ms Boesche made an application under Rule 23 on behalf of the NMC that Colleague B's name be anonymised.

Ms Boesche submitted that Colleague B's name would have been anonymised in any case, in written form. She submitted that the application is made for Colleague B's name to also be anonymised for the purpose of the recording, and so that during witness evidence, the term Colleague B would be used rather than using their name.

You indicated that you made no objections to the application.

The panel had regard to NMC's guidance on anonymisation and to the cases of *Lu v SRA* [2022] EWHC 1729(Admin) and *Phillips v NMC* [2025] EWHC 2993.

The Panel noted that, under to Rule 23(1)(e), Colleague B was considered a vulnerable witness by reason of the nature of the allegations. The Panel therefore considered whether any special measures should be directed under Rule 23(3). Having regard to the circumstances of the case, the Panel was satisfied that anonymisation was an appropriate and proportionate measure to mitigate any further adverse impact on the witness, preserve their dignity, and support their ability to provide evidence effectively.

The Panel was satisfied that granting anonymity would not result in any unfair prejudice to you, as you are fully aware of the identity of the witness. Further, the hearing would otherwise continue in public, with only the identity of the witness being withheld. The Panel considered that the potential prejudice to Colleague B if required to give evidence without anonymity outweighed the limited departure from the principle of open justice.

Having balanced these competing considerations, the Panel concluded that anonymisation was justified and proportionate and therefore granted the application.

NMC Opening

The NMC received a referral about you from Kingston University NHS Hospital Trust (the Trust) on 23 August 2024.

On 29 May 2024, Patient A made a complaint to the Trust Patient Advisor and Liaison Service (PALS). Patient A had been admitted to the emergency department on 22 May 2024 following a car accident and was present in the corridor on a stretcher. You saw Patient A but were not involved in their care.

Patient A reported that, after she had been discharged, you had contacted them via Instagram. It is alleged that you sent inappropriate messages stating that you remembered Patient A from the hospital, found them attractive, and suggesting that you and Patient A both go out on a date. You also sent two voice messages suggesting that you and Patient A would have some fun, but that you would be driving *'because we know what you're on'.*

Patient A blocked you on Instagram following the voice messages and reported you to the Trust.

You were suspended from duty on 31 May 2024 while the Trust carried out a local investigation. You admitted to the allegations and said that you had spoken to a friend of Patient A's, who had given you Patient A's Instagram details.

A disciplinary hearing was held on 6 August 2024, and you were issued with a written warning for 18 months. You were also asked to write a 1500 word reflection, which is within the documents available to the panel.

At the outset of the hearing, you admitted to contacting Patient A as described, but you deny that there was sexual motivation.

During the investigation, the NMC became aware of a complaint raised by a staff member regarding an incident which occurred on 19 July 2022. This staff member is set out in the charges as Colleague B.

Colleague B reported that, whilst at work, you made an inappropriate comment about their appearance, and that you had kissed them on the lips without their consent. The Trust confirmed that a statement had been requested from you, but the matter was not investigated any further.

At this hearing, the panel has heard that you admit to making the comment to Colleague B about them being pretty, but that you deny kissing them.

Ms Boesche informed the panel that Colleague B will be the only NMC live witness. In addition, the witness statement of Khristina Palma, which is within the NMC witness statement bundle, is agreed and is for the panel to consider in that form.

Ms Boesche reminded the panel that it is the NMC that brings the case, and it is solely upon the NMC to prove the case. You do not need to prove anything. She explained that the standard of proof is that on a balance of probabilities, which means that the NMC has to persuade the panel that the matters are more likely than not to have occurred.

Decision and reasons on facts

At the outset of the hearing, you informed the panel that you make admissions to charges 1a, 1b, 1c, 1d, 3a, and 4a.

The panel therefore finds charges 1a, 1b, 1c, 1d, 3a, and 4a proved, by way of your admissions.

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

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

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

- Colleague B: Senior Sister at the Trust

The panel also had regard to the agreed witness statement of the following NMC witness:

- Khristina Palma: Matron at the Trust

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

Charge 2

2) Your conduct at Charge 1a and/or Charge 1b was sexually motivated in that you were intending to pursue a romantic and/or sexual relationship with Patient A.

This charge is found proved.

In reaching this decision, the panel took into account your admissions in respect of charges 1a and 1b. It also considered the Instagram messages that had been exchanged between you and Patient A, along with your oral evidence. The panel also took into account the notes from your disciplinary meeting dated 10 June 2024.

The panel had sight of the screenshots of the Instagram messages. It noted that within the exchange of messages, you had asked Patient A *'to go on a date wimme'* [sic]. The panel considered that your use of the word 'date' within the Instagram message was indicative of an intention to pursue a romantic and/or sexual relationship, rather than a professional interaction.

The panel also had regard to the rest of the Instagram messages exchanged between you and Patient A. In particular, you had told Patient A *'I wouldn't have followed if I didn't find ya attractive [emoticon]'* [sic] and that you *'still liked wha I saw'* [sic]. The panel considered that these comments made by you, alongside you asking Patient A to go on a date, provides further evidence of your motivation behind contacting Patient A.

During your disciplinary interview on 10 June 2024, you described how Patient A's friend had told you Patient A was single and that you said *'…I'm at work but might add her on Instagram'.* You also say in this interview that the boyfriend of Patient A's friend told you Patient A's name and that she was single.

When you were asked at the time about your intentions in seeking out this patient on social media, you replied *'I wanted to get to know her because she was an attractive girl'*. The panel noted that this again clearly positions your thoughts on Patient A and that it is reasonable to infer that you are describing an intention to pursue a romantic and/or sexual relationship with Patient A, given the comments you made about her appearance.

The panel also took into account your oral evidence. You told the panel that your intention in contacting Patient A was because you *'thought she was fun'* and that you could create content with her for Instagram. The panel however considered that there is no reference made to creating content within the exchange of Instagram messages.

The panel was of the view that you were unable to provide a satisfactory explanation in relation to this in response to panel questions as to why you had not mentioned content creation in the messages, if that had been your motivation in contacting Patient A.

The panel was therefore not minded to accept your evidence that your intention to create content provided an explanation behind the nature of your approach to Patient A. The panel determined that the Instagram messages exchanged between you and Patient A were more persuasive evidence of your motivation at the time.

Taking into account all of the evidence before it, the panel determined that on the balance of probabilities, the NMC has established that your conduct at charge 1a and/or charge 1b was sexually motivated in that you were intending to pursue a romantic and/or sexual relationship with Patient A. The panel therefore found Charge 2 proved.

Charge 3b)

3) On 19 July 2022 in relation to Colleague B:

b) Kissed Colleague B on her lips.

This charge is found proved.

In reaching this decision, the panel took into account the oral and written evidence of Colleague B. It also took into account your oral evidence and your email dated 12 November 2022 including your statement in response to the complaint.

The panel had sight of an email dated 27 July 2022, in which Colleague B had provided an account of the incident that has taken placed on 19 July 2022. The panel considered that Colleague B had provided this contemporaneous account around eight days following the alleged incident, and that the proximity of this account to the events in question supported its reliability.

The panel also considered Colleague B's evidence. It noted that Colleague B's account of the alleged incident and events that had occurred was consistent across her NMC witness statement and also in her oral evidence to the panel, that she answered directly all questions put to her. The panel noted that her evidence remained consistent under examination and cross-examination. The panel also considered that Colleague B had consistently maintained in her evidence that you had taken hold of her face and kissed her on the lips. The panel noted she described her distress at the incident and accepted her rationale for this distress. The panel was of the view that Colleague B's account is plausible, and that there is no evidence before it to suggest that Colleague B had any reason to fabricate or misrepresent the alleged events that had occurred.

In considering the circumstances in which Colleague B had reported the incident, the panel had regard to the following extract from Colleague B's witness statement:

> *'On 27 July 2022, I decided to tell …, Senior Charge Nurse and a work colleague. While I was talking to him, … matron, came into the room, and we told her about the incident. She told me to write an email to her to explain what happened. I produce the email that I sent to her on 27 July 2022… She discussed what I had reported with HR and came back to me a few weeks later. She offered me a resolution with mediation. I understand she spoke to Mr*

Berejena… I expected him to have owned up to it and apologised. I felt really angry that he denied it. I could not remember if there was anyone around that could have witnessed the incident so I was worried that because Mr Berejena was denying it happened, it would become 'he said, she said.' I therefore thought what's the point in speaking to him about it and I told [matron] to close it as long as I do not see him or have to talk to him, except just to have professional conversations with him if I was the nurse in charge. I did see him again at work after this, but I avoided going to MHAU if he was on duty. I would call him for a handover instead of going into MHAU. I said nothing more to him about the incident and he didn't mention it to me. It was as if it had never happened. I do not know if he provided a statement of events.'

In considering the following extract from Colleague B's witness statement, the panel did not consider her decision not to pursue a formal complaint to undermine the reliability of the account she had given.

The panel also considered your account. It had regard to your email dated 14 November 2022, which included your statement where you had provided your account of your interaction with Colleague B. You did not mention kissing Colleague B in your email dated 14 November 2022, and you subsequently denied kissing Colleague B in your oral evidence.

The panel took account of all of the evidence before it and considered the quality and reliability of the evidence before it. The panel attached particular weight to the contemporaneous account that Colleague B had given shortly after the incident took place and the consistency of that account with her subsequent written and oral evidence before the panel.

The panel considered that you describe the events surrounding your interaction with Colleague B as a period of high stress and anxiety in which a patient had become unmanageable. You described how Colleague B attended the MHAU to support you with this patient upon your request via telephone. The panel found that during oral evidence you focused on these aspects of the incident rather than the interaction.

It noted that you did not always answer the questions put to you, and at times your answers were vague, indirect or inconsistent. As such, it found your evidence less reliable. It further considered that these are serious allegations and that you had motivation to fabricate or misrepresent the alleged events that had occurred.

Having considered all of the evidence, the panel preferred the evidence of Colleague B. It was therefore satisfied, on the balance of probabilities, that you kissed Colleague B on her lips on 19 July 2022. The panel therefore found Charge 3b proved.

Charge 4b)

4) Your conduct at Charge 3a and/or 3b:

b) Was of a sexual nature

This charge is found proved.

In reaching this decision, the panel took into account your admission to charge 3a, as well as the panel's findings at charge 3b. It also took into account your evidence, as well as the evidence of Colleague B.

The panel had regard to the context in which the alleged conduct had occurred. It noted that it is alleged that you had told Colleague B words to the effect of *'I saw you downstairs without your mask. You look very pretty.'* You then kissed Colleague B on the lips. The panel noted Colleague B's account of this incident as set out in her witness statement, which the panel accepted: *'… he interjected and said 'I saw you downstairs without your mask. You look very pretty.' I did not say anything and as soon as he made this comment, he grabbed my face, putting both his hands, either side of my face, on my cheeks and pulled my face towards his and he kissed me on my lips.'*

The panel also took into account that the interaction occurred between work colleagues in a professional environment, and that you had admitted that your conduct was unwanted by Colleague B.

Taking into account all of the evidence before it, including the words that had been used by you, the physical nature and location of the kiss, namely on Colleague B's lips, as well as the circumstances in which it occurred, the panel was satisfied that a reasonable person would regard this conduct as being of a sexual nature. The panel therefore found Charge 4b proved.

Charge 4c)

c) Was intended to violate Colleague B's dignity and/or create an offensive environment for Colleague B

This charge is found NOT proved.

The panel took into account that it had found that you kissed Colleague B on the lips, that the conduct was unwanted, and that it was of a sexual nature. However, those findings did not, of themselves, establish the specific intention required by Charge 4(c), namely that you intended to violate Colleague B's dignity and/or create an intimidating, hostile, degrading, humiliating or offensive environment for her.

The panel considered that there was insufficient evidence from which it could conclude, on the balance of probabilities, that this was your purpose or intention. While such an inference was open to the panel, the available evidence did not exclude other plausible explanations for the conduct, including that it was an impulsive, ill-judged or misguided act not motivated by an intention to violate Colleague B's dignity or create such an environment. In those circumstances, the panel was not satisfied that the only or more likely inference to be drawn was that you possessed the specific intent alleged.

Accordingly, the panel concluded that the NMC had not discharged its burden of proving Charge 4(c) on the balance of probabilities, and therefore found that charge not proved.

Charge 4d)

d) Had the effect of violating Colleague B's dignity and/or creating an offensive environment for Colleague B

This charge is found proved.

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

In considering the impact of your conduct on Colleague B, the panel had sight of the following extract from Colleague B's witness statement:

> *'I felt appalled that he had done that to me. I felt offended and disgusted. It was the first time I had experienced an incident of this kind in all the time I have been a nurse. I did not know why he had done it. If he had just made the comment to me about looking pretty, I would not have minded, but I found the kiss appalling. I have rarely spoken to Mr Berejena and if I have spoken to him, it is always within a professional capacity and about patients. I am not friends with him in work or out of work. He had not asked for my consent before he kissed me. I did not think it was an appropriate thing to do at work, even if we had a personal relationship. It is completely unprofessional to do that in the workplace and where patients, especially mental health patients were around.'*

The panel noted how Colleague B had described her reaction to the incident. It considered that Colleague B's feelings are consistent with her dignity having been violated by your conduct.

The panel also took into account the following from Colleague B's witness statement:

> *'I was in shock that the incident happened, and I had a busy shift so I tried to carry on with my shift and brush it off. However, I thought more about it during my shift and I wanted to set boundaries with Mr Berejena and tell him it was not right. I planned to do this during the shift and after handover, but he had gone home. I did not tell anyone initially because I thought the incident sounded so absurd and appalling. I wanted to talk to Mr Berejena about it on the next few shifts but I was informed that he was off work sick.*

…

On 27 July 2022, I decided to tell …, Senior Charge Nurse and a work colleague. While I was talking to him, … matron, came into the room, and we told her about the incident. She told me to write an email to her to explain what happened. I produce the email that I sent to her on 27 July 2022… She discussed what I had reported with HR and came back to me a few weeks later. She offered me a resolution with mediation. I understand she spoke to Mr Berejena… I expected him to have owned up to it and apologised. I felt really angry that he denied it. I could not remember if there was anyone around that could have witnessed the incident so I was worried that because Mr Berejena was denying it happened, it would become 'he said, she said.' I therefore thought what's the point in speaking to him about it and I told [matron] to close it as long as I do not see him or have to talk to him, except just to have professional conversations with him if I was the nurse in charge. I did see him again at work after this, but I avoided going to MHAU if he was on duty. I would call him for a handover instead of going into MHAU. I said nothing more to him about the incident and he didn't mention it to me. It was as if it had never happened. I do not know if he provided a statement of events.'

The panel considered how Colleague B had described avoiding the Mental Health Assessment Unit following this incident when you were on duty and instead telephoning you to obtain a handover. The panel considered that this change in the way Colleague B had approached her professional environment indicated that your conduct had created an offensive environment for Colleague B.

The panel also took into account Colleague B's contemporaneous account dated 27 July 2022, where she had explained how the incident had impacted her: *'very taken aback, I went out of MHAU and tried to shake it off. I have been meaning to speak with him about it and tell him not to do it again but he was gone after handover … so I never really was able to do it. I honestly am very shocked…'*

The panel noted Colleague B's oral evidence in relation to the impact of your conduct on her. It took into account that Colleague B had described feeling 'violated' by what had occurred. Colleague B also explained in her evidence that when working in the MHAU, she would expect to be assaulted by a patient, but that she would not expect to be assaulted by a colleague in the MHAU. The panel was of the view that this demonstrated the impact that the incident had had upon Colleague B.

The panel considered Colleague B's response to the incident as set out in her evidence to be reasonable in all the circumstances of this case. It was therefore satisfied that your conduct had the effect of violating Colleague B's dignity and/or creating an offensive environment for Colleague B. The panel therefore found Charge 4d 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 safely and effectively without restriction.

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 determined whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amounted to misconduct, the panel decided 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.'*

Ms Boesche 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.

Ms Boesche identified the specific, relevant standards where your actions amounted to misconduct.

Ms Boesche submitted that your conduct represented a significant departure from the fundamental principles of the NMC Code, in particular the requirements to practise effectively and to promote professionalism and trust.

Ms Boesche referred the panel to the NMC Guidance on Sexual Misconduct (reference FTP-2a-ii). She submitted that the guidance recognises that sexual misconduct between colleagues poses a particular risk to public confidence in the profession, and that there are particular risks to public safety where there are elements of an abuse of power. Ms Boesche submitted that your conduct towards both Colleague B and Patient A, as established by the charges found proved, fell significantly short of the standards expected of a registered nurse and was sufficiently serious to amount to misconduct.

Submissions on impairment

Ms Boesche 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 cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Turning to impairment, Ms Boesche referred the panel to the NMC guidance on Impairment (reference DMA-1) DMA-1, and to the four questions identified by Dame Janet Smith in the Fifth Shipman Report and subsequently endorsed in *Grant*.

In relation to the first question, namely whether you had in the past acted, and/or was liable in the future to act, so as to put a patient or patients at unwarranted risk of harm, Ms Boesche submitted that this could be answered in the affirmative in respect of the conduct concerning both Patient A and Colleague B.

In relation to Colleague B, Ms Boesche submitted that she had been deeply affected by the incident and did not wish to work in the same area as you. The panel had accepted evidence that, following the incident, Colleague B avoided the MHAU when you were on duty and would instead telephone the unit to obtain a handover. Ms Boesche submitted that the effect of the incident upon Colleague B had the potential to affect her ability to care for patients with the same degree of focus as before.

In this regard, Ms Boesche referred the panel to *Arunachalam v General Medical Council* [2018] EWHC 758 (Admin). She submitted that this authority recognised that sexual misconduct towards colleagues could indirectly place public safety at risk by creating an unsafe workplace environment and could also place the dignity of colleagues at risk.

In respect of Patient A, Ms Boesche submitted that your conduct was directly capable of causing harm and distress. She submitted that Patient A had in fact experienced sufficient distress that she considered it necessary to report the matter.

Turning to the second *Grant* question, namely whether you had in the past brought, and/or was liable in the future to bring, the nursing profession into disrepute, Ms Boesche submitted this is also engaged. She submitted that an informed member of the public would be shocked to learn that a registered nurse had behaved in a sexual manner towards a colleague in the workplace and also had sought out a former patient of the hospital for the purpose of dating her.

In respect of the third question, Ms Boesche submitted that you had breached fundamental tenets of the nursing profession, including the requirements to practise effectively and to promote professionalism and trust.

Ms Bosche submitted that the fourth *Grant* question, concerning dishonesty, is not applicable in this case.

Ms Boesche submitted that you have demonstrated only limited insight. She acknowledged that you had admitted sending the Instagram messages to Patient A. However, she invited the Panel to take into account that there was compelling objective evidence of those communications in the form of screenshots and voice recordings. Ms Boesche noted that throughout the proceedings, you had characterised your actions as “incompetence”. She submitted that the conduct was not properly characterised as incompetence and that describing it in this way could be regarded as minimising your culpability.

Ms Boesche further submitted that you had repeatedly referred to Patient A’s friend’s boyfriend and a security guard as having told you how to find Patient A, and had emphasised that Patient A’s friend had told you that Patient A was single. Ms Boesche submitted that this failed adequately to recognise your own responsibility for your actions. In particular, Patient A herself had asked those individuals to stop discussing her.

Ms Boesche also addressed your most recent reflective piece. She noted that you had stated that you should not have accepted Patient A’s address. However, she submitted that your insight remained limited because you had not recognised that you should not have created circumstances in which Patient A’s address came to be sent to you in the first place.

Ms Boesche invited the panel to find that, notwithstanding your admissions, you had demonstrated very limited insight into the conduct itself and no meaningful insight into the sexual intention underlying your actions.

In respect of the incident concerning Colleague B, Ms Boesche submitted that in your most recent reflection, you had described the conduct as inappropriate, but that it remained unclear whether you actually accepted that the act had occurred. She submitted that your reflection did not sufficiently explore the decisions or triggers underlying your behaviour, nor did it identify concrete steps you intended to take to prevent a recurrence, such as relevant training or seeking professional help.

Ms Boesche referred the panel to *R (on the Application of Cohen) v. General Medical Council [2008] EWHC 581 (Admin)* and the corresponding principles, namely whether the concerns were capable of remediation, whether they had in fact been remedied and whether they were highly unlikely to be repeated. She submitted that the concerns were not readily remediable and, given your insufficient insight, the panel could not be satisfied that the behaviour was highly unlikely to be repeated.

Ms Boesche submitted that you continued to present a risk to public safety and that your fitness to practise is impaired on public protection grounds.

Ms Boesche additionally referred the panel to *Gleeson v Social Work England* [2024] EWHC 3 (Admin), submitting that sexual misconduct raised fundamental questions about a professional's ability to uphold the values and standards expected by their regulator.

She submitted that the concerns established against you were sufficiently serious in themselves that a finding of impairment was necessary to maintain public confidence in the nursing profession and to declare and uphold proper professional standards.

Ms Boesche further submitted that your conduct towards Colleague B and Patient A, when considered together, demonstrated a deep-seated attitudinal concern which could place people receiving care and the wider public at risk of harm. She therefore invited the panel to find your fitness to practise impaired on both public protection and wider public interest grounds.

Following Ms Boesche's submissions, the panel asked her to expand upon her reliance on *Cohen* and, specifically, why she considered the conduct not to be remediable.

Ms Boesche submitted that the conduct towards Patient A could not be undone or remedied in the sense of making good what had already happened to her. Similarly, the act of kissing Colleague B on the lips could not subsequently be undone. She distinguished between remedying the consequences of conduct which had already occurred and taking steps to provide assurance that similar conduct would not occur again. In the circumstances of this case, she submitted that the impact of the conduct upon Patient A and Colleague B could not easily be undone.

You gave evidence under oath.

You told the panel that you acknowledge that your previous reflective piece had concentrated on what you had done wrong, rather than examining why your actions had been dangerous or the wider consequences of your conduct. You told the panel that you wish to directly address the panel's previous concerns regarding your lack of insight into the broader circumstances of this case.

You told the panel that whilst you had previously described obtaining Patient A's Instagram details through a third party as an error of judgment, you now recognise that this explanation had been inadequate and failed to appreciate the gravity of your conduct.

You explained that the seriousness of your actions did not concern the means by which you had obtained Patient A's social media details, and that you now understand that your conduct involved an exploitation of the therapeutic relationship. You told the panel that you now recognise that as a registered nurse, you had occupied a position of trust and power in relation to Patient A, who was vulnerable.

You said to the panel that by seeking Patient A out on social media, you had actively breached the professional and psychological boundary which existed to enable Patient A to feel safe. You said that you had used information obtained through your

professional role to intrude into Patient A's private life, and that you now understand that your actions had caused Patient A distress and had made her feel unsafe.

You also accepted the panel's determination that your conduct towards Patient A had been sexually motivated. You said that you had allowed your personal desires to override your professional duties, resulting in what you described as a "predatory boundary" breach.

You expressed remorse for your conduct and apologised for the distress and sense of violation you had caused Patient A.

Turning to your conduct concerning Colleague B, you told the panel that you are deeply sorry for crossing professional boundaries and subjecting your colleague to an unwanted physical advance.

You explained that you now recognise that a safe workplace requires appropriate professional boundaries and said that, by crossing those boundaries, you had violated Colleague B's personal autonomy.

You also demonstrated an appreciation of the wider implications of your conduct within the MHAU. You said that such an environment needed to provide psychological safety so that staff could concentrate upon caring for patients with complex needs. You accepted that your actions had caused Colleague B to feel vulnerable and unsafe within her own workplace, thereby adversely affecting the team and creating a potential risk to patient safety. You accepted full responsibility for this failure. You said that responsibility for maintaining appropriate professional boundaries had rested entirely with you, regardless of the surrounding circumstances.

You told the panel that you have studied the NMC guidance concerning the maintenance of professional boundaries, together with the NMC Code. You explained that in examining the underlying causes of your behaviour, you had recognised that you had become complacent. You told the panel that, you had previously treated the NMC

Code as a set of passive rules rather than as an active, daily professional discipline requiring constant vigilance.

You explained that as you are not presently able to practise clinically, you had applied the Gibbs' Reflective Cycle to the incidents in order to analyse and understand your failures.

You told the panel that if you were permitted to return to nursing practice in the future, whether subject to restrictions or supervision, you intended to implement a strict personal risk-management plan, which would include complete separation between your professional life and social media, and maintaining boundaries between work-related relationships and your personal social-media activity. You would also adopt a process of immediate escalation if any situation arose which presented a risk to professional boundaries or where concerns or allegations were raised. You said that you would inform your supervisor, formulate an appropriate plan, reflect upon the circumstances and document what had occurred. Where necessary, you would remove yourself from any situations.

You told the panel that it is your intention to undertake continuing reflective practice, and that you would use Gibbs' Reflective Cycle on a weekly basis with your supervisor in order to actively review and audit your professional relationships and ensure that appropriate boundaries were being maintained.

You told the panel that you love your career, but that you now understand that loving your career requires you to protect the standards of the nursing profession and the public at all times.

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*, *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 NMC 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:

> *1.1 treat people with kindness, respect and compassion*
>
> *5.1 respect a person's right to privacy in all aspects of their care*
>
> *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*
> *20.6 stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers*
> *20.10 use all forms of spoken, written and digital communication (including social media and networking sites) responsibly, respecting the right to privacy of others at all times*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that your actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct. In reaching its decision, the panel considered the individual charges, as well as the circumstances and context in which your conduct had occurred.

Charges 1 and 2

The panel decided to consider charges 1 and 2 together as they both concern a connected course of conduct towards Patient A. Charge 1 concerns you having contacted Patient A through Instagram without clinical justification, asking her on a date and sending two voice notes, which was found proved in its entirety, by way of your admission. In relation to charge 2, the panel had found proved that the relevant conduct as set out in charges 1a and charge 1b was sexually motivated, in that you intended to pursue a romantic and/or sexual relationship with Patient A.

The panel was of the view your conduct in charges 1 and 2 to represent a serious breach of the professional boundaries which are fundamental to the nurse-patient relationship. It considered that Patient A had attended the accident and emergency department, was receiving urgent assessment and treatment and was visibly wearing a neck brace. The panel considered that these circumstances placed Patient A in a position of heightened vulnerability. You were a registered nurse working within that hospital, and therefore occupied a position of professional trust.

The panel determined that there was no clinical justification for you subsequently seeking to establish contact with Patient A through social media. The panel considered the fact that your knowledge of Patient A arose from an encounter with her as a patient within the hospital, and determined that the fact that you had not been personally responsible for Patient A's clinical treatment did not remove your professional responsibilities towards her, nor permit you to pursue a personal relationship with Patient A.

The panel also took into account the circumstances in which Patient A's personal information came to be discussed. It noted that Patient A had expressly asked those present to stop talking about her, and your Instagram messages demonstrate that you were aware that she had made that request. It further noted that you obtained Patient A's personal information through interactions with other hospital staff and wider members of the public, exploiting your professional situation.

The panel considered that the use of social media and the voice messages sent to Patient A represented an inappropriate use of digital communication. It demonstrated a failure to respect Patient A's privacy and the professional nurse-patient boundary.

The panel considered your conduct to be particularly serious when viewed alongside its finding under charge 2 that it was sexually motivated. You had used an encounter which arose in a healthcare setting whilst working as a registered nurse as an opportunity to pursue Patient A for romantic and/or sexual purposes.

The panel considered that such conduct had the potential to cause Patient A to feel unsafe and to undermine the trust which patients are entitled to place in healthcare professionals. It is also capable of damaging wider public confidence in the nursing profession and potentially discouraging patients from feeling able to access healthcare services without the concern that professional information or encounters might be used for personal purposes.

The panel considered that fellow healthcare practitioners and informed members of the public would regard such conduct as deplorable. It was of the view that your conduct represented a serious departure from the standards expected of a registered nurse, to maintain appropriate professional boundaries and promote professionalism and trust. The panel was therefore of the view that the conduct found proved at charges 1 and 2, considered together, amounted to serious professional misconduct.

Charges 3 and 4

The panel then considered both charges 3 and 4 together, as they formed part of a single instance of conduct towards Colleague B.

The panel had found proved by admission that you said words to the effect of, "I saw you downstairs without your mask. You look very pretty" at charge 3a, and before kissing Colleague B on the lips at charge 3b, which was found proved by the panel. At charge 4a, the panel had further found proved by admission that your conduct at charges 3a and/or 3b was unwanted by Colleague B. The panel found proved at charge

4b that your conduct was of a sexual nature and at charge 4d that your conduct had the effect of violating Colleague B's dignity and/or creating an offensive environment for Colleague B.

The panel recognised that an isolated comment regarding a colleague's appearance might not necessarily cross the threshold for serious professional misconduct. However, the panel considered the circumstances and context in this case, and that your comment to Colleague B and the kiss had occurred as part of the same interaction.

The panel therefore considered your conduct as a whole and was of the view that you had overstepped both personal and professional boundaries of a registered nurse. Colleague B had given you no indication that such physical or sexual contact was wanted. The conduct had occurred in a professional workplace where both you and Colleague B were expected to be carrying out professional duties and where vulnerable patients were present.

The panel took account of the impact of your conduct on Colleague B. In Colleague B's evidence, she described feeling "appalled", "offended" and "disgusted" by what had happened, and said that she was in shock following the incident. Colleague B also gave evidence that following the incident she had tried to "brush it off". The panel heard evidence from Colleague B that fellow practitioners recognised the seriousness of the incident and the impact this had on her and suggested that Colleague B make a formal complaint. The panel determined that your conduct violated Colleague B's dignity, failed to maintain appropriate personal and professional boundaries and was wholly inappropriate within a clinical workplace. It was of the view that the sexual nature of your conduct increased its seriousness.

The panel considered the lasting impact of your conduct on Colleague B. The panel heard evidence from Colleague B that she had changed the manner in which she carried out her professional duties in order to avoid contact with you. In particular, when you were working in the MHAU, Colleague B avoided attending the unit and instead telephoned to obtain and provide handovers. The panel considered it to be significant that your actions had affected Colleague B's sense of safety at work and had caused

her to change her professional practice. In this regard, the panel also considered the wider implications for the clinical environment. It was of the view that conduct which causes a colleague distress and impacts their ability to work freely within an area of the hospital was capable of potentially having wider consequences beyond the individuals directly involved and could impact the quality and safety of patient care.

The panel was also mindful of the fact that patients receiving urgent care within the MHAU within the emergency department at the hospital were in a state of heightened vulnerability. It was of the view that had such behaviour been witnessed, it would have been capable of undermining confidence in the professionalism of those responsible for their care and their healthcare environment.

Accordingly, the panel determined that the conduct found proved at charges 3 and 4, amounted to serious professional 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 NMC Guidance on *'Impairment'* (Reference: DMA-1 Last Updated:28/01/2026) in which the following is stated:

> *'Being fit to practise is not defined in our legislation but for us it means that a professional on our register can practise as a nurse midwife or nursing associate safely and effectively without restriction.'*

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 and 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) …*

In reaching its decision, the panel also had regard to its earlier findings on misconduct, including the impact of your conduct on Patient A and Colleague B. The panel found the first three limbs of the test to be engaged. The panel found that your misconduct placed both Patient A and Colleague B at unwarranted risk of harm and indeed caused them both emotional harm. The panel considered that unwanted and harmful behaviour in the workplace can adversely affect working relationships, disrupt lines of communication, and undermine effective team working. The panel was of the view that this creates a real risk that professionals may feel unable to speak up, challenge practice, or raise concerns, with consequent implications for patient safety. In particular, it noted that Colleague B chose actively to avoid going to the MHAU in person after this incident.

The panel then moved on and considered the principles in *Cohen.* It asked itself whether the concerns were capable of remediation, whether they had in fact been remedied and whether they were highly unlikely to be repeated.

Regarding insight, the panel considered that the steps you have taken demonstrate that your insight is emerging and developing. In reaching its decision, the panel took into account the admissions you had made to some of the charges, your previous and updated reflective pieces as well as your evidence given under oath.

The panel considered whether the misconduct was deep-seated. The panel noted that the NMC submitted that your conduct towards Colleague B and Patient A, when considered together, demonstrated a deep-seated attitudinal concern which could place people receiving care and the wider public at risk of harm.

The panel was not satisfied that your misconduct evidenced an entrenched attitudinal problem or a pattern of persistent behaviour. It noted that, whilst both incidents were of a similar nature, the misconduct was opportunistic and arose from two separate incidents in dissimilar circumstances. Moreover, there was no evidence before the panel of similar concerns arising either before or since these events. Therefore, the panel concluded that whilst the misconduct was serious, the misconduct was better characterised as serious lapses in judgment and professional boundary failures rather

than conduct stemming from deeply ingrained attitudes, and there was insufficient evidence before it of a pattern of behaviour on which the panel could safely conclude that you exhibit deep seated attitudinal issues.

The panel also took into account that in relation to Patient A, you now recognise and understand that the issue goes further than just obtaining a patient's Instagram details via a third party. Within your reflective material and evidence, you acknowledged the position of trust and power that you hold as a registered nurse, the vulnerability of Patient A, and that you had allowed your personal desires to take precedence over your professional responsibilities. During evidence, you also accepted the panel's findings that your conduct had been sexually motivated, and that it had caused Patient A to feel unsafe and distressed.

The panel also took into account the measures that you said you would implement if you were permitted to return to nursing practise, which include maintaining absolute separation between professional relationships and social media, escalating circumstances which might place professional boundaries at risk, discussing such matters with a supervisor, documenting concerns and undertaking continuing reflection using the Gibbs' Reflective Cycle.

Despite this, the panel considered that your insight into the circumstances involving Colleague B was less developed than your insight concerning Patient A. It noted that whilst your most recent reflection recognised that your actions had made Colleague B feel vulnerable and unsafe, and had affected the workplace, there remained limited insight of how and why the situation had arisen, what had caused you to believe that such conduct was appropriate at the time, and the underlying thought processes or attitudes which had permitted you to cross that boundary with Colleague B.

The panel noted that Colleague B had interacted with you in a professional capacity and had given you no indication that a romantic or sexual advance was welcome. It considered that meaningful remediation required more than recognition from you after the event had taken place that your behaviour had been wrong. It was of the view that meaningful remediation would require you to understand the factors which had led to

the behaviour so that you could reliably recognise and manage any similar situation that may arise in the future.

The panel was satisfied that the misconduct in this case is capable of being addressed. It considered that, although the misconduct in this case is serious, with insufficient evidence of deep-seated attitudinal concerns, the misconduct is capable of remediation through the development of meaningful insight, focused reflection, training in relation to professional and sexual boundaries and the implementation of appropriate safeguards in future practice. However, the panel was of the view based on the information and evidence before it that your insight and remediation remained incomplete.

The panel considered that the majority of your development had occurred during the course of this hearing, and whilst your most recent reflection demonstrated improved insights beyond your earlier reflections, it is not yet fully developed. Moreover, there is insufficient evidence before this panel of you having completed specific and directed learning and training in respect of sexual boundaries, sexual harassment, and maintaining appropriate professional relationships with both patients and colleagues. The panel also took into account that whilst you had provided measures that you said you would implement if you were permitted to return to nursing practise, it has no evidence before it that these measures had been embedded into professional practice and tested.

Based on the information before it, the panel is of the view that there is a risk of repetition. It considered and gave appropriate weight to your most recent reflection and your admissions and acceptance of the panel's findings, as well as your remorse and the measures that you propose to implement. However, the panel also considered that it also needs to balance these developments against the seriousness of your conduct, which involved two separate individuals in different contexts, a vulnerable patient and a fellow colleague, as well as your limited insight and remediation.

The panel was of the view that you need to develop and embed a more rigorous level of understanding of professional and personal boundaries across different professional relationships. It considered that whilst you had made significant steps in demonstrating

an understanding of your conduct concerning Patient A, you had not demonstrated an equal level of insight regarding your conduct towards Colleague B, and in either event, with regard to both instances, further development of insight was needed.

The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a finding of impairment on public interest grounds is required. It considered that a patient attending hospital is entitled to trust that a healthcare professional will not use an encounter arising through healthcare as an opportunity to pursue a personal or sexual relationship. Equally, a healthcare professional is entitled to attend work without being subjected to unwanted sexualised behaviour from a colleague. As an experienced mental health nurse, and a role model, your behaviour fell far below the standards expected of a registered nurse.

The panel considered that members of the public would be appalled by conduct of this nature and that it was capable of seriously undermining confidence in the nursing profession. In these circumstances, the panel considered that a fully informed member of the public, aware of the seriousness of the misconduct and your current level of insight and remediation, would expect a finding of impairment in this case.

The panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds your fitness to practise impaired on the grounds of public interest.

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

Sanction

The panel has considered this case 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 put before it in this case and has had regard to the NMC Guidance on *'The sanctions available'* (Reference: SAN-2 Last Updated: 28/01/2026).

The panel accepted the advice of the legal assessor.

Submissions on sanction

Ms Boesche invited the panel to impose a striking-off order in this case.

Ms Boesche then addressed the panel on the aggravating and mitigating features of the case. She submitted that the aggravating features of the case included an abuse of a position of trust and power, sexual misconduct, and evidence of deep-seated attitudinal concerns.

By way of mitigating feature, Ms Boesche acknowledged that you had demonstrated some developing insight. However, she submitted that the panel should exercise caution when assessing the extent and weight of that insight, particularly having regard to the stage at which some of your acknowledgements had been made.

Ms Boesche then moved on and addressed the panel in relation to the available sanctions in ascending order of seriousness.

Ms Boesche submitted that neither taking no further action nor imposing a caution order would be appropriate. She submitted that the misconduct found proved is too serious for either outcome adequately to address the regulatory concerns identified by the panel.

Ms Boesche submitted that a conditions of practice order would not be appropriate in this case. She submitted that the concerns did not relate to deficiencies in your clinical practice which could readily be addressed through identifiable, measurable and workable conditions. Rather, the concerns related to sexual misconduct and professional boundaries. In those circumstances, Ms Boesche submitted that there were no workable conditions which could adequately protect people receiving care or your colleagues. Ms Boesche therefore submitted that the Panel's consideration fell between a suspension order and a striking-off order.

Ms Boesche referred the panel to research commissioned by the Professional Standards Authority concerning sexual misconduct between colleagues. She submitted that the research highlighted participants' views that this type of behaviour could have a negative impact upon patient safety and the quality of care. Such behaviour could indicate deep-seated attitudinal concerns and motivations, including a lack of empathy, which could in turn present a risk to patients.

Ms Boesche further submitted that boundary-crossing behaviour could have wider consequences for the colleague subjected to it, including stress, distraction and anxiety. It could also contribute to a workplace culture in which inappropriate boundary-crossing behaviour became normalised or regarded as acceptable. Further, where such behaviour was witnessed or subsequently became known, it was capable of adversely affecting public confidence and trust in healthcare professionals. Ms Boesche submitted that these considerations were particularly relevant to the Panel's findings concerning the Registrant's conduct towards Colleague B.

Ms Boesche referred the panel to the NMC Sanction Guidance, including SAN-2e, concerning circumstances in which a striking-off order may be appropriate. She invited the panel to consider whether the charges found proved raised fundamental questions about your professionalism.

Ms Boesche submitted that it is the NMC's position that the charges found proved do raise fundamental questions about your professionalism. She submitted that the panel had found proved two separate incidents occurring within approximately two years of

one another. She submitted that although the circumstances and individuals involved were different, both incidents concerned conduct of a sexual nature. She submitted that, when considered together, these findings raised fundamental questions about your professionalism and your ability to maintain appropriate professional boundaries.

Ms Boesche further invited the panel to consider whether public confidence in the nursing profession could be maintained if you were not removed from the NMC register. She submitted that, given the two incidents and the sexual nature and/or motivation underlying the conduct, the panel could conclude that public confidence could not adequately be maintained unless you were removed from the register.

Ms Boesche then addressed your insight and reflection and, in particular, the weight which the panel should attach to the insight demonstrated following its findings of fact.

Ms Boesche acknowledged that your more recent evidence and reflections were capable of demonstrating some insight. However, she submitted that the more significant acknowledgements from you had followed the panel's adverse findings and that this was relevant when assessing the depth and authenticity of your insight.

Ms Boesche referred the panel to *Sawati v General Medical Council* [2022] EWHC 283 (Admin). She submitted that an admission of misconduct was not a prerequisite to demonstrating insight. However, where a registrant continued to deny wrongdoing, demonstrating insight could become more difficult.

Ms Boesche further referred the panel to *Haroon v General Medical Council [2025] EWHC 2619 (Admin),* that an admission made after findings of fact could properly be taken into account when assessing insight but was not determinative. The panel was entitled to consider your overall attitude and the reasons for any denial or late admission.

Ms Boesche acknowledged that you had been entitled to defend yourself and that the mere fact of a denial should not automatically be treated as evidence of a lack of

insight. However, she submitted that the circumstances in this case went beyond a straightforward denial.

In particular, Ms Boesche reminded the panel of your account concerning the physical configuration of the workplace and the presence of a blue tray, which you had relied upon when seeking to explain why you could not have kissed Colleague B. Ms Boesche characterised this as an elaborate account which the panel had ultimately rejected.

Ms Boesche also referred the panel to *R (on the application of Henderson) v General Teaching Council for England*. She submitted that, although some credit should be afforded to a later admission, it would not be realistic to treat an admission made after adverse findings as demonstrating the same degree of insight as an early and unpressured admission, absent an adequate explanation for the change in position.

Ms Boesche invited the panel to exercise caution when determining the weight to be afforded your recently developing insight and to consider its timing and circumstances.

Ms Boesche then moved on and referred the panel to the NMC Guidance at SAN-3, concerning the decision between suspension and striking off. She submitted that the guidance required the panel to consider, amongst other matters, your insight and attitude towards addressing the concerns, and whether it was realistically possible that these matters would change positively during a period of suspension. Ms Boesche relied upon her earlier submissions concerning the limitations of your insight when considering that question.

Ms Boesche also referred the panel to the case of *Gleeson*, which she had relied upon at the impairment stage, and submitted that sexual misconduct raised fundamental questions about a professional's ability to uphold the values and standards contained within the relevant professional Code.

Ms Boesche also referred the Panel to the NMC Guidance on SAN-4, concerning sanctions in the highest-risk cases. She submitted that the guidance identified sexual misconduct towards people receiving care or colleagues as conduct falling within this

category. She further submitted that sexual misconduct towards colleagues could indirectly place public safety at risk by creating an unsafe workplace environment, as well as compromising the dignity of colleagues.

Ms Boesche submitted that taking into account the circumstances of this case, the seriousness of the misconduct, its sexual nature, the fact that it concerned two separate individuals in different professional contexts, the attitudinal concerns arising from the conduct and the limitations in your developing insight, meant that the balance falls in favour of a striking-off order. She therefore invited the Panel to conclude that a suspension order would be insufficient to protect the public, maintain public confidence in the nursing profession and uphold proper professional standards, and to impose a striking-off order.

You invited the panel to impose a suspension order rather than a striking-off order. You told the panel that you fully accept the panel's findings in relation to misconduct and current impairment. You told the panel that you did not seek to challenge these findings, and that you appreciated the time the panel had taken in reaching its decisions.

You submitted to the panel that a suspension order is appropriate in your case for three principal reasons, which you said arose directly from the panel's findings.

You first referred to the panel's consideration of the underlying nature of your misconduct. You submitted that your conduct did not arise from an entrenched attitudinal problem, but represented a serious lapse in judgment. You also accepted the seriousness of your actions but sought to assure the panel that the behaviour was not reflective of a deep-seated attitudinal concern or reflective of your character.

You relied upon the panel's finding that your insight is emerging and developing and that the concerns arising from your misconduct are capable of remediation. You told the panel that you are fully committed to completing that process of remediation. You accepted the panel's findings that your insight in relation to Colleague B was less developed than your insight in relation to Patient A, and that you heard and understood the panel's concerns in this regard.

You told the panel that you now recognise that your reflection concerning Colleague B needed to go beyond simply acknowledging that your behaviour had been wrong. You said that you accept that you needed to explore more deeply the underlying circumstances and factors which had led to your conduct and to develop a more robust understanding of personal and professional boundaries.

You explained to the panel that you had already researched Continuing Professional Development (CPD) learning modules specifically directed towards professionals who had experienced concerns relating to professional boundaries. You told the panel that you intended to undertake those courses independently during any period of suspension, and that you would combine this learning with weekly written reflections using Gibbs' Reflective Cycle in order specifically to address the areas which the panel had identified as requiring further development.

You submitted that if the panel were minded to impose a suspension order, you would use that period to undertake focused training concerning sexual harassment, professional boundaries and workplace relationships. You submitted that a suspension order would adequately protect the public and uphold the standards of the nursing profession whilst also providing you with the opportunity and structure necessary to address and remediate the concerns identified by the panel. You asked the panel to afford you the opportunity to complete that remediation so that, in due course, you might be able to return safely to the nursing career which you value.

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. 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 decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Patient A was particularly vulnerable at the time of the misconduct. She was receiving urgent assessment and treatment in the Accident and Emergency Department, was visibly wearing a neck brace and was undergoing clinical assessment.
- You abused the position of trust placed in you as a registered nurse. As a registered professional, you were expected to understand and maintain appropriate professional boundaries.
- The misconduct involved serious sexual boundary violations towards both a patient and a professional colleague in different professional contexts.
- You breached Patient A's privacy and misused social media.
- In relation to the allegation concerning Colleague B, you maintained a detailed account which the panel found to be untrue and you persisted in that account until findings of fact were made.
- In advancing that account, you effectively alleged that Colleague B was lying. The panel considered that this compounded the seriousness of the misconduct, demonstrated a failure to take responsibility for your actions, and had the potential to cause further distress to Colleague B.

The panel also took into account the following mitigating features:

- You made admissions to a number of the charges at the outset of the hearing.
- You ultimately accepted the panel's findings.
- You demonstrated developing insight. Your most recent reflective material demonstrated a greater understanding of the position of trust held by a registered nurse, the impact of your conduct on others, and the importance of maintaining appropriate professional boundaries.

The panel was mindful not to treat your developing insight as both an aggravating and mitigating feature. Whilst you have demonstrated progress, the panel considered the timing, depth and extent of said progress when deciding how much weight could properly be attached to it.

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.

The panel next considered a caution order and had regard to the NMC Guidance on *'Caution order'* (Reference: SAN-2b Last Updated: 28/01/2026) in which the following is stated:

> *'A caution is only appropriate if the Committee has decided there's no risk to the public or to people using services that requires the professional's practice to be restricted. This means the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'*

The panel considered that your actions were not at the lower end of the spectrum, and it found that there is a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict your practise would not protect the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether to place a conditions of practice on your registration. In considering whether conditions of practice are appropriate, the panel had regard to the factors set out in the NMC Guidance on 'Conditions of practice order' (Reference: SAN-2c Last Updated: 28/01/2026). The panel considered that the concerns in this case did not arise from deficiencies in your clinical knowledge or nursing skills which could be addressed through retraining, supervision or restrictions on particular clinical tasks. The misconduct in this concerned sexualised behaviour, professional boundaries, personal judgment and conduct towards both a patient and a colleague.

The panel considered whether it could formulate conditions which were relevant, workable, measurable and capable of protecting the public. It concluded that there were no practical conditions which could adequately address the nature and seriousness of

the misconduct or reliably manage the identified risk of inappropriate boundary-crossing behaviour.

The panel therefore determined that a conditions of practice order would neither adequately protect the public nor satisfy the wider public interest.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on *'Suspension order'* (Reference: SAN-2d Last Updated: 28/01/2026) in which the following factors on when a suspension order may be appropriate are set out:

- *'the impairment is very serious but not fundamentally incompatible with continuing to be a registered professional*
- *an outcome less severe than strike-off would still satisfy the over-arching objective.'*

The panel also had regard to the key considerations as set out in the NMC Guidance to weigh up before imposing a suspension. It noted the following list of circumstances that may make a suspension order an appropriate sanction:

- *'the charges found proved are at the most serious end of the spectrum and call into question the professional's suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation*
- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a*

realistic possibility that they will continue to develop this insight, address their concerns and return to practice.'

The panel accepted that the misconduct was capable of remediation and acknowledged that you had demonstrated developing insight. It also recognised that a suspension order would temporarily remove any immediate risk to the public.

The panel carefully considered the evidence relating to your insight and remediation. The panel acknowledged the improvement in your reflections and submissions during the course of the hearing. However, it noted that approximately two years had elapsed between the incidents and the hearing. Despite this period being available for reflection, your earlier reflective material demonstrated only limited appreciation of the seriousness of the misconduct and its impact upon Patient A and Colleague B.

The panel found it significant that much of the development in your insight occurred during the hearing itself and in response to the panel's findings. Whilst the panel regarded this as a positive development, it was unable to conclude that the insight demonstrated had been maintained over a sustained period of time. The panel therefore concluded that your insight remained developing rather than fully developed.

The panel further noted that you did not accept responsibility for the misconduct involving Colleague B until the evidence had been fully explored and findings of fact had been made. Whilst your eventual acceptance of the panel's findings was a relevant mitigating factor, the panel attached limited weight to it because of its timing.

The panel also noted that there was no evidence before it that you had apologised, directly or indirectly, to either Patient A or Colleague B. Furthermore, whilst you had identified further reflective work, training and professional development that you intended to undertake, those steps had not yet been completed, tested or embedded into practice. The panel therefore concluded that remediation remained incomplete.

The panel considered the case as a whole. The misconduct involved serious sexual boundary violations affecting two separate individuals in two different professional contexts, namely a vulnerable patient and a professional colleague. The panel

considered these to be serious departures from the standards expected of a registered nurse.

The panel attached particular weight to the fact that Patient A was a vulnerable patient receiving treatment within the Accident and Emergency Department and that you used an interaction arising from her care within a healthcare setting to pursue a personal interest. The panel also attached significant weight to the misconduct involving Colleague B, which amounted to an unwanted physical advance of a sexual nature in the workplace.

The panel noted the impact of your misconduct. Patient A was sufficiently concerned by your conduct to make a formal complaint through the hospital's Patient Advice and Liaison Service. The panel also found that Colleague B experienced significant distress and anxiety, altered her working practices to avoid contact with you, and that your conduct had wider implications for the clinical environment and patient safety.

The panel was additionally concerned by the manner in which the allegation concerning Colleague B was defended. The panel was careful not to treat your denial of the allegation itself as an aggravating factor. You were entitled to require the NMC to prove its case.

However, the panel distinguished between the fact of denying the allegation and the manner in which that denial was advanced. The panel found that you maintained a highly elaborate and fabricated account concerning the physical layout of the area and the existence of the blue tray, which the panel ultimately rejected. In doing so, you persisted in a version of events that the panel found to be untrue and effectively alleged that Colleague B was lying. The panel considered that this raised significant concerns regarding your integrity, personal accountability and professional judgement.

The panel recognised that the misconduct was capable of remediation and that some progress had been made in relation to insight. However, the panel was of the view that whilst the misconduct identified within the charges was remediable, concerns relating to your candour and insight raised fundamental questions about your integrity and future risk. The panel were particularly concerned with the manner in which you presented your defence and found that it was a significant aggravating feature in this case.

The panel considered that the public interest concerns in this case extended beyond the risk of repetition alone. The panel was required to consider not only public protection, but also the need to maintain public confidence in the profession and to uphold proper professional standards.

Taking all these matters together, the panel concluded that a suspension order would be insufficient to maintain public confidence in the profession and uphold proper professional standards.

In considering a striking-off order, the panel had regard to the NMC Guidance on *'Sanctions for the highest risk cases'* (Reference SAN-4 Last Updated: 28/01/2026). [set out panels reasons] Having regard to all of the above, the panel determined that this case falls within the definition of being a '*highest risk case'*.

The panel had regard to the following considerations as set out in the NMC Guidance entitled *'Striking-off order'* (Reference: SAN-2e Last Updated; 28/01/2026):

- *Do the charges found proved raise fundamental questions about their professionalism?*
- *Can public confidence in the profession be maintained if the professional is not removed from the Register?*
- *Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?*
- *Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?*

The panel concluded that the misconduct found proved raised fundamental questions about your professionalism.

The panel was particularly concerned by the combination of serious sexual misconduct, abuse of professional trust and the concerns regarding integrity arising from your conduct during the proceedings.

The misconduct involved serious sexual boundary violations towards both a vulnerable patient and a professional colleague. The panel considered that each incident represented a serious departure from the standards expected of a registered nurse. Viewed cumulatively, the misconduct demonstrated serious failures to maintain appropriate professional boundaries and to uphold the professional values expected of a registered professional.

The panel acknowledged that you had engaged with the proceedings, ultimately accepted the panel's findings and demonstrated developing insight. However, it concluded that these considerations were insufficient to outweigh the seriousness of the misconduct and the wider public interest concerns arising from it.

In particular, the panel attached significant weight to:

- the serious sexualised nature of the misconduct;
- the vulnerability of Patient A;
- the abuse of the position of trust entrusted to you as a registered nurse;
- the misconduct involving both a patient and a professional colleague;
- the impact of the misconduct upon both individuals;
- the concerns regarding integrity arising from your persistence in an account the panel found to be untrue and your effective allegation that Colleague B was lying;
- the fact that your insight remained developing and your remediation incomplete.

The panel considered whether there was a realistic prospect that a period of suspension would enable you to develop sufficient insight and strengthen your practice such that the risk you pose would be adequately reduced. Having regard to the seriousness of the misconduct and the concerns regarding your integrity and accountability, the panel concluded that there was not a realistic prospect that should you be suspended, your insight and practice would be strengthened such that the risk you pose would be reduced.

The panel determined that the combination of the serious sexual misconduct found proved, the abuse of professional trust, the involvement of a vulnerable patient, the misconduct towards a colleague, and the concerns regarding integrity arising from your conduct during the proceedings raised serious questions about your professionalism and rendered your continued registration fundamentally incompatible with the standards expected of a registered nurse.

The panel also concluded that allowing you to remain on the register would undermine public confidence in the profession and in the regulatory process. The panel considered that the integrity concerns arising from your conduct during the proceedings engaged the wider public interest because honesty and candour are fundamental professional values, and public confidence in the profession would be undermined if such conduct were not appropriately marked by the regulatory process. These considerations significantly increased the seriousness of the case. Balancing all the circumstances of the case, the panel determined that a striking-off order is the only sanction capable of adequately protecting the public, maintaining public confidence in the nursing profession and upholding proper professional standards.

The panel concluded that nothing short of a striking-off order 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 a clear message to the public and the profession regarding the standards of behaviour expected 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.

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

Submissions on interim order

The panel took account of the submissions made by Ms Boesche. She invited the panel to impose an interim suspension order for a period of 18 months on the grounds of public protection and public interest. She submitted that the interim order is necessary for the same reasons that the panel had found your fitness to practise impaired.

Ms Boesche submitted that although the striking-off order is going to come into effect in 28 days, that is only if no appeal is lodged. She set out that you have the right to appeal against the panel's decision, and if that were the case, then 18 months would cover any period of the matter being resolved.

You made no submissions in relation to the imposition of an interim order. You told the panel that you will take some time to read the decision once received in writing and will then decide whether you will proceed with submitting any grounds for appeal.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months to cover any potential appeal period.

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.