Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Wednesday, 5 August 2026 – Tuesday, 11 August 2026

Virtual Hearing

Name of Registrant:	**David John Hancock**
NMC PIN:	93C0223E
Part(s) of the register:	Registered Nurse – Sub Part 1 Mental Health Nursing (Level 1) 12 May 1996
Relevant Location:	Yorkshire
Type of case:	Misconduct
Panel members:	Robert Pragnell (Chair, Lay member) Yusuf Deerow (Lay member) Gillian Tate (Registrant member)
Legal Assessor:	Cyrus Katrak
Hearings Coordinator:	John Kennedy
Nursing and Midwifery Council:	Represented by Rosie Welsh, Case Presenter
Mr Hancock:	Present and represented by Christopher Bealey, instructed by the Royal College of Nursing (RCN)
Facts proved:	Charges 1, and 2
Fitness to practise:	Impaired
Sanction:	**Conditions of practice order (18 months)**
Interim order:	**Interim conditions of practice order (18 months)**

Details of charge

That you, a registered nurse:

1. Between May 2023 and June 2023, publicly shared multiple posts on social media which were:
   a. Offensive;
   b. Derogatory;
   c. Discriminatory.

2. Your conduct at charge 1 was motivated by your hostility or discriminatory attitude towards people of a different:
   a. race and/or
   b. gender reassignment and/or
   c. sexual orientation

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

Mr Bealey, on your behalf, made a request that this case be held partly in private on the basis that proper exploration of your case involved 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 Welsh, on behalf of the Nursing and Midwifery Council (NMC), indicated that she did not oppose the application.

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 that those parts of the hearing that relate to [PRIVATE] to be held in private.

Decision to exclude exhibit SD/02

At the outset of the hearing, the panel heard submissions supported by both Ms Welsh and Mr Bealey that exhibit SD/02 in the main bundle should be fully redacted and excluded from the evidence in this case. It was submitted that this document contained multiple pieces of hearsay and was not relevant to the issues in question, therefore should not be before this panel in reaching its decision. There was no suggestion that the panel needed to recuse itself as a professional panel, it was agreed this panel could place that information out of its mind and the relevant pages be redacted from the bundle.

The panel accepted the advice of the legal assessor.

The panel agreed that the entirety of exhibit SD/02 should be redacted and removed from the evidence before the panel at this hearing. As a professional panel, the panel concluded that whilst it had seen the information it was able to safely put it out of mind when considering this case.

Background

The charges arose whilst you were employed as a registered nurse by South Yorkshire Partnership NHS Foundation Trust as a community mental health nurse. In March 2024 you were referred to the NMC over a number of posts made on social media between May and June 2023 which were offensive, derogatory, and discriminatory in nature towards

persons of ethnic minorities, sexual orientation, and gender reassignment protected characteristics.

Decision and reasons on facts

Mr Bealey submitted that you made full admissions to the facts of charges 1 and 2.

The panel therefore finds charges 1 and 2 proved in their entirety, by way of your admissions.

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 must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, your fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

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

You gave evidence under oath.

Ms Welsh 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 Welsh submitted that your actions breached sections 20.1, 20.2, 20.3, 20.4, 20.7, 20.8, 20.10, and 21.5 of the Code. With reference to the NMC Guidance FTP-2a-vi Ms Welsh submitted that your actions were a serious departure from the expected standard of a registered nurse by sharing and promoting views that were discriminatory in nature contrary to the Equality Act 2010. She noted that while it is acknowledged that there is a freedom of expression, this is not an absolute right and that professionals have a duty to avoid statements that are offensive and discriminatory, which are in and of themselves a deep-seated attitudinal concern.

Ms Welsh submitted that while your actions did not take place within the workplace; on your social media platform where you shared the images and posts you clearly stated your age, location, and that you were a registered mental health nurse. She submitted that this therefore indicated a further departure from the expected standards of a registered nurse by linking your posts to your practice and risking bringing the profession into disrepute. She submitted that your actions did amount to a breach of the fundamental tenets of the nursing profession and amounted to serious misconduct.

Mr Bealey supplemented his written submissions with oral arguments. He highlighted that you had taken full accountability for your actions and accepted that they were, that your actions were a breach of the expected standards and of the Code. However, he submitted

that they did not constitute serious misconduct when considered in light of the numerous [PRIVATE] at the relevant time. Mr Bealey, drew the panel's attention to your evidence under oath of how these [PRIVATE] had impacted you and were a significant factor in your thinking at that time. He submitted that you are of previous good regulatory character.

Submissions on impairment

Ms Welsh 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).

Ms Welsh submitted that the first three limbs of the test set out in the case of *CHRE v NMC and Grant* are engaged in this case. She submitted that there is a risk of harm as members of the public who saw your posts may be put off from seeking healthcare, especially if they shared one of the protected characteristics.

Ms Welsh submitted that your actions brought the nursing profession into disrepute and were a departure from the tenets of the profession. She submitted that this would damage the public confidence in nursing.

Ms Welsh submitted that while you have provided a reflection and some insight this is limited to the impact on yourself and does not address the wider concerns or impact on the public, colleagues, or patients. She submitted that there is no information on what the curriculum was for the training you undertook and no examples of how you have used this to strengthen your practice. She submitted that when you commented on the unconscious bias training you did you expressed more of affinity bias, towards those who share similar characteristics to yourself, rather than linking this to your conduct towards people of other protected characteristics.

Ms Welsh submitted that in light of all of the information your actions were guided by a deep-seated attitudinal concern, which is inherently more difficult to remediate, and that there is therefore a risk of repetition. She submitted that your fitness to practice is currently impaired on both public protection and public interest grounds.

Mr Bealey supplemented his written submissions with oral arguments. He submitted that you made full admissions to the facts at the earliest stage and have never attempted to deflect blame or minimise the concerns. He submitted that your reflections were more inward looking as it concerned your attitude and reasons that led to you make the social media posts and how you might avoid that in the future. He submitted that you have remained in clinical practice for the past three years seeing a large number of patients from a wide range of backgrounds and there has been no further concerns raised. He submitted that the misconduct has therefore been fully remediated and that your fitness to practice is not currently impaired.

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 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:

‘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

20.7 make sure you do not express your personal beliefs (including political, religious or moral beliefs) to people in an inappropriate way

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

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

21.5 never use your status as a registered professional to promote causes that are not related to health'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. The panel noted the NMC Guidance on misconduct, including the guidance on discrimination and the use of social media.

In respect of charge 1 a, b, c and 2 a, b, c the panel determined that your actions took place in a public forum, where you had identified yourself as a mental health nurse, repeatedly sharing views over a two-month period that were offensive, derogatory, and discriminatory towards people with the protected characteristics of race, gender reassignment, and sexual orientation. It considered that this would likely bring the profession into disrepute by breaching the fundamental tenets of the nursing profession.

Accordingly the panel considered that each charge individually amounts to misconduct.

Decision and reasons on impairment

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

In coming to its decision, the panel had regard to the 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. 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 case of *CHRE v NMC and Grant* in paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

> *'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ fitness to practise is impaired in the sense that S/He:*
>
> a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
>
> b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

d) *….'*

The panel considered that while your actions took place outside of the clinical environment, and there is no evidence of direct harm to patients as a result, there remains a foreseeable risk of harm to patients. Your social media account was publicly available and you chose to clearly identify yourself as a mental health nurse on it, and also gave your location. The panel therefore determined that it is likely that members of the public who shared the protected characteristics of race, gender reassignment, or sexual orientation, or who identified as an ally to those communities could be put off seeking healthcare if they thought they might be treated by a nurse who posted offensive, derogatory, and discriminatory posts. The panel considered that if they did not seek healthcare when needed this would place them, and potentially others, at an unwarranted risk of harm.

The panel accepted that you have stopped posting on social media and therefore found that while you may be unlikely to share posts of this nature again, given the deep-seated attitudinal nature, specifically in relation to charge 2, of the admitted conduct and concerns raised combined with insufficient evidence of insight the panel determined that there is still a risk of repetition of hostility or discrimination.

The panel determined that your misconduct in the past breached the fundamental tenets of the nursing profession and brought its reputation into disrepute. Given its concerns as highlighted above and below the panel also considered that there is a risk of breaching the fundamental tenets and bringing the nursing profession into disrepute in the future.

The panel had regard to the NMC Guidance FtP-2a-iv which states:

‘To be satisfied that discriminatory conduct has been addressed, we'd expect to see comprehensive insight, remorse and strengthened practice from an early stage, which addresses the specific concerns that have been raised. In addition, we must be satisfied that discriminatory views and behaviours have been addressed and are not still present so that we and members of the public can be confident that there is no risk of repetition.’

The panel considered that the evidence indicates that your level of insight cannot yet be determined to be comprehensive. It noted that you have made early admissions of the facts, acknowledged that it was wrong to share those posts, and attended training courses on identifying and dealing with different types of bias. However, the panel noted that none of the courses directly addressed the groups that had been targeted in the posts you had shared on social media. Further, the panel determined that while you had shown remorse for letting down your colleagues and profession, you have not demonstrated that you are fully cognisant of the potential wider implications; your reflection did not fully address the impact of your actions on colleagues, the nursing profession and the public. Additionally, the panel noted that there is no evidence of specific training you have completed which addresses the impact of your past actions towards people who are gay or bisexual, individuals who are transgender, or towards persons of a different race. The panel therefore concluded that your reflection and insight cannot be deemed sufficiently comprehensive for it to find that you have demonstrated that you have addressed the specific concerns raised.

You have made full admissions, which is to your credit, but this means that you accept that your conduct was motivated by your hostile or discriminatory attitude to particular groups within society. The panel noted that conduct where the motivation is in whole or part due to attitudinal concerns present a significant challenge.

The panel then considered the test in *Cohen v General Medical Council* [2008] EWHC 581 (Admin). The first limb is whether the misconduct is easily remediable. Given that this is a case of discrimination it is a high bar to satisfy the panel that this misconduct is easily

remediable. Having heard evidence from you [PRIVATE], and your stated remorse and recognition that what you did was unacceptable, the panel considered that the concerns may be remediable. However, [PRIVATE].

The panel then considered whether this misconduct had been remedied. It is accepted that there have been no further incidents of similar, or any such, conduct in the intervening years during which time you have continued to work. The panel notes that you have provided 16 testimonials, including from colleagues. In assessing this evidence, the panel was mindful that only a few of the testimonials stated that they were aware of the specific charges against you. You have also provided evidence in reflective documents as to your attitude since the events and have taken part in training courses.

In respect of your reflective documents while the panel accepted that these showed some insight into the issues nonetheless the panel were concerned that these lacked detailed reflection on the impact your actions had on your immediate colleagues, the wider nursing profession, to the particular groups affected by charge 2, and to the public in general. The panel found that your focus in the reflective documents, whilst remorseful, was mainly on yourself and [PRIVATE] that you believe significantly influenced your decision making at the time.

In respect of the training documents the panel repeat its concerns set out above.

For the above reasons the panel do not consider that you have remedied the misconduct.

The panel then went on to consider whether this conduct was highly unlikely to be repeated. The panel referred to the comments on insight above, and that it found these less than complete.

The panel also considered if these were unique circumstances. You gave evidence at [PRIVATE]. Accordingly, the panel were unable to say that it was highly unlikely that these acts would be repeated.

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, noting the above guidance and determination on insight and impact on colleagues. The panel determined that registered nurses will work with people from a wide range of backgrounds and assist patients at their most vulnerable. Therefore nurses are expected to maintain the highest standards towards all and that any conduct motivated by hostility and discrimination towards people of a protected characteristic that is offensive, derogatory, and discriminatory will damage the public's trust in nurses and undermine confidence in the nursing profession.

The panel considered that members of the public would be appalled that a registered nurse had shared public posts on social media of this nature especially when at the same time they are identified in their profile that they were a mental health nurse.

The panel also considered that your behaviour was of a deep-seated attitudinal nature in that you were demonstrating behaviours contrary to the Code. It did not consider this to be a single instance of a lapse in judgement given it occurred over a two-month period with numerous postings on social media.

Therefore, 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 very carefully and has decided to make a conditions of practice order for a period of 18 months with a review. The effect of this order is that your name on the NMC register will show that your registration is subject to a conditions of practice order and anyone who enquires about your registration will be informed of this order.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and 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 Welsh informed the panel that in the Notice of Hearing the NMC had advised you that it would seek the imposition of a striking-off order if it found your fitness to practise currently impaired. She submitted that remains the order the NMC are seeking.

Ms Welsh submitted that your misconduct was serious over a period of two months involving multiple posts that were offensive, discriminatory, and derogatory. The type of views propagated indicate deep-seated attitudinal issues. She submitted that the public confidence in the nursing profession would be seriously undermined if a nurse who breached these fundamental tenets was permitted to remain on the register and that, with reference to the NMC Guidance, such conduct is wholly incompatible with being a registered nurse.

Mr Bealey supplemented his written submissions with oral presentation. He highlighted that at the time you were experiencing [PRIVATE] which impacted your decision-making, that you have taken steps to address these and develop other coping mechanisms. He submitted that from the earliest opportunity you admitted what you did was wrong and made full admissions. He submitted that you have acknowledged that your insight is not comprehensive but that you have indicated a willingness to continue to develop it through further training and reflection. He submitted that you have remained at the Trust practising without further concern since 2023.

Mr Bealey submitted that a conditions of practice order, with conditions such as remaining with the same Trust, monthly supervision meetings, training and detailed reflection on equality, race, and discrimination would be appropriate to manage the risk identified by the panel.

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 which independently exercises its own judgement.

The panel took into account the following aggravating features:

- Repeated breaches of the Code
- A pattern of misconduct which amounted to discrimination over a period of time
- Wilful recklessness in posting on social media
- Your actions would have had an impact on colleagues, patients, and the wider public who could have been deterred from using your services

The panel also took into account the following mitigating features:

- Early admission of the facts
- Significant remorse demonstrated
- Acceptance from an early stage of responsibility for your actions and their impact. The panel noted and accepted your explanation that at your internal investigation meeting your representative had taken an aggressive stance which you were unhappy with.
- Efforts to prevent similar things happening again, or any efforts to put problems right
- Deleting social media
- Evidence that you have been in full time practise safely and without further incident for the past three years
- [PRIVATE]
- Your multiple positive testimonials, including from colleagues
- Contents of your reflective document

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 remains a risk to patient and public safety. 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 placing conditions of practice on your registration would be appropriate. The panel had regard to the NMC Guidance on *'Conditions of practice order'* (Reference: SAN-2c Last Updated: 28/01/2026) and had regard to the following factors:

- *'no evidence of deep-seated personality or attitudinal problems*
- *identifiable areas of the professional's practice in need of assessment and/or retraining*
- *competence cases where there is a realistic likelihood that the concerns about their practice can be resolved*
- *potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*
- *insight into any health problems, alongside willingness to abide by conditions relating to a medical condition, treatment and supervision*
- *people using services will not be put at risk either directly or indirectly as a result of the conditions*
- *conditions can be created that can be monitored and assessed.'*

The panel considered that conditions could be formulated to address the risk to patients identified by it at the fitness to practice stage.

The panel took into account the fact that these incidents occurred three years ago and that, other than these incidents, you have had an unblemished career of around 30 years as a nurse. The panel noted your career path including working in the mining industry for 15 years before you retrained ultimately to become a mental health nurse, a role in which you have significant experience. The panel was of the view that it was in the public interest that, with appropriate safeguards, you should be able to continue to practise as a nurse.

The panel considered that while your actions were serious, and that the content of the posts indicated a deep-seated attitudinal nature, that through the regulatory process, comprehensive insight and continued retraining you could ultimately fully remediate these issues.

The panel noted its earlier comments at the impairment stage about your developing insight over the last three years, in particular that you made early admissions of the facts and have never attempted to minimise or deflect from the harm of your actions and fully acknowledge it was wrong to make such posts. The panel noted that there is no evidence of you expressing similar views prior these charges or since, and that there is no evidence of you expressing related views or attitudes at the workplace or any other venue. The panel noted at this hearing that you also expressed a willingness to learn further about the impact of these views on the specific groups that the posts you chose to share targeted, and that you have already attended some training courses including on equality and unconscious bias.

The panel determined even though this was not a case of concerns over the competency of your nursing skills that it would be possible to formulate relevant, proportionate, workable and measurable conditions which would address the conduct and associated failings highlighted in this case. The panel accepted that if given the opportunity that you would be willing to comply with conditions of practice.

The panel also had regard to the guidance which indicated that conditions were usually only appropriate when there was '*no evidence of deep-seated personality or attitudinal problems'* but also noted the guidance in DMA-1 '*We also recognise that, while deep-seated attitudinal issues can be difficult to address, meaningful change is not impossible.*'

The panel considered that this was a case where, given your progress so far, there were good reasons to consider that you could in time fully address these attitudinal issues.

Balancing all of these factors, the panel determined that the appropriate and proportionate sanction is that of a conditions of practice order.

The panel was of the view that to impose a suspension order or a striking-off order would be disproportionate and would not be a reasonable response in the circumstances of your case.

While noting that cases involving discriminatory, offensive, and derogatory conduct towards persons of different protected characteristics was indicative of a deep-seated attitudinal nature, that was likely to cause offense, and would often attract a more severe sanction the panel decided in this case that a suspension order is not necessary for the following reasons.

- Genuine and developing (albeit not yet comprehensive) insight into your actions;
- That you took responsibility for your actions at an early stage;
- Albeit this was not a one off incident, the charges spanned a period of approximately two months;
- Since the incidents you have worked full time as a nurse without any further issue for the last three years;
- While these can be seen as deep-seated attitudinal issues which are usually difficult to correct, you have already taken genuine steps to try and address those issues raised and it is hoped that in time you will fully correct these attitudes;
- The public, being fully appraised of the steps taken by you to deal with these issues would accept the public interest in allowing a highly skilled nurse to continue practicing

The panel noted its earlier findings in regard to *Cohen v GMC* and the NMC Guidance, that even discriminatory conduct is remediable, albeit with more difficulty, and that the purpose of a regulatory sanction is not to be punitive but rather to help return the nurse back to safe practice. The panel considered that over the past three years you have shown that you are capable of developing insight, that this included early and sustained

recognition that what you did was wholly unacceptable for a member of the nursing profession, and that you have sought out appropriate training courses demonstrating your desire to remediate and meaningfully change your attitude and behaviour.

The panel noted that at impairment stage while it had not been sufficiently persuaded that your efforts were full and comprehensive, they demonstrated that you want to develop your understanding, thinking and how it impacts others. The panel considered that with further guidance and effort to maintain and improve reflective practice to address the specific group in the posts you shared there is a good likelihood that you will be able to attain rightly high standards of comprehensive understanding and reflection required.

The panel noted the 16 positive testimonials from colleagues (albeit a number of the authors did not say they were aware of the specific charges), and that you have worked in mental health practise since with no repetition or other concerns being raised, which it considered demonstrated that you're actions are not wholly incompatible with being a registered nurse.

The panel considered the NMC Guidance, and concluded that while there is a need for you to fully strengthen your practice through reflection, further training, and developing comprehensive insight; this can be done within clinical practice without the need to temporarily remove you from it.

Having regard to the matters it has identified, the panel has concluded that a conditions of practice order will mark the importance of maintaining public confidence in the profession, and will send to the public and the profession a clear message about the high standards of practice required of a registered nurse.

The panel determined that the following conditions are appropriate and proportionate in this case. The panel also considered these conditions relevant in that they address the concerns that led to it deciding your fitness to practice is impaired:

‘For the purposes of these conditions, ‘employment’ and ‘work’ mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, ‘course of study’ and ‘course’ mean any course of educational study connected to nursing, midwifery or nursing associates.

1. You must meet with your clinical supervisor at least once every six weeks to discuss:
    a) Your compliance with these conditions,
    b) Your training and reflection

2. You must keep a personal development log which must include:
    a) Detailed information on future training courses you attend identifying and addressing discrimination specifically towards:
        i. Race
        ii. Gender reassignment
        iii. Sexual orientation
    b) Your reflection on these training courses, including how you have applied them to your practice
    c) [PRIVATE]
    d) A summary of discussions with your clinical supervisor

3. You must submit the personal development log before any review of this order.

4. You must keep us informed about anywhere you are working by:
    a) Telling your case officer within 14 days of accepting or leaving any employment.
    b) Giving your case officer your employer’s contact details.

5. You must keep us informed about anywhere you are studying by:

a) Telling your case officer within 14 days of accepting any course of study.
b) Giving your case officer the name and contact details of the organisation offering that course of study.

6. You must immediately give a copy of these conditions to:
   a) Any organisation or person you work for.
   b) Any agency you apply to or are registered with for work.
   c) Any employers you apply to for work (at the time of application).
   d) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.

7. You must tell your case officer, within seven days of your becoming aware of:
   a) Any clinical incident you are involved in.
   b) Any investigation started against you.
   c) Any disciplinary proceedings taken against you.

8. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:
   a) Any current or future employer.
   b) Any educational establishment.
   c) Any other person(s) involved in your retraining and/or supervision required by these conditions

The period of this order is for 18 months to mark the seriousness of the misconduct and to allow time for the conditions to fully work.

Before the order expires, a panel will hold a review hearing to see how well you have complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- Evidence of your compliance with these conditions
- Your attendance at a review hearing

This will be confirmed to you in writing.

Interim order

As the conditions of practice 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 conditions of practice 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 Welsh. She submitted that an interim conditions of practice order of 18 months is necessary on the ground of public protection and otherwise in the public interest to cover any potential appeal period.

Mr Bealey submitted that an interim suspension order would be disproportionate given the panel's earlier findings and that if an interim order is deemed necessary it should be an interim conditions of practice order.

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 the only suitable interim order would be that of a conditions of practice order, as to do otherwise would be incompatible with its earlier findings. The conditions for the interim order will be the same as those detailed in the substantive order for a period of 18 months is necessary on the grounds of public protection and otherwise in the public interest to cover any potential appeal period.

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

That concludes this determination.