Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday 3 August 2026 – Thursday 13 August 2026

Stratford Place, Montfichet Road, London, E20 1EJ

Name of Registrant:	**Melwinraj Manirajan**
NMC PIN:	20C0350O
Part(s) of the register:	Registered Nurse – Sub Part 1 Adult Nursing – (March 2020)
Relevant Location:	Essex
Type of case:	Misconduct
Panel members:	Konrad Chrzanowski (Chair, Lay member) Julia Briscoe (Registrant member) Ian Hanson (Lay member)
Legal Assessor:	Richard Ferry-Swainson
Hearings Coordinator:	Charis Benefo
Nursing and Midwifery Council:	Represented by Iwona Boesche, Case Presenter
Mr Manirajan:	Present and represented by Roy Donnelly, Counsel instructed by the Royal College of Nursing (RCN)
Facts proved:	Charges 1, 2 and 3
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

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

At the outset of the hearing, Mr Donnelly, on your behalf, 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, 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 decided to hold in private the parts of this hearing that involve reference [PRIVATE], as and when such issues are raised in order to protect your privacy.

Details of charge

That you, a registered nurse in relation to Colleague A (a junior colleague):

1. On or around 14 April 2022 on one or more occasion put your finger or fingers inside her vagina without her consent.

2. In relation to charge 1, on one or more occasion did not stop when she said "no" and/or tried to remove your hand.

3. Your actions at charges 1 and/or 2 above were sexually motivated in that you were seeking sexual gratification.

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

Background

You first entered the NMC's register on 5 March 2020.

The NMC received a referral in respect of you on 23 November 2022 from Essex Police (the Police).

At the time of the allegations, you were employed as a registered nurse at Broomfield Hospital (the Hospital).

It is alleged that in April 2022, you started dating your colleague, Colleague A, who at the time was working as a Healthcare Assistant at the Hospital. You allegedly dated Colleague A for five days and within this time, sexually assaulted her.

You were arrested by the Police on 17 November 2022 on suspicion of sexual assault.

The police investigated the matter and together with the Crown Prosecution Service, closed the criminal case, because the matter did not pass the evidential stage of the Full Code test set out in the Code for Crown Prosecutors.

Decision and reasons on application to admit hearsay evidence

The panel heard an application made by Ms Boesche under Rule 31 to allow into evidence the following hearsay documentation:

1. The police statement of Witness 3, senior sister at the Hospital, dated 19 December 2022;

2. The police statement of Witness 2, bank staff worker at the Hospital and friend of Colleague A, dated 6 January 2023; and
3. The handwritten police statement of [Witness 4], a good friend of Colleague A, dated 7 January 2023.

Ms Boesche submitted that this evidence was from three witnesses who had not been identified. She submitted that the NMC had attempted to ascertain the identities of these individuals by contacting the Police, but the Police did not provide their contact details. She informed the panel that fairly recently, it had been suggested that Colleague A may know the identities of these individuals, however, the NMC decided that "*as it was close to this hearing*", it would be disproportionate to ask Colleague A for their details and conduct a further investigation.

Ms Boesche referred the panel to the NMC guidance on '*Evidence'* (reference: DMA-6) and the principles set out in the cases of *Thorneycroft v Nursing and Midwifery Council* [2014] EWHC 1565 (Admin) and *PSA v NMC & Jozi* [2015] EWHC 764 Jozi. She submitted that the main evidence in the case was from the "*de facto complainant*" who was due to give evidence in the hearing. Ms Boesche submitted that none of the hearsay statements were the sole or decisive evidence in this case. She submitted that although the weight given to this evidence might vary, and some of it may carry less weight than the oral evidence, it could not be said that the weight given to them could or should at any stage be zero.

Ms Boesche submitted that Colleague A could be questioned on the points raised in the hearsay statements. She submitted that it would not be unfair or prejudicial to you if the statements were admitted into evidence.

Ms Boesche submitted that the police statement of Witness 3, presented the background of the story involving you and Colleague A, as well as an account of Colleague A. She submitted that the fact that the Police found no evidence of some of your alleged behaviours was neither here nor there; these were separate proceedings to those

considered to be criminal, with different standards of proof, and a lack of evidence did not amount to innocence. Ms Boesche highlighted that within the police officer's statement in the bundle before the panel, they stated that:

> '…*I wish to make it clear, this is not a case where the suspect is being 'believed' over the victim…'*

Ms Boesche submitted that certain paragraphs within Witness 3's statement were relevant to your propensity not to do what you were asked as a background of the case. She submitted that when Witness 3 stated that Colleague A looked like she was upset, she was simply describing her opinion of someone she knew, and she had the right to do so. Ms Boesche submitted that the panel would decide, in any event, how much weight to apply to the evidence at a later stage.

Ms Boesche submitted that the three hearsay statements were relevant to the charges, facts and background of the case, and they contained Colleague A's first accounts. She submitted that you had had sight of the statements and had been able to prepare with your representatives for the eventuality that they would be addressed. Ms Boesche submitted that you would therefore not be prejudiced by the admission of this hearsay evidence.

Mr Donnelly informed the panel that you opposed the application to admit the three hearsay statements into evidence. He submitted that in the first instance, you objected to the statements in their entirety, but in the alternative, you objected to a number of the parts of the statements, and he would be asking for them to be redacted on the basis of them not being relevant and potentially prejudicial to you.

Mr Donnelly referred the panel to the principles set out in paragraphs 45 and 56 of *Thorneycroft v Nursing and Midwifery Council*. He submitted that it was accepted that the statements were not sole evidence in support of the charges. Mr Donnelly submitted that the NMC was relying on the statements to add weight to the credit of Colleague A's

assertions. However, he submitted that in this case, where the evidence of Colleague A was inconsistent with her statements to the Police in October 2022 and October 2023, it followed that the statements made by the three witnesses, if accepted as entirely true and accurate, had the potential to add weight to the credit of Colleague A and potentially be decisive as to the assessment of her credibility and the consistency of her evidence. On that basis, Mr Donnelly asked the panel to carefully consider the fairness of admitting the statements in that they would potentially be decisive, depending on the panel's own judgement of the relevant evidence.

Mr Donnelly submitted that there were a number of challenges made to the contents of the statements. He submitted that the challenges were similar or identical with respect to the three witnesses. Mr Donnelly submitted that the statements could not properly be assessed in the absence of the witnesses attending for questioning or cross-examination. He referred to the police statement of Witness 3, who, in the beginning of her statement, referred to some alleged issues at work between you and other staff members, and an alleged incident involving you texting another healthcare worker. Mr Donnelly submitted that these paragraphs were not relevant to the specific charges as they did not relate to the alleged incident between you and Colleague A, and they were particularly prejudicial.

Mr Donnelly referred the panel to the report from the Police, where they referred to having obtained Human Resources (HR) records from the Hospital, and there was no evidence of a record regarding disturbing behaviour towards female colleagues, so the Police dismissed those other concerns raised by Witness 3. He submitted that if the statement were to be admitted into evidence, those matters should be redacted. Mr Donnelly submitted that those matters also potentially introduced possible bias with respect to Witness 3 towards you because of the history that she recounted in the statement.

Mr Donnelly submitted that Witness 3 had also recounted what she was told by Colleague A regarding the details of the alleged incident. He submitted that there were a number of aspects of her descriptions that would be challenged by you as being potentially inconsistent with Colleague A’s subsequent evidence to the Police. Mr Donnelly submitted

that it was entirely relevant to ascertain from Witness 3 whether Colleague A had disclosed to her the full details of the consensual physical intimacy that occurred between her and you in the days leading up to the alleged incident. He submitted that if Colleague A had failed to disclose the full details to Witness 3 or the other witnesses, that omission potentially misled those witnesses, raising doubts as to the credibility of what she told them and whether the alleged incident occurred as described by her to these witnesses. Mr Donnelly submitted that those matters needed to be explored with Witness 3 in order to properly understand the evidence and test the conflicts between what Colleague A told her and what Colleague A told the police at her police interviews.

Mr Donnelly submitted that there were similar concerns regarding the other two statements from Witness 2 and [Witness 4]. He submitted that they had both alleged concerns regarding you being manipulative and controlling, and Witness 2 had referred to a toxic relationship. Mr Donnelly submitted that those comments should be challenged as to their basis, by the witnesses attending to give evidence. He submitted that those parts of their statements were entirely prejudicial and irrelevant to the panel's determination. Mr Donnelly submitted that if the panel were to admit their statements, those parts should be redacted. He submitted that you should also be able to challenge whether Colleague A gave the witnesses the full details of the alleged incident and the previous consensual sexual intimacy with you.

Mr Donnelly submitted that the witnesses, particularly Witness 2 and [Witness 4], made quite critical comments regarding their assessment of your character. He submitted that these were not based in any evidence before the panel, other than their statements. Mr Donnelly submitted that the witnesses were also influenced by the version of events given to them by Colleague A. He submitted that the real risk with the witnesses was that their statements had been influenced by their biases against you and their desire to support Colleague A based on the version events that she told them. Mr Donnelly therefore submitted that whilst they may not have fabricated their statements or their allegations, their evidence was potentially less reliable and maybe biased because of their potential

biases towards you, which were unsubstantiated, and the limited version of events and limited disclosures made by Colleague A when she recounted the alleged events to them.

Mr Donnelly submitted that it was not disputed that the charges were very serious; the most serious nature, which if found proven, could have the potential to destroy your career in nursing and your reputation, and impact on any future professional career you may pursue. He submitted that the panel should therefore be very reluctant to admit hearsay evidence that could not be properly tested, particularly when it might be decisive to the credibility of Colleague A's allegations.

Mr Donnelly submitted that the NMC's reasons for the non-attendance of the witnesses was "*thin*". He submitted that it was not clear whether, had the witnesses been properly contacted by the NMC, they would or would not have attended this hearing. He submitted that the NMC did not make reasonable attempts to contact the witnesses but had relied on the Police to contact them and made no further steps. Mr Donnelly submitted that there was no reason for the non-attendance of the witnesses because they had not been contacted directly by the NMC. He highlighted that the NMC was not even aware of the identity of the three witnesses, which should raise concerns as to its attempt to admit the statements as hearsay.

Mr Donnelly submitted that the NMC did not contact the Trust to obtain the details of the witnesses, despite the fact that two of the witnesses worked at the Hospital and may have been contactable through direct communication with the Trust. He submitted that the NMC had also not asked Colleague A to identify the witnesses when she clearly would have known their identities and could have provided those details. In addition, Mr Donnelly submitted that you knew the identities of at least two of the witnesses and could have assisted in obtaining or providing that information to the NMC, but you were not asked either. He submitted that the NMC should not be allowed to rely on the statements when it had failed to take reasonable and proportionate steps to seek their attendance in this hearing, where the entire case rested on the panel's assessment of the credibility of Colleague A, as against the credibility of you.

Mr Donnelly submitted that the NMC sought to use the statements to add weight to the credibility of Colleague A's evidence, but the panel should be reluctant to admit the evidence where it could not properly be tested by the witnesses presenting for questioning, especially when the NMC had made minimal efforts to seek their attendance.

Mr Donnelly submitted that it was not disputed that you were given notice that the statements were to be submitted as hearsay but, in this case, the fact that notice was provided to the Royal College of Nursing (RCN) should be given little weight by the panel in the context of the minimal efforts made by the NMC to contact the witnesses upon whose hearsay evidence it intended to rely.

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included that Rule 31 provides that, so far as it is '*fair and relevant*', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings.

In making its decision in respect the hearsay documentation, the panel considered the principles set out in paragraph 56 of *Thorneycroft v NMC*:

i. *'whether the statements were the sole or decisive evidence in support of the charges;*
ii. *the nature and extent of the challenge to the contents of the statements;*
iii. *whether there was any suggestion that the witnesses had reasons to fabricate their allegations;*
iv. *the seriousness of the charge, taking into account the impact which adverse findings might have on the Appellant's career;*
v. *whether there was a good reason for the non-attendance of the witnesses;*
vi. *whether the Respondent had taken reasonable steps to secure their attendance; and*

vii. the fact that the Appellant did not have prior notice that the witness statements were to be read.'

The panel had regard to the following hearsay documentation:

1. The police statement of Witness 3, senior sister at the Hospital, dated 19 December 2022;
2. The police statement of Witness 2, bank staff worker at the Hospital and friend of Colleague A, dated 6 January 2023; and
3. The handwritten police statement of [Witness 4], a good friend of Colleague A, dated 7 January 2023.

The panel determined that some parts of this evidence were relevant to the charges as the witnesses had provided an account of what Colleague A had told them about the alleged incidents, and what they had observed personally before and after it

The panel considered that this hearsay evidence was not sole or decisive evidence in respect of any of the charges. It noted that Colleague A, who was the complainant of the alleged conduct, was due to attend the hearing to give live evidence.

The panel considered your challenge to the contents of Witness 3, Witness 2 and [Witness 4]'s evidence, in particular, your concern about what Colleague A had told them about the alleged incident and the circumstances leading up to it and the lack of evidence found by the Police regarding the other issues at work. It took into account that there would be no opportunity for you to cross-examine the witnesses on these matters. The panel was satisfied, however, that Colleague A could be questioned on those parts of the evidence during her live evidence.

The panel considered that the charges, which relate to allegations of sexual misconduct, are serious. It considered that any adverse findings on these charges would have a serious impact on your career.

The panel had no information about the identities of the three witnesses. It noted that the NMC had not made any attempts to ascertain the identities of the witnesses or obtain their contact information, beyond the request to the Police. The panel noted that two of the three witnesses appeared to be colleagues at the Hospital, yet the NMC had not made any attempts to contact the Trust, Colleague A or you about them. The panel was of the view that the NMC had not fulfilled its duty in identifying the witnesses and requiring their attendance for these proceedings. It was therefore not satisfied that there was good reason for the non-attendance of the witnesses or that the NMC had taken reasonable steps to secure their attendance at these proceedings. However, the panel determined that the probative value of the evidence outweighed that failure regarding the identity and attendance of the witnesses.

Furthermore, the three witnesses were not anonymous in the true sense of the word, since their identities are known to the Police, Colleague A and, for two of them, to you. In addition, they had provided witness statements to the Police, containing declarations of truth and in contemplation of potential criminal proceedings. There was nothing to suggest that they had any reason to fabricate their evidence and indeed Mr Donnelly made it clear he was not suggesting this. The panel also took into account the fact that Colleague A could be asked in evidence about the extent of what she had told each of them.

The panel noted that you had been given prior notice of the difficulties around securing the attendance of the witnesses at this hearing, and the NMC's intention to make an application to admit their statements into evidence.

The panel considered whether you would be disadvantaged by the non-attendance of the three witnesses. The panel considered that the unfairness in this regard worked both ways in that the NMC was deprived, as was the panel, from reliance upon the live evidence of these witnesses and the opportunity of questioning and probing that testimony. It was the panel's view that there was a public interest in the issues being explored fully which supported the admission of this evidence into the proceedings.

Taking all of the above matters into account, the panel concluded that the hearsay statements were relevant to the charges and that it would be fair to admit them into evidence. In reaching this decision, the panel noted that it would be able to attach such weight as it deemed appropriate to the three statements once it had heard and evaluated all of the evidence before it at the fact-finding stage.

Whilst the panel was content to admit the hearsay evidence, it acceded, in part, to Mr Donnelly's request, in the alternative, to redact the parts of those statements that were not relevant to the case and prejudicial to you.

Decision and reasons on application for special measures in respect of Colleague A's evidence

Ms Boesche made an application under Rule 23 for the panel to adopt special measures in respect of Colleague A, in order for her to give her best evidence in the hearing. She submitted that Colleague A was a vulnerable witness by the very nature of the charges, and she was due to attend the hearing in person to give live evidence. Ms Boesche submitted that the request was for Colleague A to not be visible to you, and for you to not be visible to Colleague A during her evidence.

In response, Mr Donnelly indicated that he had no objection to the requested special measures.

The panel accepted the advice of the legal assessor.

The panel had regard to Rule 23(1)(e) and Rule 23(2), which sets out that:

> '*23.— (1) In proceedings before the Fitness to Practise Committee, the following may be treated as vulnerable witnesses—*
> *...*

(e) any witness, where the allegation against the registrant is of a sexual nature and the witness was the alleged victim; or

…

(2) After seeking the advice of the legal assessor, and upon hearing representations from the parties, the Committee may adopt such measures as it considers necessary to enable it to receive evidence from a vulnerable witness.'

The panel noted the sexual nature of the allegations in this case, and that Colleague A was the purported victim of the alleged conduct. It was therefore satisfied that she may be treated as a vulnerable witness entitled to special measures under Rule 23.

The panel considered that the proposed special measure would be fair to Colleague A and would likely improve the quality of her evidence in the circumstances.

The panel considered that there would be no unfairness to you in allowing such a measure, as you would still be able to hear Colleague A throughout her evidence. It also noted that you were content to agree to the proposed special measure.

As such, the panel decided to accept the proposed special measure, namely that you would not be visible to Colleague A and she would not be visible to you during her live evidence. Given that Colleague A was due to attend the hearing in person and you had attended virtually, the panel was satisfied that the arrangement could be implemented by placing a physical screen in the hearing room. This would prevent you from seeing Colleague A and would also prevent Colleague A from seeing the screen on which you appeared.

Decision and reasons on application for Colleague A's evidence to be heard in private

Ms Boesche made a request for the entirety of Colleague A's live evidence to be held in private in order for her to give her best evidence. The application was made pursuant to Rule 19.

Mr Donnelly 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 noted that Colleague A wished to give her live evidence in private. Having considered the nature of the evidence and the purpose of the application, it was satisfied that hearing the whole of her live evidence in private was justified in order to support her in giving her best evidence.

Decision and reasons on facts

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

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

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

- Colleague A: Healthcare Assistant at the Hospital at the time of the allegations, who was your colleague and the alleged victim of the sexual assault.

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.

In respect of the alleged conduct, the panel had regard to the '*review – outcome*' report from the Police regarding their closure of the criminal case, the NMC guidance on '*Sexual Misconduct*' (reference: FTP-2a-ii) and the Crown Prosecution Service (CPS) '*Rape and Sexual Offences Prosecution Guidance*' dated 24 June 2026 and last updated on 30 June 2026.

The panel took references to '*rape*' in the CPS guidance to also mean serious sexual offences and it noted the following:

- '*There is no typical response to rape – the traumatic nature of the offence means that victim*[s] *can behave in a huge range of ways some of which might seem counter-intuitive.*

  …
- *Many victims of rape do not report the attack to the police. The trauma of rape can cause feelings of shame and guilt which might inhibit a victim from making a complaint. The process of reporting rape itself can be traumatic, as well as* [the] *prosecution process, and can deter victims from reporting the rape.*
- *Some victims may tell a friend, GP or other individual. Many others will not tell anyone perhaps owing to feelings of shame, guilt and fear of the perpetrator and/or*

fear of being disbelieved.

- *A delayed allegation is not equivalent to a false allegation.*
- *…*
- *Inconsistencies in accounts can happen where a person is telling the truth or not.*
- *Avoid an either/or argument that allows a complainant's evidence to be wholly dismissed because of a peripheral inconsistency. Don't pit it as either you believe the defendant OR you believe the complainant for this reason.*
- *…*
- *Self-protection/defence can be through disassociation or freezing - any effort to prevent, stop or limit the event.*'

Colleague A was first interviewed by the police on 20 October 2022, some six months after the alleged events. She was interviewed for a second time on 4 October 2023, almost a year later. She then gave evidence to this panel, more than four years after the matters that were alleged to have taken place in April 2022. In such circumstances, the panel considered it hardly surprising that there were some inconsistencies in her evidence. The panel had in mind the judicial guidance in cases involving sexual allegations, cited by the legal assessor, and in particular the following:

> '*If someone has a shocking or upsetting experience of the kind the* [NMC] *alleges took place, their memory may be affected in different ways. This may affect that person's ability to take in and recall the experience. Also, some people may go over an event afterwards in their minds many times and their memory may be clearer. But other people may try to avoid thinking about an event at all, and they may have difficulty recalling the event accurately, or even at all.'*

The panel noted that whilst there were some inconsistencies in Colleague A's evidence, as referred to by Mr Donnelly in his closing submissions, on the key facts Colleague A was resolute and consistent. She was clear that you put a finger in her vagina and that she said '*no*' and tried to remove your hand, but you continued on multiple occasions to put

your finger or try to put your finger back in her vagina. Colleague A said on each occasion she said "*no"* and tried to remove your hand.

The panel was also assisted by the text messages sent by Colleague A, and to some extent the responses provided by you, that were essentially contemporaneous to the events in question (as detailed below).

In her police interviews and in her oral evidence, Colleague A candidly said that her memory of some of the details was '*fuzzy*'. The panel considered this to be entirely understandable in the circumstances, whereby she and you had spoken about boundaries and that, whilst she was okay with kissing and holding hands, she was not okay with anything sexual. You had told her you were the same and thus she found it confusing and challenging when you were relentless in your pursuit of sexual gratification and wanting to touch her in places she did not want to be touched. She eventually gave in to your insistence that she remove her top but was clear that anything below was a red line for her. Notwithstanding that, she said you put your hand in her knickers and your finger in her vagina, despite her saying "*no*" and trying to pull your hand away. Whilst Colleague A was '*fuzzy*' about peripheral details like, for example, how her joggers came to be removed, she was clear on the central issues about what you did and her attempts to stop you. She did not embellish her account and, in the panel's view, was a credible witness.

In closing submissions, Mr Donnelly had referred the panel to the Police's '*review – outcome*' report, where they stated that:

> '*We cannot overcome the issue of whether the suspect knew there was no consent. On this basis, I do not believe we have reached the evidential test for sexual assault by penetration (digital penetration).*'

The panel noted, however, the different standards of proof: the criminal standard is higher, whereas these regulatory proceedings apply the civil standard. It also had the benefit of hearing live evidence from both you and Colleague A. Most significantly, the issue of

whether Colleague A had consented was, in the panel's view, a non-issue because you were not claiming she had consented, or that you reasonably believed she had consented, to your touching her vagina. Your case has always been that you did not put or attempt to put a finger in her vagina. In these circumstances, the panel placed no reliance on the conclusions in the Police's '*review – outcome*' report regarding Colleague A's allegation.

The panel also considered the three hearsay police statements admitted earlier in the proceedings. Although it had found the statements admissible, the panel gave the statements minimal evidential weight because it considered Colleague A's evidence and the contemporaneous evidence to be sufficiently cogent and compelling, without having to place any great reliance on the accounts given by these three witnesses.

The panel had regard to your previous good character, and it noted the numerous positive testimonials you provided, from people who were made aware of the allegations you were facing and that attested to your good character.

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

Charge 1

That you, a registered nurse in relation to Colleague A (a junior colleague):

1. *On or around 14 April 2022 on one or more occasion put your finger or fingers inside her vagina without her consent.*

This charge is found proved.

In reaching this decision, the panel took into account the transcript of Colleague A's first police interview on 20 October 2022, which stated:

> '*[Colleague A]: …And then he put his fingers inside. Erm it was painful. Told him to stop. And I I kept pulling his hand out. It didn't stop…*

…

[Colleague A]: He put his hands in my erm err err in inside my pants. And then tried to put his fingers inside. It I think it it became painful very quick so I that's when I started to pull. Like I I ne. I needed to pull it out.

…

[Colleague A]: Erm. Yeah he I would take it out and then or try to take it out but he'd keep putting his hands back into my pants and try to put his finger inside. Erm.

[Interviewer]: And did he manage to get his finger inside on the other occasions?

[Colleague A]: I mean he did all the he did. But not far. I dunno.

…

[Interviewer]: So obviously multiple occasions he then tried to put his fingers into your vagina again. And he did get it slightly in on the other occasions as well?

[Colleague A]: Uh hmm.

[Interviewer]: Yeah? And then what happened after that?

[Colleague A]: And then erm. And then. I I dunno how but. I dunno I dunno how but his. I felt something. That wasn't his finger. Near me. Like vagina. Err. I dunno. I dunno if it was reflex or whatever but I jut pushed back.

[Interviewer]: Right. What do you mean 'pushed back'?

[Colleague A]: Err I pushed my whole body back.

[Interviewer]: Right. Why did you do that for?

[Colleague A]: Cos whatever it was it was painful. And then I mean it was painful before but this was a bit worse…

…

[Interviewer]: And so how many times did he press what you believe to be his penis?

[Colleague A]: Maybe 2 or 3 times but not as bad as erm like putting his finger inside.

…

[Interviewer]: And so obviously you believe he put 1 finger up you?

[Colleague A]: Yeah.' [sic]

The panel also noted the transcript of Colleague A's second police interview on 4 October 2023, which stated:

> '*[Colleague A]: …Then fing I felt his fingers in my genital area. And then I was trying to stop it. And then. I dunno he it just kept being further and further down.*
>
> *…*
>
> *[Interviewer]: Okay. Before he put his fingers insider your vagina did you discuss this at all?*
>
> *[Colleague A]: No.*
>
> *[Interviewer]: With each other? Had he told you what he was going to do?*
>
> *[Colleague A]: No. Well he said sorry. But prior to all of this we had said before the relationship started we said no sex. And I included everything in that.*
>
> *…*
>
> *[Colleague A]: Sorry. Before he put it there I went I realised his hands were inside my pants. So I told as soon as I realised I tried to stop it. But then I wasn't strong enough. To get it out.*
>
> *…*
>
> *[Interviewer]: Okay. And what did he want to do?*
>
> *[Colleague A]: To continue with what he was doing. Cos I kept saying, 'No' then. So. Just continue putting his fingers inside. I don't know.*
>
> *…*
>
> *[Interviewer]: But how did you feel at that point?*
>
> *[Colleague A]: Just get the hand out. Of my vagina. Or around my vagina just take. (Indecipherable speech). I dunno what exactly I was thinking.*
>
> *…*
>
> *[Interviewer]: Because you talked about obviously you froze. At what point did you freeze?*
>
> *[Colleague A]: I dunno it's just. Once his fingers were there I knew I had to take it out. And then so that was when I was focused on it. I don't know why I didn't focus on running. I just was like I just need to. I don't know. I just tried to take his fingers*

out. And then. I dunno if I froze because of what, maybe I froze because of what had happened. I don't really know. But I just laid like that.' [sic]

In oral evidence, Colleague A adopted the contents of her police interviews and also told the panel that your fingers were in her genital area, and that it felt wrong and painful. She said that she told you that it hurt. The panel found that Colleague A's reported pain supported the evidence that penetration had occurred.

The panel considered that on this issue, there was consistency between Colleague A's account on the matter in her police interviews in October 2022 and 2023, and in her live evidence at this hearing.

The panel took into account the screenshots of the text messages between you and Colleague A on 28, 29 and 30 April 2022. These text messages set out your discussion with Colleague A about the issues within your relationship earlier that month. In a text message to you on 29 April 2022, Colleague A stated:

'…I kept telling you that I didn't want to do things and you were pushing and forcing me, and you still expect me to stay around you. The worst part is, [PRIVATE] *and yet you chose to do it anyway…*'

In your text message response to Colleague A on 29 April 2022, you stated:

'*I forced you?? Excuse me... you're the one who kept asking is that what you want is that what you want...*

You stop playing victim here.. you forced me to go put with you when I don't like going out..

And yeah, I'm beyond evil.. I told you.. you didn't listen.. there is goodness in me but you don't deserve to see that... you just leave people.. but will say, oh no I'm

different I don't leave people…I purposely acted bad. Cuz I like proving people wrong.

I've learned a lot through this experience. I did tried to do stuff I accept but the whole fault is not me entirely. We both made mistakes.
…
…Just a reminder.. you could've refused to do even if I forced you.. but you didn't.. so don't blame me entirely…' [sic]

Colleague A then sent the following to you on 30 April 2022:

'*…you didn't have the decency to ask or stop straight away when I told you I didn't want to do something. After we met again during the night shift, you asked what was wrong and I told you exactly what I felt. You seemed to be apologetic then and agreed, but now you're backtracking.*

…Congratulations! Forcing you to go out and you forcing me to have sex, or anything close to it, are two very different things. When people date, they go out. Not force someone to have sex…
…
Truth hurts you. Noted! I did refuse! Are you actually kidding me?! How many times did I say no? How many times did I say I didn't want to do it? How many times did I say that it hurt? How many times did I say that I didn't want to take my clothes off? How many times did I push you away? You are actually delusional! I kept doing all of this, but I gave up sometimes. You were so relentless, I just gave up. I didn't want to fight. You know what the messed up thing is? I thought it was normal to feel like and say no because [PRIVATE]*; you were also saying that it was always gonna be/ feel weird if I didn't do it. I only realised that it wasn't normal afterwards.*' [sic]

After sending her final text message, Colleague A blocked you.

It was your evidence that you thought Colleague A's assertion that you had forced her to do '*things*' related to the fact that when you were dating, you would always ask her to meet you at your apartment, whereas she was always asking for you to go out with her and her friends. You said that you did not understand that it related to her allegation that you had forced her to do sexual '*things*' until her final text message to you, at which point she had already blocked you, and so you were unable to respond.

The panel was of the view that your response to Colleague A's text message suggested an acceptance of her assertion that you were '*forcing*' her '*to do things*', even though it was your evidence that you did not act as alleged towards her. It considered that when questioned about the statements in your message that you were '*beyond evil*' and that you '*purposely acted bad*', you offered a vague explanation that you were being defensive and *"just threw the words out there*". In the panel's view, this explanation was not coherent, and it noted that you could not provide a full or credible explanation as to the meaning of these statements.

However, having considered the messages as a whole, the panel considered that it was more likely than not, that Colleague A's text messages and your responses to her, related to forced physical intimacy.

The panel also took into account your evidence. It had regard to your witness statement dated 10 July 2026, and your oral evidence. The panel considered your denial of the charge, in that you denied the version of events described by Colleague A regarding her stay at your home on 14 April 2022.

In oral evidence, you told the panel that while you and Colleague A were lying in your bed watching the television after returning from dinner with her friend, she initiated physical intimacy with you by kissing you. You said that she then took off your clothes; a t-shirt and jeans (and that this took around five to 10 seconds), after which, you asked whether it would be okay for you to take off her top. You told the panel that a minute or so after kissing and cuddling, Colleague A took off her bra and asked you, "*if I give a hand job*

would you be interested?" to which you said yes. You stated that Colleague A then took off your underwear and gave you a hand job for a short while, before stopping and going back to kissing and cuddling you. You said that during this, you did not ejaculate. You stated that while Colleague A was doing this, you did not react and just watched her, as you were "*not sure of what was going on*". You said that you then had "*a realisation that you were not interested anymore*", and so you went back to watching the television, and Colleague A told you that she was tired and wanted to sleep. You stated that you continued to watch the television for some time and then fell asleep yourself. You told the panel that this entire interaction with Colleague A went on for approximately three to five minutes, and there was no further physical intimacy between you both afterwards.

The panel determined that your alternative and completely contrary description of what took place on the night in question and your explanation for the subsequent text messages to Colleague A on 29 April 2022 were incoherent and lacked credibility. Your assertion that it was Colleague A who initiated everything physical was at entirely at odds with her account of [PRIVATE]. [PRIVATE]. Furthermore, the day before when you had kissed her neck and she felt uncomfortable, [PRIVATE] and that is why she asked you to stop. You, on the other hand, told the panel [PRIVATE]. This was in answer to a question from the panel about what you meant by a comment in your text message:

> *'I always say, every girls* [sic] *are the same. You're no exception'.*

In such circumstances, the panel considered Colleague A's account to be far more credible. Her evidence was clear, consistent on the pertinent facts and supported by the near contemporaneous text messages. By contrast, your account was at time incoherent, non-sensical and lacking in credibility.

In all the circumstances, the panel determined, on the balance of probabilities, that on or around 14 April 2022, on one or more occasion, you put your finger or fingers inside Colleague A's vagina without her consent, and so it found charge 1 proved.

Charge 2

That you, a registered nurse in relation to Colleague A (a junior colleague):

2. *In relation to charge 1, on one or more occasion did not stop when she said "no" and/or tried to remove your hand.*

This charge is found proved.

In reaching this decision, the panel took into account the transcript of Colleague A's first police interview on 20 October 2022. In particular, it noted the following:

> '*[Interviewer]: Okay and so how did he know that it was painful?*
> *[Colleague A]: I said it.*
> *[Interviewer]: And how did he know to stop?*
> *[Colleague A]: I said it.*
> *[Interviewer]: What did you say?*
> *[Colleague A]: I said. I said it in 2 different languages. I said, 'Stop it it this hurts'. And then…*
> *[Interviewer]: And then you said it in?*
> *[Colleague A]: Like but yeah I thi err in* [PRIVATE] *(Indecipherable speech) which means' Stop stop' like I know my my like we usually spoke in English but my in it just started coming out in* [PRIVATE].
> …
> *[Interviewer]: …to him? And was it loud enough that he would hear you?*
> *[Colleague A]: Yes.*
> …
> *[Interviewer]: And then you said he tried it again.*
> *[Colleague A] nods her head.*
> *[Interviewer]: And so what happened the next time?*
> *[Colleague A]: It was just the same thing over and over again.*
> …

[Colleague A]: Erm. Yeah he I would take it out and then or try to take it out but he'd keep putting his hands back into my pants and try to put his finger inside. Erm.' [sic]

The panel also took into account the transcript of Colleague A's second police interview on 4 October 2023, which stated:

'*[Colleague A]: Sorry. Before he put it there I went I realised his hands were inside my pants. So I told as soon as I realised I tried to stop it. But then I wasn't strong enough. To get it out.*
[Interviewer]: When you say you were 'not strong enough'…
[Colleague A]: I tried to pull it out and I couldn't.
[Interviewer]: Okay so would he have known that you'd tried to pull his hand out?
[Colleague A]: Yeah. I was saying things at the same time.' [sic]

The panel next considered the screenshots of the text messages between you and Colleague A on 28, 29 and 30 April 2022. In a text message to you, Colleague A stated:

'*…Truth hurts you. Noted! I did refuse! Are you actually kidding me?! How many times did I say no? How many times did I say I didn't want to do it? How many times did I say that it hurt? How many times did I say that I didn't want to take my clothes off? How many times did I push you away? You are actually delusional! I kept doing all of this, but I gave up sometimes. You were so relentless, I just gave up. I didn't want to fight. You know what the messed up thing is? I thought it was normal to feel like and say no because [PRIVATE]; you were also saying that it was always gonna be/ feel weird if I didn't do it. I only realised that it wasn't normal afterwards.*' [sic]

In addition, the panel noted Colleague A's oral evidence under cross-examination, where she stated:

"*How many times do I have to say no, I said no no no, it hurts, then I switched languages*".

The panel noted that during cross-examination, Colleague A was questioned on the transcript of her police interview on 20 October 2022 where reference was made to you trying multiple times to put your finger inside her. In response to questioning, Colleague A maintained that *"I said no every time he tried, I would say no and I would push him away*". Colleague A also stated that she had told you to stop repeatedly and tried to move your hand, but you did not stop straight away.

Furthermore, when asked by Mr Donnelly whether she felt "*the need to get away despite the alleged serious assault*", Colleague A responded by stating:

"*It is not that I didn't feel the need to, I just didn't, you're asking for a normal response from an abnormal situation… I wish I did*"

In respect of this, the panel bore in mind the CPS '*Rape and Sexual Offences Prosecution Guidance*', which set out that:

- '*Reactions to rape are highly varied and individual.*
- *Victims in a rape situations often become physically paralysed with terror or shock and are unable to move, resist or fight.*
- *Many women experience a form of shock during or after a rape that leaves them emotionally numb or flat - and apparently calm*.
- *…*
- *When under threat, the brain will implement instinctual survival response that the victim will not necessarily have any control over. The response may not appear logical to others, or even the victim, but in the moment the brain would choose based on basic instincts: not just fight or flight, but flop, freeze or to befriend the attacker.*'

The panel therefore considered that Colleague A's response was credible, understandable and aligned with the guidance set out above.

The panel considered that Colleague A's position regarding the alleged conduct at charge 2 was consistent throughout her contemporaneous text messages to you in April 2022, the police interviews in October 2022 and 2023, and in live evidence at this hearing. The panel was satisfied that Colleague A's evidence was clear, credible and coherent.

The panel also took into account your evidence. It had regard to your witness statement dated 10 July 2026, and your oral evidence. The panel considered your denial of the charge, in that you denied the version of events described by Colleague A regarding her stay at your home on 14 April 2022. As set out in its findings for charge 1, the panel determined that your alternative description of what took place on the night in question and your explanation for the subsequent text messages to Colleague A on 29 April 2022 lacked coherence and credibility.

On balance, the panel preferred the consistent, clear, credible and coherent account given by Colleague A in respect of the incident on the night of 14 April 2022.

The panel therefore determined, on the balance of probabilities, that in relation to charge 1, on one or more occasion, you did not stop when Colleague A said "*no*" and/or tried to remove your hand. As such, it found charge 2 proved.

Charge 3

That you, a registered nurse in relation to Colleague A (a junior colleague):

3. *Your actions at charges 1 and/or 2 above were sexually motivated in that you were seeking sexual gratification.*

This charge is found proved.

In reaching this decision, the panel took into account its findings in respect of charges 1 and 2.

Having considered the nature of your conduct at the charges found proved, the panel drew the inference that you did seek sexual gratification from putting your finger or fingers inside Colleague A's vagina without her consent and not stopping when she said "*no*" and/or tried to remove your hand on one or more occasions, and therefore your actions were sexually motivated. The panel took into account the events of that evening whereby you pursued a relentless quest to be intimate with Colleague A, wearing her down to the point where she accepted the removal of her top and bra and allowing you to touch her breasts. Thereafter, her joggers were removed (and Colleague A said this was not by her), put your hand in her knickers and your finger in her vagina. The panel could see no other conceivable explanation for such conduct, other than that it was for your sexual gratification.

The panel therefore found charge 3 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 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

Ms Boesche invited the panel to take the view that the facts found proved amounted to misconduct. She referred to 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code) and submitted that you had breached provisions 1.1, 20.1, 20.3, 20.5 and 20.8.

Ms Boesche submitted that the misconduct in this case was serious because your actions were a significant departure from the fundamental principles of prioritising people and promoting professionalism and trust in the profession. She asked the panel to consider the NMC guidance on '*Sexual Misconduct*' (reference: FTP-2a-ii), which set out that:

> '*Cases of sexual misconduct between colleagues pose a particular risk to public confidence in the profession and to public safety where there are elements of abuse of power or manipulation.*'

Ms Boesche submitted that these elements were present in this case, because you abused the power you had over [PRIVATE]. She submitted that Colleague A was a healthcare assistant, while you were a nurse, and you manipulated her into doing what she did not want to do, by repeating that "*this was what happened in relationships*", and pushing on and on until she gave in. Ms Boesche also referred the panel to the NMC guidance on '*Concerns outside professional practice*' (reference: FTP-2a-i) and submitted that the conduct detailed in the charges found proved fell significantly short of what would be expected of registered nurses and amounted to misconduct.

Mr Donnelly submitted that you acknowledged the panel's decision on the facts and the findings that the three charges had been found proved. He submitted that you understood the seriousness of the findings against you and that it amounted 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.

Ms Boesche asked the panel to consider the NMC guidance on '*Impairment*' (reference: DMA-1) which referenced the case of *CHRE v NMC and Grant* and Dame Janet Smith's "*test*" regarding the question of whether a registrant's fitness to practise is impaired. She submitted that you had acted so as to put patients at unwarranted risk of harm. Ms Boesche submitted that although the facts of this case concerned colleagues, Colleague A was deeply affected by the events and [PRIVATE]. She submitted that this had likely had an effect on Colleague A's ability to care for patients with as much focus as before the events. Ms Boesche submitted that your actions brought the nursing profession into disrepute, because an informed bystander would be shocked, should they learn of a nurse who sexually assaulted a junior colleague. In addition, she submitted that you breached the fundamental tenets of prioritising people and promoting professionalism and trust.

Ms Boesche asked the panel to consider the following questions from the case of *Cohen v General Medical Council*:

- Is the conduct easily remediable?
- Has it been remedied?
- Is it highly unlikely to be repeated?

Ms Boesche submitted that the conduct was not easily remediable as the effects of your conduct had [PRIVATE]. She submitted that your conduct had not been remedied, considering that there had been continuous denial, and whilst you had the right to deny, there had been no insight. Ms Boesche submitted that it could therefore not be said that the conduct was highly unlikely to be repeated.

Ms Boesche submitted that there was a risk to public safety and so a finding of impairment was necessary on the grounds of public protection. She submitted that there was also a risk to public confidence and professional standards, so the public interest ground of impairment was also engaged. This was because the proven concerns about your conduct by and of themselves were so serious that a finding of impairment was necessary to maintain the public's confidence in the profession and to declare and maintain professional standards.

Mr Donnelly submitted that you did not seek to argue that your fitness to practise was not impaired. He asked the panel to consider, however, that you had no past concerns regarding your ability to practise kindly, safely or professionally at work prior to the incident. Mr Donnelly also referred to the 22 testimonials that attested to your professionalism and kindness at work.

Mr Donnelly highlighted to the panel that the proved charges related to an isolated incident, which occurred four and a half years ago, within your private life, and in the particular context of you pursuing a sexual relationship with Colleague A. He submitted that it was a very different context to providing professional nursing services. Mr Donnelly submitted that there was no evidence of any parallel conduct or concerns in your professional life.

Mr Donnelly referred to Ms Boesche’s submission on abuse and manipulation and submitted that whilst the panel's decision on the facts referred to Colleague A being [PRIVATE], the relative junior status of Colleague A was not relevant to the conduct found

proved. He submitted that there was no evidence that you abused your position and manipulated Colleague A on the basis of her being a junior colleague at work.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311, *R (Pitt and Tyas) v General Medical Council* [2017] EWHC 809 (Admin) and *CHRE v NMC and Grant*.

Decision and reasons on misconduct

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council* 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.'*

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

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

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

To achieve this, you must:

1.1 treat people with kindness, respect and compassion

1.3 avoid making assumptions and recognise diversity and individual choice

20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

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

20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress'

Notwithstanding your acceptance that the conduct at the charges found proved amounted to misconduct, the panel reached its own conclusion on whether your behaviour in fact amounted to misconduct.

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel noted that your actions, as reflected in the charges found proved related to serious sexual misconduct, which was a significant departure from the standards expected of a registered nurse.

The panel took into account the NMC guidance on '*Sexual Misconduct*' (reference: FTP-2a-ii), which states:

> '*Sexual misconduct outside professional practice could indicate deep-seated attitudinal issues which could put the public at risk. It may also raise fundamental questions about the professional's ability to uphold the standards and values set out in the Code. As such, sexual misconduct outside the workplace could require us to take regulatory action.*'

The panel also had regard to the legal assessor's advice in relation to the case of *R (Pitt and Tyas) v General Medical Council*, where:

- The High Court considered the applicability of professional standards to conduct which took place outside the workplace.
- The High Court found that professionals typically accept the inclusion of a general standard to not bring their profession "*into disrepute*" even though this could involve conduct outside the workplace.

- The Court made clear that standards of practice apply not only in the traditional workplace environment and during working hours, but also beyond.
- There are some matters which take place outside of work which will be too trivial to be considered a breach of standards of practice, but this case stands as a reminder that regulated professionals must maintain proper standards of conduct and behaviour at all times such that public confidence is not diminished.

Notwithstanding the fact that the conduct towards Colleague A took place at your private dwelling outside of the workplace, the panel determined that you acted in a way that undermined public confidence in the profession and called into question your ability to uphold the standards set out in the Code. It was of the view that your actions would be regarded as unacceptable and deplorable by fellow practitioners and members of the public.

The panel took into account the grade difference between you and Colleague A at the Hospital but did not consider this to be an issue in this case, as there was no evidence that you used your higher grade to persuade her one way or another. It nonetheless considered the dynamic of the relationship between you and Colleague A and was of the view that you had used [PRIVATE] to further your aims of sexual gratification. The panel also noted that Colleague A had disclosed to you [PRIVATE], she was also very clear about her boundaries and what she did not want you to do and yet, in the panel's view, you appeared to have disregarded this and continued in your desire to seek your own sexual gratification, even after she said "*no*" and attempted to remove your hand.

The panel therefore concluded that your actions at charges 1, 2 and 3 fell seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if, as a result of the misconduct, 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) 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. To justify that trust, nurses must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

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

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

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

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

b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

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

d) *...'*

The panel determined that limbs b) and c) are engaged in this case.

The panel found that there was no evidence before it that patients were put at unwarranted risk of harm, or that there was a risk of unwarranted harm to them in the future. Your behaviour was directed at a work colleague with whom, for a brief period, you were having a relationship: it was not directed at patients. The panel did note that Colleague A was deeply affected by the incident, [PRIVATE]. There was, however, no evidence to suggest that any of Colleague A's patients were put at risk of harm as a result of your actions. The panel determined that your actions brought the nursing profession into disrepute, because fellow practitioners and members of the public, knowing the full facts of this case, would be appalled by your behaviour. It also found that you had undermined the high standards expected of registered nurses and breached the fundamental tenets of the nursing profession, which included prioritising people and promoting professionalism and trust at all times.

In considering current impairment, the panel had regard to the factors set out in the case of *Cohen v General Medical Council*:

- Is the conduct easily remediable?

- Has it been remedied?
- Is it highly unlikely to be repeated?

Whilst the panel did consider each of these factors, it also took into account the legal assessor's advice that such considerations carried less weight in non-clinical cases where there were broader public interest matters to be considered.

In considering whether your conduct is easily remediable, the panel considered that in certain circumstances it could be where, for example, there was an admission to the behaviour, an explanation for what motivated you and insight into your behaviour. The panel acknowledged that this was an isolated incident from four and a half years ago and there is no evidence that it has been repeated. However, you denied the allegations, as is your right, but that means the panel was unable at this time to assess whether you have deep-seated attitudinal problems, or whether this was a one-off lack of self-control. In such circumstances the panel could not know whether the issue has been remedied or whether it would be repeated if you found yourself in a similar position.

In relation to insight, the panel recognised your right to deny the allegations. It also noted that you acknowledged its decision on the facts, understood the seriousness of the charges found proved, and accepted misconduct and impairment. The panel noted your witness statement dated 10 July 2026, where you stated the following:

> '*I am writing this in response to the sexual allegations that has been raised against me. I want to begin by expressing that I categorically deny the allegations. I understand the gravity of such allegations and the impact they have, not only on myself, but also on the profession, my colleagues, and those got involved in. I take the matter extremely seriously and I am fully committed to Co-Operating with the NMC and other relevant authorities to ensure that the truth is fully understood.*
> *…*
> *I am also aware of the profound impact of such allegations can have on the individuals. While I assert my Innocence, I do not wish to diminish the seriousness*

of any claims made, and I respect the process that ensures both the protection of individuals and the integrity of the nursing profession. I fully support a fair and thorough investigation to clarify facts…

…

… I understand the importance of maintaining trust in the nursing profession, and I am determined to demonstrate that I have always acted in accordance with the professional standards expected of me…

… As a professional, understanding and respecting boundaries not only helps to ensure the well-being of myself and my colleagues but also fosters a healthy, productive work environment.

…

Another aspect that stands out is the need for self-awareness. It's essential to regularly evaluate my won limits – whether they relate to time, emotional energy or personal space – and adjust as necessary…

Respecting professional boundaries also extend to maintaining a balance between professional and professional life…

Overall, Professional boundaries are not there just to protect myself, but also about creating a culture of mutual respect and collaboration. By understanding my limits and respecting those of others, I can contribute to a healthier and more harmonious environment.' [sic]

The panel considered that whilst you had demonstrated some general insight into the impact of such behaviour on colleagues and the reputation of the nursing profession, this was limited because you denied ever having carried out the conduct found proved in this case.

The panel took into account the many positive testimonials you provided, from people who were made aware of the allegations you were facing and that attested to your good

character and competent practice. The panel did not consider that there was any concern regarding your care for patients.

Regarding whether the conduct is highly unlikely to be repeated, as referenced above, the panel noted that there was no evidence before it that you had repeated the conduct. However, in light of your denial of the conduct and, as a consequence, your limited insight, the panel could not conclude that it is highly unlikely that the serious sexual misconduct would be repeated in the future. It therefore found that there is a risk of repetition and that a finding of current impairment of fitness to practise is necessary on the grounds of public protection.

The panel bore in mind 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 to mark the profound seriousness of your misconduct, uphold proper professional standards and maintain public trust and confidence in the nursing profession. The panel considered that reasonable well-informed members of the public and fellow practitioners would be appalled, and confidence in the profession would be undermined if a finding of impairment were not made in a case where a registered nurse had carried out serious sexual misconduct against a colleague. It therefore also found your fitness to practise impaired on public interest grounds.

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

Sanction

The panel considered this case very carefully and decided to make a striking-off order. It directs the registrar to strike you off the register. The effect of this order is that the NMC register will show that you have been struck off the register.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had regard to the NMC guidance on *'The sanctions available'* (reference: SAN-2).

Submissions on sanction

In the Notice of Hearing, dated 2 July 2026, the NMC had advised you that it would seek the imposition of a striking-off order if the panel found your fitness to practise currently impaired.

Ms Boesche submitted that a striking-off order was the only proportionate and appropriate order in this case. She submitted that the following aggravating factors were present in this case:

- An abuse of power in relation to a junior colleague
- Serious sexual misconduct
- Attitudinal concerns
- Very limited insight

Ms Boesche submitted that by way of mitigating factors, you had no previous concerns against you and there were no concerns about your clinical practice.

Ms Boesche submitted that this matter was too serious for either no action or a caution order. She submitted that the case did not relate to clinical misconduct and so there would

be no workable conditions of practice that would protect those in your care or your colleagues.

Ms Boesche submitted that sexual misconduct could have a profound and long-lasting impact on people, including causing physical, emotional and psychological harm. She submitted that acts of sexual misconduct directly conflict with the standards and values set out in the Code.

Ms Boesche referred the panel to the cases of *Professional Standards Authority for Health and Social Care v General Medical Council & Hanson* [2021] EWHC 588 (Admin) and *Gleeson v Social Work England* [2024] EWHC 3 (Admin), as well as research commissioned by the Professional Standards Authority into sexual misconduct between colleagues. She also referred to the NMC guidance on '*Sanctions for the highest risk cases*' (reference: SAN-4) and '*Striking-off order*' (SAN-2e).

Ms Boesche submitted that this case involved serious sexual misconduct and public confidence in the profession would not be maintained if you were not removed from the register. Regarding your insight, Ms Boesche referred to your reflections where you stated that you will be cautious about emotion and words you speak, and you set out that you would not put yourself in a similar situation again. She submitted, however, that you did not set out how you would make sure that such a situation would not arise again. In addition, Ms Boesche submitted that you had not undertaken any training that would be "*specifically helpful*", nor provided any suggestion of seeing specialists in relation to acting on triggers or emotions, as you had set out. She submitted that your reflections made no reference to the harm and hurt caused to Colleague A and in fact, Colleague A was not mentioned once. Ms Boesche submitted that within your reflections, you were a "*de facto victim*", and there was not a word of remorse. She therefore submitted that the insight you had provided was, if at all, very limited.

Ms Boesche submitted that the type of misconduct in this case was harder to put right and suggested an underlying attitudinal issue which was fundamentally incompatible with your

ongoing registration. She submitted that you had shown no demonstrable insight that would suggest that any sanction other than a striking-off order would properly meet the seriousness of the allegations.

Ms Boesche also asked the panel to consider the NMC guidance on '*Deciding between suspension and strike off*' (reference: SAN-3) and submitted that with no insight into your previous actions and no suggestion of how to remedy them, a striking-off order would be the only appropriate sanction in this case.

The panel also bore in mind Mr Donnelly's submissions. He submitted that you acknowledged the seriousness of the panel's findings and accepted that the panel would be considering the options of either a suspension order or a striking-off order in light of this. He submitted that based on the relevant guidance, law and facts presented, a suspension order would be the appropriate and proportionate sanction in this case.

Mr Donnelly referred to the NMC guidance on '*Sanctions for the highest risk cases*' (reference: SAN-4) and asked the panel to consider that the conduct in this case related to a single incident or a brief course of conduct that occurred on 14 April 2022, and there had been no evidence of repetition of that conduct or of any prior history of similar conduct. He submitted that your conduct could be properly described as isolated, not involving patients or any persons in care and the panel did not find that your more senior grade was an element in persuading Colleague A to participate in sexual activity. Mr Donnelly therefore submitted that this was not a case where you had abused your professional position, although he did acknowledge the issue of Colleague A's vulnerability that was referred to by the panel. He submitted that sexual misconduct is serious by its nature, but the sexual misconduct in this case was not on the most serious end of proven sexual misconduct, such as sexual offences involving children or child abuse or exploitation, or sexual misconduct involving abuse of professional position.

Mr Donnelly referred to the NMC guidance on '*The purpose of and approach to sanctions*' (SAN-1) and reminded the panel that you had no previous regulatory or disciplinary

findings against you, that this was not a pattern of abuse over time, and that it did not directly put people receiving care at risk of harm.

Mr Donnelly asked the panel to consider the reflections you provided throughout these proceedings, and to find that you have reflected on your conduct and the relevant parts of the Code and that there was evidence of developing insight even in the short period since. With respect to training, Mr Donnelly submitted that you had limited funds to pursue any substantial training and whilst training was a potentially irrelevant factor, what was more relevant was your developing insight as evidenced in your reflections and the fact that there had been no repetition of the conduct over the last four years and four months. He submitted that you have engaged in the fitness to practise process and this was in the context where you had not been working in the UK or at all as a nurse, and you had, [PRIVATE].

Mr Donnelly informed the panel that an interim suspension order was imposed on your practice in December 2022 but was revoked in February 2024. He stated that an interim conditions of practice order requiring direct supervision was then imposed in September 2024, but this was varied in February 2025 to remove the supervision requirement. Mr Donnelly submitted that because of those interim orders and the Police and NMC investigations, you had been unable to obtain work since December 2022, other than for a two-month position when the first interim order was revoked. He submitted that this process has already had a significant impact on your practice. Mr Donnelly submitted that your inability to work because of the interim orders that were in place during the NMC investigation was potentially relevant to the panel's consideration of the relevant sanction, the proportionality of that sanction and the need to address the public interest.

[PRIVATE]

Mr Donnelly referred to the NMC guidance on '*Suspension order*' (reference: SAN-2d) and submitted that despite the seriousness of what happened, you have engaged in the proceedings and shown at least some meaningful insight, which evidenced a realistic

possibility that you will come to develop this insight, address your concerns and return to practice. He submitted that there was no evidence of a genuine malicious intent and this was not a case where you had demonstrated a deep-seated attitudinal issue that was not remediable and therefore not consistent with continued practice as a nurse.

Mr Donnelly acknowledged Ms Boesche's submission that you did not refer to Colleague A in your reflections and submitted that within your written statement dated 10 July 2026, you referred to your understanding of '*the gravity of such allegations and the impact they have, not only on* [yourself]*, but also on the profession,* [your] *colleagues, and those got* [sic] *involved in*', your recognition that '*that this type of allegations* [sic] *is highly sensitive and can have serious implications and consequences for all parties involved*' and your awareness '*of the profound impact of such allegations can have on the individuals*'. Mr Donnelly submitted that there was a recognition of the impact on others, including Colleague A, even though she was not referred to specifically. He asked the panel to also consider your testimonials and their strong comments of support regarding your professionalism and kindness, which added weight to the argument that it was an isolated incident involving a registrant who has good character.

The panel accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. 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:

- You demonstrated limited insight.

- Your actions caused Colleague A [PRIVATE].
- Your misconduct raised attitudinal concerns.
- [PRIVATE].

The panel also took into account the following mitigating feature:

- You provided a significant number of positive testimonials from people who were made aware of the allegations you were facing and that attested to your good character and competent practice.

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) 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 public safety as referred to in the panel's decision on current impairment. The panel therefore determined that a sanction that does not restrict your practice 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 because it would fail to mark the seriousness of the misconduct found proved.

The panel next considered whether to place a conditions of practice order 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). The panel was of the view that there are no relevant, proportionate, workable or measurable conditions that could be formulated, given the nature of the misconduct in this case. The misconduct identified in this case did not relate to your clinical practice and it is not something that can be addressed through retraining. Furthermore, the panel concluded that the placing of conditions on your registration would not adequately address the seriousness of this case, protect the public or meet the 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) 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.'*

Whilst the panel acknowledged that the risks identified could be managed by you being temporarily removed from the register, it considered that it would not be sufficient to uphold public confidence in the profession and maintain professional standards due to the seriousness and nature of the facts found proved. Given your limited insight and lack of remorse, the panel considered that there is no realistic possibility that you will address the concerns to such a level where you could return to practice safely.

The panel determined that the sexual misconduct found proved against this [PRIVATE] is at the most serious end of the spectrum and calls into question your suitability to continue practising, either currently or at all. This is because of your limited insight some four years since the incident that does not appear to have developed since the panel's findings on misconduct and impairment. The two reflective pieces that you provided at sanction stage failed to make any reference to the victim in this case, Colleague A and the impact your sexual misconduct had upon her. The panel acknowledge your right to maintain your innocence and recognises that where a registrant continues to deny impropriety this makes it more difficult to demonstrate insight. However, you could and should have made some reference to the impact that your (denied) sexual misconduct had upon Colleague A.

In answer to this, Mr Donnelly took the panel to your witness statement, dated 10 July 2026, where you said, *'I understand the gravity of such allegations and the impact they have, not only on myself, but also on the profession, my colleagues, and those got involved in.'* [sic] This seemed to the panel to focus on the impact on you and those

around you rather than Colleague A. Mr Donnelly also took the panel to the part in your statement where you said, *'I am also aware of the profound impact of such allegations can have on the individuals.*' [sic] Again, it was not clear if this was a reference first and foremost to the impact on yourself, or whether it included Colleague A, but certainly she was not referenced.

In such circumstances, and with such a poor demonstration of insight, the panel concluded that you are exhibiting deep-seated attitudinal issues and this brings into question the appropriateness of a suspension order and your continued registration.

The panel had regard to the NMC guidance on '*Deciding between suspension and strike off*' (SAN-3), which states:

'*Determining the proportionate sanction is often difficult when the Committee is deciding between a suspension or a striking-off order. In such cases, the Committee should:*

- *consider all of the relevant aggravating and mitigating factors.*

- *consider that, unless the Committee directs otherwise, a suspension order will be reviewed before its expiry and may be extended. However, the Committee cannot direct that the suspension must be extended on review. As such the Committee should consider whether public confidence in the profession would be protected if the professional returned to practice after one year, or ever.*

- *Consider the professional's insight and attitude to addressing the concerns, and whether it is realistically possible that these will change positively during the suspension period. If it is unlikely the professional will try to address the concerns, there may not be appropriate for them to be suspended in the hopes that they will eventually return to practice.*

- *Professionals are under an obligation to cooperate with their regulator. Where professionals have failed to engage with the fitness to practise process, it won't usually be appropriate to use a suspension order as a means of giving them a 'last chance' to engage, reflect or show insight.*'

The panel noted the aggravating and mitigating features identified above. It considered that you have had over four years to develop your insight and demonstrate an understanding of the harm that the conduct caused, but you failed to do so. Whilst it was not the case that you had failed to engage with the fitness to practise process, the panel noted that a period of suspension should not be used as a last chance to reflect and show insight. In any event, the panel was not convinced that you would sufficiently develop adequate insight during a period of suspension.

The panel therefore determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

In considering a striking-off order, the panel had regard to the NMC guidance on *'Sanctions for the highest risk cases'* (reference: SAN-4), which, in particular, states:

'*Sexual misconduct likely to create a risk to people receiving care and to colleagues as well as undermining public trust and confidence. This is the case even if the victim is not a colleague or someone receiving care. This is because it calls into question the professional's understanding of personal boundaries. The Committee should always consider the duration of the conduct, the professional's relationship to those involved and the vulnerabilities of anyone subject to the alleged conduct.*

The Committee should consider the following aggravating factors (although other aggravating factors may also be present):

…

- *sexual misconduct towards… colleagues… Sexual misconduct towards colleagues may indirectly risk public safety through creating an unsafe*

workplace environment. It also risks the dignity of colleagues.'

The guidance also states that:

'*Any professional who is found to have behaved in this way will be at risk of being removed from the Register. This is because of the severe impact the conduct has on:*

- *public confidence*
- *a professional's ability to uphold the standards and values set out in the Code*
- *the safety of people receiving care.*

If the Committee decides to impose a less severe sanction, they will need to make sure they explain the reasons for their decision clearly and carefully. This will allow others, including the victims of such behaviour, to properly understand the decision.'

The panel had this guidance in mind when considering whether a sanction short of a strike off could be appropriate in your case.

The panel noted that the misconduct took place during one evening in a developing relationship between two adults. However, the previous day when you were being too amorous, [PRIVATE]. Consequently, she made it clear that there were limits to what was acceptable behaviour between you, indeed she thought it was agreed that there would be no sexual touching. [PRIVATE].

When you went too far by putting your hand in her knickers and your finger in her vagina, she made it clear she was not consenting by saying no and trying to remove your hand. Notwithstanding this, you continued to try and put your finger or fingers in her vagina, and she had to repeatedly say no and try to stop you. Such, wholly inappropriate behaviour,

caused Colleague A [PRIVATE]. It was apparent from when she gave evidence that Colleague A was still deeply affected by your behaviour over four years after the event. The panel also noted that Colleague A was prepared to attend and give live evidence at the hearing, many years after the incident, despite this being a difficult, deeply personal matter and to once again relive this traumatic event. 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):

- *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 considered that the regulatory concerns in this case raise fundamental questions about your professionalism as a registered nurse when engaged in personal relationships. The panel determined that public confidence in the profession would not be maintained if you were not removed from the register. It was of the view that members of the public would be most concerned to learn that a registered nurse carried out sexual misconduct on a vulnerable colleague in pursuit of sexual gratification and failed to demonstrate any remorse or sufficient insight.

The panel had regard to the reflections you provided throughout these proceedings and considered that none of these reflections provided full insight into the incident, nor made

reference to Colleague A directly or recognised the harm caused to her. Notwithstanding your denial of the conduct, in the four years since the alleged incident, you had not demonstrated any remorse, reflection or understanding of how the actions found proved could have affected or harmed either Colleague A or any other person. The panel was therefore of the view that there is no realistic prospect of you gaining sufficient insight into your behaviours to allow you to continue practising as a nurse, without putting the public at risk and undermining public confidence in the profession.

The panel, therefore, determined that the only appropriate sanction is that of a striking off order.

The panel concluded that a striking-off order is the only sanction which will be sufficient to protect patients, members of the public, and maintain professional standards because a lesser sanction would not reflect the seriousness of the misconduct in this case.

Your actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with your remaining on the register. The panel was of the view that the findings in this particular case demonstrate that your actions were serious and to allow you to continue practising would not protect the public and would undermine public confidence in the profession and in the NMC as a regulatory body.

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

The panel noted the impact that such an order will inevitably have upon you [PRIVATE]. However, this is outweighed by the need to protect the public and to meet the public interest in this case.

With regards to the interim orders that have been in place, the NMC guidance on '*The purpose of and approach to sanctions*' (reference: SAN-1) states that it may be relevant for the committee to consider whether the registrant was subject to an interim order while the fitness to practise process was ongoing. The panel considered the effect this might have on sanction but reminded itself that interim orders have a separate purpose from final sanctions. The purpose of interim orders is to manage risk while a case is being investigated and before the committee makes a final decision. The purpose of a final order is to decide how best to protect the public once a professional's fitness to practise has been found to be impaired. The panel determined that the best way to protect the public, which includes the public interest, is to remove you from the register.

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

This will be confirmed to you in writing.

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in your own interests until the striking-off sanction takes effect.

Submissions on interim order

The panel took account of the submissions made by Ms Boesche. She invited the panel to make an interim suspension order for a period of 18 months to cover any appeal period

until the substantive striking-off order takes effect. Ms Boesche submitted that an interim order is necessary to protect the public and meet the public interest.

Mr Donnelly made no submissions in respect of this application.

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

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. 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 had found that a striking-off order was the only appropriate sanction in order to protect the public and meet the public interest. In such circumstances, it would be inconsistent for the panel to conclude that an interim order was not required to cover the appeal period.

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 ensure that you cannot practise without restriction before the substantive striking-off order takes effect. This will cover the 28 days during which an appeal can be lodged and, if an appeal is lodged, the time necessary for that appeal to be determined.

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

That concludes this determination.