Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Tuesday, 18 August 2026

Virtual Hearing

Name of registrant:	Bryan Mcateer
NMC PIN:	89K0085S
Part(s) of the register:	Registered Nurse - Sub Part 1 Mental Health - 21 May 1993
Area of registered address:	South Lanarkshire
Type of case:	Misconduct
Panel members:	Caroline Jones (Chair, Registrant member) Sarah Freeman (Registrant member) Carson Black (Lay member)
Legal Assessor:	Richard Tyson
Hearings Coordinator:	Maya Khan
Nursing and Midwifery Council:	Represented by Tope Adeyemi, Case Presenter
Mr McAteer	Not present and not represented
Order being reviewed:	Suspension order (9 months)
Fitness to practise:	Impaired
Outcome:	**Suspension order (12 months)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mr McAteer was not in attendance and that the Notice of Hearing had been sent to Mr McAteer's registered email address by secure email on 20 July 2026 and to his representative at Thompson Solicitors Scotland on 20 July 2026. An email was received from a colleague at Thompson Solicitors Scotland on 17 August 2026 at 15:25 stating that Mr McAteer's representative no longer works at Thompson Solicitors Scotland, the firm has no information about the hearing taking place on 18 August 2026 and according to their records Mr McAteer's case is closed.

Ms Adeyemi, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the substantive order being reviewed, the time, date and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mr McAteer's right to attend, be represented and call evidence, as well as the panel's power to proceed in his absence.

In the light of all of the information available, the panel was satisfied that Mr McAteer has been served with notice of this hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Mr McAteer

The panel next considered whether it should proceed in the absence of Mr McAteer. The panel had regard to Rule 21 and heard the submissions of Ms Adeyemi who invited the panel to continue in the absence of Mr McAteer.

Ms Adeyemi submitted that Mr McAteer has not requested an adjournment. She submitted that today's hearing should proceed as it is in the public interest. She submitted that no useful purpose would be served by adjourning today and in any event if the panel proceeds today, Mr McAteer can request an early review.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Mr McAteer. In reaching this decision, the panel has considered the submissions of Ms Adeyemi and the advice of the legal assessor. It has had particular regard to any relevant case law and to the overall interests of justice and fairness to all parties. It noted the following:

- Mr McAteer's email dated 16 April 2026 responding to his NMC case officer apologising that he has not had access to his work email [PRIVATE]. He stated: *'Given these circumstances I have been completely unaware of any correspondence from you (I assumed that I would have received some form of written correspondence from yourselves) . Can you please contact me regards further instruction as to how about to progress regards the possibility of regaining my registration. I also have questions about banding etc if the NMC decide to reinstate my registration.'*
- Mr McAteer sent a further email to his NMC case officer dated 28 May 2026 which stated: *'Further to the email I sent over a month ago (see below) I have still not received any correspondence from you. I am writing in order to inform you that I will not be re-applying for my registration once my suspension is over in September this year. I believe that I am already off the register as I have not paid my registration fees. Can you please confirm that this is the case. Further to this, I believe that my case remains displayed in full on the internet if anyone wishes to google search my name. I would like to know when this information will be taken off the internet and no longer be available for public perusal (I have been informed that if I have no further connection with yourselves and Am indeed no longer on the register then this information should no*

longer be available for public perusal). If you are no longer my case officer can you please refer me to the correct department or individual that will be able to deal with my enquiries.'

- The NMC case officer replied to Mr McAteer on 2 July 2026 which stated: *'Apologies for the delay in getting back to you I have been on leave. I can confirm I am your case officer. I have also attached your introduction letter if you did not receive it previously. As stated on your introduction letter you are under a suspension order which was given to you by a panel at your last hearing on the date 24 November 2025. This order will normally be reviewed before it is due to expire which is 24 September 2026. Prior to any review a notice of hearing will be sent to you which will contain more information on the hearing process and what to expect. In the situation where your registration has not been renewed while a NMC sanction is in place the NMC will hold your Pin as effective. I have also included a link which provides information on our publication guidance: Search - The Nursing and Midwifery Council. Please let me know if you have any further questions and I will be happy to help.'*
- There has been no correspondence to the NMC from Mr McAteer since 28 May 2026.
- The Hearings Coordinator sent an email to Mr McAteer and his representative on 17 August 2026 providing a Teams link to the hearing and asking him and the representative to confirm their attendance. An email from Thompson Solicitors Scotland was received on 17 August 2026 at 15:25 stating that Mr McAteer's representative who represented him previously at the NMC substantive hearing no longer works at the firm. The email stated: *'From a look at our files, we have no note of this hearing, and both files that we had for him have been closed with final determinations issued. These are attached for completeness.'* However, there was no response from Mr McAteer.
- The Hearings Coordinator contacted Mr McAteer's mobile phone at 10:35 and 10:37 on 18 August 2016 however he did not answer. A voicemail was left.
- No application for an adjournment has been made by Mr McAteer.

- In the absence of any further communication from Mr McAteer, there is no reason to suppose that adjourning would secure his attendance at some future date.
- There is a strong public interest in the expeditious review of the case, in light of the order being due to expire at the end of 24 September 2026.
- It is open to Mr McAteer to request an early review after today's hearing.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mr McAteer. In light of the fact that Mr McAteer's registered email address was an NHS one, the panel had some doubt as to whether he had actually received the Notice of Hearing and advised the NMC that it may be useful to contact Mr McAteer by post and email in the future.

Decision and reasons on review of the substantive order

The panel decided to extend the suspension order for a further 12 months.

This order will come into effect at the end of 24 September 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order originally imposed for a period of 9 months by a Fitness to Practise Committee panel on 24 November 2025. The current order is due to expire at the end of 24 September 2026.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved which resulted in the imposition of the substantive order were as follows:

Details of charge

That you, a registered nurse:

1. On 8 July 2022, sent an email to colleague A asking if she ‘would be interested in having some great flirtatious fun’

2. On 8 July 2022, said to Colleague A:
   a) “I wouldn’t mind seeing you with your clothes off” or words to that effect;
   b) “Me and you could be really good together” or words to that effect;
   c) “Me and you would be a really good fuck” or words to that effect;
   d) “Am I making you feel uncomfortable?” or words to that effect;
   e) “Well what about a kiss then?’ or words to that effect.

3. On 9 July 2022 sent an email to Colleague A which stated ‘I honestly thought that we both could have had a lot of fun. I still do, but I understand that it may not be for you’.

4. Your actions in any one of charges 1- 3 above were sexually motivated in that you were seeking sexual gratification and/or intended to pursue a future sexual relationship with Colleague A

5. Your actions at one or more of the charges at 1 to 3 above amounted to harassment of Colleague A in that:
   a) Your conduct was unwanted;
   b) Your conduct had the purpose or effect of violating Colleague A’s dignity and/or creating an intimidating, hostile, degrading, humiliating or offensive environment for Colleague A.

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

The original panel determined the following with regard to impairment:

> *‘The panel determined that three of the four limbs of this test are engaged in your case.*

The panel found that you had in the past put patients at unwarranted risk of harm and are liable to do so in the future; that you had in the past brought the profession into disrepute and are liable to do so in the future; and that you had in the past breached, and are liable to do so in the future to breach, fundamental tenets of the profession.

The panel noted the NMC guidance that sexually motivated misconduct may be difficult to remediate, however the panel considered that your conduct was capable of remediation. It noted that you had acknowledged your behaviour was wrong and had described it as a "grave error of judgment". You told the panel that you have acted differently since the incident, including ensuring that your computer is locked, reporting IT breaches promptly, and mentoring junior staff on professional boundaries. The panel also noted that you had continued to practise at the State Hospital for three years since the incident without further concern being raised.

Whilst the panel acknowledges that you have some insight into these matters which appears to be developing, it is not satisfied that it is fully established and embedded in your practice. In your oral evidence you sought to minimise aspects of your behaviour, at times describing it as "banter". The panel was concerned that this suggested a lack of full appreciation of the gravity of your actions and of their impact on Colleague A, other work colleagues, vulnerable patients and the wider profession. You had not provided the panel with a written reflective piece or evidence of any training or meaningful remediation to strengthen your practice in this area.

The panel was also particularly concerned that some of your behaviour occurred during a medication round in a high-security psychiatric hospital. At that time, you and Colleague A should have been focused entirely on patient care. The distraction created by your remarks created a potential risk to patient safety, particularly given the strength of the medications involved and the vulnerability of the patient group. The panel also considered that patients could have overheard your comments, which could have caused them distress.

Given that your insight is not fully developed and the limited evidence of steps taken to strengthen your practice, the panel was not satisfied that the risk of repetition was negligible. It determined that a finding of impairment was required on the grounds of public protection.

The panel then considered the wider public interest, including the need to maintain confidence in the nursing profession and in the NMC as its regulator, and to uphold proper professional standards.

The panel considered that your behaviour breached fundamental tenets of the profession, including the requirement to treat colleagues with dignity and respect and to act as a role model for others. Your conduct was capable of bringing the profession into disrepute.

The panel concluded that a well-informed member of the public, fully informed of the facts, would be concerned if a nurse who had engaged in sexually motivated and harassing behaviour towards a colleague during a medication round and through email communication were allowed to continue in unrestricted practice. The panel determined that a finding of impairment was necessary to uphold proper standards of conduct and behaviour and to maintain public confidence in the nursing profession and in the NMC.

For these reasons, the panel determined that your fitness to practise is currently impaired, both on the grounds of public protection and in the wider public interest.

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

The original panel determined the following with regard to sanction:

'The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided

that it would be neither proportionate nor in the public interest to take no further action.

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

The panel next considered a conditions of practice order. It noted that such an order may be appropriate where concerns are clinical in nature and can be addressed by retraining or supervision. However, the panel determined that your misconduct was attitudinal and related to sexual harassment of a colleague. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case and in any event would not address the seriousness of the misconduct.

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

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- *…*

- *…*

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

The panel determined that a suspension order was the appropriate and proportionate sanction in this case. The panel considered that your misconduct, which involved sexually motivated behaviour towards a colleague over two days, was serious and fell significantly short of the standards expected of a registered nurse. The panel found that your actions breached fundamental tenets of the profession, placed patients at risk during a medication round, and were capable of bringing the profession into disrepute.

The panel next considered a striking-off order. It acknowledged that this is the most serious sanction available and should be reserved for cases where the misconduct is fundamentally incompatible with remaining on the register. The panel determined that, although serious, your behaviour was not predatory, exploitative, or repeated beyond the two-day period. You have continued to practise safely for more than three years since the incident, and you have had a long and otherwise unblemished career. In these circumstances, the panel concluded that a striking-off order would be disproportionate and punitive.

The panel therefore determined that a suspension order was the appropriate and proportionate sanction because your misconduct involved sexually motivated behaviour towards a colleague over two days which was serious and fell significantly short of the standards expected of you as a registered nurse. It determined that your actions demonstrated attitudinal concerns that are yet to be remediated.

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

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

The panel determined that a suspension order for a period of 9 months was appropriate in this case to mark the seriousness of the misconduct.

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

Any future panel reviewing this case would be assisted by:

- *A fully developed reflective piece, demonstrating insight into your misconduct, the impact on Colleague A, colleagues more generally, and the potential impact on patients and the wider public.*
- *Evidence of having undertaken formal training or continuing professional development on professional boundaries, workplace conduct, and dignity at work.*
- *Testimonials from your current or most recent employer and/or line managers, addressing your clinical competence, professionalism, and conduct at work.*
- *Any further evidence of remediation since this hearing.*
- *Your attendance at the review hearing, so that the reviewing panel can hear from you directly.'*

Decision and reasons on current impairment

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's suitability to remain on the register without restriction. In essence *'can the nurse practise safely and effectively without restriction?'.* In considering this case, the panel has carried out a comprehensive review of the order in

light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel had regard to all of the documentation before it, including the NMC bundle and Mr McAteer's emails dated 16 April 2026 and 28 May 2026. It has taken account of the submissions made by Ms Adeyemi.

Ms Adeyemi outlined the background of the case and reminded the panel of the decision taken at the substantive hearing. She went through the charges found proved at the substantive hearing.

M Adeyemi referred the panel to the email from Mr McAteer dated 16 April 2026 [PRIVATE] which the panel ought to take into account.

Ms Adeyemi submitted that the panel at the original substantive hearing listed recommendations for Mr McAteer to comply with including producing a reflective piece, evidence of formal training and testimonials from his recent employer. She submitted that there is nothing before the panel from Mr McAteer indicating that his past impairment has been sufficiently addressed. She said that the panel have no information from Mr McAteer in respect of today's proceedings.

Ms Adeyemi submitted that it is a matter for the panel's independent judgment as to what sanction is appropriate today in light of the circumstances.

The panel accepted the advice of the legal assessor who referred it to the NMC Guidance on Fitness to Practise, the Guidance in *Council for Healthcare Regulatory Excellence v NMC & Grant* [2011] EWHC 927 (Admin), and to the Sanctions Guidance (SG) issued by the NMC.

The panel noted it had no evidence before it today to suggest that Mr McAteer was no longer impaired and considered that there has been no material change since the original substantive hearing.

The panel considered that there are serious concerns identified in Mr McAteer's case relating to sexual misconduct and breaching professional boundaries. The panel noted that it had no information before it today indicating that Mr McAteer had met any of the

recommendations given to him at the original substantive hearing. The panel further noted that the original panel identified that Mr McAteer displayed attitudinal concerns. This panel considered Mr McAteer's most recent communication with his NMC case officer which stated:

> *'…I believe that my case remains displayed in full on the internet if anyone wishes to google search my name. I would like to know when this information will be taken off the internet and no longer be available for public perusal (I have been informed that if I have no further connection with yourselves and Am indeed no longer on the register then this information should no longer be available for public perusal). '*

The panel took the view that this fortifies that concern.

The panel noted that McAteer had been working as a healthcare assistant during his suspension order. However, today's panel did not have any updated information regarding what Mr McAteer's current employment status or any testimonials and/or character references regarding this. [PRIVATE]

The panel considered that the regulatory concerns in this case are capable of remediation but, in the absence of any information demonstrating steps taken to address them, the panel determined that there remains a risk of repetition of the misconduct found proved. The panel further determined that the first three limbs of the *Grant* test are established both in the past and the future, further enhancing the risk of repetition. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required, as the public's confidence in the NMC would be undermined if a finding of current impairment was not made in the circumstances, especially when a nurse has not produced any information addressing the concerns identified.

For these reasons, the panel finds that Mr McAteer's fitness to practise remains impaired on public protection and public interest grounds.

Decision and reasons on sanction

Having found Mr McAteer's fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel also took into account the 'NMC's Sanctions Guidance' (SG) and bore in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel considered whether to take no further action or to impose a caution order but determined that, due to the seriousness of the case relating to sexual misconduct, and the public protection issues identified, an order that does not restrict Mr McAteer's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to replace the current order with a caution order.

The panel next considered whether imposing a conditions of practice order on Mr McAteer's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. It determined that although the concerns in this case are remediable, the panel does not have any evidence of reflection, insight or strengthened practice. The panel also does not have any specific information as to Mr McAteer's employment status since the substantive order was originally imposed. On this basis, the panel concluded that a conditions of practice order would be unworkable in this case and would serve no useful purpose, especially as there were no clinical concerns.

The panel determined therefore that a suspension order is the appropriate sanction which would both protect the public and satisfy the wider public interest. Accordingly,

the panel determined to impose a suspension order for a further period of 12 months and considered that that would provide Mr McAteer with sufficient time to meaningfully engage with the NMC, prepare submissions, provide a reflective piece, produce evidence of any remediation and, consider his intentions regarding his future nursing career as he stated that he '*will not be re-applying for my registration once my suspension is over in September this year'* in his email dated 28 May 2026. It considered this to be the most appropriate and proportionate sanction available in the circumstances.

The panel considered a strike off to be disproportionate at this stage. Although Mr McAteer has not engaged with this review, he has engaged with his NMC case officer in April and May 2026. This is the first review of the order and Mr McAteer's current circumstances and reasons for not engaging are currently unknown.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 24 September 2026 in accordance with Article 30(1).

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

Any future panel reviewing this case would be assisted by:

- A fully developed reflective piece, demonstrating insight into your misconduct, the impact on Colleague A, colleagues more generally, and the potential impact on patients and the wider public.
- Evidence of having undertaken formal training or continuing professional development on professional boundaries, sexual safety at work, workplace conduct, and dignity at work.
- Testimonials from your current or most recent employer and/or line managers, addressing your clinical competence, professionalism, and conduct at work.
- Any further evidence of remediation since this hearing.

- Your attendance at the review hearing, so that the reviewing panel can hear from you directly.

This will be confirmed to Mr McAteer in writing.

That concludes this determination.