Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Friday, 14 August 2026

Virtual Meeting

Name of Registrant:	**Anthony Nethercott**
NMC PIN:	24C0875E
Part(s) of the register:	Nursing Associates Register NAR – 03 September 2024
Relevant Location:	Bristol
Type of case:	Conviction
Panel members:	Derek McFaull (Chair, Lay member) Genevieve Nwanze (Registrant member) David Propert (Lay member)
Legal Assessor:	Jayne Salt
Hearings Coordinator:	Hamizah Sukiman
Facts proved:	Charge 1
Facts not proved:	N/A
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Suitability to consider the case

Prior to reaching any decision, the panel, of its own volition, raised the concern that Mr Nethercott was sentenced to an 8-month custodial sentence, suspended for 12 months, on 23 October 2025. As such, Mr Nethercott's suspended sentence is still active. The panel raised the query as to the suitability of considering this matter in August 2026, whilst Mr Nethercott is still subject to his 12-month suspended sentence.

The panel accepted the advice of the legal assessor. She advised the panel that, pursuant to *Council for Healthcare Regulatory Excellence v (1) General Dental Council and (2) Fleischmann* [2005] EWHC 87 (Admin), a practitioner convicted of a crime may not return to practice until the conclusion of their sentence. She also advised the panel of the decision in, and principles derived from, the decision in *Professional Standards Authority v (1) General Dental Council & (2) Patel* [2024] EWHC 243 (Admin), which sets out that the "Fleischmann principle" is not a rigid rule, and that the panel should adopt a proportionate measure in the consideration of fitness to practise. She advised the panel that neither authority precluded this panel from considering this matter today.

In these circumstances, the panel was content to consider this case.

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Mr Nethercott's registered email address by secure email on 9 July 2026.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, that the substantive meeting will be held on or after 13 August 2026 and that this meeting will be heard virtually. The Notice of Meeting also invited Mr Nethercott to provide written submissions in advance of this meeting.

In the light of all of the information available, the panel was satisfied that Mr Nethercott has been served with notice of this meeting in accordance with the requirements of Rules 11A

and 34 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004, as amended ('the Rules').

Details of charge

That you, a registered nurse;

1) On 23 October 2025 were convicted at Bristol Crown Court for the following offences;
    a) Attempt to engage in sexual communication with a child
    b) Attempt to cause a child aged 13 to 15 to watch/look at an image of sexual activity
    c) Attempt to cause a female aged 13 or over to engage in a penetrative sexual activity

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

Background

The charges arose whilst Mr Nethercott was employed as a nursing associate by North Bristol NHS Trust ('the Trust').

The Trust informed the Nursing and Midwifery Council ('NMC') that, on 30 January 2025, an urgent strategy meeting was held and the Police informed the Trust that Mr Nethercott had been arrested in relation to having sexual communication with a 14-year old child over social media, and that Mr Nethercott also shared indecent images of himself with that child. He was suspended by the Trust on 31 January 2025, and the NMC received a referral from the Trust on 3 February 2025.

On 3 December 2025, the NMC received the Certificate of Conviction from Bristol Crown Court. The Certificate of Conviction outlined that Mr Nethercott, on 23 October 2025, was convicted of the following:

1. Attempt to engage in sexual communication with a child
2. Attempt to cause a child aged 13 to 15 to watch/look at an image of sexual activity

3. Attempt to cause a female aged 13 or over to engage in a penetrative sexual activity

Mr Nethercott was sentenced to the following:

1. Committed to prison for eight months, suspended for 12 months
2. Rehabilitation activity – maximum of 25 days
3. Notification of requirement to register with police for 10 years
4. Sexual harm prevention order until 22 October 2030

Decision and reasons on facts

The panel noted that Mr Nethercott, in his completed Case Management Form, admitted to all of the charges. It also considered Rule 31(2) and (3) of the Rules, which states:

> *'**31.**— (2) Where a registrant has been convicted of a criminal offence—*
>
> *(a) a copy of the certificate of conviction, certified by a competent officer of a Court in the United Kingdom (or, in Scotland, an extract conviction) shall be conclusive proof of the conviction; and*
>
> *(b) the findings of fact upon which the conviction is based shall be admissible as proof of those facts.*
>
> *(3) The only evidence which may be adduced by the registrant in rebuttal of a conviction certified or extracted in accordance with paragraph (2)(a) is evidence for the purpose of proving that she is not the person referred to in the certificate or extract.'*

The panel had sight of the Certificate of Conviction from the Crown Court at Bristol, confirming thar Mr Nethercott has been convicted of the specified offences on 23 October 2025, as outlined within the charges.

Bearing all this in mind, the panel was satisfied that the charges are found proved by way of the Certificate of Conviction from the Crown Court at Bristol, pursuant to Rule 31(2) and (3) of the Rules.

Fitness to practise

Having announced its findings in respect of Mr Nethercott's conviction, the panel then considered whether Mr Nethercott's fitness to practise is currently impaired by reason of his criminal conviction. 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.

Representations on impairment

The NMC requires the panel to bear in mind its overarching objective to protect the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body.

The panel had sight of Mr Nethercott's email to the NMC, dated 31 May 2026, which stated:

> *'I fully acknowledge my actions and am willing to take full accountability for them, […] I am prepared to accept any judgements, to allow all of us to move on with the least stress or use of resources.'*

Further, in the completed Case Management Form, Mr Nethercott stated:

> *'I have little else to add as I admit to the charges and fully understand that the striking off order is the most suitable outcome and am ready to accept any judgement or ruling deemed necessary.*
>
> *I shall be adding two references as evidence of my work to ensure this behaviour never happens again [PRIVATE].*
>
> *I am forever grateful for the opportunity I was given to work as a member of the NHS, I feel that it was so much more than a job and one of the most fulfilling*

experiences anyone could have, I will always be proud to have been able to assist in helping so many people in need and will always feel great shame at how it ended.

My actions haveve [sic] *caused a lot of pain and I have let down a lot of people from all areas of my life, professional, family, friends and myself for this I shall always be sorry and ashamed, I shall be living with the consequences of this for many years, However I would like to add that I continue to try and use this situation as an opportunity to better myself through any means , my primary wish now is to learn from this and try to be the best version of myself for my family and loved ones.'*

The panel also had sight of Mr Nethercott's reflective piece, as outlined in his application for Agreed Removal. He stated:

'I have accepted the allegations against me and must take full accountability for my actions, it is of great relief to know that the victim was in fact a police stooge on a fake social media account, lessening the significant damage caused by my actions. [PRIVATE]. Of course, these factors can never excuse my actions [PRIVATE]

[PRIVATE]

For further consideration I would like to add, that this was a one-off incident and that my behaviour in work was always of a high standard, I have fully admitted to my actions and take full responsibility, I have fully cooperated with the NMC and police in their investigations, Also as mentioned fortunately the victim was a police stooge not a real victim.'

The panel accepted the advice of the legal assessor. She reminded the panel that fitness to practise is for the panel's professional judgement, and there is no standard of proof to be met. She referred to the principles as outlined in *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council and (2) Grant* [2011] EWHC 927 (Admin) and *Cohen v General Medical Council* (2008) EWHC 581 (Admin), and reminded the panel of the overarching objective, namely the need to protect the public and the need to declare

and uphold proper standards of conduct and behaviour so as to maintain public confidence in the profession.

Decision and reasons on impairment

The panel next went on to decide if as a result of the conviction, Mr Nethercott's fitness to practise is currently impaired. The panel noted Mr Nethercott's acceptance that his fitness to practise is currently impaired, but it reminded itself that impairment is a professional judgement reached by the panel.

In coming to its decision, the panel had regard to the NMC Guidance on *'Impairment'* (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 and nursing associates 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 and nursing associates with their lives and the lives of their loved ones. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

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

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

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

The panel considered each of the above limbs in turn.

In relation to limb (a), on whether patients were put at unwarranted risk of harm, in the past, the panel noted that the convictions do not relate to Mr Nethercott’s professional practice, nor is there any suggestion that patients who were specifically within Mr Nethercott’s care were placed at harm. However, the panel considered that these convictions are of a grave nature, attempting to exploit a child, who is inherently vulnerable, through the attempt to engage them in sexual communication, cause them to watch/look at an image of sexual activity and to engage in a penetrative sexual activity. The panel determined that this inherently raises safeguarding concerns for patients within Mr Nethercott’s care, particularly if he is involved in the care of vulnerable children and young people as a nursing associate. The panel determined that the convictions raise serious questions in respect of Mr Nethercott’s failure of judgment and character, which, in turn, questions his ability to safely uphold boundaries and safeguarding principles with his patients. This carries an inherent risk to the children and young people within his care.

In relation to limbs (b) and (c), in respect of the past, the panel considered that Mr Nethercott's serious convictions, involving attempted sexualised contact and activity with a child, has brought the nursing profession into disrepute. The panel considered that children are amongst the most vulnerable members of society, and upholding their safety (including abiding by the criminal laws designed to protect them) is a fundamental tenet of the nursing profession. The panel determined that Mr Nethercott's convictions are directly contradictory to and fundamentally incompatible with the standards set out in The Code: Professional standards of practice and behaviour for nurses and midwives 2015 ('the Code').

The panel was satisfied that limb (d), regarding dishonesty, does not apply in this case.

The panel took into account that impairment is a forward-looking exercise, and it should consider whether Mr Nethercott's fitness to practise is currently impaired.

The panel next considered whether Mr Nethercott is liable, in the future, to place patients at unwarranted risk of harm, to bring the nursing profession into disrepute or breach one of the fundamental tenets of the nursing profession, pursuant to *Grant*. In reaching its decision, the panel also considered the principles derived from *Cohen* and as outlined in the NMC Guidance, '*Impairment'* (DMA-1)*,* namely:

- Whether the concern is easily remediable;
- Whether it has in fact been remedied; and
- Whether it is highly unlikely to be repeated.

On whether the concerns are easily remediable, the panel considered the NMC Guidance, '*Can the concern be addressed?*' (FTP-16a), which states:

> '*Decision makers need to be aware of our role in maintaining confidence in the professions by declaring and upholding proper standards of professional conduct. Sometimes, the conduct of a particular nurse, midwife or nursing associate can fall so far short of the standards the public expect of professionals caring for them that*

public confidence in the nursing and midwifery professions could be undermined. […]

Examples of conduct which may not be possible to address, and where steps such as training courses or supervision at work are unlikely to address the concerns include:

- *criminal convictions for specified offences or convictions that led to custodial sentences […]*'

Further, within the NMC Guidelines, '*Directly referring specified offences to the Fitness to Practise Committee'* (FTP-2c-1), a '*specified offence'* includes:

'Specified offences are offences which are, by definition, particularly serious. The nature of these convictions would raise fundamental questions about a nurse, midwife or nursing associate's ability to uphold the standards and values set out in the Code.

[…]

Sexual offences
Sexual offences are offences which involve sexual activity or sexual motivation. They include crimes such as […] any sexually motivated crimes against children […] and crimes that exploit others for a sexual purpose, whether in person or online.'

The panel considered that Mr Nethercott's convictions are, based on the guidance above, specified offences. The panel determined that the convictions are particularly serious, involving the attempt to engage a child in sexual communication as well as the attempt to cause a child to watch/look at an image of sexual activity and engage in a penetrative sexual activity. The panel considered that this was not an isolated incident, but three separate convictions, all of a sexualised nature. The panel also considered that these are not issues surrounding his clinical skills or competence, but rather raise serious questions regarding his integrity, behaviour, values and judgement. The panel bore in mind that,

through these convictions, Mr Nethercott's ability to protect and uphold the safety of the children within his care as a nursing associate is called into question. The panel determined that these concerns are the most difficult to remedy, given they are inherently serious and deep-seated.

The panel next considered whether the concerns have, in fact, been remedied. The panel considered that Mr Nethercott pleaded guilty at the Crown Court. The panel also considered the letter [PRIVATE], dated 8 October 2025, which stated that Mr Nethercott's remorse was '*genuine and protective for the future*'. The panel noted that this demonstrates some insight on his part, as Mr Nethercott is remorseful [PRIVATE].

However, given the seriousness of the concerns and the consequent difficulty to remediate them (as outlined above), the panel was not satisfied that the concerns have been sufficiently remedied. The panel considered that concerns surrounding integrity and judgement will require more than limited insight before a Fitness to Practise Committee panel can be satisfied that remediation has occurred.

The panel next considered whether the conduct is likely to be repeated. The panel bore in mind that the facts found proved are of an attitudinal nature, which carries an inherent risk of repetition. [PRIVATE]. The panel was of the view that this suggests a high risk of repetition [PRIVATE]. The panel determined that there is no evidence before it that the risk of Mr Nethercott reoffending is low [PRIVATE].

The panel further considered that there are measures put in place by the criminal court to address any risk of reoffending (such as placing Mr Nethercott on a sexual harm prevention order until 2030). However, the panel was not satisfied that the possibility of reoffending can be ruled out at this stage. The panel determined that, given Mr Nethercott has not remediated the concerns, there remains a high likelihood that the conduct will be repeated.

In these circumstances, the panel found that Mr Nethercott's fitness to practise is currently impaired on public protection grounds.

The panel next considered whether a finding of impairment is also necessary on public interest grounds. The panel bore in mind the overarching objectives of the NMC, namely 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 well-informed member of the public, apprised with the information before this panel, would be shocked and appalled if a nursing associate, who has been convicted of the crimes as outlined, was not found to be impaired, particularly after he accepted that his fitness to practise is currently impaired. The panel considered that the public interest is especially engaged in this case, given the seriousness of Mr Nethercott's convictions and the nature of his offending, and that public confidence in the nursing profession could not be maintained without a finding of impairment. The panel determined that members of the public would be reluctant to access healthcare for their children if Mr Nethercott was able to continue practising. The panel determined that a finding of impairment on public interest grounds is also necessary, to maintain public confidence in the nursing profession and uphold the proper professional standards for members of those professions.

Sanction

The panel considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Mr Nethercott off the register. The effect of this order is that the NMC register will show that Mr Nethercott has 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'* (SAN-2).

Representations on sanction

The panel noted that in the Notice of Meeting, dated 9 July 2026, the NMC had advised Mr Nethercott that it would seek the imposition of a striking-off order if the panel found Mr Nethercott's fitness to practise currently impaired.

The panel had sight of the email from Mr Nethercott to the NMC, dated 12 June 2026, which stated:

> *'Thank you for your email, I confirm I am willing to accept the sanction and the short notice.'*

The panel accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found Mr Nethercott's 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. In reaching this decision, the panel had regard to all the information before it and to the NMC Guidance, *'The sanctions available'* (SAN-2).

The panel took into account the following aggravating features:

- limited insight;
- premeditated behaviour;
- predatory behaviour; and
- deliberate breaches of the NMC Code of Conduct.

The panel also took into account the following mitigating feature:

- an early guilty plea in the criminal courts and admissions of the facts.

Bearing the above in mind, the panel went on to consider what, if any, sanction is appropriate in these circumstances. The panel considered each of the sanctions available to it in ascending order of seriousness.

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 Mr Nethercott's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Mr Nethercott's conviction did not reflect a conduct which was at the lower end of the spectrum and that a caution order 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 impose a caution order.

The panel next considered whether to place a conditions of practice order on Mr Nethercott's 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'* (SAN-2c).

The panel bore in mind that Mr Nethercott's convictions concern conduct which is not related to his clinical competence, and instead related to his attitude, integrity and judgement. The panel was therefore not satisfied that relevant, proportionate, workable or measurable conditions could be formulated to protect patients and to uphold professional standards which would address these concerns. Further, the panel considered that the heightened public interest would not be met in this case with the imposition of a conditions of practice order, given the seriousness of Mr Nethercott's offences.

The panel next went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on *'Suspension order'* (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*
- *…*
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.'*

The panel considered each of the above in turn.

The panel was satisfied that the charges found proved are at the most serious end of the spectrum. The panel bore in mind the NMC Guidance, '*Sanctions for the highest risk cases'* (SAN-4), which states:

'Some concerns are particularly serious and are likely to attract the strongest sanctions because they are mostly likely to risk:

- *the health and safety of the public*
- *public confidence in the profession*
- *upholding professional standards.*

[…]

Cases involving sexual misconduct

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

[…]

- *situations where the professional has been registered as a sex offender. In such cases, the Committee should consider whether it is appropriate for the professional to return to unrestricted (or any) practice while still registered as a sex offender.*
- *Convictions for sexual offences including those relating to images or videos involving child sexual abuse or exploitation. These offences gravely undermine the public's trust in the professions. Any such conviction makes it highly unlikely the professional can uphold the standards and values set out in the Code.*

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.*

[…]

Cases involving criminal convictions or cautions

[…] There are some offences we have specified as particularly serious because they raise fundamental questions about the professional's ability to uphold the standards and values set out in the code. If a registrant has been convicted of one of these offences, it is unlikely that any sanction less than strike-off will be appropriate. This is because we do not consider that public confidence could be maintained in the profession if they remained on the register. However, the Committee will still need to consider the facts of the individual case.'

Bearing the above guidance as well as its finding on impairment in mind, the panel determined that Mr Nethercott's conduct represents the most serious end of the spectrum, and related to Mr Nethercott's integrity, judgement and behaviour. The panel determined that, consequently, these raise questions in respect of Mr Nethercott's suitability to remain on the register.

The panel further considered that the insight Mr Nethercott has shown thus far is limited, and it was not satisfied, based on its finding on impairment above, that he would be able to demonstrate his fitness to practise, even if his practice was temporarily restricted. The panel also noted that Mr Nethercott remains on the Sexual Offenders Register until 2030. Notwithstanding this, the panel determined that the seriousness of Mr Nethercott's convictions is such that public confidence in the profession and professional standards could not be maintained if Mr Nethercott were able to continue practising. The panel reminded itself of its findings in respect of the public interest above, and it determined that the seriousness and unacceptability of Mr Nethercott's conduct need to be marked by the regulator in order to maintain public confidence in the nursing profession and to uphold proper standards of conduct.

In these circumstances, the panel was not satisfied that a suspension order would be the appropriate and proportionate sanction in this case to address both the public protection concerns and the public interest. The panel considered that Mr Nethercott's conduct was so serious that public confidence in the nursing profession and the NMC as its regulator would be severely damaged if Mr Nethercott was allowed to return to nursing practice, even after a temporary period of removal.

Finally, in considering a striking-off order, the panel had regard to the following considerations as set out in the NMC Guidance entitled *'Striking-off order'* (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 the above in turn.

The panel was satisfied that Mr Nethercott's conduct raises fundamental questions about his professionalism. The panel bore in mind that his convictions are extremely serious and are not fundamentally compatible with continued registration.

Further, the panel determined that public confidence in the profession could not be maintained if Mr Nethercott was not removed from the register. The panel was of the view that the convictions are so serious that the public interest cannot be met with any sanction which only temporarily restricts Mr Nethercott's practice. The panel considered that the public would be shocked if a nursing associate, with these convictions and who remains in the Sexual Offenders Register until 2030, remained on the nursing associates register.

Balancing all of these factors and after taking into account all the evidence before it, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of Mr Nethercott's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nursing associate should conduct himself, the panel has concluded that nothing short of this would be sufficient in this case. The panel considered that this order was necessary to mark the importance of maintaining public confidence in the profession, and to send to the public

and the profession a clear message about the standard of behaviour required of a registered nursing associate.

This will be confirmed to Mr Nethercott in writing.

Interim order

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

Representations on interim order

The panel received no written representations from the NMC or Mr Nethercott in respect of an interim order.

The panel accepted the advice of the legal assessor.

Decision and reasons on interim order

The panel determined that not to impose an interim suspension order would be inconsistent with its earlier findings.

The panel considered the NMC guidance on interim orders (SAN-6). 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 reasons set out in its decision for the substantive order in reaching the decision to impose an interim order. The panel concluded that an interim suspension order is consistent with its findings on impairment and sanction.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's

determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months, to cover any relevant appeal period and allow any appeal, if made, to conclude.

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

That concludes this determination.