Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Thursday, 20 August 2026

Virtual Meeting

Name of Registrant:	**Ajith Moothedath Sethumadhavan**
NMC PIN:	16F0073O
Part(s) of the register:	Registered Nurse - Sub part 1 Adult Nursing, (Level 1) - 13 June 2016
Relevant Location:	West Yorkshire
Type of case:	Conviction
Panel members:	Anne Ng (Chair, lay member) Vickie Glass (Registrant member) Lorraine Chalk (Lay member)
Legal Assessor:	Oliver Wise
Hearings Coordinator:	Adaobi Ibuaka
Facts proved:	Charge 1 in its entirety
Facts not proved:	N/a
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

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 Sethumadhavan's registered address by recorded delivery and by first class post on 6 July 2026.

The panel had regard to the Royal Mail 'Track and trace' printout which showed the Notice of Hearing was delivered to Mr Sethumadhavan's registered address on 7 July 2026. It was signed for against the printed name of 'A.Sethumadhavan'.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, dates and the fact that this meeting was to be heard virtually.

In the light of all of the information available, the panel was satisfied that Mr Sethumadhavan 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 31 October 2025, at Leeds Crown Court were convicted of:
    a) Assault a girl under 13 by touching – SOA 2003;
    b) Cause/incite a girl under 13 to engage in sexual activity – no penetration.

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

Background

The NMC received a referral on 14 June 2021, from Mid Yorkshire Hospitals NHS Trust (the Trust), where Mr Sethumadhavan had been employed as a registered

nurse from April 2016. There were concerns raised by a Local Authority Safeguarding Officer that Mr Sethumadhavan had been accused of inappropriate touching of an 11-year-old girl two years prior. The Trust informed the NMC that West Yorkshire Police were involved in the case and will be investigating the matter.

On 05 February 2024, West Yorkshire police informed the NMC that the CPS had authorised the following charges against Mr Sethumadhavan:

- 6(x) Offences of Assault of a girl under 13 by touching – SOA 2003 (Sexual Offences Act) (01/01/2018 – 31/12/2018)
- Particulars: between 01/01/2018 and 31/12/2018 at Wakefield intentionally touched a girl under the age of 13, namely 10 or 11, and the touching was sexual.
- and 1 Offence: of Cause / incite a girl under 13 to engage in sexual activity - no penetration (01/01/2018 - 31/12/2018)
- Particulars: between 01/01/2018 and 31/12/2018 at Wakefield intentionally caused or incited a girl under the age of 13, namely 10 or 11, to engage in sexual activity of a non-penetrative nature, namely, to kiss him on the lips.

Following a trial at Leeds Crown Court, on 31 October 2025, Mr Sethumadhavan was found guilty by jury of:

1) Assault a girl under 13 by touching
2) Causing and incite a girl under 13 to engage in sexual activity – no penetration.

On 16 December 2025, Mr Sethumadhavan was sentenced to a five-year imprisonment. The Court also imposed a Notification and Barring order until further order, a restraining Order until further order and a Sexual Harm Prevention Order for 10 years.

Decision and reasons on facts

The charges concern Mr Sethumadhavan's conviction and, having been provided with a copy of the certificate of conviction, the panel finds that the facts are found proved in accordance with Rule 31 (2) and (3). These state:

*'**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 also had regard to written representations from Mr Sethumadhavan.

Fitness to practise

Having announced its findings on the facts, the panel then considered whether, on the basis of the facts found proved, Mr Sethumadhavan's fitness to practise is currently impaired by reason of Mr Sethumadhavan's conviction. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

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 has referred to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin) (*Grant*).

The panel accepted the advice of the legal assessor.

Decision and reasons on impairment

The panel next went on to decide if as a result of the conviction, Mr Sethumadhavan's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the NMC Guidance on *'Impairment'* (Reference: DMA-1 Last Updated:28/01/2026) in which the following is stated:

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. 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 *Grant* in reaching its decision. At 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.'*

At 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:*
>
> *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 finds limbs a – c of the *Grant* test engaged. The panel finds that whilst patients were not put at risk of harm and were not caused physical and emotional harm as a result of Mr Sethumadhavan's conviction, there is a potential for harm in the future. Mr Sethumadhavan's conviction breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

The panel considered Mr Sethumadhavan's statement dated 23 August 2021:

> *'I wish to start this statement by saying clearly that I am currently under investigation by the police but that this investigation is based on a false complaint made against me… I say, I am completely innocent of these charges. I would not, nor could not do such a thing… I believe this is a fabricated case against me…'*

The panel also considered the sentencing remarks made by Judge Belcher at Mr Sethumadhavan's trial on 16 December 2025:

'…But it is not, nor could it be in my judgment, seriously argued that this amounted to anything other than grooming this child…But equally there is no remorse shown, quite the contrary. It is clear from the presentence report that you do not in any way accept this offending and minimise it in every way that is, as is set out in that presentence report.'

The panel considered that Mr Sethumadhavan has not demonstrated insight or remorse into his actions, and sought to minimise the serious nature of the concerns. Mr Sethumadhavan has not taken any steps to remedy the concerns and is currently serving a custodial sentence.

The panel further considered that the convictions had nothing to do with Mr Sethumadhavan's clinical skills, but were attitudinal in nature. It determined that given the lack of accountability, remediation and insight from Mr Sethumadhavan, there was still a risk that he could be liable to repeat matters of the kind found proved. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect the wider public interest, which 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 in this case, a finding of impairment on public interest grounds was required. The panel was of the view that a well-informed member of the public would be very concerned and horrified if no finding of impairment were made in light of Mr Sethumadhavan's convictions, especially given the nature of the convictions pertaining to: assault a girl under 13 by touching – SOA 2003 and cause/incite a girl under 13 to engage in sexual activity – no penetration.

Furthermore, it determined that confidence in the profession, and the NMC as their regulator, would be diminished and standards of nursing undermined, if no finding of

impairment were to be made. Therefore, the panel concluded that a finding of impairment was required on the ground of public interest.

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

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Mr Sethumadhavan off the register. The effect of this order is that the NMC register will show that Mr Sethumadhavan 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'* (Reference: SAN-2 Last Updated: 28/01/2026).

The panel accepted the advice of the legal assessor, who referred the panel to the NMC sanctions guidance and to the case of *CRHCP v General Dental Council and Fleischmann* [2005] EWHC 87. This case was guidance for the principle that registrants should generally not be permitted to resume practice before satisfactorily completing a sentence of imprisonment.

Representations on sanction

The panel had regard to the case management form Mr Sethumadhavan had filled in and sent to the NMC on 13 February 2026. In this form Mr Sethumadhavan stated:

> *'I want to kindly let you know that I don't want to proceed with this case any further as I am sentenced now for the regulatory concerns raised by NMC. I want you to kindly remove me from register, as I am no longer looking forward to work with as a nurse anymore.*

Please I would kindly request you to consider this as my confirmation for agreed removal from the register and not to proceed this for a hearing….'

Decision and reasons on sanction

Having found Mr Sethumadhavan'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 panel had regard to the NMC Guidance on *'The sanctions available'* (Reference: SAN-2 Last Updated: 28/01/2026). The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating factors:

- Convicted of serious sexual assault against a minor
- Serving 5 years in prison
- Abuse of a position of trust
- Deliberate breaches of the Code
- Absence of or limited insight.
- Premeditated behaviour
- Predatory behaviour
- Denial of the offences, no remorse or acceptance of his behaviour.

The panel determined that there were no mitigating factors in this case.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

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

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

The panel considered that Mr Sethumadhavan’s misconduct was not at the lower end of the spectrum, and it found that there is a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict Mr Sethumadhavan’s 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.

The panel next considered whether to place conditions of practice on Mr Sethumadhavan’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’ (Reference: SAN-2c Last Updated: 28/01/2026). The panel considered that the concerns do not relate to Mr Sethumadhavan’s clinical practice or competence and so there are no identifiable areas of practise for retraining. However, there was evidence of a deep seated attitudinal issue. The panel had regard to its findings about Mr Sethumadhavan’s insight and to the nature and seriousness of Mr Sethumadhavan’s conduct, which involved sexual offence against a minor. The panel determined that a conditions of practice order would not be appropriate in the circumstances. The panel considered that there are no relevant, proportionate, workable or measurable conditions that could be formulated to protect patients and to uphold professional standards.

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

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

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

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

The panel considered that the charges found proved by way of Mr Sethumadhavan's conviction, was at the most serious end of the spectrum and called into question his suitability to continue practising at all. The panel 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 conviction. Given Mr Sethumadhavan's lack of insight, lack of remorse, together with his effort to minimise the seriousness of the allegations, the panel considered that there is no realistic possibility that he would address the concerns to such a level where he could return to practise safely. The panel determined that the serious breach of the fundamental tenets of the profession evidenced by his convictions is fundamentally incompatible with Mr Sethumadhavan remaining on the register.

In this case, the panel 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 Last Updated: 28/01/2026). The panel had regard to all of the above, the panel determined that this case falls within the definition of being a '*highest risk case'*.

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

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

The panel had regard to Mr Sethumadhavan's request for an agreed removal. However, the panel found that the charges found proved by way of his conviction, raised fundamental questions about his professionalism. It determined that public confidence in the profession would not be maintained if Mr Sethumadhavan was not removed from the Register.

The panel was satisfied that there was not a realistic prospect that Mr Sethumadhavan would gain insight after a period of suspension where he has had a significant time to gain insight, demonstrate remorse and remediate his actions already.

The panel determined that Mr Sethumadhavan's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with him remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mr Sethumadhavan's actions were serious and to allow him to

continue practising would undermine public confidence in the nursing 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 matters it identified, in particular the effect of Mr Sethumadhavan's actions in bringing the profession into disrepute, 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 nurse.

This will be confirmed to Mr Sethumadhavan 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 Mr Sethumadhavan's own interests until the striking-off sanction takes effect.

The panel 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 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 due to allow time for the appeal period before the striking-off order comes into effect

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

That concludes this determination.