Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday, 2 February 2026 – Thursday, 12 February 2026

Virtual Hearing

Name of Registrant:	Deborah Stevenson
NMC PIN:	18H2200E
Part(s) of the register:	Registered Nurse - Adult Level 1 (18 September 2018)
Relevant Location:	Hampshire & Isle of Wight
Type of case:	Misconduct
Panel members:	Angela Kell (Chair, lay member) Jim Blair (Registrant member) Joanne Morgan (Lay member)
Legal Assessor:	John Donnelly
Hearings Coordinator:	Salima Begum
Nursing and Midwifery Council:	Represented by Denise Amaning, Case Presenter
Mrs Stevenson:	Present and represented by Jon Trussler, instructed by the Royal College of Nursing (RCN)
Facts proved:	Charges 1a(ii), 1c, 1d in its entirety, 1e, 2, 4, 5, & 8
Facts proved (by admission):	Charges 1b, 1d (partial) & 1g
No case to answer:	Charges 1a (i), 3 & 6
Facts not proved:	Charges 1f & 7
Fitness to practise:	Impaired

Sanction:	**Suspension order (9 months)**
Interim order:	**Interim suspension order (18 months)**

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

At the outset of the hearing, Ms Amaning on behalf of the Nursing and Midwifery Council (NMC) made a request that this case be held in private on the basis that proper exploration of your case involves discussion of sensitive and personal matters, including the health of Witness 3 (Colleague B) which is relevant to charge 5, [PRIVATE], and [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Mr Trussler, on your behalf, indicated that he does 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.

Having heard that there may be discussion about [PRIVATE], as well as private matters relating to Witness 2 and Witness 3, the panel decided to hold the hearing partially in private, as it considered the need to protect the privacy and confidentiality of those involved outweighed the public interest.

Details of charge

That you, a registered nurse:

1. Failed to maintain professional boundaries in that you:

a) On or around 14 April 2021, in relation to Patient A;
i. showed your naked breast(s);
ii. had Patient A touch your breast(s);

b) In or around January 2021, took Patient B's bank card to use it for shopping for that patient;

c) On or around 21 April 2022, made a joke about farting to the wife of Patient C;

d) On an unknown date unknown hugged and/or kissed Patient D;

e) On an unknown date, said to a patient with MS that they were 'grabbing your boobies' or words to that effect, and shook your breasts at that patient;

f) On a date or dates unknown, shared your personal phone number with a patient;

g) On an unknown date became Facebook friends with a patient.

2. On one or more occasions shouted at Colleague A;

3. On one or more occasions threatened Colleague A;

4. On one or more occasion, asked Colleague B to make a complaint about Colleague A;

5. Made inappropriate comments about Colleague B's appearance and/or weight, and about their health condition;

6. Threw a laptop and/or phone at Colleague C;

7. Attempted to intimidate Colleague D into not raising concerns about you.

8. Your actions in charges 2-7 amounted to bullying and/or intimidating and/or harassing behaviour.

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

Background

You were referred anonymously to the NMC on 9 and 12 August 2021, in three separate referrals. As a result, the NMC commenced an investigation, which identified a number of regulatory concerns arising from incidents alleged to have taken place whilst you were employed as a Community Staff Nurse at Southern Health NHS Foundation Trust (the Trust).

The regulatory concerns relate to alleged failures to maintain professional boundaries, including permitting a patient to check your breast, engaging in inappropriate physical contact with patients, using a patient's bank card to purchase food for them, making inappropriate comments and jokes with patients, and sharing your personal contact details with patients. Further concerns relate to alleged bullying, intimidating and/or harassing behaviour towards colleagues, including shouting at and threatening colleagues, asking a colleague to submit a complaint about another colleague, intimidating a colleague into not raising concerns to management, and making inappropriate comments about a colleague's appearance and health condition.

Decision and reasons on application to admit hearsay evidence relating to the verbal disclosure to Ms 1 in Witness 4's statement.

The panel heard an application made by Ms Amaning under Rule 31 to allow the hearsay evidence contained in Witness 4's (Colleague C) statement, specifically paragraphs four to eight. She submitted that this includes information at paragraph six that a report was made that you asked Patient A to check your breast.

She told the panel that Witness 4 (your manager at the time) was not present during the visit and only became aware of the allegation because it was reportedly raised by Ms 1, a student nurse. As the NMC is not calling Ms 1 to give direct evidence, the NMC seeks to rely on Witness 4's account as hearsay evidence.

Ms Amaning submitted the hearsay evidence is relevant because it goes directly to charges 1a(i) and 1a(ii), and it would be fair to admit it. She invited the panel to apply the fairness factors in *Thorneycroft v Nursing and Midwifery Council* [2014] EWHC 1565 (Admin). She said the evidence is not the sole or decisive evidence on those charges, particularly as the incident is said to have occurred when you were alone with Patient A. She submitted that, during the local investigation and in your written reflection, you appear to accept that some physical contact occurred, including that Patient A touched your tunic where the lump was. She said Witness 4 will also attend as a live witness, giving the panel the opportunity to ask questions, which she submitted reduces concerns about admitting hearsay.

Ms Amaning further submitted there is no evidence that the student nurse had any reason to fabricate the allegation, and that the report was treated seriously, including being escalated to a tutor, and was followed by an investigation. Ms Amaning also submitted the reliability of the report is supported by the Trust decision to stop you visiting Patient A.

She acknowledged the seriousness of the charges and the potential impact on your career but reminded the panel of the NMC's duty to protect the public, maintain professional standards, and uphold public confidence.

On non-attendance of Ms 1, Ms Amaning submitted the NMC did not take a statement from the student nurse because it was considered disproportionate at an early stage, given you did not dispute some physical contact having occurred. She also said the NMC did not seek a statement from Patient A due to the patient's ill health and because it was not considered necessary in light of your admissions. She accepted steps were not taken to secure attendance of the student or patient but submitted the NMC acted reasonably by

securing Witness 4's attendance, and because the student would only be able to give corroborative evidence rather than eyewitness evidence.

Ms Amaning submitted you have had proper notice of the proceedings and the evidence relied upon, including service of the papers from the outset and reference within case management documentation.

Mr Trussler accepted you have had prior notice of the proceedings, but submitted prior notice of the specific hearsay application is different, and that the NMC only indicated yesterday it might make the application. He further submitted there is a significant difference between the version of events alleged by the NMC and your account, and it is for the panel to decide which version is correct. He said that the matters referred to as *"admissions"* are not admissions to the allegation itself, but your own account that something happened, which is not the same as accepting the charge.

Mr Trussler said he could understand the NMC's view that it may not have been proportionate to take a statement from Patient A, but he could see no justification for failing to take a statement from Ms 1. He submitted it is important for the panel to know exactly what was said to the student nurse, the circumstances in which it was said, and whether the student nurse made any note or contemporaneous record. He said this has been overlooked. Mr Trussler submitted the key issue must be fairness, particularly fairness to you given the seriousness of the allegations. He said the panel should have the best evidence available, and that relying on Witness 4's account prevents proper testing of the allegation because Ms 1 cannot be cross-examined. He further submitted that witnesses in the proceedings have struggled with recollection, making it even more important to hear directly from Ms 1. He said it is unclear whether Ms 1 saw anything herself, and without her evidence he cannot explore any detail.

Mr Trussler concluded that, because of the dispute between your version and the NMC's version, and because the hearsay cannot be properly challenged, you cannot have a fair hearing on this part of the allegations if the hearsay evidence is admitted.

Mr Trussler added that paragraph five is particularly relevant to the issue of proportionality raised by Ms Amaning. He submitted that it was not only Ms 1 who attended and may have spoken to Patient A, but a visiting nurse who was accompanied by a student nurse. He emphasised that, while you accept you were present at the visit, what actually took place is in dispute, and what is alleged is firmly denied by you. He submitted it may assist the panel if there were an explanation as to why no statement was obtained from the visiting nurse, rather than focusing solely on Ms 1. Mr Trussler told the panel that the visiting nurse would be able to answer questions about precisely what was said by Patient A, and the patient's demeanour at the time. He submitted that this is relevant to the panel's determination.

In response, Ms Amaning submitted that the hearsay evidence being relied upon is limited to what Patient A disclosed, as set out at paragraph six, that you were *"really upset"* and asked Patient A to check your breast. She submitted that the statement does not provide details about the visiting nurse referred to by Mr Trussler. She emphasised that it was Ms 1 who followed the matter up, raised it with a tutor and wrote the letter to the Trust described by Witness 4.

Ms Amaning reiterated the NMC's position on proportionality. She submitted that, given you accepted you were present, and at times accepted that physical contact took place, and given none of the proposed witnesses were eyewitnesses to the incident itself (as it occurred when you were alone with Patient A), it was not considered proportionate to take further statements. She said that neither Patient A nor the other nurses would be able to assist with the key disputed issue between the parties, as they would only be giving corroborative evidence of what they had been told. Ms Amaning concluded that the decision was taken at an early stage not to obtain additional statements to address those points.

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.

The panel gave the application serious consideration in regard to the hearsay evidence contained within Witness 4’s (Colleague C) statement, relating to the report made about the incident involving Patient A. The panel was satisfied that the evidence is relevant, as it concerns an allegation of touching a breast and goes directly to charges 1a(i) and 1a(ii).

In reaching its decision, the panel applied the approach set out in *Thorneycroft*. The panel noted that the hearsay evidence is not the sole or decisive evidence in respect of the charges, as you have provided your own account of events and there is other evidence before the panel. It also considered the nature and extent of your challenge to the content of the hearsay evidence.

The panel found there was no material before it to suggest that Ms 1 had any reason to fabricate the allegation. It took account of the seriousness of the allegation and that any adverse finding may have a significant impact upon you. However, it balanced this against the NMC’s role as the regulator, including its overarching objective to protect the public, maintain professional standards, and uphold public confidence in the profession.

The panel determined that the NMC did not make extensive efforts to secure the attendance of Ms 1. However, it accepted the NMC’s position that this was not considered necessary or proportionate in circumstances where you accept that an incident occurred, although you dispute the allegation as framed by the NMC.

The panel was satisfied that you had been given appropriate notice of the evidence relied upon, as the relevant papers were served some time ago and you have been aware of the witnesses and documentation within the case.

In these circumstances, the panel came to the view that it would be fair and relevant to accept into evidence the hearsay evidence but would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it.

Decision and reasons on application of no case to answer in respect of charges 1a(i), 3 and 6

The panel considered an application from Mr Trussler that there is no case to answer in respect of charges 1a(i), 3 and 6. This application was made under Rule 24(7).

Mr Trussler submitted that, at the close of the NMC's case, the panel should consider whether sufficient evidence had been presented to require you to answer those allegations, and he invited the panel to dismiss the charges at this stage.

In relation to charge 1a(i), Mr Trussler submitted that the evidence was entirely hearsay and, in effect, second-hand hearsay, relayed through others rather than coming directly from Patient A. He highlighted that neither the account relayed to Witness 4 nor any other evidence referred to you showing a naked breast, and he said that, if such a significant event had occurred, it would reasonably have been recorded clearly and consistently from the outset. He suggested that the word *"naked"* appeared to have been introduced by the drafting of the allegation rather than being supported by the evidence, and therefore there was no proper evidential basis for charge 1a(i) to proceed.

In relation to charge 3, Mr Trussler submitted that the only evidence came from Witness 2, and he relied heavily on her answer when asked directly whether you threatened her, which was *"no".* He submitted that a threat requires an intention to threaten, and that Witness 2's description of the interaction, even if unpleasant, did not amount to threatening behaviour. He submitted that Witness 4's account, taken at its highest, was insufficient to support the allegation, and he invited the panel to dismiss charge 3.

In relation to charge 6, Mr Trussler submitted that the wording of the allegation suggested a far more serious incident than the evidence supported. He referred to Witness 4's candid evidence that you were upset, that the laptop and phone only just touched her, and that she was not injured. He argued that this could not reasonably be interpreted as you *"throwing"* a laptop and phone at Witness 4, and that the evidence fell well short of proving the allegation. He therefore invited the panel to find there was no case to answer on charge 6.

In relation to this application, Ms Amaning submitted that the NMC opposed the application for no case to answer in respect of charges 1a(i), 3 and 6. In these circumstances, she submitted that the charges should be allowed to remain before the panel.

Ms Amaning invited the panel to consider the evidence matrix and the NMC guidance on no case to answer, applying the principles in *R v Galbraith* [1981] 1 WLR 1039. She submitted that there was evidence capable of satisfying the first limb of the test, and that the evidence was not so weak or tenuous that it could not properly result in the charges being found proved when taken at its highest.

In relation to charge 1a(i), Ms Amaning referred the panel to Witness 4's statement, where it was recorded that you asked patient A to check your breast, and she submitted it was a matter for the panel whether that evidence met the *Galbraith* test.

In relation to charge 3, Ms Amaning relied on Witness 2's written evidence and her oral evidence, including her account that she felt trapped, that you were close to her, and that there was a significant height difference. She submitted the interaction should be considered in the context of an existing difficult backdrop between you and Witness 2, and she argued that Witness 2 remained consistent in saying that the intimidation arose from your tone and mannerisms. Ms Amaning submitted that the panel could properly assess this evidence and it was capable, taken at its highest, of proving the allegation.

In relation to charge 6, Ms Amaning relied on Witness 4's statement, where she stated that you threw your laptop and phone at her, and she highlighted that in oral evidence Witness 4 confirmed the items touched her arm. She also referred to a contemporaneous email *'Email from [Witness 4] regarding meeting with Ms Stevenson'* dated 31 May 2022, which recorded that you left the meeting *"throwing"* your laptop and phone at Witness 4. Ms Amaning submitted that this evidence, taken at its highest, was capable of proving charge 6, and she invited the panel to dismiss the application for no case to answer.

The panel took account of the submissions made and heard and accepted the advice of the legal assessor.

In reaching its decision, the panel has made an initial assessment of all the evidence that had been presented to it at this stage. The panel was solely considering whether sufficient evidence had been presented, such that it could find the facts proved and whether you had a case to answer.

The panel was of the view that, taking account of all the evidence before it, there was not a realistic prospect that it would find the facts of charge 1a(i), 3 and 6 proved.

In relation to charge 1a(i), the panel noted that there was evidence suggesting patient A touched your breast, and that you showed your breast to patient A. However, the panel found there was nothing in the evidence which specifically stated that your breast was "*naked"*.

The NMC witness statement of Witness 4 dated 19 June 2023 states:

> *'On the 14th April 2021 there was an incident where Debbie showed her breast to a patient.'*

The panel considered that an interpretation might be drawn that *"showing"* a breast could mean it was uncovered, but the panel was not satisfied that the evidence went far enough

to support the specific allegation of a *"naked"* breast. The panel placed weight on the fact that the evidence was hearsay, potentially even third hand, and was not supported by any clearer or more direct account. The panel applied the second limb of the *Galbraith* test, that there is some evidence, but it is so weak that it could not properly result in a finding proved and therefore determined that there is no case to answer in respect of charge 1a(i).

In respect of charge 3, the panel noted that this charge was undated and therefore considered the wider context of the interactions recorded between you and Witness 2. The panel reviewed Witness 2's contemporaneous local statements and her NMC witness statement and found that there was no mention or reference within those documents to you having threatened her. The panel also attached significant weight to Witness 2's oral evidence, in which she confirmed, when asked directly, that you had not threatened her. While the panel acknowledged that Witness 2 described feeling intimidated and found the encounter upsetting, it concluded that intimidation or upset did not amount to evidence of an actual threat. Applying the first limb of the *Galbraith* test, the panel determined that you had no case to answer in respect of charge 3.

In relation to charge 6, the panel accepted that there was some evidence supporting the wording of the allegation, including the contemporaneous account and the witness statement referring to you having *"thrown"* a laptop and phone. However, the panel considered that Witness 4's oral evidence provided important clarification, including that you were positioned at the end of the desk where Witness 4 was sat, and the laptop only '*touched*' her arm, and she was not injured. The panel considered that the description of what happened was equivocal, and the language used in oral evidence was closer to *"plonked"* or *"flung on the desk"* rather than a deliberate or forceful act of throwing items at Witness 4 as suggested in the written accounts. The panel concluded that the evidence, taken at its highest, was too weak and inconsistent to properly support the allegation as drafted. Applying the second limb of the *Galbraith* test, the panel determined that you had no case to answer in respect of charge 6.

Decision and reasons on facts

At the outset of the hearing, the panel heard from Mr Trussler, who informed the panel that you made admissions to charges 1b, 1d partially and 1g.

The panel therefore finds charges 1b and 1g proved in their entirety, by way of your admissions. Given there is only a partial admission to charge 1d, the panel will consider charge 1d in full as part of its decision making 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 Amaning and by Mr Trussler.

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 witnesses called on behalf of the NMC:

- Witness 1: Registered Nurse, Community Matron;
- Witness 2: Registered Nurse, Community Nurse;
- Witness 3: Health Care Assistant;
- Witness 4: Registered Nurse, Community Matron;

- Witness 5: Student Nurse.

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.

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

In considering charge 1 and its sub charges, the panel first considered your duty to maintain professional boundaries. It had regard to the to the *'Professional and Personal Boundaries policy'* dated November 2022 and 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code), specifically:

> ***'20 Uphold the reputation of your profession at all times***
> *To achieve this, you must:*
> ***20.6*** *stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers'*

Professional and Personal Boundaries Policy stipulates:

> *'1. Introduction*
> *…*
> *1.2. Whilst it is recognised that it is important staff must establish a rapport with service users and provide friendly and accessible services, they are responsible for establishing and maintaining appropriate professional and personal boundaries between themselves, service users and their carers, in order to maintain a safe environment.'*

The panel were satisfied that your duty to maintain professional boundaries was clearly set out in both documents. The panel then went on to consider each charge separately and whether the conduct alleged occurred and if so whether it breached professional boundaries.

Charge 1a ii)

"That you, a registered nurse:

1. Failed to maintain professional boundaries in that you:
    a) On or around 14 April 2021, in relation to Patient A;
    i. had Patient A touch your breast(s);"

This charge is found proved.

In reaching its decision, the panel had regard to your oral evidence, and Witness 4's oral and written evidence.

The panel considered the evidence relating to the interaction with Patient A on or around 14 April 2021. You accepted in your oral evidence that Patient A touched your tunic over the area of your breast, and that, in doing so, your breast was touched. The panel also took into account the witness evidence of Witness 4, who recorded that you were distressed and reported that Patient A had been asked to check your breast:

The statement of Witness 4 (Colleague C) dated 19 June 2023 states:

> *'Patient A had asked them if Debbie was ok. She told them Debbie was really upset and asked her to check her breast. Patient A was concerned for Debbie. Patient A wasn't a medical professional.'*

The panel noted that Witness 4 said in her oral evidence that she spoke with you about this incident at the time and that you did not deny the interaction had occurred.

While the panel acknowledged the absence of an independent contemporaneous statement and took this into account, it was satisfied that there was consistent evidence that an interaction involving your breast did take place. The panel considered your admission regarding the patient touching your tunic over your breast to be a key factor and found support for this in the witness evidence. Applying the civil standard of proof, the panel was satisfied that it was more likely than not that Patient A touched your breast, and that this amounted to a failure to maintain professional boundaries. Accordingly, charge 1a(ii) is found proved.

Charge 1c)

"That you, a registered nurse:

1. Failed to maintain professional boundaries in that you:
c) On or around 21 April 2022, made a joke about farting to the wife of Patient C;"

This charge is found proved.

In reaching its decision on this charge, the panel had regard to Witness 2's (Colleague A) oral and written evidence.

The panel considered the oral, written and contemporaneous evidence of Witness 2, who stated that, on around 21 April 2022 during a visit to Patient C's home, you made a joke about farting to the wife of Patient C. Witness 2 made a contemporaneous note of the incident via email to Witness 4. The panel was of the view that Witness 2 been consistent in her account across her written statement and oral evidence.

Witness 2's second local statement said:

> *'*
>
> *…*
>
> *At the end of the visit, Debs was talking to the pt relative, about being really hungry, and how she has not eaten for some time due to her gastric sleeve. She then continued with "when I do eat, I have lots of farts which are noisy." The Pts relative laughed and said she likes a good toilet humour.*
> *…'*

The panel found the witness to be credible and reliable. She was clear that she had not misheard what was said and provided a detailed and consistent account of the circumstances, including the layout of the house, where she was positioned, and the nature of the conversation, including references to toilet humour, which supported her account:

Written statement of Witness 2 dated 23 May 2023 said:

> *"Before leaving, Deb was having banter with patient C's wife. It was lunch time and the wife had offered Deb something to eat. Deb told her she had a gastric sleeve and when she eats she farts a lot. Patient C's wife replied saying she likes toilet humour."*

The panel placed weight on the contemporaneous note, the similarities of both of Witness 2's accounts, and the consistency of the evidence over time.

Your account was that you had spoken with Patient C's wife about intermittent fasting and not about farting. The panel considered it unlikely that Patient C's wife would have commented about liking toilet humour in response to a conversation about fasting. The panel also noted that Witness 2 reported that Patient C's wife, in saying she liked toilet

humour, was not offended by the remark. The panel therefore considered it unlikely that Witness 2 would fabricate an account of the interaction but go on to say no offence was taken.

Applying the civil standard of proof, the panel concluded that it was more likely than not that the comment was made and that it was inappropriate in the context, amounting to a failure to maintain professional boundaries. Accordingly, charge 1c is found proved.

Charge 1d)

"That you, a registered nurse:

1. Failed to maintain professional boundaries in that you:
d) On an unknown date unknown hugged and/or kissed Patient D;"

This charge is found proved.

In reaching its decision, the panel had regard to the NMC documentation, and the oral and written evidence of Witness 5 (Colleague D). The panel heard oral evidence from Witness 5 who stated that they observed you hugging and kissing Patient D during a visit, and that this was said to have occurred on more than one occasion. Witness 5 said that they were in close proximity and had a clear line of sight when the interaction took place.

Written statement of Witness 5 dated 22 September 2025 stated:

'The main aspect I remember is observing the Registrant kissing patients while I was shadowing her as a student nurse. Unfortunately, I do not remember how many times she kissed her patients. But I definitely know she has at least kissed one. I cannot recall with certainty whether this was direct contact on the lips or the cheek, but I am confident that kissing was involved. When I asked her about this,

she explained something along the lines of, "It's my way of showing love to them, as you never know when their last moment will be.”’

In addition, the panel considered an email from Witness 5 written at the time to a tutor, which described you hugging and kissing Patient D and referred to this behaviour as something that had occurred with other patients:

Email trail with Witness 5 dated 26 April 2019 said:

‘… that I witnessed her kissing and cuddling patients, who then told Witness 1. ...Thankfully, [Person 1] was there and she was supporting me by saying "well you shouldn't have been kissing and cuddling in the first place!" to which she [you] replied "it's my thing, 1 like to give them a kiss and cuddle because you never know when their last moment is going to be.’

The panel noted the consistency between this account and the evidence of Witness 4, who stated that when she spoke to you about the matter, you explained that you gave patients extra affection because you did not know how long they had left. The panel found the witnesses to be credible and noted there was no apparent motive for fabrication. The panel also took into account your own account that showing physical affection to patients was *“your thing”,* which was consistent with Witness 4 and Witness 5’s evidence.

Whilst the panel acknowledged the uncertainty as to whether the kiss was on the cheek or elsewhere, it was satisfied that kissing, even on the cheek, and hugging a patient constituted an unacceptable level of familiarity and a clear breach of professional boundaries. Applying the civil standard of proof, the panel was satisfied that it was more likely than not that you hugged and kissed Patient D. Accordingly, charge 1d is found proved.

Charge 1e)

"That you, a registered nurse:

1. Failed to maintain professional boundaries in that you:
e) On an unknown date, said to a patient with MS that they were 'grabbing your boobies' or words to that effect, and shook your breasts at that patient;"

This charge is found proved.

In reaching its decision, the panel had regard to the NMC documentation and Witness statement of Witness 3. Witness 3 described an incident in which you said to a patient with MS that they were *"grabbing your boobies",* and shook your breasts at the patient:

Witness 3's written statement dated 16 June 2023 stated:

> *'There was also a patient who had MS. The patient had lightly brushed over Debbie's breast and Debbie then made a joke saying, "oh you're grabbing my boobies" and then started shaking her breasts. This was not professional behaviour. I didn't report this incident either as I remember thinking, she's a band 5 and I'm just a band 3.'*

The panel determined that during Witness 3's oral evidence, she gave detailed and specific evidence, including the layout of the room, the positions of those present, the frequency of visits to the patient, and the duration of the behaviour. It noted that Witness 3 was consistent across her written statement and live evidence and remained clear and firm in her account when questioned. The panel found it significant that Witness 3 described the incident as light-hearted and stated that the patient laughed and did not appear offended, which the panel considered reduced the likelihood of exaggeration or fabrication. The panel accepted that you may have believed you had developed a rapport with the patient due to the frequency of visits, but concluded that this did not justify crossing professional boundaries in this way.

The panel also took into account the context and circumstances in which the incident occurred, including the possibility that the patient may have made inadvertent contact with your breast during necessary patient care activities, such as being rolled or repositioned. It noted your position that you had no recollection of the incident, but found Witness 3's detailed, consistent and credible evidence to be persuasive.

The panel considered Witness 3's explanation that she did not report the incident contemporaneously because, while she felt that the conduct was wrong and made her uncomfortable, she did not fully appreciate that it amounted to a breach of professional boundaries. The panel accepted that, as a Healthcare Assistant, Witness 3 could not be expected to have the same level of knowledge or understanding of professional boundaries as a registered nurse. The panel considered that this reasonably explained why the incident was not escalated or formally reported at the time. The panel therefore did not draw any adverse inference from the delay in reporting and was satisfied that this did not undermine the reliability of her evidence. Applying the civil standard of proof, the panel was satisfied that it was more likely than not that the incident occurred as described and that your conduct amounted to a failure to maintain professional boundaries. Accordingly, charge 1e is found proved.

Charge 1f)

"That you, a registered nurse:

1. Failed to maintain professional boundaries in that you:
f) On a date or dates unknown, shared your personal phone number with a patient;"

This charge is found NOT proved.

In reaching its decision on this charge, the panel considered the NMC documentation and Witness 1 and Witness 4's written and oral evidence. The panel noted that there was no

direct evidence identifying the phone number alleged to have been shared as your personal number. No phone records, dates, times or messages were produced, and there was no documentary evidence to establish the provenance of the number relied upon.

The panel considered references in witness statements suggesting that you may have given contact details to patients:

Written statement of Witness 1 dated 2 May 2023:

> *'There was another incident where Deb went to see a palliative patient. The patient's wife was vulnerable and Deb had given them their personal phone number.'*

Written statement of Witness 4 (Colleague C) dated 19 June 2023:

> *'Debbie had also given her personal contact details to patients. On one of these, a visiting nurse went to a patient's home and Debbie had rung the patient's mobile.*
>
> *A lot of our patients are vulnerable and tend to live on their own. Again, it's against Trust policy to give personal numbers to patients. We have a single point access number that patients can call and request to speak to a particular staff member.*
>
> *When raised, Debbie didn't see a problem with sharing her personal number. She said it's so they can have quick access to her. This incident took place whilst she was on her conduct plan, and we were having regular meetings with her…'*

The panel found that this account was vague and lacked supporting details as to how the information was obtained or verified. The panel also considered evidence that the patient's phone rang while you were off duty and that it was assumed to be you calling a patient

from your personal number, but noted that there was insufficient evidence to establish how the caller was identified or whether the number used was personal or work-related.

The panel took into account your consistent evidence that you used a dedicated work phone for patient contact and that you did not provide your personal number to patients. Given the absence of dates, specific patients, identifiable phone numbers, or corroborating records, the panel concluded that the allegation was too vague and evidentially weak to meet the required standard. The panel was not satisfied that the burden of proof had been discharged. Accordingly, charge 1f is found not proved.

Charge 2

"That you, a registered nurse:

2. On one or more occasions shouted at Colleague A;"

This charge is found proved.

In reaching its decision, the panel considered the NMC documentation, and the written and oral evidence of Witness 2 (Colleague A), which it found to be consistent, clear and reliable. Witness 2 stated that you shouted at her on more than one occasion during telephone conversations, including while she was undertaking triage duties.

Written statement of Witness 2 dated 23 May 2023:

> *'I have not witnessed Deb exhibiting threatening behaviour to other colleagues. She has shouted at me over the phone a few times. In August 2021, when I was triaging, I rang Deb up to give her another patient to visit. It took me a few attempts to get through to her. When Deb answered, she immediately shouted at me that she didn't want to see a covid patient* [PRIVATE]*. At the end of our call I told Deb to keep safe and drive carefully. She shouted "you don't mean that".*

…

When Deb would shout at me, I'd let her get it off her chest and when I had the chance to speak I would ask her to visit a patient."

Witness 2 described specific exchanges, including occasions where she attempted to end the call politely and you continued to shout at her, which the panel considered indicative of shouting *at* her rather than merely raising your voice.

The panel considered your oral explanation that any perceived shouting may have been caused by issues with a Bluetooth device and accepted that there can be a distinction between raising one's voice to be heard and shouting. However, the panel noted that Witness 2 was unequivocal that she was shouted at, not merely shouted to, and that this behaviour occurred on more than one occasion. The panel found her account to be consistent across her written statement and oral evidence, whereas your evidence on this issue was less consistent.

Written statement of Witness 2 dated 23 May 2023:

'I felt angry and annoyed Deb was shouting at me. At the end of the day it's for the patient. When I allocate patients to people, I ensure it's done fairly and I wouldn't overload people.'

The panel took into account supporting evidence indicating wider concerns about the way you communicated with colleagues, including correspondence relating to an informal meeting which referred to recurring issues of this nature.

Review Outcome Extension Letter dated 28 January 2020:

'The concerns that I will continue to monitor in this month are:

- Recurring issues of speaking in an angry/aggressive manner towards colleagues.
- Using language that discouraged the escalation of concerns.'

The panel considered that whilst this evidence was not specific to Witness 2, the panel considered it provided contextual support. Weighing the evidence as a whole, the panel preferred Witness 2's account and was satisfied, on the balance of probabilities, that you shouted at Colleague A on one or more occasions. Accordingly, charge 2 is found proved.

Charge 4

"That you, a registered nurse:

4. On one or more occasion, asked Colleague B to make a complaint about Colleague A;"

This charge is found proved.

In reaching its decision, the panel considered the NMC documentation and the written and oral evidence of Witness 3 (Colleague B), which it found to be detailed, consistent and credible. Witness 3 described a conversation around 28 April 2022 in which she told you that Witness 2 (Colleague A) had upset her and made her feel uncomfortable. She stated that you responded by telling her that she should make a complaint about Witness 2 and used derogatory language when referring to her.

Written statement of Witness 3 dated 16 June 2023:

'Also on 28 April 2022, when we were outside a patient's house, I lightly mentioned to Debbie A [Witness 2] *that had upset me and I felt she was bossing me around. Debbie said I should make a complaint about and she called her a cunt. We then went into the patients home.'*

The panel also considered further evidence in which Witness 3 explained that she did not wish to make a complaint and did not consider herself to have been bullied, but felt pressured by you to pursue a complaint, nonetheless. During her oral evidence, Witness 3 was asked to elaborate on what she had said to you about Witness 2. She explained that she could not recall her words specifically but described Witness 2 as being quite direct in her manner, particularly when providing feedback. Witness 3 stated that, at the time, she was sensitive and had felt upset by feedback given during a previous visit, which she accepted was likely intended as teaching from a more senior colleague.

When asked why she had raised the matter with you, Witness 3 explained that her next visit was with you and that she had likely mentioned feeling upset in a general sense, rather than with any intention of making a formal complaint. She stated that she could not clearly recall the conversation but emphasised that she had not sought to escalate the matter.

The panel had regard to Witness 3's second local statement:

> *'Debbie keeps asking me to write an email to* [Witness 4] *about A* [Witness 2] *for 'bullying', I wouldn't like to put in a complaint because I didn't feel as though she was bullying me, but each time I've seen Debbie since she is whispering to me/ telling me to tell* [Witness 4]*.'*

The panel noted that Witness 3 remained consistent in her position that she did not want the matter escalated and that, on reflection, she accepted that Witness 2's conduct had been intended to support her learning. Witness 3 was clear that you repeatedly told her to make a complaint about Witness 2.
The panel considered your oral evidence that you had merely suggested, rather than told Witness 3 to make a complaint. The panel preferred Witness 3's account, finding it plausible, detailed and consistent, and noted that there was evidence suggesting you may have had a motivation to encourage complaints about Witness 2. The panel was satisfied,

on the balance of probabilities, that you asked Witness 3 on one or more occasions to make a complaint about Witness 2. Accordingly, charge 4 is found proved.

Charge 5

"That you, a registered nurse:

5. Made inappropriate comments about Colleague B's appearance and/or weight, and about their health condition;"

This charge is found proved.

In reaching its decision, the panel considered the NMC documentation and the written and oral evidence relating to comments you made about Witness 3's appearance, weight and health condition. The panel noted that the matters referred to were highly personal and sensitive, particularly given that they related to [PRIVATE], which the panel recognised as a private health condition that individuals may be reluctant to disclose or discuss in the workplace.

Witness 3's first local statement dated 16 May 2022:

> *'6th of May 2021: - Our team where* [sic] *having a team meeting at* [PRIVATE] *due to COVID-19 restrictions. Deborah made her first comment about my weight in front of the team. Once the team had left, I spoke to Deborah privately and informed I was upset with her comment as* [PRIVATE]*.'*

The panel accepted the evidence of Witness 3 that these comments were made in a work setting and, on occasions, in the presence of other colleagues, including during handover, which the panel considered significantly increased the inappropriateness of the conduct.

Witness 3's second local statement:

'…

I can write down multiple quotes from Debbie that have been very insensitive and harmful to my progress that I am SO proud of with work and [PRIVATE]*, and some instances that have made me feel uncomfortable in general, regardless of my condition:*

…

There have been multiple times in private where my weight has been discussed to be[sic] *by Debbie unprovoked.'*

The panel found it compelling that Witness 3 felt strongly enough about the impact of these comments to raise the matter directly with you and subsequently to make a formal complaint to management, recognising that doing so would have been difficult and distressing for her.

Witness 3's written statement dated 16 June 2023:

'Around the time of April 2021, I was quite underweight. Debbie had made little comments to me now and again about my weight but the first one I remember took place in May 2021.

….

After this meeting, I pulled Debbie aside and told her [PRIVATE]*, and I was working on getting better in private. I didn't want to tell Debbie about* [PRIVATE] *but I felt pressured to as I didn't want her to make comments about my weight in front of other people.*

…

I remember feeling frustrated with Debbie bringing up [PRIVATE]*. It felt like she was parenting me. She shouldn't have said anything. This was in front of other people and I felt embarrassed.'*

The panel considered that people [PRIVATE] often seek to keep their condition private and that Witness 3's decision to come forward demonstrated the seriousness of her concerns and added weight to her evidence. The panel found her account to be clear, consistent and credible. Taking the evidence as a whole, the panel concluded that the comments were inappropriate and breached professional standards of respect and dignity in the workplace. Accordingly, charge 5 is found proved.

Charge 7

"That you, a registered nurse:

7. Attempted to intimidate Colleague D into not raising concerns about you."

This charge is found NOT proved.

In reaching its decision, the panel considered the oral and written evidence from Witness 4 and the NMC documentation.

The panel noted that the evidence demonstrated that concerns had already been raised before the interaction relied upon in this charge. In particular, the panel considered evidence that Witness 4 (Colleague D) had already reported her concerns to a manager and had also mentioned them to another nurse prior to the alleged intimidation.

Witness 5's written statement dated 22 September 2025:

'Eventually, she reluctantly agreed to have me accompany her, as there was no alternative. While walking down the corridor, she suddenly turned towards

me and began shouting aggressively, saying things such as, "You grassed me out" and "You dogged me out to [Witness 1]*." I was only 21 years old at the time, and being confronted in that way by a senior professional was extremely distressing It was never my intention to cause her difficulties at work, however, I believed, and still believe, that what I had witnessed needed to be raised…'*

The panel was satisfied that the subsequent interaction between you and Witness 4 occurred after the complaint had been made and related to the existence of that complaint, rather than any attempt to prevent a concern from being raised in the first place. The panel noted that Witness 4 did not state that you asked her not to make a complaint and accepted her evidence that she had not been discouraged from doing so. The panel found her to be a credible and reliable witness.

The panel concluded that, while there may have been a confrontation, the allegation as charged was not made out. The panel was not satisfied that the evidence established an attempt to intimidate Witness 4 into not raising concerns, as required by the wording of the charge. Accordingly, charge 7 is found not proved.

Charge 8

"That you, a registered nurse:

8. Your actions in charges 2-7 amounted to bullying and/or intimidating and/or harassing behaviour."

This charge is found proved.

In reaching its decision, the panel had regard to the NMC documentation, the NMC witnesses and the regulatory and legal guidance on bullying, intimidation and harassment. The panel adopted the ordinary meaning of these terms and noted that bullying includes unwanted behaviour that undermines, humiliates, or causes physical or emotional harm.

The panel also considered the concepts of intimidation and harassment, including whether conduct has the purpose or effect of violating dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment. The panel was mindful that such behaviour does not need to be a formal course of conduct but must be more than trivial and is distinct from conduct that is merely inappropriate.

The panel considered whether your actions in charges 2, 4 and 5, which were found proved, amounted to bullying, intimidating and/or harassing behaviour.

In relation to charge 2, the panel found that shouting at Witness 2 on more than one occasion constituted unwanted behaviour. The panel was satisfied that this behaviour was undermining and capable of causing emotional distress. The panel considered that shouting at Witness 2 is inherently intimidating and, when repeated, creates a hostile working environment. The panel therefore concluded that the conduct in charge 2 amounted to bullying and intimidating behaviour.

In relation to charge 4, the panel considered that repeatedly encouraging Witness 3 to make a complaint against Witness 2, despite her clear reluctance and stated wish not to do so, amounted to unwanted conduct. The panel found that this behaviour was undermining of Witness 3's autonomy and placed inappropriate pressure on her, contributing to an intimidating environment. The panel was satisfied that this conduct formed part of a pattern of bullying behaviour.

In relation to charge 5, the panel found that the comments made about Witness 3's appearance, weight and health condition were of a highly personal and sensitive nature and were repeated. The panel placed significant weight on the evidence that these comments were made in the workplace and, at times, in front of other colleagues.

The panel noted evidence that this conduct caused Witness 3 significant distress, affected her dignity, and led her to dread attending work, which the panel considered went well beyond being merely inappropriate.

The panel was satisfied that this behaviour amounted to bullying, intimidation and harassment, as it violated Witness 3's dignity and created an offensive and distressing working environment. The panel also noted evidence that this conduct adversely affected her progress and wellbeing.

Taking charges 2, 4 and 5 together, the panel was satisfied that the behaviour was repeated, unwanted, and had the effect of undermining colleagues, causing emotional harm, and creating an intimidating and offensive working environment. The panel concluded that the conduct crossed the threshold from inappropriate behaviour into bullying, intimidating and harassing behaviour within the ordinary meaning as set out at the beginning of the panel's consideration for charge 8. Accordingly, charge 8 is found 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 safely and effectively without restriction.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, your fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

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

Ms Amaning invited the panel to take the view that the facts found proved amount to misconduct. She invited the panel to have regard to the terms of the Code in making its decision. She submitted that the following parts of the Code were breached: 1.1, 8.2, 8.7, 9.4, 20, 20.1, 20.3, 20.5, 20.6 and 20.8.

Ms Amaning submitted that your actions, as found proven, amount to misconduct and represent a serious departure from the standards expected of a registered nurse. She invited the panel to find misconduct in respect of all proven charges. Ms Amaning referred the panel cases of *Roylance v General Medical Council*, *Remedy UK Ltd v General Medical Council* [2010] EWHC 1245 (Admin), *Kaleem v General Medical Council* [2012] EWHC 412 (Admin) and *Nandy v General Medical Council* [2007] EWHC 1737 (Admin).

Ms Amaning referred the panel to the NMC guidance (FTP-2a) and submitted that your conduct occurred during professional practice and was serious in nature. charges 1a(ii), 1b, 1c, 1d, 1e and 1g involved patients and demonstrated repeated breaches of professional boundaries, exposing patients to risks of emotional and, in one instance, potential financial harm. Hugging and kissing patients, using a patient's bank card, forming social media contacts and [PRIVATE] were said to be clear boundary violations.

Charges involving colleagues were also submitted to be serious. You repeatedly shouted at Witness 2 (Colleague A), creating an intimidating and hostile working environment. In relation to Witness 3 (Colleague B), a junior colleague, Ms Amaning submitted there was a clear abuse of power, including pressurising Witness 3 to pursue a complaint and making

repeated comments about her weight despite [PRIVATE]. She described this conduct as harassing, humiliating and damaging to Witness 3's dignity, and capable of undermining team functioning and patient care.

Ms Amaning submitted that your conduct crossed fundamental professional boundaries, failed to treat patients and colleagues with dignity and respect, created a hostile working environment and fell well below what the public and the profession are entitled to expect, and amounted to serious misconduct.

Mr Trussler submitted that misconduct is ultimately a matter for the panel and did not seek to dispute that conduct involving bullying, intimidation or harassment is capable of amounting to misconduct. He accepted that a number of the allegations admitted or found proven involved boundary crossings and did not challenge the NMC's position that such conduct can properly be characterised as misconduct.

In relation to charge 1b, he invited the panel to distinguish between the purpose of the professional boundary and the facts of this case. While acknowledging that the boundary exists to prevent financial impropriety, he submitted that there was no such risk here. He emphasised that you acted out of kindness, that you accepted the conduct was inappropriate, and that you had reflected on it. He submitted that this particular charge did not involve dishonesty or exploitation and should be viewed in that context.

Mr Trussler further submitted that some matters were denied but ultimately proved, and that you now accept the need to reflect on how your actions may be perceived by others, even where your own intentions differed. He described you as someone who speaks her mind and who has reflected on the impact of that trait.

Submissions on impairment

Ms Amaning moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need

to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin) and *Cree v Nursing and Midwifery Council* [2014] EWHC 714 (Admin)

Ms Amaning submitted that, as a result of the misconduct, your fitness to practise is currently impaired on both public protection and public interest grounds. Impairment was described as a forward-looking assessment, applying the NMC guidance (DMA-1) and considering risk as at today's date. She further submitted that limbs one to three of the *Grant* test are engaged. Your conduct created risks of emotional, psychological and financial harm to patients through serious boundary violations, including role reversal and over-familiarity. Your actions were also said to bring the profession into disrepute, undermining public confidence and professional standards, particularly where patients were placed in a position of caring for you or where physical intimacy and social media contact blurred the nurse–patient relationship. The treatment of colleagues, including bullying, intimidation and insensitivity towards a vulnerable junior colleague, was also said to damage the reputation of the profession.

Ms Amaning submitted that your conduct breached fundamental tenets of nursing, including maintaining professional boundaries and treating others with dignity.
In considering remediation, the panel was referred to *Cohen v General Medical Council* [2008] EWHC 581 (Admin). Ms Amaning told the panel that the misconduct is not easily remediable, has not been fully remedied and that insight remains limited. She said whilst reflections and testimonials were acknowledged, they lack sufficient depth and you did not fully address responsibility, boundary rationale or the wider public interest.

Ms Amaning submitted that ongoing attitudinal concerns were identified, meaning the risk of repetition could not be ruled out. She referred the panel to the NMC guidance (FTP-15) on *'Insight and Strengthened Practice'* and submitted that, although some developing

insight is evident, it is incomplete and does not fully address the impact on colleagues, patients or public confidence.

Ms Amaning relied on *Pasand v Nursing and Midwifery Council* [2020] EWHC 478 (Admin), submitting that a finding of impairment is required to uphold professional standards and maintain public confidence, even if the risk of repetition were assessed as low. A finding of no impairment, it was submitted, would undermine confidence in the profession and the regulator.

Turning to impairment, Mr Trussler emphasised that this is a forward-looking assessment. He submitted that the panel should take into account [PRIVATE].

He submitted that these proceedings have been extremely stressful for you and [PRIVATE]. He told the panel that you have no desire whatsoever to find yourself before the regulator again and submitted that this goes directly to the question of current impairment.

Mr Trussler directed the panel to your reflective statement, noting that it is necessarily limited to matters you admitted, but submitted that the wider evidence in your bundle is more telling when assessing current impairment. He relied in particular on the testimonials from fellow professionals and patients, including those from eight nursing and medical colleagues. Mr Trussler submitted that these testimonials demonstrate your competence, professionalism and the high regard in which you are held.

He also highlighted that there have been no formal referrals to the NMC since the incidents, which occurred some years ago. He submitted that this absence of repetition, together with the passage of time, your reflections and the strong testimonial evidence, demonstrates that the concerns have been remedied.

Mr Trussler submitted that you will be very careful in future and you will reflect further on the points raised by the NMC. He submitted that the very fact of these proceedings has had a profound impact on you and serves as a powerful deterrent.

In conclusion, while not disputing that the admitted and proven matters amount to misconduct, Mr Trussler submitted that your fitness to practise is not currently impaired, and that the evidence before the panel demonstrates remediation, learning and a low risk of repetition.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Sawati v General Medical Council* [2022] EWHC 283 (Admin), *Towuaghantse v General Medical Council* [2021] EWHC 681 (Admin), *Nicholas-Pillai v General Medical Council* [2009] EWHC 1048 (Admin) and *Schodlok v General Medical Council* [2015] EWHC 769 (Admin).

Decision and reasons on misconduct

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

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

> *'**1 Treat people as individuals and uphold their dignity***
> *To achieve this, you must:*
> ***1.1** treat people with kindness, respect and compassion*
>
> ***8 Work cooperatively***
> *To achieve this, you must:*
> ***8.2** maintain effective communication with colleagues*

8.7 *be supportive of colleagues who are encountering health or performance problems. However, this support must never compromise or be at the expense of patient or public safety*

9 Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues

To achieve this, you must:

9.4 *support students' and colleagues' learning to help them develop their professional competence and confidence*

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*

20.2 *act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment*

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

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

20.6 *stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers*

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. You accepted that the conduct found proved amounted to misconduct. Nonetheless, the panel carefully applied the test and considered each proved charge individually to determine whether the conduct fell sufficiently far short of the standards expected of a registered nurse so as to amount to misconduct.

In relation to charge 1a(ii), the panel found that involving Patient A [PRIVATE] having the patient touch your breast represented a serious role reversal. You were present to provide care, not to seek it. This conduct fell well below what the public and professional colleagues would consider proper in the circumstances and amounted to misconduct.

Regarding charge 1b, the panel accepted that your actions were motivated by kindness and that there was no suggestion of actual financial impropriety. However, the panel concluded that taking a patient's bank card to go shopping was not an appropriate use of a registered nurse's clinical time, particularly where there was no urgent clinical need. The panel was also concerned that your actions diverted time away from other patients, left a student nurse unsupervised in a challenging home environment and exposed both the patient and the student to avoidable risk. For those reasons, the conduct amounted to misconduct.

In respect of charge 1c, the panel found that making a joke of a personal nature to the wife of Patient C crossed professional boundaries and shifted focus away from the patient and their needs. The conduct demonstrated a lack of professionalism and was sufficiently serious to amount to misconduct.

When considering charge 1e, the panel determined that the language used and the physical gestures described were clearly inappropriate in a professional healthcare setting. Regardless of whether the conduct was intended to be light-hearted or how it was received, shaking your breasts and using sexualised language went beyond acceptable professional behaviour. A member of the public observing such an interaction would reasonably be concerned. The panel concluded this behaviour amounted to misconduct.

For charge 1g, the panel found that becoming Facebook friends with a patient required a conscious and deliberate action. This was not accidental and resulted in the blurring, and effectively the removal, of professional boundaries. The panel noted that the patient was a community patient who could reasonably come back under your care in the future, which

increased the seriousness. The conduct fundamentally confused the nurse–patient relationship and amounted to misconduct.

Turning to charge 2, the panel found that shouting at Witness 2 undermined her professional role, particularly where she was triaging and allocating patients. Your response created a distressing and negative working environment, undermined clinical decision making and was not a professional way to address workplace issues. The conduct was sufficiently serious to amount to misconduct.

In relation to charge 4, the panel found that repeatedly asking Witness 3 to make a complaint about Witness 2 amounted to a course of conduct. Witness 3 had made it clear she did not wish to make a complaint, yet your requests continued. The panel identified a clear power imbalance, as Witness 3 was a healthcare assistant junior to you. This behaviour demonstrated attitudinal issues and concerns, was improper, and did not meet the standards expected of a registered nurse. It amounted to misconduct.

With respect to charge 5, the panel found that the inappropriate comments about Witness 3's appearance, weight and health condition were repeated and sustained over a period of time. This was particularly serious given your knowledge that Witness 3 [PRIVATE] had asked you to stop making comments about her. The conduct violated her dignity, made her working life distressing and undermined the safety of the workplace by creating a hostile working environment. The panel considered that both colleagues and members of the public would find this behaviour shocking. It clearly amounted to misconduct.

Finally, in relation to charge 8, the panel concluded that your actions in charges 2 to 7 collectively amounted to bullying, intimidating and harassing behaviour. Such conduct was found to fall significantly short of the values of nursing, undermining kindness, respect and a safe working environment. The panel was concerned about the wider impact on staff morale, team functioning and the effective delivery of patient care. This conduct represented a serious departure from the essence of what nursing stands for and amounted to misconduct.

Having considered each proved charge separately and taking into account the cumulative seriousness of the conduct, the panel found that your actions did fall 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 Last Updated: 28/01/2026) in which the following is stated:

> *'The question that will help decide whether a professional's fitness to practise is impaired is:*
>
> *"Can the nurse, midwife or nursing associate practise safely and effectively and without restriction?*
>
> *If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'*

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, 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/ 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) *…'*

In considering impairment, the panel applied the *Grant* test and assessed whether your fitness to practise is currently impaired, taking a forward-looking approach and assessing risk as at today's date.

The panel found that, in the past, your conduct exposed patients to a risk of psychological and emotional harm. In particular, the panel noted that [PRIVATE] risked revisiting that patient's own past experiences of serious illness and placed an inappropriate emotional burden on them. The panel also considered that leaving a patient who was known to be challenging in the care of a student nurse, while you left the home to go shopping, exposed both the patient and the student nurse to potential harm. The panel found that your repeated breaches of professional boundaries created confusion about the nurse–patient relationship and unclear expectations of your role, which had the potential to negatively impact patient care.

The panel further noted that your conduct towards colleagues created an unproductive and unsafe working environment, which had a clear potential knock-on effect on the quality and safety of patient care. In conclusion, the panel was satisfied that limb a of the *Grant* test was engaged.

The panel determined that becoming Facebook friends with a patient, seeking reassurance or [PRIVATE], and over-familiar interactions undermined the integrity of professional practice and fundamentally confused the nurse–patient relationship.

The panel also placed significant weight on the bullying, intimidating and harassing behaviour towards colleagues. It found a pattern of conduct that left colleagues distressed, reluctant to attend work and unable to expect a safe and supportive working environment. The panel was particularly concerned that you disregarded explicit knowledge of Witness 3's [PRIVATE] vulnerability, demonstrating a failure to recognise and respect that vulnerability.

Taken together, the panel concluded that your conduct represented a serious failure to uphold professional standards and would bring the nursing profession into disrepute. It considered that members of the public and professional colleagues would be shocked by behaviour of this nature occurring within the workplace. In conclusion, the panel was satisfied that limb b of the *Grant* test was engaged.

The panel was of the view that your conduct, particularly the repeated boundary violations and the bullying, intimidation and harassment of colleagues, breached fundamental tenets of nursing practice. These included professionalism, kindness, respect, maintaining boundaries and creating a safe working environment. The panel considered that this conduct represented a contravention of the core values of what it means to be a registered nurse. the panel was satisfied that limb c of the *Grant* test was engaged.

Regarding insight, the panel acknowledged that you demonstrated some limited insight in relation to aspects of the conduct you admitted.

In relation to charge 1a (ii) you stated in your witness statement:

> *'I realise that I crossed boundaries. I am so sorry for the pain and distress I caused to the patient. Thankfully, the patient did not suffer any trauma and did not raise a complaint.'*

Your reflective piece in relation to charge 1b explains:

> *'Since this incident, I have researched how I could have helped this patient differently. I have visited food banks within my area, spoken to staff and volunteers and found out how to refer a patient to the food banks.'*

In response to charge 1d, you say in your witness statement:

> *'…*
>
> *I admit the above charge but only in relation to hugging. I know that in my practice I have hugged patients. If a patient has just been given bad news or a relative has died, then yes I will have hugged the patient…'*

The panel determined that your reflections did not sufficiently address why professional boundaries exist, the appropriate way to comfort patients, or the wider public interest implications of your actions. It was of the view that you continued to describe conduct involving over-familiarity and personal disclosures without demonstrating a clear understanding of why such behaviour is inappropriate. The panel concluded that your insight was developing but significantly limited and remains incomplete. It was not satisfied that you had fully acknowledged the seriousness of your behaviour, nor its impact on patients, colleagues or the wider reputation of the profession.

The panel accepted that the misconduct in this case is capable of being addressed. It therefore carefully considered whether you had taken adequate steps to strengthen your practice. In doing so, the panel took into account the contextual factors present at the time, [PRIVATE]. However, the panel noted that concerns about your behaviour continued even when they had been formally raised by managers and addressed at a local level through a support and action plan. That plan was not completed, due in part to periods of sickness absence and your subsequent departure from the role, and the panel was not satisfied that the underlying concerns had been resolved.
The panel further noted that, while you had completed statutory and mandatory training, you had not gone beyond this to undertake targeted training or professional development relevant to the regulatory concerns identified in this case. In addition, although you demonstrated some limited insight in relation to the charges you admitted, the panel found that you had not demonstrated sufficient insight into the wider breach of professional boundaries or the impact of your conduct on patients, colleagues and the reputation of the nursing profession. Accordingly, the panel was not satisfied that meaningful remediation had been achieved.

The panel considered that the misconduct reflected entrenched attitudinal issues, occurring over a prolonged period and across multiple patients and colleagues. While not impossible to remediate, the panel concluded that you are currently some distance from having done so, given the absence of compelling evidence of a full understanding of the

need for behavioural change, ownership of wrongdoing or genuine remorse for the wider impact of the behaviour.

The panel was of the view that, despite the lapse of time since the incidents, there remains a risk of repetition, based on the seriousness, frequency and duration of the misconduct, the limited insight demonstrated and the lack of effective remediation or strengthened practice. The concerns were not isolated incidents but spanned multiple scenarios, involving both patients and colleagues. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection, not only in relation to patients but also colleagues, given the impact of your behaviour on workplace safety and the delivery of care.

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 to uphold and protect the wider public interest. This includes maintaining public confidence in the profession and upholding proper professional standards.

The panel determined that a finding of impairment on public interest grounds is required because your conduct seriously undermined professional standards and public confidence. The panel concluded that a reasonable and informed member of the public would be concerned if no finding of impairment were made in circumstances involving repeated boundary violations, bullying and harassment within the workplace. The panel therefore concluded that public confidence in the profession and the regulator would be undermined if a finding of impairment were not made.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired on the grounds of public protection and public interest.

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of 9 months. The effect of this order is that the NMC register will show that your registration has been suspended.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

Submissions on sanction

Ms Amaning submitted that sanction was a matter for the panel's independent professional judgment, to be exercised in accordance with the sanctions guidance (SAN-1) updated on 28 January 2026. She submitted that the purpose of sanction was not to be punitive but to protect the public and satisfy the wider public interest by maintaining confidence in the profession and its standards.

In addressing aggravating features, Ms Amaning submitted that there had been multiple breaches of professional boundaries involving different patients over a period of time. She submitted that your position of power over a Band 3 colleague was an aggravating feature, as was the repeated embarrassment of a colleague by referring to [PRIVATE] in front of others despite being asked to stop. She further submitted that your conduct demonstrated a lack of sensitivity and amounted to bullying and harassment within a healthcare environment. More than one patient and colleague had been affected, and your conduct risked creating a negative working environment with potential impact on patient care.

In mitigation, Ms Amaning acknowledged your early admissions to certain charges, the training certificates provided, including safeguarding, conflict resolution and patient safety, your written reflections, testimonials and apologies, and [PRIVATE]. She submitted, however, that insight and strengthened practice may carry less weight where there was a risk to public confidence, and that personal mitigation was usually of less relevance than

other forms of mitigation. Ms Amaning invited the panel to exercise caution in the weight attached to those matters.

Ms Amaning submitted that no action would be wholly inappropriate given the seriousness of the misconduct and the finding of current impairment. She said a caution order would also be insufficient to mark the seriousness of the case or maintain public confidence. Ms Amaning submitted that conditions of practice order was not suitable because the concerns were attitudinal and deep-seated, demonstrated by repeated boundary violations with patients and bullying behaviour towards colleagues, which could not be adequately addressed by conditions, training or supervision.

Ms Amaning submitted that a suspension order for 12 months with a review was the most appropriate and proportionate sanction. She submitted that your misconduct was serious and that temporary removal from the register was necessary to protect the public, maintain public confidence and uphold professional standards. However, she also acknowledged that you had engaged with the proceedings and shown some, albeit limited, insight, and that there was a realistic prospect you could develop further insight and return to safe practice following a period of reflection. Ms Amaning said a strike-off order would be disproportionate, as this was not a highest risk case and there remained a realistic possibility that you could remediate and reduce the risk you posed.

In conclusion, Ms Amaning invited the panel to impose a suspension order for 12 months with a review, submitting that this would properly reflect the seriousness of the misconduct, address the risk of repetition arising from unresolved attitudinal concerns, protect the public and maintain confidence in the profession and its regulator.

The panel also bore in mind Mr Trussler's submissions. Mr Trussler reminded the panel of the age of the matters in your case and that an earlier sanction bid for a conditions of practice order had been made by the NMC. He submitted that two matters had changed: the NMC sanctions guidance had been updated shortly before the hearing, and a significant number of serious allegations had not been proved, including allegations of

threatening and intimidating colleagues and throwing objects. Whilst he did not seek to detract from the seriousness of the matters found proved, he submitted that the case must now be viewed in light of the findings actually made.

He submitted that you had remained in unrestricted practice throughout, with no suspension or conditions in place. He reminded the panel of the numerous positive testimonials from colleagues and patients and referred to the progress you had made since the events, which occurred at the infancy of your career. He accepted the finding of misconduct and did not take issue with it.

Mr Trussler submitted that a conditions of practice order was both suitable and consistent with the guidance. He adopted the panel's own wording, submitting that targeted training and professional development addressing the regulatory concerns identified would be the appropriate way forward. He invited the panel to impose a conditions of practice order requiring you to undertake such training.

In relation to suspension order, he submitted that this would be disproportionate and potentially counterproductive. He reminded the panel of the distress these proceedings had already caused you and submitted that a suspension would in all probability result in the loss of your employment. He argued that the outstanding concerns could be adequately addressed through structured conditions rather than temporary removal from practice. He submitted that a conditions of practice order was a proper and appropriate sanction in this case and would not amount to any departure from the updated guidance.

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 in this case. 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 careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Abuse of your position of trust through repeated breaches of professional boundaries with patients, including inappropriate personal disclosures and physical boundary violations.
- Abuse of a position of power in relation to a more junior colleague, particularly in respect of charges 4, 5 and 8.
- Bullying and harassment of colleagues within a healthcare setting, including repeated insensitive comments [PRIVATE].
- Failure to work collaboratively with colleagues, in breach of the Code.
- A pattern of misconduct over a period of time with different patients and different colleagues.
- Limited insight into the impact of your behaviour and failure to address concerns raised with you at a local level.
- Risk of psychological and emotional harm to patients and colleagues, and the creation of an unsafe working environment.

The panel also took into account the following mitigating features:

- Early admissions to some of the charges.
- Completion of mandatory training including safeguarding and conflict resolution.
- Written reflections, albeit limited and not always addressing the root causes of the misconduct.
- Positive testimonials from colleagues regarding your current practice, although they did not directly address the specific misconduct found proved.
- Your attendance and involvement throughout the proceedings, [PRIVATE].

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the misconduct found proved. The concerns involved repeated breaches of professional boundaries, bullying and harassment of colleagues, and a pattern of behaviour over time. The panel determined that taking no action would fail to maintain public confidence in the profession or uphold proper professional standards. It would not address the public protection concerns identified and would be wholly insufficient given the gravity of the findings. The panel therefore decided that it would be neither proportionate nor in the public interest to take no further action.

It next considered whether a caution order would be appropriate. The panel concluded that your misconduct was not at the lower end of the spectrum. It considered the conduct to be serious, involving attitudinal concerns and a pattern of unacceptable behaviour. The panel therefore concluded that a caution order would be neither proportionate nor in the public interest.

The panel next considered whether placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular that a conditions of practice may be appropriate when there is:

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

The panel recognised that, whilst professional boundary training and targeted development can address some of the identified concerns, the behaviour stemmed from underlying attitudinal issues. It was not satisfied that workable, measurable and enforceable conditions could be formulated to adequately address those concerns nor that this would meet the public interest.

The panel noted that the misconduct arose over a prolonged period and across different contexts, demonstrating a pattern of behaviour. The panel also noted that, despite the passage of time since the events and your early admissions to some charges, there was limited evidence of targeted remediation specifically addressing professional boundaries. It considered that meaningful attitudinal change would require significant reflection and development, which would be difficult to monitor effectively through conditions of practice.

In these circumstances, the panel concluded that a conditions of practice order would not be sufficient to address the seriousness of the misconduct, would not adequately protect the public, and would not meet the wider public interest in maintaining confidence in the profession and upholding professional standards. It therefore determined that such an order would not be appropriate or proportionate.

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

- *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 determined that a suspension order was the appropriate and proportionate sanction in this case. It considered that such an order would meet the need for public protection, uphold the wider public interest and maintain confidence in the profession and its regulator. The misconduct found proved, including bullying, intimidation, harassment and repeated breaches of professional boundaries, together with multiple breaches of the Code, was serious and required a clear regulatory response. The panel considered that temporary removal from the register would mark that seriousness and demonstrate that such conduct is unacceptable.

The panel was satisfied that a suspension order would protect the public and uphold professional standards, whilst also preserving the integrity of the register in the eyes of fellow registrants and the public. It considered that a period of suspension would provide you with the opportunity to step back from registered practice, reflect meaningfully on your conduct, undertake relevant professional boundary training and develop deeper insight into the impact of your behaviour on patients, colleagues and the reputation of the profession.

The panel considered that there was a realistic prospect that, with time and appropriate remediation, you could return to safe and effective practice. Although insight to date had been limited, you had engaged with the proceedings and shown some developing understanding and remorse. The panel was satisfied that in your case; the misconduct was not fundamentally incompatible with remaining on the register and suspension order would therefore serve both the protective and rehabilitative aims of sanction.

The panel did consider whether a striking-off order would be proportionate. It concluded that, although the misconduct was serious, it was not fundamentally incompatible with continued registration. The panel was satisfied that the overarching objectives of protecting the public, maintaining public confidence and upholding professional standards could be achieved by a less severe sanction than permanent removal.

It took into account that there remained a realistic prospect that you could develop further insight, strengthen your practice and return to unrestricted practice in the future. It did not consider this to be a high risk case requiring permanent removal from the register. In those circumstances, given that it is not a high risk case, a striking-off order would be disproportionate.

Balancing all of these factors the panel determined that a suspension order would be the appropriate and proportionate sanction.

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.

You are entitled to ask for an early review.

Any future panel reviewing this case would be assisted by:

- A detailed reflective piece addressing the root causes of your misconduct, not merely describing events but analysing why you acted as you did and what underlying attitudinal issues were present.
- Clear reflection on the impact of your misconduct on:
  - Patients (including emotional and psychological impact and breach of trust);
  - Colleagues (including bullying, intimidation, undermining and harassing type behaviours); and
  - The wider nursing profession and public confidence in it.
- A demonstrated and developed understanding of professional boundaries, including why boundaries exist, how they protect patients and staff, and how your previous conduct breached those standards.
- Evidence of a strengthened understanding of the role, responsibilities and professional expectations of a registered nurse, including adherence to the NMC Code, workplace policies and professional standards.
- Evidence of completed, relevant CPD and training specifically focused on professional boundaries, professional conduct, communication and workplace behaviours, together with reflection on what you have learned and how this will change your thinking and practice.
- A clear, forward-looking explanation of how you would change and manage your practice in the future, with practical examples of what you would do differently in similar situations, rather than stating that the behaviour will not be repeated.
- Evidence of work undertaken in a health and social care assistant or similar role during suspension, if applicable, supported by testimonials.
- Up-to-date testimonials from managers or supervisors who are aware of the findings in this case, confirming your conduct, professionalism, boundaries, teamwork and insight in practice.
- Evidence of sustained reflection and strengthened practice over time, demonstrating that the risk of repetition has been meaningfully reduced.

Interim order

As the suspension 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 suspension sanction takes effect.

Submissions on interim order

The panel took account of the submissions made by Ms Amaning. She submitted an application for an 18 month interim suspension order pursuant to Article 31(2) of the Nursing and Midwifery Order 2001. She further submitted that such an order was necessary and proportionate on the grounds of public protection and public interest, given the panel's findings of misconduct and current impairment.

She reminded the panel that the substantive suspension would not take effect until the expiry of the 28 day appeal period and that, in the event of an appeal, you would otherwise be able to practise unrestricted. She submitted that an 18 month suspension order would cover the appeal period and any potential appeal proceedings.

The panel also took into account the submissions of Mr Trussler. He opposed the application for an interim suspension order.

He acknowledged that interim orders are not unusual at this stage but submitted that, in this case, it would be disproportionate and unjust to impose one. He reminded the panel of the age of the matters and that you had continued to practise without restriction for several years, during which there have been numerous positive testimonials had been provided.

Mr Trussler submitted that there would be no real risk to the public if you were permitted to continue practising during the appeal period. He told the panel that an interim suspension

order would, in reality, bring your career to an end given your age and the likely loss of employment, and would therefore be prejudicial to any potential appeal.

He further submitted that any appeal against sanction would not be without merit and that you would be acutely aware that any further concerns would jeopardise your position. In conclusion Mr Trussler invited the panel to refuse the application for an interim suspension order.

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. In reaching this decision, the panel had regard to the seriousness of the facts found proved and the reasons set out in its determination for imposing the substantive suspension order.

The panel considered that, in the absence of an interim order, you would be able to practise unrestricted during the 28-day appeal period and any appeal thereafter. This would be inconsistent with its substantive decision and would not adequately address the public protection concerns identified. The panel acknowledged the submissions made by Mr Trussler regarding potential prejudice and financial hardship but concluded that the need for public protection and the wider public interest outweighed those considerations.

For the reasons already identified in its substantive determination, the panel concluded that an interim conditions of practice order would not be appropriate or proportionate. The panel therefore imposed an interim suspension order for a period of 18 months to allow time for any possible appeal.
If no appeal is made, the interim suspension order will be replaced by the substantive suspension order 28 days after you are sent the written decision of this hearing.

That concludes this determination.

This will be confirmed to you in writing.