

**Nursing and Midwifery Council  
Fitness to Practise Committee**

**Substantive Hearing**

Monday 5 January 2026 to Thursday 15 January 2026

2 Stratford Place, Montfichet Road, London, E20 1EJ

|  |  |
|--|--|
| <b>Name of Registrant:</b>             | <b>Mr Ashley Boyd</b>  |
| <b>NMC PIN:</b>                        | 19E1272E   |
| <b>Part(s) of the register:</b>        | Nurses Sub Part 1<br>RNA Adult Nurse Level 1<br>30 July 2019                                     |
| <b>Relevant Location:</b>              | Swindon  |
| <b>Type of case:</b>                   | Misconduct   |
| <b>Panel members:</b>                  | Chris Weigh (Chair, lay member)<br>Cerys Jones (Lay member)<br>Claire Martin (Registrant member) |
| <b>Legal Assessor:</b>                 | John Donnelly  |
| <b>Hearings Coordinator:</b>           | Andrew Ormsby  |
| <b>Nursing and Midwifery Council:</b>  | Represented by Simran Ghotra, Case Presenter   |
| <b>Mr Boyd</b>                         | Not Present and unrepresented at the hearing   |
| <b>Facts admitted and found proved</b> | Charges 1(a), 1(b), 2, 3 and 6   |
| <b>Facts proved:</b>                   | Charges 4 and 5  |
| <b>Fitness to practise:</b>            | Impaired   |
| <b>Sanction:</b>                       | Strike off   |

**Interim order:**

Suspension (18 months)

## **Decision and reasons on service of Notice of Hearing**

The panel was informed at the start of this hearing that Mr Boyd was not in attendance.

The panel noted that the Notice of Hearing had been sent to Mr Boyd's registered email address via secure email on 24 November 2025. The panel also noted that Mr Boyd's representatives, the Royal College of Nursing (RCN), were also copied into the same email, and that they subsequently responded to the Nursing and Midwifery Council NMC in a letter dated 19 December 2025, which indicated that Mr Boyd had received the relevant notice.

Ms Ghotra, on behalf of the NMC, submitted that it had complied with the requirements of Rule 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules), and that the panel can be satisfied that the notice period was reasonable and service has been effected.

The panel accepted the advice of the legal assessor.

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

## **Decision and reasons of proceeding in the absence of Mr Boyd**

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

Ms Ghotra submitted that the balance fell in favour of proceeding in Mr Boyd's absence.

Ms Ghotra stated that there had been no application for an adjournment made by the registrant and that his representatives, the RCN, in a letter dated 19 December 2025, informed the NMC that Mr Boyd would not be attending the hearing and nor would he be represented. They stated that Mr Boyd was happy for the hearing to proceed in his absence.

Ms Ghotra submitted that there was no reason to suppose that adjourning the hearing would secure Mr Boyd's attendance at a future date, particularly as the registrant had informed the NMC that he was content for the hearing to proceed in his absence.

Ms Ghotra also submitted that a number of witnesses were due to give live evidence at the hearing, and an adjournment would inconvenience these witnesses who have made themselves available.

Ms Ghotra concluded by stating that the charges relate to serious allegations including dishonesty, and sexual motivation and there was a strong public interest in the expeditious disposal of this case, and that it was fair and in the interests of justice for the hearing to proceed in Mr Boyd's absence.

The panel accepted the advice of the legal assessor.

The panel decided to proceed in the absence of Mr Boyd. The panel drew no adverse inference from Mr Boyd's non-attendance. In reaching this decision, the panel has considered the submissions of Ms Ghotra, the correspondence from Mr Boyd's representative, and the advice of the legal assessor. It has had particular regard to any relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- The case relates to serious allegations and it was in the interests of justice and there was a strong public interest to consider the case expeditiously;

- The panel had received no application for the hearing to be adjourned;
- The panel had regard to the correspondence, dated 19 December 2025, it had received from Mr Boyd's representatives which indicated that Mr Boyd was aware of today's hearing and content for the case to proceed in his absence;
- The panel considered that Mr Boyd had voluntarily absented himself from the hearing;
- An adjournment would result in inconvenience to witnesses scheduled to give live evidence at the hearing.

In these circumstances, the panel has decided that it is fair and in the interests of justice to proceed in the absence of Mr Boyd.

### **Details of Charges**

That you, a registered nurse:

1. On one or more of the occasions set out in Schedule A, performed intimate examinations on child patients when:
  - a. not authorised to do so;
  - b. when not clinically indicated.
2. On one or more of the occasions set out in Schedule B, performed intimate examinations on child patients when you had been told not to perform them.
3. On one or more of the occasions at charge 1 and / or 2, kept inadequate and/or insufficient records relating to the intimate examinations.
4. Some or all of your conduct at charge 1 and / or charge 2 was sexually motivated in that it was carried out for sexual gratification.

5. That your conduct in charge 2 was dishonest in that you knew you were not to conduct intimate examinations but continued to do so.
6. On an unknown date between 1 January and 17 August 2023, did not give a child patient their nebuliser as prescribed by Colleague A, without discussing the same with Colleague A.

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

### **Schedule A**

- 3 January 2023
- 11 February 2023
- 18 February 2023
- 22 February 2023
- 10 March 2023
- 11 April 2023
- 19 May 2023
- 25 May 2023

### **Schedule B**

- 21 June 2023
- 30 June 2023
- 16 July 2023
- 17 August 2023
- 30 August 2023

### **Background**

The charges arose whilst Mr Boyd was employed as a band 5 Adult nurse at Great Western Hospitals NHS Foundation Trust (the Trust).

Mr Boyd qualified as an Adult Nurse in July 2019 and was not a qualified children's nurse. He requested to, and was regularly rostered, to work on the Trust Paediatric Assessment Unit (the Unit) and the paediatric area of the Emergency Department (ED).

The alleged events in question occurred between 3 January 2023 and 30 August 2023 whilst Mr Boyd was employed as a triage nurse at the Unit.

Children presenting at the Unit were initially triaged by a nurse. The triage nurse's role would include taking height and weight, basic history and reason for attendance, including drug and allergy history and details of any medication. Basic observations were also to be taken, including heart rate, blood pressure, respiratory rate, temperature and note of any pain. The role of the triage nurse was to assess the patient for prioritisation of care and not to make formal diagnoses or undertake diagnostic examinations.

It is alleged that Mr Boyd conducted a number of intimate genital examinations, specifically testicular examinations, which were not within his job description as a Band 5 working as a triage nurse within paediatrics.

It was also alleged that Mr Boyd carried out these intimate examinations in pursuit of sexual gratification.

It was further alleged that Mr Boyd did not give a child patient their nebuliser as prescribed as he deemed that the child was well and did not need it when this was inappropriate in that it was not his decision to make.

A local Trust investigation took place in December 2020, and Mr Boyd was interviewed by the police in August 2023.

Mr Boyd was subsequently referred to the NMC.

## **Decision and reasons on facts**

At the outset of the hearing, the panel noted correspondence from the RCN, dated 19 December 2025, which informed the panel that Mr Boyd made admissions to the facts of charges 1(a), 1(b), 2, 3 and 6.

The panel therefore finds charges 1(a), 1(b), 2, 3 and 6 proved by way of your admissions.

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 Ghotra.

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 Children's Nurse and Clinical Practice facilitator on the Children's Emergency Department at the Trust
- Witness 2: Senior Nurse working in the Emergency Department for adults and children, currently Nurse manager for the Children's Emergency department at the Trust.
- Witness 3: Nursery nurse at the Trust



- Witness 4 (Colleague A): Registered Nurse and Advanced Clinical Practitioner at the Trust specialising in emergency medicine
- Witness 5: Paediatric Emergency Consultant at the Trust
- Witness 7: Consultant Paediatrician at the Trust

The panel also received written witness statements from the above NMC witnesses.

It also received a written witness statement from Witness 6, a registered nurse and member of the Trust's senior nursing team, who was not called to give live evidence.

The panel also received documentary evidence from the NMC which included, but was not limited to:

- Trust Investigation report, dated 21 December 2023;
- Trust Chaperone policy, dated May 2023;
- Mr Boyd's written account, dated 17 August 2023;
- Notes from various police interviews with Trust staff, various dates;
- Mr Boyd's police statement, dated 9 September 2023;
- Confidential case review final report, dated 22 September 2023;
- Trust Band 5 nurse job description, dated 2023;
- Correspondence from the RCN, dated 18 December 2025.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor which referenced, amongst others, the following case law:

*Ivey v Genting Casinos (UK) Limited* [2017] UKSC 67, *Sawati v GMC* [2022] EWHC 283 (Admin), *Dutta v GMC* [2020] EWHC 1974 (Admin), *Edgington v Fitzmaurice* [1885] 29 Ch D 459, *Lavis v NMC* [2014] EWHC 1483, *Enemuwe v NMC* [2015] EWHC 2081 (Admin), *Re H* [1996] AC 563, *Haris v General Medical Council* [2021] EWCA Civ 763, *Basson v GMC* [2018] EWHC 505 (Admin), and general guidance on adverse inference.

It considered the witness and documentary evidence provided by both the NMC and Mr Boyd.

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

### **Charge 1**

#### **Admitted and found proved**

Mr Boyd, through his representative, made a full admission to this charge.

In accepting the admission made by Mr Boyd, the panel particularly noted the Trust's Confidential Case Review report, dated 22 September 2023, in which Witness 7 examined documentation pertaining to a cohort of patients who had been subjected to intimate examinations by the registrant. The panel also heard oral evidence from Witness 7 confirming that she had concluded that intimate examinations had taken place on the dates listed in Schedule A.

The panel noted that Mr Boyd did not dispute that he had undertaken the intimate examinations listed by Witness 7 in the Case review report.

The panel also had regard to the Trust's investigation report, dated 21 December 2023, which indicated that Mr Boyd had admitted that he had carried out the intimate examinations on child patients on the dates listed.

The panel noted that Mr Boyd was at the time of these examinations a Band 5 nurse. It was not within his job description or sphere of competence to undertake such examinations or to make a diagnosis. In undertaking such examinations Mr Boyd was therefore acting outside of his role, and without authorisation. Further, the panel heard evidence from Witness 7 that a number of the intimate examinations undertaken by Mr Boyd, there was no clinical justification for such an examination.

## **Charge 2**

### **Admitted and found proved**

Mr Boyd, through his representative, made a full admission to this charge.

The panel noted that Schedule B listed one examination as having taken place on 30 August 2023. It appeared that this was an error in that this was the date of the email reporting concerns about an examination, not the date of the examination itself. The panel therefore disregarded the purported examination alleged to have taken place on 30 August 2023.

The panel heard evidence from both Witness 1 and Witness 2 who gave clear and concise evidence that on two occasions they had told Mr Boyd not to perform intimate examinations on child patients as it was not in his scope of practice.

The panel took account of the file note which had been completed at the conclusion of a meeting between Witness 1 and Mr Boyd on 30 May 2023, and which had been signed by Mr Boyd, which indicated that he understood that he was not supposed to perform intimate examinations on child patients.

The panel also noted Witness 2's police statement, dated 30 August 2023, in which she stated that she had told Mr Boyd in person what the parameters of his job role was and that *'he should not be doing this'*.

Further, the panel noted that Witness 1 and Witness 2 had both categorically emphasised that they had told Mr Boyd not to perform intimate examinations on child

patients. In particular, the panel was mindful of Witness 2's oral evidence in which she stated that there had been '*no ambiguity*' in her conversation with Mr Boyd that he knew that this was not permitted.

The panel also took note of Witness 7's evidence, that Mr Boyd had continued to perform intimate examinations on children, after being told not to, on the dates set out in Schedule B.

The panel noted that Mr Boyd did not dispute that he had undertaken the intimate examinations listed in Schedule B.

### **Charge 3**

#### **Admitted and found proved**

Mr Boyd, through his representative, made a full admission to this charge.

The panel noted that Witness 7 examined a number of records relating to a number of patients examined by Mr Boyd between January 2023 and August 2023.

In oral evidence Witness 7 emphasised the importance of gaining appropriate consent for intimate examinations, documenting compliance with the chaperone policy and the nature of the intimate examinations performed.

The panel also bore Witness 7's oral evidence in mind, particularly her assertion that the records '*had not documented whether a chaperone was present and whether a guardian was present and was not clear whether consent had been obtained in relation to intimate examinations performed in 3 January 2023, 22 February 23, 10 March 2023, 19 May 2023, 25 May 2023, 30 June 2023, 16 July 2023 and 17 August 2023*'.

The panel noted that Mr Boyd did not dispute this charge and made full admissions.

### **Charge 4**

4. Some or all of your conduct at charge 1 and / or charge 2 was sexually motivated in that it was carried out for sexual gratification.

**This charge is found proved**

The panel considered Mr Boyd's conduct in performing intimate examinations referred to in Schedule A and Schedule B.

The panel noted that during the course of the intimate examinations he had, amongst other actions, touched child patients' testicles and inner thigh next to their genitals. It considered that the level of intimacy relating to these examinations was high albeit for a short duration.

Mr Boyd submitted that he was authorised to carry out such examinations having been shown how to do so by Witness 5 and that he believed that he was assisting patients by ensuring prompt diagnosis and treatment.

The panel noted that Witness 5 gave clear and consistent evidence in which he categorically denied having '*signed off*' Mr Boyd, or had trained any other nurse, to perform such intimate examinations. The panel found this witness to be compelling as his evidence was corroborated by all other witnesses who confirmed that intimate examinations fell outside the scope of a band 5 nurse.

The panel noted Mr Boyd's justification for having performed these intimate examinations, namely that he regarded the risk of testicular torsion as a medical emergency and that he had wanted to '*cut out the middleman*' and expedite treatment.

The panel determined that there had been a total lack of justification as Mr Boyd had been told by Witnesses 1 and 2 not to perform intimate examinations on two separate occasions. It further noted that one of these occasions bore an element of formality in that he was told in a meeting with his line manager, and a file note of the meeting had been completed which the registrant signed to confirm its accuracy. The

panel noted that the file note stated, '*Ashley is not competent to conduct such examinations, nor is it an appropriate examination at triage*'.

The panel heard evidence, from a number of witnesses, that it was never justified for a triage nurse to conduct the intimate examinations on child patients as it was not within their job description and the triage process was intended to prioritise patients and not to examine and make diagnoses.

Further the panel determined that Mr Boyd's justification for having performed intimate examinations on child patients lacked credibility as '*saving time*' was not a justification as intimate examinations would have to be performed again by a qualified clinician.

The panel noted that the patients were extremely vulnerable young children in hospital, some of whom were in pain when Mr Boyd performed the said intimate examinations on them. It considered that Mr Boyd was clearly aware of the vulnerability of the child patients and took advantage of his position of trust.

The panel heard from Witness 7 who said that in at least two cases there was no clinical justification for an intimate examination based on their presenting symptoms. In particular the panel noted that one child had presented with tonsillitis, and the other child had already been examined and diagnosed by their GP. Nevertheless, the registrant went on to perform an unnecessary intimate examination of these children.

The panel further determined that Mr Boyd was well aware of 'competency sign offs' as he was 'collecting' competencies to progress his learning. It was of the view that he would have known and understood the importance of not performing examinations outside his scope of practice or procedures without appropriate training and/or appropriate competency sign off.

Further, the panel considered that Mr Boyd's assertion that he was justified in continuing to perform intimate examinations of children was simply not plausible as there was convincing evidence that he would have known that he was not permitted

to do so. It also bore in mind that no other triage nurses performed intimate examinations and that Mr Boyd would have been aware of this.

The panel took account of the fact that Mr Boyd's conduct in relation to performing intimate examinations on children was repeated behaviour over a prolonged period and not a spontaneous isolated event.

Given that Mr Boyd had repeatedly been told not to perform intimate examinations on children, the panel determined that there was no plausible alternative explanation other than that he had performed these examinations for his own sexual gratification.

In the circumstance, the panel concluded that it was more likely than not that some or all of the conduct at charge 1 and/or charge 2 was sexually motivated.

Accordingly, the panel determined that charge 4 was found proved.

### **Charge 5**

5. That your conduct in charge 2 was dishonest in that you knew you were not to conduct intimate examinations but continued to do so.

### **This charge is found proved**

When considering this charge, the panel had at the forefront of its mind, the case of *Ivey v Genting Casinos (UK) Limited*.

The panel asked itself the following questions:

1. What did the registrant know or believe as to the facts and circumstances in which the alleged dishonesty arose?
2. Given the registrant's knowledge and belief of the circumstances they were in, was the registrant's conduct dishonest by the standards of an ordinary decent person?

The panel bore in mind that Mr Boyd was a registered nurse with three years' experience. He had qualified in 2019 and had a formal job description for a Band 5 registered nurse.

The panel heard evidence that indicated that Mr Boyd was known to be ambitious, keen to learn and self-develop. It also received evidence that Mr Boyd was '*working through*' his Trust competency booklet and collecting endorsements from supervisors who would '*sign off*' his competencies.

In the circumstance, the panel was of the view that Mr Boyd was well aware of the need to be competent to perform certain procedures.

Furthermore, the panel concluded that, despite his relative inexperience, he would have been aware of the importance of following the instructions and directions of his line manager and those more senior than him. It considered that remaining within his scope of practice and following instructions was a basic function of the nursing profession and which the registrant was well aware of.

The panel noted that the Mr Boyd made a full admission to charge 2 and thereby accepted that he conducted intimate examinations on child patients when he had been told not to do so.

The panel also considered the assertion by Mr Boyd that he was justified in continuing to conduct such examinations and concluded that this lacked credibility and was not plausible. Therefore, the panel considered that the registrant's knowledge and belief on the occasions set out in Schedule B was clear from the evidence available to it.

The panel then went on to consider whether Mr Boyd's conduct would be regarded as dishonest by applying the objective standards of an ordinary decent person.



The panel determined that there was clear evidence that Mr Boyd had been instructed on two occasions not to conduct intimate examinations of child patients and that, on one of these occasions, had signed a file note to that effect.

Further, the panel considered that by continuing to undertake intimate examinations on vulnerable child patients after being clearly instructed not to, he would be regarded as dishonest by the standards of an ordinary decent person.

In the circumstances, the panel concluded that it was more likely than not that Mr Boyd's conduct in charge 2 was dishonest in that he knew he was not to conduct intimate examinations but continued to do so.

Accordingly, the panel determined that charge 5 was found proved.

### **Decision and reasons on 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 Mr Boyd's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally.

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 based on the evidence before it.

The panel adopted a two-stage process in its consideration. Firstly, 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, Mr Boyd's fitness to practise is currently impaired as a result of that misconduct.

### **Submissions on misconduct & impairment**

## Submissions on behalf of the NMC

Ms Ghotra submitted that Mr Boyd's conduct amounted to serious misconduct. She stated that there had been multiple departures from the NMC Code 2018 (the Code) and referenced relevant paragraphs:

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

*1.1 treat people with kindness, respect and compassion*

*4 Act in the best interests of people at all times*

*4.2 make sure that you get properly informed consent and document it before carrying out any action*

*8 Work co-operatively*

*8.1 respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate*

*10 Keep clear and accurate records relevant to your practice*

*10.1 complete records at the time or as soon as possible after an event, recording if the notes are written some time after the event*

*13 Recognise and work within the limits of your competence*

*13.3 ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence*

*20 Uphold the reputation of your profession at all times*

*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*

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

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

Ms Ghotra stated that Mr Boyd performed intimate examinations without clinical justification and for his own desires in pursuit of sexual gratification. She submitted that Mr Boyd was well aware of the extreme vulnerability of the children he performed intimate examinations on and had taken advantage of his position of trust.

Further, Ms Ghotra stated that Mr Boyd's misconduct did not relate to a single isolated incident but comprised multiple instances of repeated misconduct, including sexual misconduct over a prolonged period, and after he was told by two different colleagues, at two different points in time, not to carry out these intimate examinations.

Ms Ghotra stated that Mr Boyd's conduct indicated underlying deep-seated attitudinal issues which were difficult to address and submitted that they amounted to serious misconduct.

Ms Ghotra when on to address the panel on impairment and submitted that Mr Boyd's behaviour demonstrated a significant departure from the principles of prioritising people and promoting professionalism, and would be seen as deplorable by fellow professionals.

Ms Ghotra submitted that Mr Boyd's misconduct had put child patients at unwarranted risk of harm and, given his limited insight, there was a risk that he was liable to put child patients at risk in future.

Ms Ghotra also stated that, in conducting testicular examinations without clinical justification he had put patients at risk of re-examination by another practitioner and misdiagnosis. She also stated that intimate examinations can be distressing for children and noted that some of the child patients were in pain when Mr Boyd performed intimate examinations on them.

Ms Ghotra stated that Mr Boyd's actions fell significantly short of what was expected of a registered nurse and were a serious departure from the standard expected of someone in his position. She submitted that his actions were egregious and breached fundamental tenets of the profession.

Further, Ms Ghotra argued that Mr Boyd was liable to act dishonestly in the future in light of his very limited insight. She referenced his reflections and stated that, whilst he had shown some insight around poor documentation and record keeping, he had not demonstrated meaningful insight in relation to his dishonesty. She stated that his reflections and training certificates had been limited and generic and had not demonstrated a proper understanding of safeguarding and the implications of his conduct on child patients.

Ms Ghotra submitted that there was a risk of repetition given Mr Boyd's lack of insight and his attempts to justify his actions rather than accept responsibility, and as such there was a risk to the public.

Further, Ms Ghotra stated that, as Mr Boyd had brought the profession into disrepute and breached fundamental tenets there was a wider public interest in finding impairment in order to maintain public confidence, maintain proper standards within the profession and to protect public and patients. She stated that, if a finding of impairment were not made, public confidence in the profession, and the NMC as a regulator, would be undermined.

Ms Ghotra concluded by inviting the panel to find impairment on both public protection and public interest grounds.

## **Legal Advice**

The panel accepted the advice of the legal assessor who referenced the following authorities: *Roylance v General Medical Council* (No 2) [2000] 1 AC 311, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), *CHRE v NMC and Grant* [2011] EWHC 927, *Cohen v GMC* [2008] EWHC 581 (Admin).

*Roylance v General Medical Council* (No. 2) defines misconduct as a ‘word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.’

Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The recognised that the act or omission must fall ‘*seriously short of the standards expected*’.

### **Decision and reasons on misconduct**

When determining whether the facts found proved amount to misconduct, the panel accepted the submissions of Ms Ghotra as to the relevant paragraphs of the Code, with the exception of paragraph 13.3, which it did not consider to be relevant in this case. In addition, the panel determined that the following paragraphs of the Code were also engaged:

*‘16.4 acknowledge and act on all concerns raised to you, investigating, escalating or dealing with those concerns where it is appropriate for you to do so*

*17 Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection*

*17.1 take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse*

*18 Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations*

*18.1 prescribe, advise on, or provide medicines or treatment, including repeat prescriptions (only if you are suitably qualified) if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs*

*19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice*

*19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place*

*24.2 use all complaints as a form of feedback and opportunity for reflection and learning to improve practice'*

The panel was also mindful of the fundamental tenets of the nursing profession, which the panel considered to be the following, namely, that nurses should:

- prioritise people;
- practise effectively;
- preserve safety; and
- promote professionalism and trust.

## Misconduct

### Charge 1

1. On one or more of the occasions set out in Schedule A, performed intimate examinations on child patients when:
  - a. not authorised to do so;

- b. when not clinically indicated.

The panel determined that Mr Boyd's actions in performing intimate examinations on child patients, as set out in Schedule A, when not authorised to do so and when not clinically indicated had put vulnerable patients at risk of distress and harm.

The panel further noted that Mr Boyd's had performed the intimate examinations set out in Schedule A over a prolonged period.

The panel determined that Mr Boyd's conduct was clearly inappropriate and fell seriously short of the standards reasonably expected of a nurse as to meet the threshold of serious misconduct. It further determined that fellow professionals would consider Mr Boyd's misconduct to be deplorable.

### Charge 2

2. On one or more of the occasions set out in Schedule B, performed intimate examinations on child patients when you had been told not to perform them.

The panel determined that Mr Boyd's actions in performing intimate examinations on child patients when he had been told not to perform them had put vulnerable patients at risk of distress and harm and involved a departure from the Code, and a breach of the fundamental tenets that a nurse should preserve safety and promote professionalism and trust.

It was of the view that fellow professionals would consider Mr Boyd's actions to be deplorable.

The panel determined that Mr Boyd's conduct was clearly inappropriate and fell seriously short of the standards reasonably expected of a nurse as to meet the threshold of serious misconduct.

### Charge 3

3. On one or more of the occasions at charge 1 and / or 2, kept inadequate and/or insufficient records relating to the intimate examinations.

The panel took account of the duty of a nurse to maintain accurate patient records. It noted that accurate record keeping was a basic requirement in order to ensure the proper care of patients. The documentation of assessments and evaluation of plans of care informs future care and a failure to do so represents a serious failing.

The panel determined that Mr Boyd's conduct was clearly inappropriate and fell seriously short of the standards reasonably expected of a nurse as to meet the threshold of serious misconduct.

#### Charge 4

4. Some or all of your conduct at charge 1 and / or charge 2 was sexually motivated in that it was carried out for sexual gratification.

The panel had previously determined that Mr Boyd had performed intimate examinations on child patients, over a prolonged period, and on multiple occasions for the purpose of sexual gratification. The panel considered this to be reprehensible and involved a significant departure from the Code and a shocking breach of the fundamental tenets.

The panel particularly noted the vulnerability of the child patients and the abuse of trust and power involved in Mr Boyd's conduct.

The panel determined that Mr Boyd's sexual misconduct, which targeted extremely vulnerable children, amounted to a gross dereliction of duty and abuse of trust. The panel noted that Mr Boyd's conduct had potentially caused harm to the most vulnerable and had put the public's trust in the profession at risk. It concluded that Mr Boyd's conduct would clearly be regarded as deplorable by fellow practitioners.



The panel determined that Mr Boyd's conduct was clearly inappropriate and fell seriously short of the standards reasonably expected of a nurse as to meet the threshold of serious misconduct.

#### Charge 5

5. That your conduct in charge 2 was dishonest in that you knew you were not to conduct intimate examinations but continued to do so.

The panel was of the view that the Code set out that nurses are required to act with honesty and integrity. By performing intimate examinations on child patients, when he had been told on two occasions not to do so, and when he knew that he was not to conduct such examinations, Mr Boyd breached these fundamental principles.

The panel determined that fellow professionals would regard Mr Boyd's dishonest conduct in continuing to perform intimate examinations, on multiple occasions, over a prolonged period, when he knew he was not to do so to be deplorable.

The panel determined that Mr Boyd's dishonest conduct was clearly inappropriate and fell seriously short of the standards reasonably expected of a nurse as to meet the threshold of serious misconduct.

#### Charge 6

6. On an unknown date between 1 January and 17 August 2023, did not give a child patient their nebuliser as prescribed by Colleague A, without discussing the same with Colleague A.

The panel took account of the fact that Colleague A was a senior clinician and had prescribed a nebuliser to a child patient. It determined that Mr Boyd's actions in not giving a child patient their nebuliser as prescribed, without discussing the same with Colleague A, had put a vulnerable patient at risk of harm.

The panel further noted that such clinical decisions were not within the scope of Mr Boyd's job description as a Band 5 nurse.

The panel determined that Mr Boyd's actions had undermined a senior colleague's clinical decision and breached fundamental tenets of the profession, namely, the commitment to preserve safety and promote professionalism and trust. It further determined that Mr Boyd's actions involved multiple departures from the Code.

In the circumstances, the panel determined that Mr Boyd's conduct in not giving a child patient their nebuliser as prescribed by Colleague A, without discussing the same with Colleague A, was clearly inappropriate and fell seriously short of the standards reasonably expected of a nurse as to meet the threshold of serious misconduct.

Accordingly, the panel determined that each charge amounted to serious misconduct.

### Impairment

The panel, having found that the facts found proved amounted to serious misconduct, went on to consider whether, as a result of that serious misconduct, Mr Boyd's fitness to practise was currently impaired.

When considering impairment, the panel had regard to the case of *CHRE v NMC and Grant* [2011] EWHC 927 where Dame Janet Smith's observations in the Fifth Report of the Shipman Inquiry were endorsed. Dame Janet Smith suggested that questions of impairment could be considered in the light of the following considerations:

*'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. Has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel also considered the approach taken in *Cohen v GMC* [2008] EWHC 581 (Admin). The panel looked for evidence of remediation and insight, and the likelihood of repetition, in the context of the three elements of the overarching statutory objective.

The panel determined that Mr Boyd's serious misconduct had brought the nursing profession into disrepute. It was conduct that was liable to undermine the public's trust in the profession and risked distress and harm to extremely vulnerable child patients.

The panel noted that Mr Boyd had provided some evidence of reflection and remediation including CPD training. However, the panel determined that, in his reflective pieces he continued to attempt to justify his actions. Further, it considered that the courses he had attended were, in general, generic and did not go to remedying his serious misconduct.

There was insufficient insight on the part of Mr Boyd, and limited evidence of appropriate remorse. While Mr Boyd had, in his reflections, demonstrated some insight into his actions in this case there was little evidence that he understands the full gravity of his misconduct and the potential ongoing impact on patients, their parents and the wider profession. On that basis, the panel considered that a risk of repetition of serious misconduct was high.

Given the serious nature of the misconduct found proved the panel determined that remediation would be extremely difficult and repetition could not be discounted.

The panel also took account of the context in which Mr Boyd's misconduct occurred. In particular, it had regard to the work environment and culture and saw no evidence of any factors that could explain or mitigate his misconduct. It received no convincing evidence to suggest that Mr Boyd had worked in an unpleasant working environment or that there had been significant working pressures in the Unit. Further, it determined that the workload on the Unit, at the times that Mr Boyd's misconduct had occurred had not been unusually busy. The panel noted Mr Boyd's reflections of one of the occasions he performed an intimate examination on a child, in particular:

*'on the day there were no aggravating factors, and the workload was not unusual for the day. I felt calm, rested and within my comfort zone of knowledge and skillset for what was happening with all the patients on the day'*

The panel considered that all four questions outlined in the guidance provided by Dame Janet Smith in the Fifth Shipman Report adopted by the High Court in *CHRE v NMC and Grant* [2011] EWHC 297 Admin were engaged, and determined that Mr Boyd was liable in the future to act so as to put a patient or patients at unwarranted risk of harm and the risk of repetition remains high.

The panel went on to consider the wider public interest and determined that the public expects nurses' conduct to justify its trust in them. Where nurses fail to do so in a significant way, the public's trust in the profession is undermined. Given Mr Boyd's misconduct which involved an abuse of trust and power and repeated sexual misconduct and dishonesty, over a prolonged period, involving extremely vulnerable child patients the panel determined that public confidence in the profession would be seriously damaged if a finding of impairment were not made in this case.

Accordingly, the panel determined that Mr Boyd's fitness to practise is impaired on the grounds of both public protection and in the public interest.

## **Decision and reasons on sanction**

Having found Mr Boyd's fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (2025) (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel has taken into account the background to the case and the evidence received during the earlier stages of the hearing. All this information is relevant to reaching a decision on what action, if any, it should take with regard to Mr Boyd's registration.

## **Submissions on sanction**

### Submissions on behalf of the NMC

Ms Ghotra submitted that the appropriate and proportionate sanction in this case was an order of strike-off. She stated that, given the seriousness and gravity of the findings in this case, a striking off order was the only order which was sufficient to maintain professional standards and protect the public.

Ms Ghotra referred to the SG, and referenced SAN-2, which relates to sanctions for particularly serious cases and stated that dishonesty will always be serious and a nurse who has acted dishonestly will always be at some risk of being removed from the register.

Ms Ghotra also stated that Mr Boyd's dishonest conduct was not spontaneous, but rather was continued dishonest conduct which took place over a prolonged period.

Ms Ghotra also referred to the SG in relation to sexual misconduct, in particular SAN-2. She stated that one of the factors to be considered was the duration of Mr Boyd's conduct and emphasised that this sexual misconduct occurred on multiple occasions between January 2023 and August 2023 and involved an imbalance of power.

Ms Ghotra submitted that Mr Boyd was in a position of trust and had abused that trust to target vulnerable children.

Ms Ghotra stated that, in terms of aggravating factors, the NMC identified five. Firstly, she stated that Mr Boyd had abused his position of trust. Secondly, she stated that Mr Boyd had demonstrated insufficient insight or understood the full gravity of his misconduct and the potential ongoing impact on patients, the parents, and the wider profession. Thirdly, Mr Boyd had provided limited evidence of appropriate remorse. Fourthly, the misconduct occurred over a prolonged period. Fifthly, his conduct put people receiving care at risk of harm.

Ms Ghotra stated that the only possible mitigating factor that the NMC could identify was an early admission to charges 1, 2, 3 and 6.

Ms Ghotra went on to address the panel regarding the appropriate sanction.

Ms Ghotra stated that no further action was not appropriate and referenced the SG, in particular SAN-3A. She stated that taking no further action would risk undermining public confidence in the profession and the regulator.

Ms Ghotra stated that a caution was not appropriate and referenced the SG, in particular SAN-3B. She stated that a caution would only be appropriate where a panel has decided that there is no risk to patients or the public that would require restricted practice. She emphasised that the concerns in this case were extremely serious and there remained a risk of repetition. Further, she stated that this case was not at the lower end of the spectrum and a caution would not protect the public, nor would it be in the public interest.

Ms Ghotra discussed conditions of practice and submitted that due to the nature of the proven charges, particularly around dishonesty and sexual motivation, involving deep-seated attitudinal and personality issues, there were no practical or workable conditions that could be formulated that would be sufficient in this case.

Ms Ghotra stated that imposing a suspension on Mr Boyd's registration would not be sufficient in this case to maintain standards or uphold public confidence, as well as to protect the public based on the serious findings that the panel have made. She asserted that this was particularly the case given that the panel was not satisfied that Mr Boyd had sufficient insight and the panel's finding that he poses a significant risk of repeating behaviour.

Ms Ghotra submitted that Mr Boyd's misconduct was fundamentally incompatible with continued registration given his repeated dishonesty and sexual misconduct. She stated that a registrant should be honest and act in the best interest of their patients, not for their own personal desires or sexual gratification.

Ms Ghotra stated that Mr Boyd's misconduct goes to the very heart of the trust and confidence which members of the public place in the profession and could dissuade members of the public from seeking medical care. She concluded by stating that Mr Boyd's misconduct was both shocking and deplorable and patients could only be protected, and the public confidence in the profession be maintained, by his removal from the register.

### Legal Advice

The panel accepted the advice of the legal assessor and had regard to the case of *Bolton v The Law Society* [1994] WLR 512 and *Parkinson v NMC* [2010] EWHC 1898 Admin.

### Panel decision

The decision as to the appropriate sanction to impose, if any, is a matter for this panel exercising its own judgement. There is no burden or standard of proof at this stage. It recognises that every case will necessarily turn on its own facts.

The panel has borne in mind that in deciding what sanction to impose, it should consider all the sanctions available, starting with the least restrictive.

Throughout its deliberations, the panel has been proportionate, balancing Mr Boyd's interests with the public interest and protection of the public.

The panel has taken into account its earlier determinations on the facts and on impairment, the SG and the NMC Code, and the submissions of Ms Ghotra on behalf of the NMC.

#### Aggravating and Mitigating Factors

The panel first considered the aggravating factors:

- The panel noted that Mr Boyd's misconduct was extremely serious and involved repeated dishonesty and sexual misconduct over a prolonged period;
- Given Mr Boyd's repeated dishonesty and sexual misconduct the panel considered that there was evidence of deep-seated attitudinal issues;
- The panel took account of the extreme vulnerability of the child patients;
- Mr Boyd's misconduct had involved an abuse of trust;
- The panel determined that Mr Boyd's dishonesty and sexual misconduct involving performing intimate examination on child patients had been premeditated;
- The panel noted that Mr Boyd had misused his power in relation to extremely vulnerable child patients;
- He had demonstrated limited insight into the effects of his dishonesty and sexual misconduct on the child patients involved, their parents and the wider public.



The panel then considered the mitigating factors in relation to this case:

- The panel noted that Mr Boyd had provided the panel with evidence of some limited reflections and CPD.

However, the panel did not consider this to mitigate his repeated dishonesty and multiple instances of sexual misconduct.

The panel considered each sanction in ascending order of seriousness starting with the least restrictive.

### No Further Action

The panel first considered whether to conclude the case by taking no further action.

The panel determined that to take no further action would be inappropriate. The panel did not consider that these case circumstances, which involved extremely serious misconduct, would justify such a course. It would not be sufficient, proportionate or in the public interest to conclude the case by taking no action.

### Caution Order

The panel then considered whether a caution order would be appropriate in the circumstances.

The panel had regard to the SG, in particular:

*‘A caution order is only appropriate if the Fitness to Practise Committee has decided there’s no risk to the public or to patients [...]’*

The panel determined that imposing a caution order would not be appropriate given the gravity of Mr Boyd’s misconduct, which involved repeated dishonesty and sexual misconduct, and given the serious risk that the registrant would repeat his misconduct.

### Conditions of Practice Order

The panel considered whether it would be appropriate to impose conditions on Mr Boyd's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable.

The panel reminded itself that the hearing involved a public interest aspect and considered that an imposition of conditions on Mr Boyd's registration would not send a sufficient message to the public or the profession as to the inappropriateness and seriousness of his misconduct.

In the circumstances the panel determined that a period of conditional registration would not protect the public.

In light of the registrant's submission that he did not want to return to practice, the panel also determined conditions would not be workable. Further, the panel determined that conditions of practice would not mark the seriousness of the misconduct and would not adequately protect public confidence in the profession or uphold proper standards of conduct for members of the profession.

### Suspension Order

The panel then went on to consider whether imposing a period of suspension on Mr Boyd's registration would be appropriate and proportionate.

The panel acknowledged that suspension may have a deterrent effect and can be used as a signal to the nurse, the profession, and to the public about what is regarded as behaviour unbefitting a registered nurse.

The panel had regard to its impairment determination and its finding that Mr Boyd's misconduct was a serious breach of fundamental tenets and undermined public trust in the profession.

Further, the panel noted its earlier findings and determined that it could not be satisfied that Mr Boyd did not pose a significant risk of similar dishonesty and sexual misconduct in the future.

The panel determined that temporary suspension of Mr Boyd's registration would not be appropriate given the seriousness of the misconduct found proved and would not be sufficient to send a message to the profession.

In the circumstances, having had regard to the findings at the facts and impairment stages of this hearing, and the continued risk that Mr Boyd posed, the panel was satisfied that a period of suspension imposed upon the registrant's registration would not be appropriate and would not meet the overarching objective.

#### Striking off order

When considering the striking off order the panel had regard to the SG (SAN-2) relating to particularly serious cases involving dishonesty, sexual misconduct and abuse of children or vulnerable people.

The panel considered Mr Boyd's dishonesty and sexual misconduct, and the continued risk that he posed. The panel considered those factors to be incompatible with Mr Boyd's continued registration as a nurse.

Having regard to all the evidence before it, and the statutory overarching objective, the panel determined that the only appropriate and proportionate sanction was one of a striking off order.

Further, the panel concluded that striking Mr Boyd's name from the register was necessary to protect, promote and maintain the health, safety and well-being of the public; maintain public confidence in the nursing profession, and uphold and maintain standards and conduct for members of the profession.

The panel therefore directed that Mr Boyd's name be struck from the register.

## **Interim order**

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

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

## **Submissions on interim order**

The panel took account of the submissions made by Ms Ghotra on behalf of the NMC. She submitted that given the panel's decision on sanction, a suspension order for a period of 18 months is necessary in order to protect the public and would be consistent with the panel's decisions on impairment and sanction, to cover the 28-day appeal period before the substantive order becomes effective.

## **Decision and reasons on interim order**

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel therefore imposed an interim suspension order for a period of 18 months to allow for any appeal to be resolved. It determined that not imposing an interim suspension order would be inconsistent with the panel's earlier decision.

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

This will be confirmed to Mr Boyd in writing.

That concludes this determination.