Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Tuesday, 13 January – Friday, 16 January 2026

Virtual Meeting

Name of Registrant:	**Margaret Jane Boyle**	
NMC PIN:	06I0399S	
Part(s) of the register:	Nursing, Sub part 1 RNMH, Registered Nurse - Mental Health 12 September 2009	
Relevant Location:	South Lanarkshire	
Type of case:	Misconduct	
Panel members:	Susan Thomas David Anderson Genevieve Nwanze	(Chair, Lay member) (Lay member) (Registrant member)
Legal Assessor:	Hala Helmi	
Hearings Coordinator:	John Kennedy	
Facts proved:	Charges 1a, 1b, 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 5d, and 6	
Fitness to practise:	Impaired	
Sanction:	**Striking-off order**	
Interim order:	**Interim suspension order (18 months)**	

Decision and reasons on service of Notice of Meeting

The panel noted at the start of this meeting that Ms Boyle was not in attendance and that the Notice of Meeting letter had been sent to Ms Boyle's registered email address by secure email on 24 November 2025.

Further, the panel noted that the Notice of Meeting was also sent to Ms Boyle's representative at UNISON on 24 November 2025.

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

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, date after which the meeting would be held and that the meeting was to be held virtually.

In the light of all of the information available, the panel was satisfied that Ms Boyle has been served with the Notice of Meeting in accordance with the requirements of Rules 11 and 34.

Details of charge

That you, a Registered Nurse:

1. On 30 July 2018, in relation to Patient A:
a. Administered Pabrinex intramuscularly;
b. Knew or should have known that they were prescribed Pabrinex intravenously.

2. On 8 December 2018, in relation to Patient B, challenged a formal diagnosis of Adult ADHD made by Colleague A:

a. Within Patient B's written patient record;

b. Verbally to Patient B.

3. On 12 February 2020, in relation to Patient C:

a. Administered paracetamol;

b. Knew or should have known that this medication was temporarily excluded from the patient's prescriptions.

4. On 18 May 2020, in relation to Patient D:

a. Administered 1600mg of ibuprofen within a 24 hour period;

b. Knew or should have known that the maximum dose was 1200mg.

5. Between 19 August 2020 and 6 October 2020:

a. In relation to Patient E:

    i. Told him that you would "let him know if they were building any new bridges", or words to that effect, before he was discharged;

    ii. Knew the patient had a history of suicide attempts by jumping off a bridge.

b. In relation to Patient F:

    i. Told them to "pick yourself up a bottle of something nice on the way home" or words to that effect;

    ii. Knew they were discharging themselves against medical advice following admission for alcohol detoxification.

c. In response to Patient G requesting assistance with personal care needs following a period of incontinence:

    i. Threw or slammed your pen down on the table;

    ii. Said "for god's sake" or words to that effect;

    iii. Marched the patient to the toilet;

iv. Said “for god’s sake, what are you going to do when you get home?” or words to that effect.

d. Told Colleague B to withhold Patient H’s negative Covid-19 test result in order to keep them in their room.

6. On 25 April 2021, failed to administer Patient I’s prescribed morning medication.

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

Background

The charges arose whilst Ms Boyle was employed as a registered nurse at Gartnavel Royal Hospital in Greater Glasgow and Clyde NHS Board (the Board) as a Band 5 staff nurse on an in-patient addiction ward. The NMC received an anonymous referral in February 2022 which raised concerns about Ms Boyle’s practice, including contradicting a consultant’s diagnosis, multiple medication errors, and attitudinal concerns towards patients.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the documentary evidence in this case together with the written statement of case from the NMC. The panel read the bundle of papers from the NMC but there were no representations received from Ms Boyle for the purposes of this meeting.

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 had statements from the following witnesses on behalf of the NMC:

- Witness 1: Nurse team leader in North-West Alcohol Drug Recovery Service of the Board, at time of allegations
- Witness 2: Senior Charge nurse on the Ward, at time of allegations
- Witness 3: Mental Health Nurse on the Ward
- Witness 4: Nurse team leader in North-West Alcohol Drug Recovery Service of the Board

Before making any findings on the facts, the panel accepted the advice of the legal assessor.

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

Charge 1

'1. On 30 July 2018, in relation to Patient A:
a. Administered Pabrinex intramuscularly;
b. Knew or should have known that they were prescribed Pabrinex intravenously.'

This charge is found proved

In reaching this decision, the panel took into account the evidence of Witness 2, the Datix form of the event, and the patient's prescription and recording sheets. The panel also had regard to the local interview notes of an investigation meeting Ms Boyle attended.

The panel considered that Witness 2 stated that on 30 July 2018 Ms Boyle administered Pabrinex intramuscularly to Patient A as part of their treatment. This is supported by the Datix which states that Pabrinex was administered intramuscularly. Witness 2 stated that the Datix was completed by Ms Boyle. In her interview Ms Boyle does not challenge that she administered it via an intramuscular route. Therefore the panel finds charge 1a proved on this basis.

The panel considered that the Datix states the patient was supposed to receive the Pabrinex intravenously and that the mistake was noticed when the duty doctor attended to prepare the intravenous delivery. Witness 2 stated:

> '*This patient was prescribed [pabrinex] intravenously*
> *…*
> *'it was the right medication just administered via the incorrect route. On review of the medication recording sheet, it appears that this was record by another Staff Nurse…*
> *'the Datix incident report was completed by [Ms Boyle]'*

The panel considered that this evidence supports that the patient was prescribed Pabrinex intravenously, and that Ms Boyle in writing the Datix accepts this and her mistake.

The panel had sight of the prescribing form. Under the column '*route'* which states the method that a medication is prescribed to be administered, the is a handwritten notation which could be IM. The panel noted that IM would indicate intramuscular while IV would indicate intravenously. However, the handwritten M is not totally clear and, on the face of it, appears as if the two stems of the letter are in a heavier print than the middle part of the letter, which appears to indicate they were added later to change IV to IM.

Therefore on the balance of probabilities the panel finds charge 1b proved.

Charge 2

> '2. On 8 December 2018, in relation to Patient B, challenged a formal diagnosis of Adult ADHD made by Colleague A:
> a. Within Patient B's written patient record;
> b. Verbally to Patient B.'

This charge is found proved

In reaching this decision, the panel took into account the statement of Witness 1, the written patient records, and correspondence from the consultant psychiatrist.

Witness 1 stated that both the patient and consultant psychiatrist had submitted formal complaints about Ms Boyle following her making comments which challenged the formal diagnosis of Adult ADHD. The witness stated that Ms Boyle commented both verbally and within the patient's record that she disagreed with the consultant's diagnosis of Adult ADHD.

The panel noted that within the patient notes there is an entry from Ms Boyle dated 8 December 2018 that challenged the diagnosis of Adult ADHD, which had been made by the consultant psychiatrist on 3 December 2018. Ms Boyle's entry read:

> '…*[Patient B] spoke with writer regarding ADHD, writer explained knowing a good bit about this subject, when [Patient B] asked if writer thought [they] had it writer responded that they would be very much surprised, [Patient B] unhappy with this…'*

In the local interview on 15 April 2019 Ms Boyle stated that she stands by her comments. The panel noted that while this local interview note is not signed or dated by Ms Boyle, it

nevertheless accepted it was prepared by Witness 1 as part of a formal local investigation and there was no challenge presented at the time by Ms Boyle. Therefore it considered it was fair to accept the document as an accurate reflection of the meeting.

The panel considered that this evidence supports finding the charge proved.

However, the panel noted that Witness 1 stated:

> *'In the investigation interview, Margaret did not agree, that she had challenged the diagnosis of the psychiatrist, or that she said anything of this nature, to the patient. This was conflicting with the written patient notes and what Margaret said, when I asked her directly, if she challenged the diagnosis, or spoke to the patient, to say, she did not think he had ADHD.'*

While Ms Boyle appeared to initially challenge this, the panel determined that that there is sufficient evidence in support of the charge. Therefore, the panel found this charge proved in its entirety.

Charge 3

> '3. On 12 February 2020, in relation to Patient C:
> a. Administered paracetamol;
> b. Knew or should have known that this medication was temporarily excluded from the patient's prescriptions.'

This charge is found proved

In considering this charge the panel had sight of the statement of Witness 2, the Datix form of the incident, and the prescribing and recording sheet for the patient.

Witness 2 stated that Ms Boyle administered paracetamol to the patient when this had been excluded from the prescription form, and that she should have known this. The panel noted that the Datix entry stated:

> '*Staff nurse identified that patient had been administered paracetamol which had been excluded from symptomatic relief policy and therefore not prescribed.'*

The panel considered that the only information as to who wrote this entry is the same as at charge 1 where Witness 2 stated that it was Ms Boyle. It also noted that this entry does not specify who administered the paracetamol, only that it had been identified as incorrectly administered.

The panel had sight of the recording sheet of the patient which lists all medications administered on 12 February 2020. It is recorded that at 00:15 Ms Boyle administered the medication '*Q*' to the patient, the sheet noted that codes are used for medications referring to the prescription sheet. The prescription sheet states that line '*Q*' is *'Symptomatic Relief Policy (No Paracetamol)'* prescribed on 11 February 2020 and discontinued on 12 February 2020. The panel did not have sight of the Symptomatic Relief Policy to evaluate what should have been administered instead of paracetamol.

The panel preferred the account of Witness 2 and the Datix that the patient had been administered paracetamol on 12 February 2020. The panel concluded that given that Ms Boyle had administered as required medication at 00:15 on 12 February 2020 and that the patient had received paracetamol that on the balance of probabilities this medication was paracetamol, and that Ms Boyle should have known it was not prescribed at that time.

Therefore, the panel finds this charge proved.

Charge 4

> '4. On 18 May 2020, in relation to Patient D:

a. Administered 1600mg of ibuprofen within a 24 hour period;
b. Knew or should have known that the maximum dose was 1200mg.'

This charge is found proved

In considering this charge the panel had sight of the patient's prescription record. The prescription sheet number 2 stated under code *'Q'*, '*Ibuprofen, 400mg, 4-6 hourly, and max dose of 1200 mg*', and under the recording sheet for as required medication there were four entries for Q occurring at 06:00, 10:00, 17:30 all done by another nurse, and at 21:00 signed for by Ms Boyle.

The panel also had sight of a Datix and statement of Witness 2 which stated Ms Boyle had administered a fourth dosage of 400mg to the patient within 24 hours, taking the total dosage to 1600 mg.

The panel therefore finds this charge proved.

Charge 5a

'5. Between 19 August 2020 and 6 October 2020:
a. In relation to Patient E:
i. Told him that you would "let him know if they were building any new bridges", or words to that effect, before he was discharged;
ii. Knew the patient had a history of suicide attempts by jumping off a bridge.'

This charge is found proved

The panel considered charge 5 in the various subcharges separately as they relate to different patients.

In considering charge 5a the panel had sight of the statement of Witness 3 and the local investigation meeting notes from Ms Boyle's interview.

Witness 3 states that they were with Ms Boyle doing a medication round when she said to Patient E that she would let him know if they were building any new bridges. The patient was coming up to discharge after an admission for previously attempting suicide by jumping off a bridge which was specifically known to Ms Boyle.

The panel noted an investigation meeting note dated 3 December 2020 with a Nursing Assistant at the Board who was also present at the incident where they confirm hearing Ms Boyle making this comment.

In the local investigation meeting which Ms Boyle attended on 15 December 2020 she accepted making the comment and to being aware of the patient's medical history.

Therefore, the panel finds this charge proved.

Charge 5b

> '5. Between 19 August 2020 and 6 October 2020:
> b. In relation to Patient F:
> i. Told them to "pick yourself up a bottle of something nice on the way home" or words to that effect;
> ii. Knew they were discharging themselves against medical advice following admission for alcohol detoxification.'

This charge is found proved

In considering charge 5b the panel had sight of the statement of Witness 3 and the local investigation meeting notes from Ms Boyle's interview of 15 December 2020.

Witness 3 states that the patient had been admitted several times previously for treatment relating to alcohol addiction and was in the process of discharging themselves against medical advice. Witness 3 states they were at the nurse's station when Ms Boyle shouted to the patient *"pick yourself up a bottle of something nice on the way home"*.

In the local investigation meeting Ms Boyle attended on 15 December 2020 she stated that she recalled the patient who was wanting to be discharged against medical advice, not completing the alcohol detox program, but that she did not recall making the comment. She stated that she would have given the standard advice regarding alcohol that is given to all patients who leave midway through a detox program.

The panel had sight of the investigation meeting note dated 3 December 2020 from a Nursing Assistant who stated they were present during this incident and recalled that the patient was wanting to be discharged against medical advice.

On the basis of the above evidence, the panel was satisfied that Ms Boyle spoke the words set out in the charge and also knew that Patient F was discharging themselves against medical advice following admission for alcohol detox.

The panel noted that Ms Boyle's local statement does not amount to a firm denial but merely a statement that she could not recall the incident. It therefore preferred the direct evidence of Witness 3 who was present at the time the incident occurred.

Therefore, the panel finds this charge proved.

Charge 5c

> '5. Between 19 August 2020 and 6 October 2020:
> c. In response to Patient G requesting assistance with personal care needs following a period of incontinence:
> i. Threw or slammed your pen down on the table;

ii. Said “for god’s sake” or words to that effect;
iii. Marched the patient to the toilet;
iv. Said “for god’s sake, what are you going to do when you get home?” or words to that effect.’

This charge is found proved

The panel considered the statement of Witness 3 and their local investigation meeting, dated 2 December 2020.

In the NMC witness statement, signed 26 April 2024, Witness 3 describes how Patient G approached the nursing station, where the witness and Ms Boyle were, and said they had been incontinent. Ms Boyle, who was writing notes, then slammed her pen down and said “*for god’s sake”* marching the patient to the toilet. Witness 3 describes Ms Boyle as being irate and made another statement to the patient *“for god’s sake what are you going to do when you get home”*.

In the local investigation meeting notes of 2 December 2020 Witness 3 describes the same event. The details are the same apart from that the second time Ms Boyle spoke to the patient she is recorded to have said *“what are you going to do when you get home”*.

The panel had sight of Ms Boyle’s local interview notes where she stated she did not recall the incident. It considered that this does not amount to a denial of the incident but merely to a lack of memory of the incident.

The panel considered the slight differences in Witness 3’s accounts. It considered that the sequence of events is clearly described both times in the same way with the same key points being made. The only difference is in the exact words that are said to have been used by Ms Boyle. The panel considered that apart from the inclusion of “*for god’s sake*” the second time both accounts record the same words. The panel therefore concluded that given the passage of time it is possible that Witness 3 has misremembered Ms Boyle

as saying *“for god’s sake*” twice when the more contemporary account records that it was only said once.

The panel therefore finds charges 5c i, ii, and iii, proved in their entirety.

The panel finds that charge 5c iv is also proved on the basis that Ms Boyle said *“what are you going to do when you get home*” without the addition of *“for god’s sake”*, noting that the charge contains the words *‘or words to that effect’*. Therefore while the panel’s finding is on the basis that the exact words alleged in charge 5c iv were not used, words to that effect were said by Ms Boyle.

Charge 5d

> ‘5. Between 19 August 2020 and 6 October 2020:
> d. Told Colleague B to withhold Patient H’s negative Covid-19 test result in order to keep them in their room.’

This charge is found proved

The panel had regard to the statement of Witness 3 and the local investigation notes of Ms Boyle’s interview.

Witness 3 states that at the material time all incoming patients were tested for Covid-19 and had to isolate in their room for at least five days and await a negative test. The test for Patient H came back negative and Witness 3 told Ms Boyle this and was going to inform the patient. Ms Boyle stopped the witness and advised to withhold the negative Covid-19 test result as she was concerned if the patient was told they would be up all-night asking Ms Boyle for medications.

In her local investigation interview Ms Boyle states that she does not recall this incident. The panel considered that this does not amount to a denial the event occurred but rather just that Ms Boyle does not recall it.

The panel considered that Witness 3's evidence was reliable as they were a direct witness to the event.

Therefore, the panel finds this charge proved.

Charge 6

> '6. On 25 April 2021, failed to administer Patient I's prescribed morning medication.'

This charge is found proved

The panel had sight of the statement of Witness 2, the Datix form, and the patient's prescribing record and medication reporting form.

The medication reporting form for 25 April 2021 that shows there was no medication administered at the morning medication round.

Witness 2 stated that there were three nurses on duty that morning, including Ms Boyle, and that there appears to have been a communication breakdown which resulted in the patient not getting this morning medication. Witness 2 stated that all three nursing staff would have been spoken to about this. Notwithstanding the presence of other registered nurses Witness 2 states *"[Ms Boyle] omitted to give a patient their medication"*, the panel therefore finds that the use of the word omitted in this context, imports a particularised duty on Ms Boyle to have administered the medication.

The panel concludes that in light of this particularised duty on Ms Boyle, as expressed by her line manager, to administer the medication to Patient I, by not doing so she has failed in this duty.

Ms Boyle did not make any response to this charge.

Therefore, the panel found this charge 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 Ms Boyle'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.

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, Ms Boyle's 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.' The panel also had regard to the NMC Fitness to Practice guidance FTP-2a.

The NMC invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code) in making its decision.

Submissions on impairment

The NMC addressed the issue of impairment and reminded the panel of 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). The panel also had regard to the NMC Fitness to Practice guidance DMA-1

The NMC submitted that the first three limbs of the test set out in *Grant* are engaged in this case, and that Ms Boyle has demonstrated no insight or remediation. Despite Ms Boyle having indicated a desire to be removed from the register she has not made any application for agreed removal. Therefore, the NMC position is that Ms Boyle is currently impaired both on the grounds of public protection and otherwise in the public interest.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance*, *R (on application of Cohen) v General Medical Council* [2008] EWHC 581 (Admin) and *Grant*.

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 Ms Boyle's actions did fall significantly short of the standards expected of a registered nurse, and that Ms Boyle's actions amounted to a breach of the Code. Specifically:

'1.2 make sure you deliver the fundamentals of care effectively

1.4 make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay

2.6 recognise when people are anxious or in distress and respond compassionately and politely

8.2 maintain effective communication with colleagues

9.3 deal with differences of professional opinion with colleagues by discussion and informed debate, respecting their views and opinions and behaving in a professional way at all times

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

18.2 keep to appropriate guidelines when giving advice on using controlled drugs and recording the prescribing, supply, dispensing or administration of controlled drugs

18.3 make sure that the care or treatment you advise on, prescribe, supply, dispense or administer for each person is compatible with any other care or treatment they are receiving, including (where possible) over-the-counter medicines

20.1 keep to and uphold the standards and values set out in the Code

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

20.8 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. However, the panel was of the view that when considered individually and collectively the charges found proved do amount to serious misconduct that would be considered deplorable by fellow practitioners. The panel considered especially that numerous actions placed patients at risk of harm, including a safeguarding concern and were a serious departure from the expected standards of a registered nurse.

The panel considered that Ms Boyle's actions at charge 5c resulted in Patient G feeling exceptionally anxious about contacting nursing staff in the future, and they felt humiliated and embarrassed. It finds that this is serious misconduct which caused emotional harm to a vulnerable patient.

The panel considered that charge 5d was a significant departure from the expected standards of a registered nurse, that by withholding a patient's Covid-19 test results so that they were restricted to their room Ms Boyle acted not in the best interests of Patient H but rather in her own interests to have a quieter shift. This action was done by Ms Boyle in

a self-serving manner and failed to take into account what was in the best interests of a vulnerable patient.

In regards to charge 6 the panel noted that it was unclear if Ms Boyle was the nurse in charge of the patient; however, as part of the nursing team and an experienced nurse on shift she did have a duty to ensure that the patients under her care received the correct medication at the correct time and therefore her actions do amount to misconduct.

The panel found that Ms Boyle's 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, Ms Boyle's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the NMC Guidance on *'Impairment'* (Reference: DMA-1 Last Updated: 03/03/2025) 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 kindly, safely and professionally?"*
>
> *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. Patients and their families must be able to trust nurses with their lives and

the lives of their loved ones. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

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

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

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

d) …'

The panel finds that patients were put at unwarranted risk of physical and emotional harm as a result of Ms Boyle's misconduct. While there is some evidence of direct patient harm as a result of Ms Boyle's actions there is a serious repeated risk of harm. In regard to the multiple medication errors there was a clear risk of harm that patients either received the medication by an incorrect route which had not been prescribed, which would have caused a delay in it taking effect. Additionally, there was a risk of harm where patients were given too much of the medication which caused an overdose, received the incorrect medication which had been suspended from the prescription, or did not receive their mediation. All of these actions placed vulnerable patients at risk of harm both physically and emotionally by being in pain for longer than necessary. The panel also considered that there was a serious safeguarding risk and a real risk of harm in Ms Boyle's comments to Patient E, and while there is no evidence of direct harm, there was a risk of serious psychological harm and potentially was placed at risk of very serious physical harm. The panel noted that Patient B and Patient G were caused emotional harm as a result of Ms Boyle's actions.

Ms Boyle's misconduct had breached the fundamental tenets of the nursing profession and brought its reputation into disrepute.

The panel considered that there has been no evidence of any insight, remediation, training, or strengthening of practice by Ms Boyle. Despite events occurring in the period 2018 - 2021 Ms Boyle has not demonstrated any steps taken to remediate the concerns and strengthen her practice. There is no up to date reference from an employer or any testimonials of Ms Boyle's current work and practice. From the information available to the panel Ms Boyle has not practised for several years and indicated that she would like to be removed from the NMC register. The panel considered that Ms Boyle's wide-ranging misconduct, which occurred over a number of years and impacted multiple patients, with no indication of insight or improvement is indicative of a deep-seated attitudinal concern. Therefore the panel concluded that there is a real risk of repetition of the misconduct.

Therefore, the panel concluded that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a finding of impairment on public interest grounds is required because the public confidence in the nursing profession would be seriously undermined if a registered nurse who was found to place multiple vulnerable patients at risk of serious harm in different ways over a prolonged period was not found impaired and was able to practice unrestricted without any evidence of strengthening practice and making changes to their work.

Having regard to all of the above, the panel was satisfied that Ms Boyle's fitness to practise is currently impaired on both public protect and public interest grounds.

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Ms Boyle off the register. The effect of this order is that the NMC register will show that Ms Boyle has been struck-off the register.

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

The panel accepted the advice of the legal assessor.

Submissions on sanction

The panel noted that in the Notice of Meeting, the NMC had advised Ms Boyle that it would seek the imposition of a striking off order if it found Ms Boyle's fitness to practise currently impaired.

Decision and reasons on sanction

Having found Ms Boyle's 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:

- Risk of harm to vulnerable patients
- Abuse of position of trust
- Pattern of misconduct over a prolonged period of time
- Lack of insight
- No meaningful remorse demonstrated

The panel considered there were no mitigating features in this case.

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

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

The panel next considered whether placing conditions of practice on Ms Boyle's registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The panel considered that there is no evidence that Ms Boyle would comply or engage with any conditions imposed. Furthermore, the panel concluded that the placing of conditions on Ms Boyle's registration would not adequately address the seriousness of this case and would not protect the public.

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:

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

The panel considered that Ms Boyle's actions were not a single incident and were repeated on multiple occasions with different patients, that she has not demonstrated any insight into the events, and there is an indication of deep-seated attitudinal concerns over a significant period of time. It further considered that Ms Boyle has not demonstrated any insight into the concerns, and given the deep-seated attitudinal concerns the panel has found there remains a real risk of repetition. Therefore, the panel concluded that in this case a suspension order would not be appropriate.

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Ms Boyle's actions, and the significant risk of future harm to vulnerable patients is fundamentally incompatible with Ms Boyle remaining on the register.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*
- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

Ms Boyle's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Ms

Boyle's actions were serious and to allow her to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

The panel concluded that as Ms Boyle's actions were at times self-serving, showed little regard for the safety and wellbeing of vulnerable patients, demonstrated no strengthening of practice or accountability over a prolonged period of time. Therefore it considered that given all the above there is no sanction short of a striking-off order that is appropriate in this case.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of Ms Boyle's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, as well as the real risk to patients which she presents, the panel has concluded that nothing short of this would be sufficient in this case.

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

In coming to this decision the panel took into account the potential impact of this upon Ms Boyle, namely financial, reputational, and more generally upon the right to practise her profession. However, the need to protect the public and uphold the public interest outweigh her interests in this regard.

This will be confirmed to Ms Boyle in writing.

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of

this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Ms Boyle'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 noted the NMC position that an interim suspension order of 18 months would be necessary to cover any potential appeal period before the striking off order comes into effect.

Decision and reasons on interim order

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

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months to protect the public and otherwise in the public interest to cover any potential appeal period.

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

That concludes this determination.