

**Nursing and Midwifery Council
Investigating Committee**

**New Interim Order Hearing
Tuesday 20 January 2026**

Virtual Hearing

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| Name of Registrant: | Paul Parker |
| NMC PIN: | 13I1522S |
| Part(s) of the register: | Registered Nurse Mental Health – RNMH – September 2015 |
| Relevant Location: | Isle of Skye |
| Panel members: | Nariane Chantler (Chair, Registrant member) Hayley Ball (Registrant member) Hazel Wilford (Lay member) |
| Legal Assessor: | Ben Stephenson |
| Hearings Coordinator: | Hazel Ahmet |
| Nursing and Midwifery Council: | Represented by Iwona Boesche, Case Presenter |
| Mr Paul: | Present and represented by Sarah Mcilwham (Thompsons Solicitors Scotland) |
| Interim order directed: | Interim conditions of practice order (18 months) |

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

At the outset of the hearing, Ms Mcilwham made a request that this case be held entirely in private given the nature of the allegations, and the fact that the location of these allegations is the Isle of Skye, which has a small population/community, where complainers may be easily identifiable. [PRIVATE].

The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Boesche requested that the panel go into private only partially, [PRIVATE].

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

The panel bore in mind that any individual's identification will be redacted from the determination. The panel determined it would go into private session as and when issues relating to [PRIVATE] are raised; this is in order to protect your privacy, in accordance with the legal advice above.

Decision and reasons on interim order

The panel decided to make an interim conditions of practice order for a period of 18 months.

In reaching its decision, the panel considered the documentation before it, together with submissions by Ms Boesche on behalf of the Nursing and Midwifery Council (NMC) and submissions from Ms Mcilwham on your behalf. The panel accepted the advice of the legal assessor and took account of the guidance issued by the NMC to panels considering interim orders and the appropriate test as set out at Article 31 of the 'Nursing and Midwifery Order 2001' (the Order). It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public

interest or in your own interests. The panel was mindful that its role was to undertake a risk assessment based on the information before it, and not to determine the facts of the case.

You, whilst employed as a Community Psychiatric Nurse were referred to the NMC on 18 September 2025 from NHS Highland in relation to the following allegations:

- 1) A staff member alleged that you sexually assaulted them within the workplace.
- 2) An external agency reported to NHS Highland that you engaged in sexually inappropriate conduct towards a patient.

It is alleged that these allegations involved vulnerable women for which your conduct could pose serious psychological harm. You were suspended on 17 September 2025, pending an investigation into the allegations. The NMC regulatory concerns are as follows:

1. Sexually harassing behaviour – in that you have engaged in unwanted sexual contact with a colleague on at least one occasion
2. Failure to maintain professional boundaries – in that:
 - you have engaged in a sexual relationship with a patient on more than one occasion
 - you have sent sexually explicit messages to a patient on more than one occasion
3. Sexual motivation – in that your conduct in Regulatory Concern 2 was sexually motivated.

Ms Boesche submitted that much of the evidence did not relate to the regulatory concerns and for the panel to disregard that information. She submitted that she would refer only to the information which relates to the regulatory concerns.

Ms Boesche referred to the Incident Report email in relation to regulatory concern 1. In relation to regulatory concern 2, she referred to screenshots of Whatsapp messages which includes photos, and your admission within your reflective piece. Ms Boesche further submitted that in relation to regulatory concern 2, blaming the effect that previous behaviours of others has had on you (which also appears in the two testimonials of Colleague 1) was concerning and supports the current risk.

Ms Boesche submitted that by the very nature of it, the individual involved in the second regulatory concern was a vulnerable patient. She submitted that it is an expectation that a nurse would understand the potential emotional and psychological harm that could be the effect of your alleged actions.

Ms Boesche submitted that there is cogent evidence, which is not frivolous, showing behaviours which allegedly occurred on more than one occasion. Therefore, an order is required on the grounds of public protection.

Ms Boesche further submitted that if such acts were known by an informed member of the public, it would severely undermine the trust in the profession; an order is therefore necessary in the greater public interest.

The panel then requested what type of order the NMC were seeking.

Ms Boesche submitted that the NMC are requesting an interim suspension order for a period of 18 months as this case remains in the early stages of the investigation. She submitted that the concerns are serious and non-clinical and there are no workable conditions that would protect the public and/or your colleagues at this stage.

Ms Mcilwham submitted that an interim conditions of practice order is proportionate in all the circumstances.

Ms Mcilwham submitted that you deny the first allegation made against you.

Ms Mcilwham submitted for the second regulatory concern, that you acknowledge that your progression of the relationship you experienced with a patient you had assessed, was inappropriate, as was the development of your physical relationship with them. Ms Mcilwham submitted that [PRIVATE] contributed to your actions, [PRIVATE]. Ms Mcilwham submitted that in response to Ms Boesche's submissions regarding the current risk and your reflection, you in no way blame the behaviour of others on your actions, [PRIVATE] is not meant to be an excuse, but you wish to explain your situation.

Ms Mcilwham submitted that you are deeply remorseful and mortified at your conduct and noted that you have never acted in such a manner before. Ms Mcilwham submitted that you do not seek to diminish regulatory concern two by any means, and that you take full accountability for your lapse of judgement, and that you understand that professional boundaries should never be breached and are deeply apologetic for your conduct towards the patient.

Ms Mcilwham submitted that you plan to relocate [PRIVATE], as you feel this would be best for everyone, as you will no longer remain on the small island of Isle of Skye. Ms Mcilwham submitted that you are currently suspended, but that if you were to relocate [PRIVATE], there may be an opportunity for you to undertake virtual consultations.

Ms Mcilwham submitted that an interim conditions of practice order is a proportionate and necessary response at this stage, rather than an interim suspension order. Conditions in this case can achieve protection for the public, a maintaining of confidence in the profession, and an upholding of proper standards.

Ms Mcilwham submitted that any such risk in this case, can be safely managed through conditions; this case is capable of being supervised, remedied, and not fundamentally incompatible with safe practice when safeguards are in place. She submitted that conditions can directly address the areas of concern by ensuring oversight, and structured monitoring.

Ms Mcilwham submitted that you would not oppose any conditions, but recommended the following:

- 1) Supervision whilst meeting with female patients;
- 2) Regular check-ins with line managers;
- 3) Professional ethics and boundary training.

Ms Mcilwham submitted that you have shown insight, and that there are no ongoing or unmanageable risks in this case; therefore, an interim suspension order would not be appropriate.

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

In relation to evidence of the concern, the panel reviewed the information before it and had regard to the following:

- The initial referral from the Trust;
- Your partial admission to the allegations within your reflection;
- Incident report email regarding regulatory concern 1, dated 23 July 2025;
- Correspondence from the Trust in relation to both of the alleged incidents;
- Further email correspondence between the NMC and the Trust relating to the first regulatory concern;
- A summary of a conversation between the NMC and the patient mentioned in regulatory concern 2, dated 25 November 2025, (amended on 17 December 2025);
- The screenshots of the text messages between yourself and the patient, in relation to the second regulatory concern;
- The two written testimonials provided by Colleague 1 and Colleague 2.

Having considered all of the information before it, the panel was satisfied that the evidence of concern is cogent, reliable, not fanciful or frivolous and not obviously contradicted by other evidence or entirely misconceived.

Having regard to all of the above, the panel considered that the regulatory concerns are of a serious nature as they relate to sexually harassing behaviour of a colleague of yours, and alleged unwanted sexual contact as identified in an email dated 23 July 2025 by your colleague. In addition, it is alleged that you crossed professional boundaries by allegedly engaging in a sexual relationship with a vulnerable patient who was previously in your care. The panel determined that your conduct occurred over a period of time and was not an isolated incident. The panel noted that your alleged actions allegedly led to the psychological harm of your colleague, and the potential psychological harm to the patient concerned in regulatory concern 2.

The panel acknowledges Ms Mcilwham's submission that you have taken full accountability of regulatory concern 2. The panel also considered that you have not been able to work and therefore have not been able to present any strengthening of your practice, nor have you provided any relevant training to the panel today. The panel noted your reflection, and the mitigating reasons you provided [PRIVATE] at the time of the alleged incidents. However, it was of the view that although this showed some developing insight, it did not significantly reduce the risk. The panel determined that there is a risk of repetition in this case, given that regulatory concerns are of a similar nature and therefore, there is a risk of significant harm to both your colleagues and to your patients. The panel therefore concluded that an interim order is necessary on the grounds of public protection.

The panel also determined that an order is also necessary in the wider public interest, in order to maintain confidence in the professions and the NMC as regulator. A well-informed member of the public, would be shocked if a registrant facing allegations of a sexual nature involving a colleague and a vulnerable patient, were able to practice unrestricted at this time. It therefore determined that reputation to the professions and the NMC as a regulator would be damaged if an interim order were not imposed. Therefore, the panel determined that an interim order is otherwise in the public interest. The panel considered what type of order it should impose to protect the public and maintain the public interest. The panel noted your engagement with the NMC, your reflection, [PRIVATE], your developing insight and the remorse you have shown in relation to regulatory concern 2. The panel also noted the positive testimonials you

provided from Colleague 1 and Colleague 2, which state that they are both aware of the regulatory concerns but attest to your professional conduct and your '*excellent therapeutic relationships with patients*'. Taking this into account, whilst the panel note that you deny regulatory concern 1, the panel was of the view that it could formulate workable conditions that would manage the risks in this case. As such it has determined that the following conditions are proportionate and appropriate:

'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.

1. You must limit your practice to one single substantive employer which must not be an Agency or Bank work.
2. You must be directly supervised at all times when you are conducting assessments with female patients.
3. You must have monthly meetings with your line manager to discuss the following:
 - a) Your professional conduct and behaviours towards colleagues and patients.
 - b) Your professional boundaries towards both your colleagues and patients.
4. You must provide the NMC with a report in relation to your monthly meetings with your line manager, relating to the following:
 - a) Your professional conduct and behaviours towards colleagues and patients
 - b) Your professional boundaries towards both your colleagues and patients.

5. In conjunction with your line manager, you must identify and attend relevant training on professional conduct and professional boundaries. You must submit a reflection to your line manager and to the NMC relating to what you have learned within this training, and how you would apply it within practice. This must be sent to your NMC Case Officer prior to any review hearing.
6. You must keep the NMC informed about anywhere you are working by:
 - a) Telling your case officer within seven days of accepting or leaving any employment.
 - b) Giving your case officer your employer's contact details.
7. You must keep the NMC informed about anywhere you are studying by:
 - a) Telling your case officer within seven days of accepting any course of study.
 - b) Giving your case officer the name and contact details of the organisation offering that course of study.
8. You must immediately give a copy of these conditions to:
 - a) Any organisation or person you work for.
 - b) Any employers you apply to for work (at the time of application).
 - c) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.
9. You must tell your case officer, within seven days of your becoming aware of:
 - a) Any clinical incident you are involved in.

- b) Any investigation started against you.
- c) Any disciplinary proceedings taken against you.

10. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:

- a) Any current or future employer.
- b) Any educational establishment.
- c) Any other person(s) involved in your retraining and/or supervision required by these conditions

The panel decided to make this interim order for a period of 18 months which would allow the NMC time to conduct its investigations.

Unless your case has already been concluded, this interim order must be reviewed before the end of the next six months and every six months thereafter. Additionally, you or the NMC may ask for the interim order to be reviewed if any new evidence becomes available that may be relevant to the interim order.

At any review the reviewing panel may revoke the interim order or any condition of it, it may confirm the interim order, or vary any condition of it, or it may replace the interim conditions of practice order with an interim suspension order.

The NMC Case Examiners are yet to decide whether there is a case to answer in relation to the allegations made against you. The NMC will write to you when the case is ready for the next stage of the fitness to practise process.

This will be confirmed to you in writing.

That concludes this determination.