

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

**Substantive Meeting  
Wednesday, 21 January 2026**

Nursing and Midwifery Council  
2 Stratford Place, Montfichet Road, London, E20 1EJ

<b>Name of Registrant:</b>	<b>Anil Parrymore</b>
<b>NMC PIN</b>	04I1136E
<b>Part(s) of the register:</b>	Registered Nurse – Sub part 1 Mental Health Nursing, Level 1 – 25 September 2004
<b>Relevant Location:</b>	Berkshire
<b>Type of case:</b>	Misconduct
<b>Panel members:</b>	Museji Ahmed Takolia CBE (Chair, lay member) Vanessa Bailey (Registrant member) Colleen Sterling (Lay member)
<b>Legal Assessor:</b>	Nigel Mitchell
<b>Hearings Coordinator:</b>	Stanley Udealor
<b>Consensual Panel Determination:</b>	Accepted
<b>Facts proved:</b>	Charges 1, 2, 3a and 3b
<b>Facts not proved:</b>	N/A
<b>Fitness to practise:</b>	Impaired
<b>Sanction:</b>	<b>Striking-off order</b>
<b>Interim order:</b>	<b>Interim suspension order (18 months)</b>

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

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Mr Parrymore's registered email address by secure email on 16 December 2025.

Further, the panel noted that the Notice of Meeting was also sent to Mr Parrymore's representative at the Royal College of Nursing (RCN) on 16 December 2025.

The panel accepted the advice of the legal assessor.

The panel took into account the fact that the Notice of Meeting provided details of the allegation, and that the meeting would take on or after 20 January 2026.

In the light of all of the information available, the panel was satisfied that Mr Parrymore has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

## **Details of charge**

*'That you, a registered nurse:*

- 1. On 7 November 2022, in relation to general eyesight observations for patients in bedrooms 2 to 8 at the times set out in Schedule 1, failed to undertake such observations on one or more occasions.*
- 2. On 7 November 2022 or 8 November 2022, in relation to general eyesight observations for patients in bedrooms 2 to 8, at the times set out in Schedule 1, recorded on the General Observation form that you had undertaken the observations when you had not.*

3. *Your conduct at charge 2 above was dishonest in that you:*

- a. *knew that you had not carried out the observations;*
- b. *intended to create the misleading impression that you had carried out the observations.*

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

Schedule 1:

21.30

21.45

22.00

22.15

22.30

22.45'

### **Consensual Panel Determination**

At the outset of this meeting, the panel was made aware that a provisional agreement of a Consensual Panel Determination (CPD) had been reached with regard to this case between the Nursing and Midwifery Council (NMC) and Mr Parrymore.

The agreement, which was put before the panel, sets out Mr Parrymore's full admissions to the facts alleged in the charges, that his actions amounted to misconduct, and that his fitness to practise is currently impaired by reason of that misconduct. It is further stated in the agreement that an appropriate sanction in this case would be a striking-off order.

The panel has considered the provisional CPD agreement reached by the parties.

That provisional CPD agreement reads as follows:

*'The Nursing & Midwifery Council ("the NMC") and Mr Anil Parrymore ("Mr Parrymore"), PIN 04I1136E ("the Parties") agree as follows:*

1. *Mr Parrymore is content for his case to be dealt with by way of a CPD meeting.*
2. *Mr Parrymore understands that if the panel wishes to make amendments to the provisional agreement that are not agreed by Mr Parrymore, the panel may refer the matter to a substantive hearing.*

*The charges*

4. *Mr Parrymore admits the following charges:*
5. *That you, a registered nurse:*
  1. *On 7 November 2022, in relation to general eyesight observations for patients in bedrooms 2 to 8 at the times set out in Schedule 1, failed to undertake such observations on one or more occasions.*
  2. *On 7 November 2022 or 8 November 2022, in relation to general eyesight observations for patients in bedrooms 2 to 8, at the times set out in Schedule 1, recorded on the General Observation form that you had undertaken the observations when you had not.*
  3. *Your conduct at charge 2 above was dishonest in that you:*
    - a. *knew that you had not carried out the observations;*

- b. *intended to create the misleading impression that you had carried out the observations.*

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

**Schedule 1:**

21.30

21.45

22.00

22.15

22.30

22.45

***The facts***

*It is AGREED between the parties that;*

- 5. *Mr Parrymore appears on the register of nurses, midwives and nursing associates maintained by the NMC as a Registered Adult Nurse and has been on the NMC register since 25 September 2004.*
- 6. *Mr Parrymore was referred to the NMC on 12 April 2023 by the Deputy Director of Nursing, West London NHS Trust ('The Trust'). Mr Parrymore commenced employment at the Trust in 2009. At the time of the concerns raised, Mr Parrymore was employed as a mental health nurse at Broadmoor Hospital ('the*

*Hospital”), which is a male only psychiatric hospital for patients detained under the Mental Health Act.*

7. *During the night shift of 7 November 2022, Mr Parrymore was the nurse in charge of (...) Ward, patients on that ward required enhanced care and supervision. Mr Parrymore failed to conduct mandatory visual observations on patients under his supervision. During the same shift, Mr Parrymore allegedly recorded having conducted the mandatory observations, this being done dishonestly to give the impression that the mandatory observations had been conducted.*
8. *General Eyesight Observations for the patients on (...) Ward had to be carried out every 15 minutes. This involves a visual observation check. All checks from 21.30 are through the window blind to each patient’s bedroom. Once the check has been completed, the General Observation Form is completed and the checker signs their name.*
9. *Mr Parrymore was allocated these observations for between 21.30-23.00. The above matters came to light as during this shift, a patient lost their life, a Serious Incident Level 2 review was conducted in which CCTV was viewed and this showed that Mr Parrymore had not completed a number of eyesight observations during the period allocated to him.*
10. *A fact-finding investigation into Mr Parrymore was undertaken and CCTV footage from Camera N2766 was reviewed between 21.33 and 22.45 on the 7<sup>th</sup> November 2022. The camera covers the main bedroom corridor area of (...) ward specifically bedrooms 1 to 10. During this timeframe Mr Parrymore was expected to undertake visual observation checks for all patients on the ward at approximately 21.45, 22:00, 22.15, 22.30 and 22.45 (or 4 times within an hour)*
11. *The CCTV footage shows the following activity during this timeframe:*
  - *21:36 Mr Parrymore delivers a drink to bedroom 2 and leaves 30 seconds later.*

- 22.00 *Mr Parrymore attends to the patient in bedroom 3 and is observed to be talking through the communication hatch.*
- 22.01 *Mr Parrymore is observed to attend to the patient in bedroom 4 who is seen passing clothes out which he requested be laundered.*

12. *At no other time between 21.33 and 22:45 was Mr Parrymore observed to undertake a visual check on any other patient.*

13. *The General Engagement and Observation Form clearly shows at 21:45, 22:00, 22:15, 22:30 and 22:45 Mr Parrymore had signed to say that he had checked all patients during these timeframes.*

14. *Mr Parrymore was interviewed on 15 March 2023 and made admissions that he did not carry out the checks and had signed the form despite not undertaking the observations. Mr Parrymore said he was busy doing other matters/distracted and then panicked and completed the form.*

15. *Mr Parrymore retired from the Trust on 31 March 2023, which was a planned retirement.*

16. *A disciplinary hearing regarding the concerns took place on 6 October 2023.*

17. *Mr Parrymore admits the regulatory charges and agrees that their fitness to practice is impaired.*

**Misconduct**

18. *It is agreed between the parties that the conduct as particularised in the charges above amounts to serious professional misconduct.*

19 *Although not defined in statute, the comments of Lord Clyde in Roylance v General Medical Council [1999] UKPC 16 provide some assistance when seeking to define misconduct:*

*"Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rule and standards ordinarily required to be followed by a [registered professional] in the particular circumstances".*

20 *In addition, the comments of Jackson J in Calhaem v GMC [2007] EWHC 2606 (Admin) and Collins J in Nandi v General Medical Council [2004] EWHC 2317 (Admin), are instructive namely:*

*"[Misconduct] connotes a serious breach which indicates that the [registered professional's] fitness to practise is impaired."*

*And*

*"The adjective "serious" must be given its proper weight, and in other contexts there has been reference to conduct which would be regarded as deplorable by fellow practitioner."*

21 *Where the acts or omissions of a registered nurse are in question, what would be proper in the circumstances (per Roylance) can be determined by having reference to the Code<sup>1</sup>.*

*The Parties agree the following provisions of the Code, to which Mr Parrymore was subject to, as a registered nurse at all relevant times, have been breached in this case:*

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

*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*  
*10.2 identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need*  
*10.3 complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements.*

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

23 *It is acknowledged that not every breach of the Code will result in a finding of misconduct. However, the Parties agree in this case that Mr Parrymore's acts and omissions fell far below the standards expected of a registered nurse and that his failings amount to misconduct. The parties refer the panel to NMC guidance SAN-2 "Sanctions for particularly serious cases". That guidance indicates that honesty is of central importance to a nurse's practice and that allegations of dishonesty will always be serious.*

#### *Impairment*

24. *The parties agree that Parrymore's fitness to practise is currently impaired by reason of his misconduct.*

25. *The NMC's guidance<sup>2</sup> explains that impairment is not defined in legislation but is a matter for the Fitness to Practise Committee to decide.*

26. *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?"*

27. *Answering this question involves a consideration of both the nature of the concern and the public interest. In addition to the following submissions, the panel is invited to consider carefully the NMC's guidance on impairment.*

28. *When determining whether the Registrant's fitness to practise is impaired, the questions outlined by Dame Janet Smith in her Fifth Report from Shipman, approved in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) are instructive and are incorporated into the NMC Guidance.*

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*The Nature of the Concern:*

29. *In terms of the nature, as detailed in the NMC's guidance on impairment, DMA-1, the following factors must be considered in this case:*

- a. *whether [Mr Parrymore] in the past acted and/or is liable in the future to act as so to put a person receiving care at unwarranted risk of harm;*
- b. *whether [Mr Parrymore] in the past breached and/or is liable in the future to breach a fundamental tenet of the profession*
- c. *whether [Mr Parrymore] has in the past acted and/or is liable in the future to act dishonestly*
- d. *the context of the conduct involved in the concern*
- e. *whether it's highly unlikely that the conduct will be repeated.*

30. *The Parties agree that in relation to the above factors, a, b, and c can be answered in the affirmative. Factor d is answered in the negative as it is submitted that it cannot be said that it is highly unlikely that the conduct will be repeated.*

31. *Mr Parrymore's misconduct, particularly in a) failing to undertake general eyesight observations b) recording on the General Observation form that he had undertaken the observations when he had not and as such c) dishonestly intending to create the misleading impression that he had carried out the observations, placed patients at unwarranted risk of harm and, if repeated, would place other patients at risk of harm.*

32. *The failure to take observations in any clinical setting directly puts patients at potential risk as any deterioration in a patient's condition may be missed. However, in this case, the failure to take these mandatory observations is*

*particularly serious given that the patients in (...) ward were very vulnerable as required higher levels of support due to their increased risk to self or others and were securely confined to their individual bedrooms from 21.30. The patients were therefore not visible to members of staff or any other person save for if they sought assistance. If these general observations are not completed, delays can be caused in patients getting necessary or urgent treatment or administering first aid which could result in serious harm or fatality.*

*Nurses and midwives are expected to act with honesty, integrity and trustworthiness at all times. Conduct in contravention of that expectation breaches those fundamental tenets of the profession. Mr Parrymore's conduct lacked integrity and trustworthiness and amounted to a significant breach of fundamental tenets of the profession.*

33. *Mr Parrymore was dishonest when he completed the General Observation Form that he had undertaken these mandatory observations when he knew he had not done so.*
34. *As per the guidance on impairment DMA-1, while not all breaches of the Code require a finding of impairment, where a breach of the Code involves breaching a fundamental tenet of the profession, the FtPC would be entitled to conclude that a finding of impairment is required.*
35. *The guidance at DMA-1 sets out the following three areas which will be important for the panel to consider in respect of context: personal factors relating to the professional, the professional's working environment and culture and the learning, insight and steps the professional has taken to strengthen their practice.*

36. *In terms of context, Mr Parrymore indicated at a local level that he had been subjected to stress due to bullying and overwork.*

37. *In terms of learning and insight, at a local level, Mr Parrymore admitted that he had not carried out the observations, stating that what he did was wrong and apologised for his actions. Further, Mr Parrymore admitted falsifying the records, stating that "I think I panicked, thinking, where has the time gone when realising I had not completed the observations".*

38. *When considering the issue of insight, the key criteria a registrant should address to demonstrate they have insight are as follows: they recognise what went wrong, they accept their role and responsibilities in the failings, and they understand how to act differently in the future. Mr Parrymore acknowledged at a local level that he struggled to say no to patient requests particularly during the night. He acknowledged with hindsight that he should have asked another member of staff to assist with these tasks during this time period. Mr Parrymore said that since this incident he had reviewed his working style and supported all rostered staff to be on the floor until midnight when the ward tended to be less busy.*

39. *Whilst Mr Parrymore at a local level, indicated that he recognised the risks that the patients were placed in and the possible consequences of his actions, Mr Parrymore did not provide any further detail other than this assertion. Further Mr Parrymore has not provided any insight into the impact of dishonest record keeping. Mr Parrymore has not provided a reflective account to the NMC. The NMC therefore considers that whilst some insight is shown, this is limited and is also deficient in respect of the importance of honesty.*

40. *The parties note that impairment is a forward-looking exercise.*

41. *The parties also considered the case of Cohen v General Medical Council [2008] EWHC 581 (Admin) in which the court set out three matters which it described as being 'highly relevant' to the determination of the question of current impairment;*

- a. *Whether the conduct that led to the charge(s) is easily remediable.*
- b. *Whether it has been remedied.*
- c. *Whether it is highly unlikely to be repeated.*

43. *The parties agree that the attitudinal failings arising out of Mr Parrymore's dishonesty in this case are difficult to remediate. Mr Parrymore has provided very limited evidence of insight and therefore the identified failings have not been remedied. It cannot be said Mr Parrymore is highly unlikely to repeat his misconduct.*

44. *A finding of impairment is necessary on public protection grounds.*

45. *In light of Mr Parrymore's failure to remediate the concerns, the Parties agree that a finding of current impairment should be made to protect the public. In the absence of any evidence to suggest the risk to the public has been addressed and reduced, the risk must be said to remain such that a finding of impairment on public protection grounds is required.*

#### *The Public interest*

46. *In Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council*

*(2) Grant [2011] EWHC 927 (Admin)* at paragraph 74 Cox J commented that:

*“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.”*

47. *Consideration of the public interest therefore requires the Fitness to Practise Committee to decide whether a finding of impairment is needed to uphold proper professional standards and conduct and/ or to maintain public confidence in the profession.*
48. *In upholding proper professional standards and conduct and maintaining public confidence in the profession, the Fitness to Practise Committee will need to consider whether the concern is easy to put right. For example, it might be possible to address clinical errors with suitable training. A concern which hasn’t been put right is likely to require a finding of impairment to uphold professional standards and maintain public confidence.*
49. *However, there are types of concerns that are so serious that, even if the professional addresses the behaviour, a finding of impairment is required either to uphold proper professional standards and conduct or to maintain public confidence in the profession*
50. *Mr Parrymore’s conduct is extremely serious involving dishonesty. The duty on healthcare professionals to act with honesty and integrity is of central importance to and the bedrock of a registered professional’s practice. The public expects nurses to act with honesty and integrity at all times. A reasonable member of the public would be deeply concerned that a nurse had acted in such a dishonest manner, and this therefore has had a negative impact on the reputation of the profession and accordingly has brought the profession into disrepute.*

51. *A finding of impairment on public interest grounds is required to mark the unacceptability of the behaviour, emphasise the importance of the fundamental tenets breached and to reaffirm proper standards of behaviour and maintain public confidence in the profession.*

52. *The Parties agree that Mr Parrymore's fitness to practice is impaired on public protection and public interest grounds.*

*Sanction*

53. *With reference to the sanctions guidance, it is agreed that the appropriate and proportionate sanction in this case is that of a striking-off order.*

54. *The aggravating features of the case are as follows:*

- *Conduct which put patients at risk of suffering harm.*

55. *No mitigating features have been identified.*

56. *To take no further action would not be appropriate in a case such as this where a public protection issue has been identified.*

57. *To impose a caution order would not be appropriate because a restriction of practice is required in this case to protect the public from the risk of harm. NMC guidance on caution orders ('SAN-3b')<sup>3</sup> indicates that a caution order is only appropriate if the case is at the lower end of the spectrum of impaired fitness to practise. The Parties agree that this case involves serious misconduct at the higher end of dishonest conduct.*

58. *To impose a conditions of practice order would not be appropriate. Albeit public protection concerns have been identified, there are no suitable conditions that can be imposed that would properly address the attitudinal risks present in this case. Furthermore, given the nature and seriousness of the concerns, the Parties agree a conditions of practice order would fail to address the issues relating to public protection or public confidence in the NMC and the profession.*

59. *To impose a suspension order would not be appropriate. Given the lack of insight demonstrated in this case, outstanding attitudinal concerns and risk of repetition of the conduct, a temporary removal from the register would not be sufficient to protect the public. A suspension order is not a sufficient sanction to meet the NMC's overarching objective of public protection. Furthermore, the Parties are agreed the conduct in this case is fundamentally incompatible with continued registration.*

60. *The NMC guidance at SAN-2 “Sanctions for particularly serious cases” indicates that a nurse who has acted dishonestly will always be at risk of removal from the register. The guidance indicates that the forms of dishonesty which are most likely to call into question whether a nurse should be allowed to remain on the register include “vulnerable victims” and “direct risk to people receiving care”. The patients in this case were vulnerable as required higher levels of support due to their increased risk of self harm and by virtue of the fact that they were securely confined to their individual bedrooms from 21.30. Therefore they were not visible to any member of staff or any person at all unless they sought assistance. It is for those reasons the 15 minute eyesight observations were mandatory. Mr Parrymore’s failure to carry out those observations put patients at a direct risk of harm.*

61. *The NMC's guidance on striking-off orders<sup>4</sup> outlines that, before imposing a striking-off order, a Fitness to Practise Committee should consider among other matters:*

- a. *Whether the regulatory concerns about the nurse raise fundamental questions about their professionalism;*
- b. *Whether public confidence in the profession can be maintained if the nurse is not removed from the register; and*
- c. *Whether striking-off is the only sanction that would be sufficient to protect patients, members of the public, or maintain professional standards.*

62. *The Parties are agreed, for the reasons stated above, that Mr Parrymore's conduct is so serious that it raises fundamental concerns about his professionalism; public confidence would be affected if Mr Parrymore's were not removed from the register; and a striking-off order is the only appropriate and proportionate sanction in the circumstances.*

#### *Referrer's comments*

63. *The NMC has sought the comments of the Referrer in respect of the proposed sanction bid. The referrer stated the following on the 24 October 2025:*

*'Mr Parrymore failed in his duties as a registered nurse to complete eyesight observation checks but signed documentation to indicate he had. Subsequently one patient was found deceased some hours later.*

*I believe it is the right decision for Mr Parrymore to be struck off the register and agree and support this decision'.*

*Interim order*

64. *The Parties are agreed that an interim order is required in this case. The interim order is necessary for the protection of the public and is otherwise in the public interest for the reasons given above. The interim order should take the form of an interim suspension order.*
65. *The interim order should be for a period of 18 months in the event that Mr Parrymore seeks to appeal the panel's decision. This is to cover the 28 day appeal period and the time it would take for an appeal to be heard should one be lodged.*

*The Parties understand that this provisional agreement cannot bind a panel, and that the final decisions on findings of fact, impairment and sanction are a matter for the panel. The Parties understand that, in the event that a panel does not agree with this provisional agreement, the admissions to the charges and the agreed statement of facts set out above, may be placed before a differently constituted panel, provided that it would be relevant and fair to do so.'*

Here ends the provisional CPD agreement between the NMC and Mr Parrymore. The provisional CPD agreement was signed by Mr Parrymore and the NMC on 30 November 2025 and 10 December 2025 respectively.

#### **Decision and reasons on the CPD**

The panel decided to accept the CPD.

The panel heard and accepted the legal assessor's advice.

The panel had regard to the ‘NMC Sanctions Guidance’ (SG) and to the ‘NMC’s guidance on Consensual Panel Determinations’. The panel noted that they could accept, amend or outright reject the provisional CPD agreement reached between the NMC and Mr Parrymore. Further, the panel should consider whether the provisional CPD agreement would be in the public interest. This means that the outcome must ensure an appropriate level of public protection, maintain public confidence in the professions and the regulatory body, and declare and uphold proper standards of conduct and behaviour.

The panel noted that Mr Parrymore admitted all the facts of the charges. Accordingly, the panel was satisfied that the charges are found proved by way of Mr Parrymore’s admissions as set out in the signed provisional CPD agreement.

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

The panel noted that Mr Parrymore accepts that his failings amounted to misconduct. Whilst acknowledging the agreement between the NMC and Mr Parrymore, the panel has exercised its own independent judgement.

In respect of misconduct, having considered the proven charges individually, the panel determined that Mr Parrymore’s actions in the charges found proved, did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct. In this respect, the panel endorsed paragraphs 18 to 23 of the provisional CPD agreement. The panel also agreed with the specified breaches of *The Code: Professional standards of practice and behaviour for nurses and midwives* (2015) (“the Code”), namely, paragraphs 1.2, 1.4, 10.1, 10.2, 10.3, 20.1, 20.2, and 20.3, as outlined in paragraph 22 of the provisional CPD agreement.

### **Decision and reasons on impairment**

The panel next considered whether Mr Parrymore’s fitness to practise is currently impaired by reason of misconduct.

The panel noted that Mr Parrymore accepts that his fitness to practise is currently impaired by reason of his misconduct. The panel has exercised its own independent judgement.

Registered 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. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

The panel had regard to the NMC Guidance on Impairment especially the question which states:

*'Can the nurse, midwife or nursing associate practise kindly, safely and professionally?'*

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

The panel first considered whether any of the limbs of the Grant test were engaged in the past. The panel determined that Mr Parrymore's misconduct placed patients at risk of harm. It determined that Mr Parrymore's misconduct constituted a serious breach of fundamental tenets of the nursing profession in that he failed to prioritise people, practise effectively and promote professionalism and trust. It decided that Mr Parrymore failed to uphold the standards and values of the nursing profession, thereby bringing the reputation of the nursing profession into disrepute. The panel also found Mr Parrymore to have acted dishonestly.

The panel therefore concluded that limbs a, b, c and d of the Grant test are engaged in respect of Mr Parrymore's past conduct. In this respect, the panel endorsed paragraphs 24 to 34 of the provisional CPD agreement. It noted that there was a typographical error in paragraph 30 of the provisional CPD agreement as it was stated that '*Factor d is answered in the negative...*' instead of factor e.

The panel next considered whether the limbs of the *Grant* test are engaged as to the future. In this regard, the panel considered the case of *Cohen v GMC* [2008] EWHC 581 (Admin) in which the court addressed the issue of impairment with regard to the following three considerations:

- a. *'Is the conduct that led to the charge easily remediable?'*
- b. *'Has it in fact been remedied?'*
- c. *'Is it highly unlikely to be repeated?'*

In this regard, the panel also considered the factors set out in the NMC Guidance on Insight and strengthened practice (FTP-15).

The panel first considered whether Mr Parrymore's misconduct is capable of being addressed. It determined that Mr Parrymore's misconduct, with respect to his clinical failings may be addressed through a process of insightful reflections, retraining in the areas of concern and evidence of good practice. However, it found Mr Parrymore's dishonest conduct is more difficult but not impossible to remediate.

The panel then went on to consider whether the concerns have been addressed and remediated. It had regard to the NMC Guidance – Has the concern been addressed (FTP-15b). Regarding insight, the panel noted paragraphs 38, 39 and 40 of the provisional CPD agreement. The panel particularly noted that the provisional CPD agreement stated that: '*Mr Parrymore has not provided a reflective account to the NMC.*' The panel took into account the fact that the provisional CPD agreement was signed by Mr Parrymore and the NMC on 30 November 2025 and 10 December 2025 respectively. Since then, Mr Parrymore has provided a reflective statement to the NMC in his email dated 18 January 2026 where he apologised for his actions, acknowledged his dishonesty, demonstrated some remorse and admitted that his actions had placed patients at risk of harm and undermined the public confidence in the nursing profession.

Nevertheless, the panel determined that Mr Parrymore did not demonstrate sufficient meaningful insight into the areas of concern, particularly, his attitudinal failings arising from his dishonesty.

In considering whether Mr Parrymore had taken any steps to remediate his misconduct, the panel noted that there was no evidence before it to indicate that he has. It noted that Mr Parrymore did not provide any evidence of strengthened practice to the panel.

In light of this, the panel was not satisfied that Mr Parrymore's misconduct had been remediated. Accordingly, the panel determined that Mr Parrymore's misconduct is likely to be repeated. Therefore, limbs a, b, c and d of the *Grant* test are engaged as to the future.

The panel therefore 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 are 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 had regard to the serious nature of Mr Parrymore's misconduct and the public protection issues identified. It determined that public confidence in the profession, particularly as the misconduct involved dishonesty, would be undermined if a finding of impairment were not made in this case. For these reasons, the panel determined that a finding of current impairment on public interest grounds is also required. It decided that this finding is necessary to mark the seriousness of the misconduct, the importance of maintaining public confidence in the nursing profession, and to uphold proper professional standards for members of the nursing profession.

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

In this respect, the panel endorsed paragraphs 35 to 52 of the provisional CPD agreement.

### **Decision and reasons on sanction**

Having found Mr Parrymore'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:

- Conduct which put patients at risk of suffering harm.

The panel did not identify any mitigating feature.

In this respect, the panel endorsed paragraphs 54 and 55 of the provisional CPD agreement.

The panel then turned to the question of whether the sanction proposed in the provisional CPD agreement is proportionate and appropriate. In so doing it considered each available sanction in turn, starting with the least restrictive sanction and moving upwards. The panel noted that Mr Parrymore and NMC have agreed that the appropriate sanction is a striking-off order.

The panel had regard to the NMC Guidance on 'Considering sanctions for serious cases', in particular, 'Cases involving dishonesty', SAN-2. The panel noted that Mr Parrymore's dishonest conduct was a one-off incident. However, the panel determined that Mr Parrymore's dishonesty was a deliberate breach of his professional duty of candour by covering up when things have gone wrong. It found Mr Parrymore's dishonesty posed a direct risk of harm to vulnerable patients under his care. The panel therefore determined the dishonesty in this case to be extremely serious.

The panel first considered whether to take no action. It agreed with paragraph 56 of the provisional CPD agreement that to take no action would be wholly inappropriate in this case as it would neither address public protection nor the public interest.

The panel also agreed with paragraph 57 of the provisional CPD agreement that to impose a caution order would not be appropriate because a restriction of practice is required in this case to protect the public from the risk of harm. In addition, the panel found that this case involves serious misconduct at the higher end of dishonest conduct

The panel then considered a conditions of practice order. It agreed with paragraph 58 of the provisional CPD agreement that there are no relevant, proportionate, workable and measurable conditions that could be formulated to protect the public and satisfy the public interest, given the attitudinal concerns identified in this case.

The panel next considered a suspension order. It agreed with paragraphs 59 and 60 that a suspension order would not be appropriate given the attitudinal concerns and the risk of repetition. The panel agreed with the parties that Mr Parrymore's misconduct is fundamentally incompatible with him remaining on the register. A period of temporary suspension would therefore be insufficient to protect the public and to maintain public confidence in the nursing and midwifery professions and the NMC as a regulator.

The panel next considered the imposition of a striking-off order. It noted the comments of the referrer on the sanction bid. The panel agreed with paragraphs 61 and 62 of the provisional CPD agreement that Mr Parrymore's misconduct is so serious that it raises

fundamental concerns about his professionalism; public confidence would be affected if Mr Parrymore was not removed from the register; and a striking-off order is the only appropriate and proportionate sanction in the circumstances.

The panel therefore determined that the appropriate and proportionate sanction is that of a striking-off order.

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

This will be confirmed to Mr Parrymore in writing.

### **Interim order**

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel 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 Parrymore's own interests until the striking-off sanction takes effect.

The panel accepted the advice of the legal assessor.

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

The panel 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 was therefore satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest.

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 in order to protect the public and otherwise in the public interest, during any potential appeal period. The panel determined that not to impose an interim order would be inconsistent with its earlier decisions. In this respect, the panel agreed with paragraphs 64 and 65 of the provisional CPD agreement.

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

That concludes this determination.