

Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday, 12 January 2026 – Monday, 19 January 2026

Virtual Hearing

Name of Registrant:	Rachel Anne Woodfield
NMC PIN:	81J0121W
Part(s) of the register:	Registered Nurse – sub part 1 Adult nursing (22 January 1985)
	P228 Ear, Nose and Throat nursing
Relevant Location:	London
Type of case:	Misconduct
Panel members:	Janine Ellul (Chair, registrant member) Rebecca Aylward (Registrant member) Kiran Musgrave (Lay member)
Legal Assessor:	Richard Tyson
Hearings Coordinator:	Catherine Blake (12 January 2026) Audrey Chikosha (13 January 2026 – 19 January 2026)
Nursing and Midwifery Council:	Represented by Sally Denholm, Case Presenter
Mrs Woodfield:	Present and represented by Gerard McGettigan instructed by the Royal College of Nursing (RCN)
Facts proved:	Charges 2, 3c, 5, and 6 in relation to charges 2 and 3c
Facts not proved:	Charges 1, 3a, 3b, 4, 6 in relation to charges 1, 3a and 3b.
Fitness to practise:	Impaired

Sanction: **Suspension Order (12 months) with review**

Interim order: **Interim Suspension Order (18 months)**

Details of charge

That you, a registered nurse, while working at the South East London Integrated Urgent Care and 111 Centre:

1. Between 2019 and 2021, in conversation with Colleague A:
 - a. Stated “*Are you thick?*”, or words to that effect.
 - b. Stated “*Are you stupid?*”, or words to that effect.
 - c. Stated “*How did you become a nurse?*”, or words to that effect.
2. Between 2019 and 2021, on one or more occasions, commented on the likeness of Colleague A and Colleague D.
3. On an unknown date/dates between 2019 and 2021:
 - a. Made incorrect accusations about Colleague A and Colleague B.
 - b. Spoke to Colleague A and Colleague B in an abrupt and/or aggressive tone.
 - c. Stated to Colleague B “*You don't listen because of the layers on your head*”, or words to that effect.
4. Your actions as set out in charge 2 were discriminatory in that your comparison between Colleague A and Colleague D was based on their wearing of a scarf associated with their religious and/or cultural practices.
5. Your actions as set out in charge 3(c) were discriminatory in that you criticised Colleague B based on their wearing of a scarf associated with their religious and/or cultural practices.
6. Your actions as set out in charges 1-3 amounted to harassment in that they were intended to and/or had the effect of creating an intimidating, hostile, degrading or humiliating environment for colleagues.

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

Background

The charges arose whilst you were employed as a registered nurse by South East London Integrated Urgent Care and 111 Centre (the Centre) where you worked as a clinical navigator for the London Ambulance Service NHS (LAS).

The charges rise from incidents that allegedly occurred between 2019 and 2021 where you are alleged to have made remarks that were inappropriate and discriminatory involving three colleagues: Colleague A, Colleague B and Colleague D.

Decision and reasons on application for special measures for Witness 1

Ms Denholm, on behalf of the Nursing and Midwifery Council (NMC) made an application for special measures for Witness 1 while giving evidence. The special measure requested is that you turn your camera off during Witness 1's evidence or otherwise dial in via phone so that Witness 1 cannot see you while giving her evidence. This request is made on the basis that Witness 1 is very nervous about giving evidence, particularly in light of the allegations concerning discrimination and harassment and would feel more comfortable if she did not have to see you. Ms Denholm submitted that this would give Witness 1 the best chance of giving her best evidence. She invited the panel to consider the nature of the allegations and that Witness 1 felt victimised by your behaviour. Ms Denholm therefore submitted that it was fair and reasonable to allow the special measure as applied for.

Mr McGettigan, on your behalf, opposed the application. He submitted there is no specific or medical evidence to support the request, and that it is based on generalised anxiety of giving evidence to the panel. Mr McGettigan submitted that Witness 1 is not a vulnerable witness, and that the special measures applied for are not necessary.

The panel heard and accepted the advice of the legal assessor, which contained reference to the NMC Guidance at CMT-12 regarding supporting people to give evidence in hearings.

The panel considered the NMC Guidance. The panel bore in mind that special measures for witnesses must be fair, practical and reasonable.

The panel considered that, this being a virtual hearing, there is already a layer of protection for Witness 1. The panel also considered that it has seen no evidence of Witness 1's anxiety. However, the panel also considered that the purpose of special measures is to enable witnesses to give their best evidence. The panel considered whether Witness 1 was able to give evidence effectively without support. It noted the submissions of Ms Denholm regarding Witness 1's anxiety about giving evidence, and that she will be giving evidence on allegations of discrimination and harassment.

The panel determined that the requested measures are practical and reasonable insofar as you keeping your camera off. The panel did not consider that requiring you to dial in via phone would not be fair as you would not have the benefit of being able to observe the hearing. The panel therefore determined that it would be fair to allow the special measures in respect of Witness 1. The panel determined there would be no prejudice to you in allowing the special measures.

Accordingly, the panel determined to allow the special measures to the extent that your camera remain switched off during Witness 1's evidence.

Decision and reasons on application for special measures for Witness 3

Ms Denholm made an application for special measures for Witness 3 while giving evidence. The special measure requested is that you turn your camera off during Witness 3's evidence so she does not see you on screen.

Ms Denholm submitted that given the nature of the allegations (discrimination and victimisation), the NMC considers this request to be a fair and proportionate measure to allow Witness 3 to give her evidence. She submitted that this measure would not create any unfairness to you and would be in line with NMC Guidance CMT-12.

Mr McGettigan did not oppose the application.

The panel was satisfied that, given you do not oppose the application, it would be fair to allow the special measures in respect of Witness 3 in that you must turn your camera off throughout the duration of her evidence.

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

Prior to hearing your sworn evidence, Mr McGettigan made a request that this case be held partly in private on the basis that exploration of your case involves some reference to a [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 Denholm supported the application.

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

Having heard that, in the course of giving your sworn evidence, there may be reference to [PRIVATE], the panel determined to go into private session when any such reference is to be made in order to protect their privacy.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Ms Denholm on behalf of the NMC and by Mr McGettigan, on your behalf.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

The panel heard live evidence from the following witnesses called on behalf of the NMC:

- Witness 1: Colleague A, a registered nurse at the Centre at the time of the allegations
- Witness 2: Colleague D, registered nurse at the Centre at the time of the allegations
- Witness 3: Colleague B, registered doctor working locum at the Centre at the time of the allegations

The panel also heard evidence from you under affirmation.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the witness and documentary evidence provided by both the NMC and you.

Assessment of the evidence

The panel noted that the charges in this case relate to incidents that allegedly occurred between four colleagues: Colleague A, Colleague B, Colleague D and you. The evidence before the panel consists of local interview notes, contemporary witness statements and NMC witness statements together with the oral evidence of all four individuals at the hearing.

The panel noted that the facts of this case are based on the word of each individual. It therefore firstly considered the credibility and reliability of each witness in order to make its decision on the facts.

Ms Woodfield

The panel bore in mind that you have an unblemished record with no previous regulatory concerns raised against you in 40 years of working as a nurse. Dishonesty has not previously been raised as a concern with your practice and thus the panel had no evidence before it to suggest that your evidence is unreliable or dishonest.

Colleague A

The panel then considered the reliability and credibility of Colleague A. The panel noted that there are several inconsistencies within Colleague A's recount of the incidents alleged. It also noted that at local level, the incidents alleged in charge 1 are not raised by Colleague A until her third investigation interview in July 2021. The panel considered Colleague A's oral evidence to have been inconsistent with regards to key details such as dates of the alleged incidents, the frequency of the alleged conduct, the periods when she was or was not wearing a religious scarf and the work rotas of the individuals involved. The panel noted that some of Colleague A's evidence was directly contradicted by the other witnesses and the registrant. It noted that while the allegations are serious and may evoke an emotional response, the oral evidence given by Colleague A at the hearing appeared to have been exaggerated or embellished in some respects, particularly when taken against the accounts of the other witnesses. The panel therefore determined that Colleague A's evidence could not be relied upon as a sufficiently credible witness unless corroborated by other witness evidence.

Colleague D

The panel considered Colleague D to be credible and reliable as a witness. It noted that her local investigation meeting notes, witness statement and oral evidence are all consistent. The panel noted that she accepts she is unsure whether the incident in question took place when she was pregnant. However, given the passage of time

since the alleged event occurred the panel did not find this to undermine the strength or reliability of her evidence.

Colleague B

The panel then assessed the evidence of Colleague B. The panel noted that Colleague B's account of the alleged incident has remained consistent from her initial statement dated 16 November 2020. It noted that within her oral evidence Colleague B spoke in great detail including specific language, tone and gestures allegedly used by you. The panel had no evidence before it to suggest that Colleague B had a reason to fabricate her evidence and thus determined that she was a reliable and credible witness.

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

Charge 1

'That you, a registered nurse, while working at the South East London Integrated Urgent Care and 111 Centre:

1. *Between 2019 and 2021, in conversation with Colleague A:*
 - a) *Stated "Are you thick?", or words to that effect*
 - b) *Stated "Are you stupid?", or words to that effect*
 - c) *Stated "How did you become a nurse?", or words to that effect'*

This charge is found NOT proved.

The panel determined to take this charge and its subsections together as they rely on the same evidence.

In reaching this decision, the panel noted that the sole evidence in support of these charges comes from Colleague A. It noted that in her oral evidence Colleague A

stated that you made these comments. However, the panel noted some inconsistencies within the evidence. It noted that in her oral evidence, Colleague A stated that these comments arose while she was speaking to an elderly patient, however it is also recorded in the interview notes dated 6 July 2021 that the conversation in charge 1(a) arose from an incident where Colleague A challenged you on comments you had made to her.

The panel had no independent evidence before it in support of the charge nor any corroborative account of this incident. The panel noted the lack of detail given by Colleague A and that she had not raised the matters in this charge until the third of her internal interviews and at that interview only mentioned charge 1(c).

It also noted that you deny these allegations.

Having found that Colleague A's evidence is not sufficiently credible or reliable the panel had insufficient evidence to conclude that the NMC had discharged its burden of proof to find this charge proved.

Charge 2

'That you, a registered nurse, while working at the South East London Integrated Urgent Care and 111 Centre:

2. *Between 2019 and 2021, on one or more occasions, commented on the likeness of Colleague A and Colleague D.'*

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Colleague D including meeting notes from a Dignity at Work Investigation Interview conducted by LAS dated 9 December 2020, her witness statement dated 29 August 2025, and the oral evidence given at the hearing. The panel was of the view that Colleague D's evidence is consistent. It noted that while Colleague D is unsure of the exact date when this incident allegedly occurred, it did not consider this to undermine her

evidence given the passage of time since the alleged events and the context that they were working in a fast-paced high-pressured environment during the COVID-19 pandemic.

The panel noted that you deny the allegation and stated in your oral evidence that you do not think Colleague A and Colleague D look alike and did not and would not comment on their likeness.

The panel determined that Colleague D was a credible and reliable witness. She gave a detailed account of the alleged incident in her oral evidence which was consistent with the interview notes in 2020 and her witness statement in August 2025. The panel noted that Colleague D spoke to you on one occasion which she remembers clearly as this was the only conversation she had with you, and it left a lasting impact on her. The panel noted Colleague D said that she was taken aback and was upset by the encounter.

The panel was satisfied that on the balance of probabilities given the consistency in Colleague D's account of the events since 2020 both at local level and during this hearing, it is more likely than not, between 2019 and 2021, on one occasion, you commented on the likeness of Colleague A and Colleague D. On this particular occasion Colleague A was not present.

The panel therefore found this charge proved.

Charges 3a and 3b

'That you, a registered nurse, while working at the South East London Integrated Urgent Care and 111 Centre:

3. *On an unknown date/dates between 2019 and 2021:*

- a) *Made incorrect accusations about Colleague A and Colleague B.*
- b) *Spoke to Colleague A and Colleague B in an abrupt and/or aggressive tone.*
- c) *...*

These charges are found NOT proved.

The panel determined to consider these two charges together as they relate to the same incident and thus rely on the same evidence.

The panel noted that evidence in support of this charge is provided by Colleague A and Colleague B. Given the panel's decision to place little weight on the evidence of Colleague A, it took into consideration the evidence of Colleague B.

The panel noted that Colleague B makes no reference to this incident in her initial statement dated 16 November 2020 or during the investigation interview on 20 November 2020. Furthermore, when asked about this alleged incident in cross examination at the hearing, Colleague B does not recall this incident.

The panel noted that you deny these allegations.

Therefore, in the absence of any sufficiently credible or reliable evidence to the contrary, the panel found these charges not proved.

Charge 3c

'That you, a registered nurse, while working at the South East London Integrated Urgent Care and 111 Centre:

3. *.On an unknown date/dates between 2019 and 2021:*

- a. ...
- b. ...
- c. *Stated to Colleague B "You don't listen because of the layers on your head", or words to that effect'*

This charge is found proved.

The panel had before it, Colleague B's initial statement dated 16 November 2020, interview notes from the LAS investigation dated 27 November 2020 and her NMC witness statement dated 1 September 2025. It also heard oral evidence from Colleague B under sworn affirmation.

The panel was satisfied that her evidence was consistent and detailed. Colleague B provided an account of the alleged incident including the language, tone and hand gestures allegedly used by you. The panel had no evidence before it that clearly contradicted or undermined Colleague B's evidence. It noted that while you deny this allegation, it had no reason to believe that Colleague B fabricated her evidence.

The panel noted that while Colleague B could not remember the exact date of the alleged incident, the panel had before it copies of your rota and Colleague B's rota as well as a comparison document that highlighted several occasions when both you and Colleague B were on shift at the same time.

The panel was therefore satisfied that on the balance of probabilities, it is more likely that not you stated to Colleague B "*You don't listen because of the layers on your head*", or words to that effect on a date between 2019 and 2021.

This charge is found proved.

Charge 4

'That you, a registered nurse, while working at the South East London Integrated Urgent Care and 111 Centre:

4. *Your actions as set out in charge 2 were discriminatory in that your comparison between Colleague A and Colleague D was based on their wearing of a scarf associated with their religious and/or cultural practices.'*

This charge is found NOT proved.

The panel noted that within both Colleague D's written and oral evidence, she suggested that the reason behind you making the comment at charge 2 was based on Colleague A and D both wearing religious headscarves.

The panel had evidence before it that Colleague D wore a headscarf at work. Whereas in relation to Colleague A, the panel found it difficult to determine the date/s when she wore a headscarf at work. There are inconsistencies with the timeline as Colleague A did at some point wear a headscarf while working at LAS but not always, and currently she does not wear a headscarf.

You stated that you have never seen Colleague A wear a headscarf and Colleague D was unable to recall whether Colleague A did or did not wear a headscarf when you made the comment regarding their likeness. The panel considered that there are other plausible reasons why you made the comment in charge 2 that did not relate to the wearing of a headscarf. Furthermore, in the evidence neither Colleague A nor Colleague D stated that you made a direct comment to the wearing of a headscarf as a similarity between them.

As the panel could not reconcile issues with the timeline and had no further evidence in support of the charge, the panel determined that this charge was not proved.

Charge 5

'That you, a registered nurse, while working at the South East London Integrated Urgent Care and 111 Centre:

5. *Your actions as set out in charge 3(c) were discriminatory in that you criticised Colleague B based on their wearing of a scarf associated with their religious and/or cultural practices.'*

This charge is found proved.

The panel bore in mind NMC Guidance (FTP- 2a) and first identified the protected characteristic on which there is an allegation of discrimination in accordance with the

Equality Act 2010. The panel heard from Colleague B in her oral evidence that she is a Muslim woman and wears her headscarf in line with her religious practice. It also noted that the incident at 3(c) was directly commenting on Colleague B's headscarf and had no evidence before it that the comment alluded to any other characteristic of Colleague B. The panel was therefore satisfied that the protected characteristic in consideration in this charge is religion or belief.

The panel noted that Colleague B in her oral evidence she stated that you used a rude and disgusting tone when commenting about her headscarf. Colleague B also told and showed the panel the hand gestures used by you when making this comment. The panel was satisfied that the nature of the comment made at charge 3(c) was discriminatory in that you criticised Colleague B based on her wearing a headscarf associated with her religion.

This charge is found proved.

Charge 6

'That you, a registered nurse, while working at the South East London Integrated Urgent Care and 111 Centre:

6. *Your actions as set out in charges 1-3 amounted to harassment in that they were intended to and/or had the effect of creating an intimidating, hostile, degrading or humiliating environment for colleagues.*

This charge is found proved in relation to charges 2 and 3c

Having found charge 1 (and its subsections), charge 3a and 3b not proved, the panel only considered charge 6 in relation to charge 2 and 3c.

In making its decision, the panel bore in mind NMC Guidance (FTP- 2a) in relation to harassment. It noted that:

'Harassment is defined by the Equality Act 2010 as someone engaging in unwanted conduct that's related to a protected characteristic or is of a sexual nature.¹⁶ The behaviour has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment. It's necessary to take the perception of the person who's the subject of the conduct and any other circumstances into account. As well as harassment linked to a protected characteristic as defined by the Equality Act, harassment can also be unwanted conduct that is unrelated to a protected characteristic which someone finds offensive or which makes someone feel intimidated or humiliated.'

Charge 2

The panel took into account the evidence of Colleague D and the NMC Guidance. It noted that it was Colleague D's perception that your conduct was "bizarre" and rude. The panel also noted that given the nature of the conduct (commenting on a colleague's appearance) this was unwanted conducted. In Colleague D's oral and written evidence, she states that she felt that your comment was racist and discriminatory.

The panel was therefore satisfied that your actions at charge 2, amounted to harassment in that they had the effect of creating a humiliating, degrading and hostile environment for this colleague.

Charge 3c

The panel considered the evidence of Colleague B, in particular her oral evidence. The panel noted that Colleague B found your comment and gesticulation to be rude and shocking. It noted that in her witness statement dated 14 April 2023 Colleague B writes:

'I was relaxed when Rachel said this and was not upset. I was not happy to hear this comment, but I did try to avoid any clashes with colleagues and protect myself from stress...'

The panel noted that in oral evidence at the hearing, Colleague B reiterates that at the time she did not want to escalate matters provided that you reflected and accepted that your conduct was wrong.

The panel was of the view that by the nature of the comment, the tone used and accompanying hand gestures made by you there was an intention to cause a humiliating and degrading environment for Colleague B. The panel also noted that while in her statement Colleague B states she was not immediately upset, this was in the context that she did not wish to be confrontational with colleagues and was used to facing discriminatory behaviour. Colleague B stated that the comment was unpleasant but "*put a brave face on it*" and forced herself to forget it. She also told the panel in her oral evidence that she was embarrassed that colleague's had heard this interaction and she was upset when she got home. The panel noted Colleague B stated it was a mistake to not have reported the incident in the first instance. She told the panel that you had shown no regret or had apologised for your comment.

Colleague B also stated in her oral evidence that she found the comment to be shocking and rude which the panel determined met the threshold that your conduct also had the effect of causing a humiliating and degrading environment for Colleague B.

The panel therefore found charge 6 in relation to charge 3(c) proved in respect of your conduct was harassment in that it had both the intention and effect of causing a humiliating and degrading environment.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether your fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to 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, your fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

Ms Denholm invited the panel to take the view that the facts found proved amount to misconduct.

Ms Denholm identified the specific, relevant standards of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code) where your actions amounted to misconduct namely, 1.1, 20.1, 20.3, 20.5, 20.7 and 20.8. She submitted that while breaches of the code alone are not conclusive to find misconduct, the standards set out in the code are fundamental tenets of the nursing profession.

Ms Denholm submitted that the misconduct in the facts found proved is that you acted in a manner that was discriminatory towards a colleague and that you acted in a manner that was harassing to both Colleague D and Colleague B. She submitted that this conduct falls far short of what is expected of a registered nurse. Ms Denholm invited the panel to find that the facts found proved are sufficiently serious to constitute misconduct.

Mr McGettigan submitted that in relation to charge 2, this was an incident that happened on one occasion involving one colleague. He also submitted that in light of the panel finding no discriminatory motivation behind the comment the conduct is not sufficiently serious to constitute misconduct.

In relation to the remaining charges found proved, Mr McGettigan conceded that the panel may make a finding of misconduct given the nature of the charges and made no further submissions on this matter.

Submissions on impairment

Ms Denholm moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2)*, *Grant [2011] EWHC 927 (Admin)* and *Cohen v GMC [2008] EWHC 581 (Admin)*. She also referred the panel to the test in the Fifth Shipman Report as set out in *Grant*.

Ms Denholm submitted that the first three limbs of the *Grant* test are engaged in this case. The limbs are as follows:

‘...

- 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...’*

Ms Denholm submitted that no harm was caused to patients as a result of your actions however there is risk of harm to patients in the future. She submitted that a patient knowing of these charges may actively not seek nursing care.

Ms Denholm also submitted that your conduct has brought the nursing profession into disrepute. She submitted that the NMC Guidance states that in cases of discrimination and harassment, the public would expect that nurses provide appropriate and competent care without discriminating against others or causing any hostile environments in the workplace. Ms Denholm submitted that your conduct has the potential to undermine public confidence in the nursing profession.

Ms Denholm submitted that the provisions of the Code constitute fundamental tenets of the nursing profession. She submitted that your actions have breached a number of those provisions and thus limb 3 of the test is engaged.

Ms Denholm then referred the panel to *Cohen v GMC* and the NMC Guidance (FTP-2a) on misconduct regarding current and future risk. The guidance reads as follows:

'...To be satisfied that conduct of this nature has been addressed, we'd expect to see comprehensive insight, remorse and strengthened practice from an early stage, which addresses the specific concerns that have been raised. In addition, we must be satisfied that discriminatory views and behaviours have been addressed and are not still present so that we and members of the public can be confident that there is no risk of repetition...'

Ms Denholm submitted that the conduct found proved is difficult to remediate as it relates to attitudinal concerns which are very difficult to put right. She invited the panel to consider the level of insight you have demonstrated.

Ms Denholm also submitted that the panel should consider the public interest in this case. She invited the panel to consider 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.

Ms Denholm concluded her submission inviting the panel to make a finding that your conduct is so serious that a finding of impairment is required both for the protection of the public and to uphold proper professional standards.

Mr McGettigan provided written submissions on impairment in addition to oral submissions at the hearing.

Mr McGettigan submitted that should the panel find misconduct in this case, it must note that not every case of misconduct will result in a finding of impairment. He submitted that professional standards and public confidence can be upheld by a finding of misconduct alone.

Mr McGettigan submitted that you have been found to have made an inappropriate comment to a colleague which has been deemed to be discriminatory. He submitted that this is a serious but isolated incident. Mr McGettigan submitted that this conduct is aberrational. He also submitted that the other charge found proved wherein you made a comment about the likeness of two colleagues was another isolated incident which the panel should also consider to be aberrational. Mr McGettigan submitted that when the charges found proved in this matter are looked at in light of your unblemished career, the panel must consider this conduct to be out of character.

Mr McGettigan submitted that while the panel may make a finding of misconduct, there is no current impairment. He submitted that in light of your oral evidence, testimonials, reflection and training your fitness to practice is not presently impaired. Mr McGettigan submitted that the charges relate to conduct with colleagues and none have indicated any concern regarding your clinical care abilities. He submitted that there is no evidence of any harm having come to patients as a result of your actions and no evidence to prove a future risk of harm to patients.

Mr McGettigan then addressed the panel on context. He referred the panel to NMC Guidance DMA-1 on Impairment regarding context. He submitted that at the time of these incidents, you were working in a busy and pressurised role. Mr McGettigan reminded the panel that in your oral evidence you spoke of how stressful and emotional the role was. He submitted that you carried these stresses and responsibilities during that time.

Mr McGettigan submitted that you spoke with enthusiasm and passion regarding nursing. You said in your oral evidence that you have been a nurse for 44 years and

wish to continue nursing to “*make a difference*” and absence from nursing would affect you immensely.

Mr McGettigan referred the panel to 20 testimonials provided by former and current colleagues and managers. He submitted that you are extremely well thought of by colleagues and referred the panel to extracts from four testimonials.

The Deputy General Manager in your current employment wrote on 4 January 2026:

‘...I have never had any negative experiences working with Rachel over the past 20 years and I continue to learn from her in a professional capacity...’

A Paramedic in your current employment wrote on 20 December 2025:

‘...I was completely shocked and dismayed to hear the allegations against Rachel. I have never witnessed her being rude, unkind or racist to any member of staff or patients. She has always been a thoughtful, kind and supportive colleague to everyone within the call centre regardless of their role...She treats everyone with kindness and compassion. Rachel would be the first to call someone out for being disrespectful, rude or racist...’

A General Practitioner (GP) in your current employment wrote on 17 December 2025:

‘...I have seen the allegations against her, and I must say, I have not observed nor witnessed this kind of behaviour in Rachel Woodfield in all the 6 and a half years that I have worked alongside her...’

An Advanced Clinical Practitioner wrote on 10 December 2025:

‘...I understand the allegations before the NMC concern comments made to colleagues perceived as disrespectful discriminatory and harassment. I can’t comment on events I didn’t witness. However this alleged pattern doesn’t match my experience of Rachel at work. In my interactions, she’s never shown discriminatory attitudes towards colleagues or patients, and I’ve never

heard her make derogatory remarks about anyone's faith culture or appearance...

Mr McGettigan invited the panel to consider the volume and strength of the testimonials and positive opinion they give on your fitness to practice. He submitted that the panel must give significant weight to the testimonials of individuals who have worked directly with you. Mr McGettigan submitted that some of these testimonials note that your absence from nursing would be a loss to the profession.

Regarding risk of repetition, Mr McGettigan submitted that you have undertaken training in Equality and Diversity following the internal investigation in 2020/2021 which you recently refreshed on 26 November 2025. He submitted that the conduct in this case relates to incidents that occurred five – seven years ago. Mr McGettigan submitted that outside of this, you have an unblemished record and since these incidents you have continued to work both without incident or issue and without restriction for the same employer.

Mr McGettigan submitted that while you deny the charges, you have demonstrated some level of insight into the matters of the nature found proved generally. Within your oral evidence you spoke against actions of the nature found proved and have also provided a reflection on matters of this nature.

Mr McGettigan submitted that the risk of repetition in this case is so low that the panel can safely discount it. He therefore invited the panel to find that there is no public protection concern in this case.

Mr McGettigan then addressed the panel on the public interest. He invited the panel to consider the extent and level of your culpability, the fact that no patients were caused harm or likely to be caused harm, the context at the time and the stress and pressure you were working under. Mr McGettigan invited the panel to consider the testimonials provided, and submitted that an ordinary, well-informed member of the public who was aware of all the facts and circumstances, may not be troubled by the absence of a finding of impairment. He submitted that the public would be satisfied that the events occurred several years ago, were out of character and that you have

worked since that time without issue. Mr McGettigan submitted that there would be no loss of confidence in the profession if impairment was not found. He submitted that a finding of misconduct would sufficiently protect the public interest and send a clear message that such behaviour found proved is unacceptable.

Mr McGettigan concluded that the events giving rise to the charges are not matters which should ground a finding of current impairment.

However, Mr McGettigan submitted that should the panel not agree, then a finding of impairment may only be made on public interest grounds alone.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Nandi v General Medical Council* [2004] EWHC 2317 (Admin) and *The Bar Standards Board v Howd* [2017] EWHC 210 (Admin).

Decision and reasons 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.

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

The panel first considered charge 2. It was of the view that while your actions were unprofessional and could be perceived as offensive, the panel had no evidence of the motivation behind this comment. It noted that commenting on the appearance of a colleague is inappropriate however in these circumstances the panel determined this conduct did not meet the threshold of misconduct.

Regarding charges 3(c), 5 and 6 in relation to charges 2 and 3(c), the panel was of the view that your actions did fall significantly short of the standards expected of a

registered nurse, and that your actions amounted to a breach of the Code.

Specifically:

'1 Treat people as individuals and uphold their dignity'

To achieve this, you must:

1.1 treat people with kindness, respect and compassion'

'20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

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

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

...

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

...

20.7 make sure you do not express your personal beliefs (including political, religious or moral beliefs) to people in an inappropriate way

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 the comment you made at charge 3(c) would be considered deplorable by colleagues in the profession. It noted that the comment was discriminatory and was harassment in that it had both the intention and the effect of causing a humiliating and degrading environment for Colleague B. The panel noted that findings of discrimination and harassment are serious and fall significantly short of the standards expected of a registered nurse.

Furthermore, while the panel did not find the conduct at charge 2 to be misconduct, charge 6 in relation to charge 2 was found to be misconduct. The panel noted that your conduct amounted to harassment which is serious.

The panel therefore found that your actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct in relation to charges 3(c), 5, and 6 in relation to charges 2 and 3(c).

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, your fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the NMC Guidance on '*Impairment*' (Reference: DMA-1 Last Updated: 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. To justify that trust, they must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

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

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

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ fitness to practise is impaired in the sense that S/He:

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) ...*

The panel determined that the first three limbs of the Grant test are engaged. The panel finds that while patients were not harmed by your actions, there is a risk of harm in the future. It noted that your actions had the effect of causing a hostile environment and distressing environment for colleagues which may have a direct

impact on patient care. The panel also considered that, given the nature of the misconduct, there is a risk of you exhibiting discriminatory behaviour towards patients in the future.

The panel was of the view that your misconduct had breached the fundamental tenets of the nursing profession. It noted that your conduct breached multiple provisions of the code. In addition, the findings of discrimination and harassment indicate that you have in the past not practised kindly nor professionally. The panel acknowledged that there is no evidence to undermine your ability to practise safely. The panel noted that the misconduct in this case is serious. It relates to discriminatory and harassing comments. The panel was of the view that conduct of this nature by a registered nurse brings the nursing profession reputation into disrepute.

Regarding insight, the panel was of the view you have demonstrated limited insight. It noted your reflection dated 28 November 2025. However, as conceded by Mr McGettigan, this only comments generally on the nature of the misconduct. Furthermore, the panel noted in your oral evidence you demonstrated limited insight on the impact the actions alleged may have caused colleagues. The panel was mindful that you deny the allegation but did not find this to be sufficient mitigation for your limited reflection and insight given the nature of the issues in this case. In these circumstances, the panel considered that there was a risk that you were liable in the future to bring the nursing profession into disrepute and to breach one of the fundamental tenets of the nursing profession.

The panel noted that discriminatory and harassing behaviour is very difficult to remediate. It noted that you have undertaken a training course and refresher on Equality and Diversity however the panel was of the view that this was insufficient to address the concerns. The panel noted that this is mandatory training and given the misconduct in this case, further training is required in these circumstances.

The panel noted that you provided 20 positive testimonials from former and current colleagues including managers from your current employment. It noted that they all speak highly of you and none have previously identified or witnessed you exhibit

behaviour of the nature found proved. However, the panel was not satisfied that these testimonials mitigate the identified risks. It noted that discrimination can be an attitudinal concern and a behaviour which in some circumstances may only be exhibited to a particular group with a particular characteristic/s. The panel was of the view that any mitigation of the risks would depend on significant personal insight and a strong demonstration of reflection, learning and change in attitude.

The panel therefore determined that at this time, there remains a risk of repetition and thus a finding of impairment is necessary on the ground of public protection.

The panel then went on to consider the public interest. The panel noted that the concerns in this case are serious. They relate to a discriminatory comment made to a colleague regarding her religious headscarf and comments which had both the intent and effect of causing a humiliating, hostile and degrading environment for colleagues. The panel took into account the NMC Guidance on impairment (DMA-1) and determined that the public would be concerned and public confidence would be undermined if a finding of impairment were not made on a nurse who was discriminatory and harassing to a colleague.

The panel therefore determined that a finding of impairment was also necessary on the ground of public interest.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired.

Sanction

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

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

Submissions on sanction

Ms Denholm informed the panel that in the Notice of Hearing, dated 10 December 2025, the NMC had advised you that it would seek the imposition of a striking off order if it found your fitness to practise currently impaired.

Ms Denholm invited the panel to consider each available sanction beginning with the least severe. She submitted that in the circumstances, taking no action or imposing a caution order would not be appropriate given the panel's decision on the seriousness of the conduct, the need to protect the public and the risk of undermining public confidence. Ms Denholm submitted that these sanctions would not address the identified risks.

Ms Denholm submitted that the conduct in this case does not relate to your clinical practice and is instead an attitudinal concern. She submitted that the conduct in this case can be difficult to remedy and there are no conditions that could be formulated that could adequately address the public protection and public interest concerns in this case.

Ms Denholm referred the panel to NMC Guidance (SAN-2) in relation to sanction which in relation to discrimination reads:

'We may need to take restrictive regulatory action against nurses, midwives or nursing associates who've been found to display discriminatory views and behaviours and haven't demonstrated comprehensive insight, remorse and strengthened practice, which addresses the concerns from an early stage.

If a nurse, midwife or nursing associate denies the problem or fails to engage with the fitness to practise process, it's more likely that a significant sanction,

such as removal from the register, will be necessary to maintain public trust and confidence.'

Ms Denholm submitted that the misconduct in this case is not a single incident and there is evidence of attitudinal problems. She submitted that you have demonstrated limited insight and thus pose a significant risk of repetition in the future. Ms Denholm therefore submitted that a suspension order would not be proportionate in the circumstances.

Ms Denholm submitted that the concerns in this case raise fundamental questions about your professionalism. She submitted that a striking off order is the only sanction that would be sufficient to protect the public and maintain professional standards. Ms Denholm submitted that the misconduct in this case is incompatible with you remaining on the register.

Ms Denholm therefore invited the panel to impose a striking off order.

Mr McGettigan provided a summary of the charges found proved. He submitted that in relation to charge 2, the panel did not make a finding of discrimination or misconduct. He submitted that this was a single comment made to one colleague. Mr McGettigan acknowledged that the conduct at charge 3(c) was found to be discriminatory and both comments at charge 2 and charge 3(c) constituted harassment. He submitted that taken together, the findings in this case relate to two specific comments which were said five-seven years ago. Mr McGettigan submitted that you have a 44-year unblemished record and have provided testimonials which attest to your character and professionalism.

Mr McGettigan invited the panel to consider the context around the charges and the date of the charges.

Mr McGettigan referred the panel to NMC Guidance (SAN-1) regarding proportionality and finding a fair balance between the nurse and the NMC's overarching objective of public protection.

Regarding aggravating factors, Mr McGettigan submitted that you have not had any previous regulatory findings, you did not abuse a position of trust and did not put patients at risk of harm. He also submitted that the conduct in this case was not a pattern of misconduct over a period of time but instead two separate comments, only one of which was found to be discriminatory. Mr McGettigan conceded that the panel may consider your level of insight of an aggravating factor given its findings that it is currently limited.

Mr McGettigan also addressed the panel on your defence of the charges. He referred the panel to NMC Guidance (SAN-1) which reads:

‘...The fact that a nurse, midwife or nursing associate has denied an allegation (and their defence has been rejected) might, in some cases, be regarded as an aggravating factor but panels must bear in mind the principle that nurses, midwives and nursing associates are fairly entitled to defend themselves. Panels should carefully consider the nature of the rejected defence before concluding that it can properly be regarded as an aggravating factor...’

Mr McGettigan submitted that your defence has been successful in some regards and this on balance, should not be taken an aggravating factor.

Mr McGettigan conceded that due to the nature of your defence, your insight has been limited. However, he submitted that you have provided a general reflection which indicate your understanding of the issues in this case. Mr McGettigan therefore submitted that while your insight may not be full or complete there is evidence of some insight.

Regarding mitigating factors, Mr McGettigan submitted that there is no evidence of harm and limited evidence of risk of harm to patients. He submitted that you have demonstrated some generalised insight, you have worked for several years since the allegations without concern and you have attempted to address the concerns through reflection, training and readings. Mr McGettigan also submitted that you have the support of your colleagues and managers.

Mr McGettigan also submitted that there is some personal mitigation in this case. He submitted that you have been the sole earner in the family for a period of time and you were operating in a highly stressful environment.

Mr McGettigan informed the panel that you were not subject to an interim order and faced no punishment following the internal investigations. He submitted that you have significant financial responsibilities and removal from the register would have a significant financial impact on you and your family.

Mr McGettigan then took the panel through the available sanctions. He conceded that given the findings of misconduct and impairment in this case, taking no action may not be appropriate in the circumstances.

Mr McGettigan submitted that a caution order, given your unblemished record and the aforementioned mitigating factors would be appropriate and in accordance with NMC Guidance. He submitted that you do not pose a risk of harm to patients and this sanction would uphold public confidence in the profession.

Mr McGettigan went on to make submissions regarding a conditions of practice order, suspension order and striking off order should the panel find that a caution order is not appropriate.

Regarding conditions of practice, he submitted that conditions could be formulated to address the concerns and could include conditions around training, supervision, supervision meetings and a report to be produced on your progress.

Mr McGettigan submitted that a suspension order would be disproportionate in the circumstances. He submitted that given the mitigation in this case, in particular your unblemished record and the fact this was two comments made five – seven years ago. Mr McGettigan acknowledged the seriousness of a finding of discrimination but submitted that the seriousness in this case is not such that a lesser sanction would be insufficient to protect the public and meet the public interest. He submitted that there is no evidence of harmful deep-seated personality or attitudinal issues and no

evidence of repetition since the incident. Mr McGettigan submitted that should the panel decide to impose a suspension order, it should consider imposing such order for a short period of time given you have remained employed and working without issue since the allegations arose.

Mr McGettigan submitted that there are insufficient grounds to impose a striking-off order. He submitted that it would be disproportionate. Mr McGettigan referred the panel to the NMC Guidance on sanctions (SAN-3). He submitted that while your actions may be serious, unsavoury and unacceptable, it is not necessarily incompatible with being a registered professional. He submitted that the conduct does not raise fundamental questions about your professionalism, public confidence in the profession can be maintained if you were not struck off the register and the public would in fact be shocked to find that you were struck off the register if fully aware of the circumstances in this case.

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating feature:

- Limited insight, in that you have not demonstrated an understanding of the impact of your actions or the concerns in this case have had on colleagues.

The panel also took into account the following mitigating features:

- You have been a registered nurse for 44 years without any previous regulatory or disciplinary proceedings brought against you

- You provided 20 positive testimonials from former and current colleagues including senior managers who hold you in high regard
- Two isolated incidents of misconduct and not a pattern of behaviour
- The passage of time since the incidents

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 your 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 your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. 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 your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel was of the view that while training could be undertaken to address some of the concerns in this case, given the nature of the charges, it could not formulate practical, workable or measurable conditions to both protect the public and address the public interest concerns.

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 was satisfied that in this case the misconduct was not fundamentally incompatible with remaining on the register. It noted that while the misconduct relates to two incidents, there is insufficient evidence that this is a deep-seated personality or attitudinal problem. In accordance with its findings on impairment, the panel noted that discriminatory and harassing comments may indicate an attitudinal issue but it did not have evidence that at this stage your behaviour is 'deep-seated'.

The panel did not have evidence of repetition since the incidents and noted that not only have you remained working with the same employer without restriction, but you have also received multiple positive testimonials from colleagues and senior managers.

The panel took issue with your current level of insight. It was not satisfied that the level of insight you have demonstrated at present has entirely mitigated the risk of repetition. However, it determined that, while there remains a risk of repetition, it had no evidence before to suggest that this risk is 'significant'.

The panel seriously considered whether to impose a striking-off order.

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?*

The panel was of the view that the regulatory concerns do raise fundamental questions about your professionalism. It noted that discrimination and harassment are very serious and behaviour that falls significantly short of the standards expected of a registered nurse.

However, in light of the mitigating factors, the panel was satisfied in this instance, that the public would be protected, and public confidence could be maintained if you were temporarily, and not permanently, removed from the register at this time. The panel considered that should you fail to demonstrate significant remediation, reflection, training and insight at a future review hearing, it would be in the power of that panel to replace this suspension order with a striking-off order.

In making this decision, the panel carefully considered the submissions of Ms Denholm in relation to the sanction that the NMC was seeking in this case. However, the panel considered that at this stage, a striking-off order was disproportionate. It noted that it may be a desirable sanction given the issues of discrimination and harassment in this case but would be unduly punitive and disproportionate in light of the mitigating factors.

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

The panel noted the hardship such an order will inevitably cause you given you are currently the sole earner in your household. However, this is outweighed by the public interest in this case.

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

The panel determined that a suspension order for a period of one year was appropriate in this case to mark the seriousness of the misconduct and allow you sufficient time to address the risks and complete the appropriate training, reflection and remediation.

At the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- Evidence of in-depth Equality and Diversity training delivered over time such as (but not limited to) The NHS Leadership Academy 'Inclusive Leadership in Health and Care'
- A reflective statement addressing the impact of your actions on colleagues, the profession and the public
- Your attendance at the review hearing

Interim order

The suspension order cannot take effect until the end of the 28-day appeal period or, if an appeal against this order is made until that appeal has been withdrawn or

otherwise finally disposed of. The panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in your own interests until the suspension order sanction takes effect.

Submissions on interim order

The panel took account of the submissions made by Ms Denholm. She submitted that in light of the panel's findings of impairment and sanction, an interim order is necessary to protect the public and is otherwise in the public interest.

Mr McGettigan did not make submissions regarding interim order and invited the panel to make a decision it sees fit.

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

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. 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. In particular it noted that there remains a risk to the public in that the panel made findings that your conduct created a hostile environment for colleagues which may have an impact on patient care.

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 cover the period of appeal and to allow any such appeal, if lodged, to conclude.

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

That concludes this determination.

This will be confirmed to you in writing.