Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting

Thursday, 16 July 2026

Virtual Meeting

Name of Registrant:	Adam Culverwell
NMC PIN:	10D1374E
Part(s) of the register:	Registered Nurse RNMH – Mental Health (23 September 2010)
Relevant Location:	Dorset
Type of case:	Conviction
Panel members:	Michelle Lee (Chair, Registrant member) Kiran Bali (Lay member) Fay Jackson (Lay member)
Legal Assessor:	Graeme Sampson
Hearings Coordinator:	Bethany Seed
Facts proved:	Charges 1a, 1b, 1c and 1d
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Mr Culverwell's registered address by recorded delivery and by first class post on 11 June 2026.

The panel had regard to the Royal Mail 'Track and trace' printout which showed the Notice of Hearing was delivered to Mr Culverwell's registered address on 12 June 2026. It was signed for against the printed name of 'A. Culverwell'.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, dates and the fact that this meeting was heard virtually.

In light of all of the information available, the panel was satisfied that Mr Culverwell 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 14 April 2025, were convicted at Bournemouth Crown Court of the following offences:

    a) Care worker engage in sexual activity with mentally disordered female – penetration x 2

    b) Care worker cause/ incite sexual activity with mentally disordered person – no penetration x 1

c) Care worker engage in sexual activity with mentally disordered female – no penetration x 1

d) Care worker engage in sexual activity with mentally disordered female – penetration x 8

AND, in light of the above, your fitness to practise is impaired by reason of your conviction(s).

Background

The charges arose whilst Mr Culverwell was employed as a Community Psychiatric Nurse by Dorset Healthcare University NHS Foundation Trust ('the Trust'). Mr Culverwell cared for Patient A, who is referred to as the "*mentally disorded female*" in the charges.

Mr Culverwell was referred to the Nursing and Midwifery Council (NMC) on 30 June 2021 by the Director of Nursing Therapies and Quality at the Trust. It was alleged that Mr Culverwell had been in a relationship with Patient A, who was vulnerable, had several mental health conditions and had a history of past sexual trauma. Mr Culverwell was convicted at Bournemouth Crown Court on 14 April 2025 for the offences listed above and was sentenced to seven years imprisonment.

Decision and reasons on facts

The charges concern Mr Culverwell's conviction and, having been provided with copies of the certificates of convictions, the panel finds that the facts are found proved in accordance with Rule 31 (2) and (3). These state:

*'**31.—** (2) Where a registrant has been convicted of a criminal offence—*

(a) a copy of the certificate of conviction, certified by a competent officer of a Court in the United Kingdom (or, in Scotland, an extract conviction) shall be conclusive proof of the conviction; and

(b) the findings of fact upon which the conviction is based shall be admissible as proof of those facts.

(3) The only evidence which may be adduced by the registrant in rebuttal of a conviction certified or extracted in accordance with paragraph (2)(a) is evidence for the purpose of proving that she is not the person referred to in the certificate or extract.'

In light of the above, the panel determined that charges 1a, 1b, 1c and 1d are proved, by way of the certificate of convictions.

Fitness to practise

Having announced its findings on the facts, the panel then considered whether, on the basis of the facts found proved, Mr Culverwell's fitness to practise is currently impaired by reason of Mr Culverwell's conviction. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise safely and effectively without restriction.

Representations on impairment

The NMC requires the panel to bear in mind its overarching objective to protect 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. The panel has referred to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin)

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council (No 2)* [2000] 1 A.C. 311, *Nandi v GMC* [2004] EWHC 2317 (Admin), and *GMC v Meadow* [2007] QB 462 (Admin).

Decision and reasons on impairment

The panel next went on to decide if as a result of the conviction, Mr Culverwell's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the NMC Guidance on *'Impairment'* (Reference: DMA-1 Last Updated:28/01/2026) in which the following is stated:

> *'Being fit to practise is not defined in our legislation but for us it means that a professional on our register can practise as a nurse midwife or nursing associate safely and effectively without restriction.'*

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. 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 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.

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/their fitness to practise is impaired in the sense that S/He/They:*

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 finds that Patient A was put at risk and caused emotional and psychological harm as a result of Mr Culverwell's conduct and conviction. The panel considered that the case relates to sexual misconduct and grooming behaviour towards a vulnerable patient under Mr Culverwell's care. The panel also considered that Mr Culverwell failed to deliver care to Patient A appropriately, has exploited his position as a registered nurse and has breached Patient A's trust by misrepresenting his relationship with the patient. The panel considered that Mr Culverwell has crossed professional boundaries and has put Patient A at an unwarranted risk of harm.

Mr Culverwell's conduct and subsequent conviction has breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. The panel considered that Mr Culverwell's actions were so serious that he has been convicted and is currently serving his sentence of seven years imprisonment. The panel considered that an ordinary reasonable person would consider his conduct abhorrent. The panel considered that Mr Culverwell took advantage of a vulnerable patient, which undermines public confidence in the profession. The panel was satisfied that Mr Culverwell's actions have breached fundamental tenets of the profession through his failure to safeguard a patient, prioritise patients and to act with honesty and integrity in his role.

The panel noted that the charges in this case are not direct dishonesty charges. However, the panel had regard to the sentencing remarks from Mr Culverwell's criminal case, wherein the Judge stated:

> *"I, as I have said, have no hesitation in concluding that she told the truth from first to last but throughout that trial, you lied."*

In light of this, the panel was of the view that Mr Culverwell's dishonest behaviour makes his conduct particularly serious.

Regarding insight, the panel considered that it has no information before it that Mr Culverwell has any level of insight. The panel noted that Mr Culverwell has not engaged with these proceedings, notwithstanding that he is currently imprisoned. In its consideration of whether Mr Culverwell has taken steps to strengthen his practice, the panel took into account it has seen no evidence of any steps he may have taken to strengthen his practice. The panel was satisfied that there is an ongoing risk of harm to the public, and there is a high risk of repetition in the absence of any insight or strengthened practice. The panel noted that in the future, Mr Culverwell will be released from prison, and therefore a finding of impairment is necessary to protect the public. The panel therefore decided that a finding of impairment is necessary on the ground 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/protect the wider public interest, which includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that, in this case, a finding of impairment on the public interest ground is required. The panel noted that these convictions are very serious, relating to Mr Culverwell's predatory relationship with a vulnerable patient under his care. The panel also bore in mind that Mr Culverwell is currently serving his sentence in prison for these convictions and is on the sex offender's register for life. The panel was of the view that a member of the public would be shocked to learn that a nurse had entered into an inappropriate predatory relationship with a patient that had resulted in a conviction. The

panel considered that public confidence in the nursing profession would be undermined, and that the reputation of the profession would be seriously damaged if the panel did not make a finding of impairment in this case. Therefore, the panel determined that a finding of impairment is also required on the public interest ground.

Having regard to all of the above, the panel was satisfied that Mr Culverwell's fitness to practise is currently impaired.

Sanction

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

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had regard to the NMC Guidance on *'The sanctions available'* (Reference: SAN-2 Last Updated: 28/01/2026).

The panel accepted the advice of the legal assessor.

Representations on sanction

The panel noted that in the Notice of Meeting, dated 11 June 2026, the NMC had advised Mr Culverwell that it would seek the imposition of a striking off order if it found Mr Culverwell's fitness to practise currently impaired.

Decision and reasons on sanction

Having found Mr Culverwell's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. 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 regard to the NMC Guidance on *'The sanctions available'* (Reference: SAN-2 Last Updated: 28/01/2026). The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Vulnerability of the person receiving care
- Predatory behaviour towards a particularly vulnerable patient
- Evidence of deep-seated attitudinal issues
- No remorse for his conduct
- Sentence of seven years imprisonment and life on the sex offenders register
- Abuse of a position of trust
- A pattern of misconduct over a period of time
- Dishonesty in giving evidence
- Failure to engage with NMC proceedings
- Absence of insight.

Given the gravity of the conviction and the seriousness of the breach of his professional position, the panel was of the view that there are no mitigating factors in this case.

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

The panel next considered a caution order and had regard to the NMC Guidance on *'Caution order'* (Reference: SAN-2b Last Updated: 28/01/2026) in which the following is stated:

> *'A caution is only appropriate if the Committee has decided there's no risk to the public or to people using services that requires the professional's practice to be restricted. This means the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'*

The panel considered that Mr Culverwell's misconduct was not at the lower end of the spectrum, and it found that there is a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict Mr Culverwell's practise would not protect

the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether to place a conditions of practice on Mr Culverwell's registration. In considering whether conditions of practice are appropriate, the panel had regard to the factors set out in the NMC Guidance on 'Conditions of practice order' (Reference: SAN-2c Last Updated: 28/01/2026). In light of the seriousness of Mr Culverwell's conviction, evidence of deep-seated attitudinal issues and his current imprisonment, the panel concluded that there are no relevant, proportionate, workable or measurable conditions that could be formulated to protect patients or to uphold professional standards.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on *'Suspension order'* (Reference: SAN-2d Last Updated: 28/01/2026) in which the following factors on when a suspension order may be appropriate are set out:

- *'the impairment is very serious but not fundamentally incompatible with continuing to be a registered professional*
- *an outcome less severe than strike-off would still satisfy the over-arching objective.'*

The panel also had regard to the key considerations as set out in the NMC Guidance to weigh up before imposing a suspension. It noted the following list of circumstances that may make a suspension order an appropriate sanction:

- *'the charges found proved are at the most serious end of the spectrum and call into question the professional's suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation*
- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*

- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.'*

Whilst the panel acknowledged that the risks identified could be managed by Mr Culverwell being temporarily removed from the Register, it considered that it would not be sufficient to uphold public confidence in the profession and maintain professional standards due to the seriousness and nature of the facts found proved. The panel considered that it was inconceivable that a registrant who has been imprisoned for predatory behaviour towards a vulnerable patient and is on the sex offenders register for life would be permitted to return to practice at any time.

Given Mr Culverwell's lack of engagement, no insight, lack of remorse, together with no evidence of training and development, the panel considered that there is no realistic possibility that he would address the concerns to such a level where he could return to practise safely in light of the seriousness of the convictions.

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

In considering a striking-off order, the panel had regard to the NMC Guidance on *'Sanctions for the highest risk cases'* (Reference SAN-4 Last Updated: 28/01/2026). [set out panels reasons] Having regard to all of the above, the panel determined that this case falls within the definition of being a '*highest risk case'*.

The panel had regard to the following considerations as set out in the NMC Guidance entitled *'Striking-off order'* (Reference: SAN-2e Last Updated; 28/01/2026):

- *Do the charges found proved raise fundamental questions about their professionalism?*

- *Can public confidence in the profession be maintained if the professional is not removed from the Register?*
- *Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?*
- *Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?*

The panel found that Mr Culverwell's conviction raises serious questions about his professionalism. It was of the view that his conviction is fundamentally incompatible with remaining on the NMC register. The panel considered that confidence in the profession cannot be maintained unless Mr Culverwell is removed from the register. It considered that there is no amount of insight, reflection or remediation that could satisfactorily protect the public or uphold professional standards.

Mr Culverwell's actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with him remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mr Culverwell's actions were serious and to allow him to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Mr Culverwell's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct himself, the panel has concluded that nothing short of this would be sufficient in this case.

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

This will be confirmed to Mr Culverwell in writing.

Interim order

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

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

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

That concludes this determination.