Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Thursday 16 July 2026 – Friday 17 July 2026;
Monday 20 July 2026 – Tuesday 21 July 2026
Friday, 31 July 2026

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

Name of Registrant:	**George Eduard Stae**
NMC PIN:	14K0428C
Part(s) of the register:	Registered Nurse - Adult (RN1) 18 November 2014
Relevant Location:	Essex
Type of case:	Misconduct
Panel members:	Rachel Merelie (Chair, Lay member) Vickie Glass (Registrant member) David Raff (Lay member)
Legal Assessor:	Charlene Bernard Graeme Henderson (31 July 2026 only)
Hearings Coordinator:	Emily Mae Christie Eyram Anka (31 July 2026 only)
Nursing and Midwifery Council:	Represented by Samprada Mukhia, Case Presenter
Mr Stae:	Present and unrepresented
Offer no evidence:	Charges 1a, 1b, 1c, 1d, 2a, and 2b
Facts proved by admission:	Charge 3

Facts proved:	Charge 4
Fitness to practise:	Impaired
Sanction:	**Caution order (12 months)**

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

At the outset of the hearing, Ms Mukhia, on behalf of the Nursing and Midwifery Council (NMC), made a request that this case be held partially in private on the basis that there may be [PRIVATE] that is inextricably linked to the matters at issue in this case. The application was made pursuant to Rule 19 of the *'Nursing and Midwifery Council (Fitness to Practise) Rules 2004'*, as amended (the Rules).

You indicated that you were content with 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 by the public interest.

The panel did not consider that there were matters relating to [PRIVATE] that are so inextricably linked to the matters in issue in this case that the entire case should be held in private. However, it determined to go into private session as and when issues of a [PRIVATE] are raised, in order to protect their privacy.

Decision and reasons on application for special measures for Ms Andreea Dewan

Ms Mukhia made an application for special measures for Ms Andreea Dewan during her oral evidence. She referred the panel to Rule 23, which governs the provision of evidence from vulnerable witnesses. She submitted that Rule 23(1)(f) indicates that any witness who complains of intimidation may be treated as a vulnerable witness. Ms Mukhia submitted that Ms Dewan has complained of intimidation by you and alleges that you acted in a threatening manner towards her.

Ms Mukhia invited the panel to agree that you dial into the hearing by phone so that you do not see Ms Dewan, and she does not see you, as well as asking questions through a special counsel whom the NMC has appointed. Ms Mukhia submitted that this is the only basis on which Ms Dewan is willing to give evidence.

Ms Mukhia submitted that if the panel were to accept this application, there would be no unfairness to you, as you can hear the evidence and put questions to Ms Dewan through the allocated special counsel.

After some discussion, you accepted the application for special measures; however, you wanted to ensure that, by granting special measures, this would not bias the panel into accepting the allegations as true.

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

The panel accepted that Ms Dewan should be treated as a vulnerable witness under Rule 23(1)(f), and that dialling in on your phone using audio only would ensure that Ms Dewan would not be seen by you, nor you by her, and in doing so would enable her to give her best evidence.

The panel was of the view that these special measures would not cause any unfairness to you, nor would their use influence its decision when it came to finding the facts, and these special measures would only be put in place in order for Ms Dewan to give her best evidence.

The panel decided to allow the application for special measures, namely for you to dial into the hearing using audio only during Ms Dewan's evidence in order for her not to see you, nor you to see her, as well as for special counsel to conduct the cross-examination of her on your behalf.

Decision and reasons on application to amend the charges

The panel heard an application made by Ms Mukhia to amend the wording of charge 2(a), and to add charges 5 and 6.

'That you, a registered nurse:

1. *…*
    a. *…*
    b. *…*
    c. *…*
    d. *…*

2. *Your actions in one more of charges 1a to 1d above were:*
    a. ~~*Racially*~~ *Offensive and/or discriminatory (in that you treated the subject of that comment less favourably due to a protected characteristic, namely the subject's race* ***and/or religion or belief****);*
    b. *…*

3. *…*

4. *…*

5. ***On an unknown date said to Person B [Ms Dewan] words to the effect "one day I will kill you, cut you up and put you in the fridge."***

6. ***Your actions in charge 5 were threatening and or intimidating.***

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

Ms Mukhia submitted that the application to amend charge 2(a) is intended to accurately reflect the discrimination alleged on the basis of the specific protected characteristic.

In relation to adding charges 5 and 6, Ms Mukhia submitted that the proposed addition is intended to reflect the allegations Ms Dewan makes in paragraph 6 of her witness statement. She submitted that not including these charges was an oversight by the NMC, even though the case examiners had referred it to the Fitness to Practise Committee (FTPC). She submitted that by not adding these charges, there is a risk that the case would be undercharged, which would not be in the interests of the NMC's overarching objectives.

Ms Mukhia accepted that adding these charges may be unfair or prejudicial to you; however, you would have had sight of the evidence of these concerns following the completion of the NMC investigation in August 2024, so you would have been aware of these allegations. Furthermore, she submitted that by making this application before the hearing has formally opened, you would have some time to organise your defence to the additional charges before witnesses are called.

In relation to the amendments to charge 2(a), you submitted that this is a minor change and does not make much of a difference.

In relation to the addition of charges 5 and 6, you objected to the NMC's application. You submitted that it would be unfair and prejudicial to you, as you were only informed of these additional charges on the morning of this hearing, and these additions have come at such a late stage, given that this case has been ongoing for a number of years. You submitted that it is clear the addition of charges 5 and 6 is intended to show a pattern of behaviour; however, you explained that context is very important, given that, in your view, the allegations have arisen as a result of [PRIVATE]. You submitted that the only evidence of these additional charges is set out in the witness statement of Ms Dewan, and there is

nothing else before the panel to support them, despite there allegedly being a number of witnesses to the incident. You invited the panel to refuse the NMC's application.

The panel accepted the advice of the legal assessor and had regard to Rule 28.

Amendment to charge 2(a)

In relation to charge 2(a), the panel was of the view that the amendment, as applied for, was in the interest of justice, as it is a clarification and does not change the substance of the charge. The panel was satisfied that there would be no prejudice to you and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment, as applied for, to clarify the charge.

Addition of charges 5 and 6

The panel took into account the submission of Ms Mukhia and you. It noted that you were only informed of these additional charges on the first morning of this hearing and that you are unrepresented. The panel took into account the NMC's submission regarding your knowledge of the evidence for charges 5 and 6 since August 2024, which would have been linked to the regulatory concerns during the investigation, and the case examiner's decision. However, the panel was of the view that although you might have had sight of the evidence, you had been given no notice that the matters would form part of the charges against you. Furthermore, the panel was of the view that the proposed additions give no indication of the date and circumstances of the allegation, which would make it difficult for you to formulate a defence.

The panel considered the NMC's overarching objectives. It recognised the risk of undercharging by not allowing these additional charges. However, in light of the late notice given to you, the fact that the NMC had ample time to add these before the start of this hearing, and the lack of specificity of the charges, the panel was of the view that it would

not be in the interests of justice to allow the NMC to add these charges. Therefore, the panel refused the NMC's application to add charges 5 and 6.

Application to amend charge 4

Following hearing the evidence from the NMC witnesses, the panel heard an additional application by Ms Mukhia to amend the wording of charge 4 to accurately reflect the discrimination alleged.

'That you, a registered nurse:

1. *…*
2. *…*
3. *…*
4. *Your actions in charge 3 above were discriminatory in that you posted emojis on a Facebook Pride post which were prejudicial and or discriminatory towards people based on their sexuality* ***and/or gender identity.***

…'

You submitted that you understand it is a small amendment; however, you did not object to the application.

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

Charge 4

In relation to charge 4, the panel was of the view that the amendment, as applied for, was in the interest of justice, as it is a clarification and does not change the substance of the charge. The panel was satisfied that there would be no prejudice to you and no injustice would be caused to either party by the proposed amendment being allowed. It was

therefore appropriate to allow the amendment, as applied for, to accurately reflect the discrimination alleged.

Decision and reasons on application to admit the hearsay evidence of Dr Nishat Dewan

The panel heard an application made by Ms Mukhia under Rule 31, to allow the written statement and exhibits of Dr Nishat Dewan into evidence as hearsay. She then referred the panel to the case of *Thorneycroft v Nursing and Midwifery Council* [2014] EWHC 1565 (Admin) and addressed the seven points for the panel to consider.

In relation to whether Dr Dewan's evidence was the sole or decisive evidence, Ms Mukhia acknowledged that his statement and exhibits are sole and decisive of charge 1, and if found proved, sole and decisive of charge 2 as well. In relation to this, Ms Mukhia referred the panel to the case of *R v Horncastle* [2009] UKSC 14 (SC) and *Al-Khawaja and Tahery v United Kingdom* [2011] ECHR 2127 to state that whilst evidence may be sole and decisive, that does not mean that it cannot be relied on as hearsay provided there are sufficient counterbalancing measures.

Ms Mukhia submitted that there is nothing to indicate that Dr Dewan's evidence is unreliable, nor to suggest that he fabricated it. She submitted that you are able to be cross-examined regarding this incident, and Ms Dewan would also be able to give context to these charges, although she was not a direct witness. She accepted that you disagree that you made the comments as alleged.

In relation to the seriousness of the charges, Ms Mukhia submitted that the charges are serious and, if collectively proven, the NMC's sanction bid is a strike-off, which would have a grave impact on you.

Ms Mukhia outlined the steps taken to secure Dr Dewan's attendance. She outlined the following:

- Dr Dewan was notified of this hearing on 2 October 2025 and 27 October 2025 via email;
- On 13 November 2025, the NMC case coordinator made contact via phone and email, to which Dr Dewan responded and agreed to attend;
- On 26 April 2026, Dr Dewan emailed and confirmed he would attend the hearing;
- On 18 June 2026, in an email to the NMC case coordinator, Dr Dewan expressed his concerns about attending the hearing;
- On 5 July 2026, the NMC case coordinator contacted him with options for support;
- On 7 July 2026, Dr Dewan explained that he did not feel comfortable attending and stated the following:

  '[PRIVATE].'

- On 8 July 2026, the NMC informed Dr Dewan that it would be applying to the High Court for a witness summons, subject to [PRIVATE]; and
- Then, on 14 July 2026, [PRIVATE].

In relation to whether you had prior notice of this application, Ms Mukhia accepted that you were only informed of it the day before this hearing started. She submitted that it would still be fair to admit Dr Dewan's statement and exhibit into evidence as hearsay.

In light of all of this, Ms Mukhia invited the panel to allow Dr Dewan's statement and exhibits into evidence as hearsay.

You objected to the NMC's application, submitted that Dr Dewan was the person who referred you to the NMC and said that him not being here to ensure these allegations are seen through is unacceptable. You submitted that it would be unfair, as you would want to ask him questions to demonstrate to the panel that there is relevant context which is important to understand, given the allegations made about you. In particular, you noted [PRIVATE].

You noted that he initially said he would attend this hearing to give evidence. [PRIVATE]. Furthermore, you informed the panel that you had worked with him three weeks ago without any issue.

In conclusion, and in light of your submissions, you invited the panel to refuse the NMC's application to allow Dr Dewan's statement and exhibits into evidence as hearsay, as it would be very unfair to you.

The panel heard and accepted the advice of the legal assessor, including reference to *Thorneycroft v Nursing and Midwifery Council* [2014].

The panel first considered whether it should admit Dr Dewan's statement and exhibits into evidence as hearsay. In considering whether his evidence was sole or decisive, the panel first considered which charges it was relevant to. The panel determined that Mr Dewan's evidence was the sole and decisive evidence of charge 1, and if charge 1 were found proved, it would also become the sole and decisive evidence of charge 2.

The panel then took into account the nature and extent of the challenge to Dr Dewan's evidence and considered that you challenge the entirety of his evidence and the context around it. It noted that, given Dr Dewan's non-attendance, you would not have the opportunity to challenge his evidence through cross-examination.

In considering whether Dr Dewan may have fabricated his evidence, the panel noted that the NMC submits that there is no evidence to suggest this. However, the panel also took into account that you have submitted that Dr Dewan's evidence is not true, and the reason he may have fabricated his evidence is due to [PRIVATE].

The panel took into account that the charges are very serious, relating to discrimination against protected groups, and that, if found proven, the NMC's sanction bid is a striking-off order. The panel was of the view that if these charges were found proved, it would have a significant impact on your career.

The panel then considered together whether Dr Dewan had a good reason for not attending, and whether the NMC had taken reasonable steps to secure his attendance. In considering this, the panel noted the correspondence between the NMC and Dr Dewan, as set out in the hearsay bundle. There have been a number of emails between the NMC and Dr Dewan, and a number of those included Dr Dewan indicating that he would be willing to attend and give evidence, namely in emails on 13 November 2025 and 25 April 2026. The panel noted that the first indication that Dr Dewan became unwilling to give evidence was in an email dated 18 June 2026. Following this email, the NMC outlined the supportive measures it could put in place to enable Dr Dewan to give evidence, which he acknowledged and thanked them for in an email dated 5 July 2026. The NMC then sent Dr Dewan the notice of hearing on 6 July 2026.

On 7 July 2026, the NMC received an email from Dr Dewan, who explained that he did not feel *'able to participate in the hearing'* and that he was concerned that *'participating in live oral evidence would require me to revisit that period in a way that would be detrimental to the progress I have made.'* Following this email, on 8 July 2026, the NMC informed Dr Dewan that it would seek a high court witness summons unless [PRIVATE].

[PRIVATE]

'[PRIVATE]'

In light of this, the panel was of the view that there was a reason for Dr Dewan's non-attendance, and that the NMC had taken significant steps to secure his attendance.

The panel considered whether you had prior notice of this hearsay application. It noted that you were informed of the application in the evening of the day before this hearing started, at which time you were travelling back from holiday. However, the panel also noted that the NMC only received confirmation of Dr Dewan's reason for non-attendance two days before this hearing started.

In considering whether it was fair to admit Dr Dewan's statement and exhibits into evidence as hearsay, the panel took into account the NMC guidance titled *'Evidence'* (DMA-6, last updated 9 June 2025), specifically the section headed *'Hearsay'* and noted the following:

> *'Hearsay evidence is not in-admissible just because it is hearsay in our proceedings. However there may be circumstances in which it would not be fair to admit it, for example where it is the sole and decisive evidence in respect of a serious charge and it isn't 'demonstrably reliable' and not capable of being tested.'*

Having taken all of the Thorneycroft factors into account, the panel noted:

- Dr Dewan's evidence is the sole and decisive evidence of charges 1 and 2;
- You have a fundamental challenge to the contents of Dr Dewan's witness statement;
- You would have no opportunity to challenge Dr Dewan's evidence;
- You have suggested that there could be a reason for Dr Dewan to fabricate his evidence;
- The charges are very serious and could have a significant impact on your career if found proved; and
- You received very little, if any notice, of the NMC making this hearsay application.

In all the circumstances, the panel determined that it would be unfair to admit Dr Dewan's statement and exhibits into evidence as hearsay. Therefore, the panel refused the NMC's application.

In light of the panel's decision not to admit the hearsay evidence of Dr Dewan, the NMC invited the panel to accept its application to offer no evidence in relation to charges 1a-1d and charge 2.

Details of charges (as amended)

That you, a registered nurse:

1. On 27 November 2022 used threatening and or intimidating words towards Doctor A [Dr Nishat Dewan], namely words to the effect:
    a. *"I will kill you"*
    b. *"let's go and meet outside"*
    c. *"you fucking Muslim"*
    d. *"I'll leave your daughter fatherless".*

2. Your actions in one more of charges 1a to 1d above were:
    a. Offensive and/or discriminatory (in that you treated the subject of that comment less favourably due to a protected characteristic, namely the subject's race and/or religion or belief);
    b. Racially motivated in that you intended your comments to be racially offensive and/or discriminatory.

3. On 1 June 2021 commented with emojis associated with vomiting and or nausea on a public Facebook post about Pride month.

4. Your actions in charge 3 above were discriminatory in that you posted emojis on a Facebook Pride post which were prejudicial and or discriminatory towards people based on their sexuality and/or gender identity.

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

Background

On 8 December 2022, the NMC received a referral regarding you, a registered nurse employed as bank staff by the Mid and South Essex NHS Foundation Trust (the Trust).

Dr Dewan alleged that on the morning of 27 November 2022, while he was at work in the paediatric department of Broomfield Hospital (the Hospital), you approached him and made a number of disparaging and discriminatory comments. This was investigated by both the Trust and the Police; however, both concluded their cases with no further action.

Upon receipt of the referral and making further enquiries, the NMC was informed by the Trust that you had responded to a public post on Facebook about PRIDE with vomiting and nauseated face emojis, which had been brought to the Trust's attention on 21 June 2021. The Trust investigated this incident and issued you a written warning for 12 months.

Decision and reasons on application to offer no evidence on charges 1 and 2

The panel considered an application from Ms Mukhia to offer no evidence in respect of charges 1 and 2 in their entirety. This application was made under Rule 24(8).

Ms Mukhia set out the background of charges 1 and 2. She submitted that, in light of the panel's decision not to admit Dr Dewan's hearsay evidence, there is no further evidence to be adduced in respect of charges 1 and 2, and that Dr Dewan's hearsay evidence was the only evidence supporting these charges.

Ms Mukhia submitted that the NMC offers no evidence to charges 1 and 2 in their entirety on the basis that there is no realistic prospect of the charges being found proved. She submitted that it is not in the public interest to proceed on charges where there is no evidence to prove them.

In light of this, Ms Mukhia invited the panel to accept the NMC's application to offer no evidence on charges 1 and 2.

You were given the opportunity to make submissions in relation to the NMC's application. You sought to clarify the NMC's application but made no submissions.

The panel heard and accepted the advice of the legal assessor, which included reference to the case of *PSA v NMC & X* [2018] EWHC 70 (Admin).

The panel had regard to the NMC guidance in the fitness to practice library, titled *'Offering no evidence'* (DMA-3, last updated 1 September 2025).

In reaching its decision, the panel has made an initial assessment of all the evidence presented to it at this stage in relation to charges 1 and 2. The panel was solely considering whether there was a realistic prospect of a panel finding the allegation proved.

Having already determined that Dr Dewan's witness statement and exhibits were the sole and decisive evidence of charges 1 and 2 and having refused to admit this into evidence as hearsay, the panel was of the view that there was no further evidence before it to find charges 1 and 2 proved.

In light of this, the panel determined that there was not a realistic prospect that it would find the facts of charges 1a, 1b, 1c, 1d, 2a, and 2b proved, or that your fitness to practice was impaired by reason of those charges. The panel determined that it would not be in the public interest to carry on with these charges and agreed that it was appropriate for the NMC to offer no evidence.

Therefore, the panel accepted the NMC's application to offer no evidence in respect of charges 1 and 2.

In light of the panel's decisions as set out above, the NMC decided that Ms Dewan was no longer required to give evidence.

Decision and reasons on facts

At the outset of the hearing, the panel heard from you, who made a full admission to charge 3.

Therefore, the panel found charge 3 proved in its entirety, by way of your admission.

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 Mukhia and you.

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 witness called on behalf of the NMC:

- Ms Mary Lorena Beasley: A registered nurse, Matron for surgery at the Trust and your manager at the material time.

The panel also heard evidence from you under oath.

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.

The panel then considered the disputed charge and made the following finding.

Charge 4

> *'That you, a registered nurse, your actions in charge 3 above were discriminatory in that you posted emojis on a Facebook Pride post which were prejudicial and or discriminatory towards people based on their sexuality and/or gender identity.'*

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Ms Beasley and your evidence, as well as the NMC guidance titled *'Freedom of expression and Fitness to Practise'* (2ai, last updated 25 March 2026), and DMA-6.

The panel was mindful that the Equality Act 2010 defines direct discrimination as a person being treated less favourably than another because of a protected characteristic. It noted that discrimination does not have to be intentional to be unlawful.

The panel first considered Ms Beasley's evidence. Ms Beasley produced a document titled *'Informal Right to Reply Meeting'* dated 21 July 2021, which contained meeting notes of an early discussion with you in response to this incident being brought to the Trust's attention. The panel noted that these notes were the most contemporaneous evidence available to it. Ms Beasley, who held the meeting with you, had sight of the Facebook posts and your comments made on 1 June 2021. The panel noted that when you were shown screenshots, you recognised them. When challenged about your comment, you stated that you did not like the post. When asked why you had commented with 10 emojis, six of which were nauseated face emojis and four of which were vomiting face emojis, you explained that you *'didn't enjoy the ad, the contents of the ad'* and said *'I am a man and I found this disturbing, (you pointed to the image of a man wearing high heeled shoes and head jewellery)'*.

In Ms Beasley's oral evidence, she was clear that she has a positive view of you as a colleague and a nurse. Although she was unable to recall the details of the Facebook posts, she said: *"It was very likely that I did consider it discriminatory, and I probably felt very strongly about it."* The panel also noted how Ms Beasley had explained that your comment was *"an unacceptable breach of professionalism"*.

The panel also took into account your evidence. In your oral evidence, you explained the context in which you made the comments. You said that this happened when you had been working extremely hard and had the additional stress of nursing during the COVID-19 pandemic, [PRIVATE]. You explained that it was International Children's Day, but when you logged on to Facebook to connect with [PRIVATE], you saw that the Facebook logo had been changed to the Pride logo. You said that the emojis were in response to that change, as you did not like how Pride appeared to have taken over Facebook on International Children's Day.

The panel accepted that you may have been angry at Facebook and emotional, particularly as you were thinking about [PRIVATE] on International Children's Day. However, the panel also noted that, at the meeting on 21 July 2021, you clearly explained that you felt disturbed by the post and by seeing a man in high heels and head jewellery. The panel considered that account to be reliable evidence of your thoughts at the time.

The panel noted that you engaged with more than one Facebook post in a similar way on 1 June 2021. It also noted that your comments were made on your public Facebook account, and your profession and place of work were visible on your profile.

The panel noted that in the right to reply meeting, you were asked about your use of emojis, including *'nauseated face meaning disgust and face vomit meaning throwing up / vomit?'* The panel was satisfied that this was your way of communicating your disgust at these posts. The panel considered that posting six nauseated face emojis and four vomiting face emojis under a Facebook Pride post expresses discriminatory and prejudicial attitudes towards the LGBTQ+ community.

In light of this, the panel found, on the balance of probabilities, that your actions in posting 10 emojis under a Facebook Pride post were prejudicial and discriminatory towards people based on their sexuality and/or gender identity. Therefore, the panel found charge 4 proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether 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 safely and effectively without restriction.

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 and impairment

Ms Mukhia referred the panel 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.'* She also referred the panel to the cases of *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), and *Calhaem v General Medical Council* [2007] EWHC 2606 (Admin).

Ms Mukhia invited the panel to take the view that the facts found proved amount to misconduct. She outlined the specific parts of *'The Code: Professional standards of practice and behaviour for nurses and midwives 2015'* (the Code) that you have breached, namely:

> ***'1 Treat people as individuals and uphold their dignity***
> *To achieve this, you must:*
> *1.1 treat people with kindness, respect and compassion*
> *…*
> *1.5 respect and uphold people's human rights*
>
> ***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*
> *…*
> *20.7 make sure you do not express your personal beliefs (including political, religious or moral beliefs) to people in an inappropriate way*
> *…*
> *20.10 use all forms of spoken, written and digital communication (including social media and networking sites) responsibly, respecting the right to privacy of others at all times'*

Ms Mukhia submitted that the charges found proved collectively amount to misconduct as they relate to discrimination of the LGBTQ+ community. She submitted that a complaint was made to the Trust following your commenting on a public Facebook post where you used explicit emojis to show your disgust about Pride and the LGBTQ+ community, which was a breach of the Code, and that your comments made in the right of reply meeting demonstrate that you found the LGBTQ+ community disgusting.

She submitted that your behaviour indicates attitudinal concerns, and although you mentioned cultural reasons for your disgust, you had been working as a registered nurse in the UK for a number of years and would have undergone all relevant equality training by the time you made the comments.

She reminded the panel that you had made other comments on similar posts within a short span of time. She submitted that you admitted that on one of the posts, you only reacted to the headline without reading the contents of the article, which demonstrates that your actions were conscious, rather than spontaneous. She submitted that by posting such comments, you were inciting hate by using emojis to show your disgust in a way to belittle, mock, or even intimidate a marginalised group of people. She submitted that this gives rise to attitudinal concerns.

Ms Mukhia submitted that your actions in commenting on the Facebook posts with emojis that demonstrate your disgust for the LGBTQ+ community fell so far short of the standards expected of a nurse that it amounts to serious misconduct and would be seen as deplorable by other members of the profession.

Ms Mukhia 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) and Grant*

[2011] EWHC 927 (Admin), and *Cohen v General Medical Council* [2008] EWHC 581 (Admin).

Ms Mukhia addressed the test set out in the case of *Grant* [2011]. In relation to the first limb of the *'test',* she submitted that it is acknowledged that you have not in the past acted in a way that put a patient or patients at unwarranted risk of harm. However, she submitted that this is a matter for the panel to consider, that fitness to practise is about managing the risk that a professional poses to patients or members of the public. She submitted that your comments were made on your public account, which made it clear where you worked; therefore, it would not be far-fetched to consider that the public, namely people from the LGBTQ+ community, may have been concerned about receiving treatment from you and the Trust where you worked.

In relation to the second and third limbs of the *'test'*, she submitted that you have brought the reputation of the nursing profession into disrepute as your actions fell far short of that expected of a registered professional, which undermines public trust and confidence in the nursing profession. She submitted that you have breached relevant sections of the Code as set out, which demonstrate that your actions have breached the fundamental tenets of the nursing profession.

Ms Mukhia submitted that the fourth limb is not engaged.

In relation to remorse, reflection, insight, training and strengthening practice, Ms Mukhia referred the panel to the case of *Cohen v GMC* [2008], the following NMC guidance:

- *'Impairment'* (DMA-1, last updated 28 January 2026);
- *'Can the concern be addressed?'* (FTP-16a, last updated 27 February 2024);
- *'Has the concern been addressed?'* (FTP-16b, last updated 25 March 2026); and
- *'Is it highly unlikely that the conduct will be repeated?'* (FTP-16c, last updated 14 April 2021).

Ms Mukhia submitted that it would be difficult for the concerns to be addressed, as your misconduct indicates deep-seated attitudinal concerns due to the discrimination. She submitted that the concerns have not been addressed, as although you have provided the panel with a written account, reflections, character reference, and training certificates, your insight appears to be superficial and seems to minimise the impact of your misconduct. Given this, Ms Mukhia submitted that it is not unlikely that your conduct would be repeated due to your limited understanding of the concerns as well as the deep-seated attitudinal issues.

In light of this, Ms Mukhia invited the panel to find your fitness to practise impaired on the grounds of public protection and public interest.

You did not make any specific submissions on misconduct.

You told the panel that, reflecting on the right to reply to meeting notes, you could not recognise yourself in that meeting and that your answers were far from professional. You accepted that the comment about being disgusted was juvenile and unprofessional, and that the comments on the Facebook post were influenced by stress [PRIVATE], such as working as a registered nurse during the COVID-19 pandemic and the stresses associated with that, [PRIVATE]. You accepted that you made the comments on Facebook, and the comments in the right of reply interview, and that you have accepted the outcome and complied with the Trust's process.

You told the panel that back in 2021, you were a *"keyboard warrior"* and would *"lash out"* by writing something nasty because of your personal situation. You had not appreciated the impact your personal life had on your professional life. You submitted that you accept this was a very serious equality and diversity issue, and as a professional, it is your duty to protect those from protected groups.

You explained that this was a one-off incident and that you understand that it would have caused offence to people, and accept that what you said was not right. You told the panel

that the person who made those comments is not who you are now. You told the panel that you have not repeated this behaviour at work or in your private life before or since the incident, and that you have matured a lot since then.

You submitted that since this incident, you have worked with a number of people from different backgrounds, and have progressed in your nursing career. You explained that you come from a country with little diversity and with traditional backgrounds and views. You submitted that when you came to the UK, it was very different from what you were used to. You told the panel that this was just additional context, and you did not rely on it as an excuse for your actions.

You were asked what you thought was wrong about what you did. You explained that everything was wrong. You made a comment on a public Facebook post, identifying yourself as a registered nurse, and posted something offensive towards the LGBTQ+ community, even though you were aware of your equality, diversity and inclusion training in the workplace, as well as your social media policy at work. You recognise that your comments were offensive to the LGBTQ+ community.

You were then asked why the panel should be convinced that there is no risk of you repeating your behaviour. You explained that since the incident, you have matured and understand that what you do in your personal life can affect your professional life. You understand that by making discriminatory comments, colleagues and patients may not trust you and may not think you can provide them with safe care.

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

Decision and reasons on misconduct

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code. The panel was of the view that your actions fell

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*
> *…*
> *1.3 avoid making assumptions and recognise diversity and individual choice*
>
> ***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*
> *…*
> *20.7 make sure you do not express your personal beliefs (including political, religious or moral beliefs) to people in an inappropriate way*
> *…*
> *20.10 use all forms of spoken, written and digital communication (including social media and networking sites) responsibly, respecting the right to privacy of others at all times'*

The panel took into account the guidance titled *'Misconduct'* (FTP-2a, last updated 20 May 2026), and noted the following:

‘Discriminatory behaviours of any kind can negatively impact public protection and the trust and confidence the public places in nurses, midwives, and nursing associates.

…
Members of the public may experience less favourable treatment, or they may feel reluctant to access health and care services in the first place.’

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel noted that your comments were made on your personal Facebook account, which publicly stated that you were a registered nurse and worked for the Trust. Your comment on the public post was discriminatory towards the LGBTQ+ community, which breached fundamental tenets of the nursing profession as set out above. The panel was of the view that other members of the nursing profession would find it deplorable that another registered nurse posted emojis which discriminated against a protected group.

In light of this, the panel found that your actions fell seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

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

In coming to its decision, the panel had regard to the DMA-1, 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. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard, the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* [2011] 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 considered the first limb of the *'test'.* The panel was of the view that there is no evidence before it that your misconduct caused harm to patients and colleagues, nor is there any evidence that you provided differential treatment to patients or staff members, or would, in the future, be likely to do so. In light of this, the panel was of the view that you have not put patients at an unwarranted risk of harm, nor would you be likely to do so in the future, and therefore, *'limb a'* was not engaged.

The panel went on to consider the second and third limbs of the *'test'*. The panel was of the view that your misconduct was serious, involving comments with emojis which were discriminatory towards the LGBTQ+ community, and at the time brought the profession into disrepute. Your discriminatory comments breached fundamental tenets of the profession, in that your conduct fell far below the standards of behaviour expected of a registered nurse.

Before considering whether you are liable in the future to act to bring the profession into disrepute, or to breach the fundamental tenets of the profession, the panel considered the factors set out in the case of *Cohen v GMC* [2008].

The panel first considered whether the concern could be addressed taking into account the guidance at FTP-16a. The panel noted that incidents of discrimination may not be possible to address, as discrimination is an attitudinal issue that can be deep-seated. The panel considered whether your misconduct indicates deep-seated attitudinal issues, taking into account DMA-1, specifically the section titled *'What do we mean by a 'deep seated attitudinal issue'?',* and noted the following:

‘A deep-seated attitudinal issue refers to an ingrained mindset or belief system that is contrary to these values and behaviours [expected of a registered professional], Deep-seated attitudinal issues are resistant to change and pose risks to the safety and wellbeing of people receiving care and to the public’s confidence in the professions generally and to professional standards.’

The panel considered that your misconduct was an isolated incident, that you have positive testimonials, including from colleagues from the LGBTQ+ community who indicated that you had never demonstrated any discrimination towards them, that there was no prior indication of this type of misconduct before the incident, and that no further incidents have occurred since. The panel was of the view that there is no evidence before it to indicate that your misconduct reflects an ingrained mindset contrary to the values and behaviours expected of a registered professional. Further, the panel noted that you have accepted responsibility for your misconduct, engaged with the process at both the Trust and the NMC, demonstrated remorse, and have demonstrated evidence of remediation. In light of all this, the panel determined that your misconduct was not indicative of a deep-seated attitudinal issue and, therefore, is capable of being addressed.

The panel next considered whether the concern has been addressed, and took into account the guidance at FTP-16b. The panel first considered whether you have demonstrated any insight into the concern and noted the following bullet points from the guidance:

‘A nurse, midwife or nursing associate who shows insight will usually be able to:

- *step back from the situation and look at it objectively*
- *recognise what went wrong*

- *accept their role and responsibilities and how they are relevant to what happened (but decision-makers must recognise that denial of some or all of the facts alleged is not necessarily a bar to demonstrating insight)*
- *appreciate what could and should have been done differently*
- *understand how to act differently in the future to avoid similar problems happening.'*

The panel went through each of these points. It first considered whether you have been able to step back from the situation and look at it objectively. The panel found that you have reflected on the incident, and noted the following section of one of your more recent reflections:

> *'On reflection of this incident, I realised that what I have done was completely wrong and inappropriate and I am truly sorry for that. It was brought into my attention at work and I was very ashamed of my behaviour, especially because I have many friends and colleagues that have different sexual orientation than me and I never had an issue with that. It was that particular day that I reacted the way I did, this isn't the person I am and I am sorry I have been perceived that way.'*

The panel noted that Ms Beasley confirmed in her oral evidence that at the time of the incident, you were asked to write a reflective piece on the incident. Although the panel have not had sight of this, it noted that in Ms Beasley's witness statement, she stated the following:

> *'I do recall that Eddie had demonstrated insight into the concern as I recall that he did provide a strong reflective piece about this which evidenced to me he had regconised (sic) his behaviour was inappropriate.'*

The panel then considered whether you recognise what went wrong. In your submissions before the panel, you explained that you now recognise that as a nurse you have a

responsibility *“to not be a keyboard warrior”*, and that what you do in your personal life can and will have an impact on your professional life. Further, you explained to the panel that when you had to tell one of your colleagues from the LGBTQ+ community about this incident, you felt very ashamed of your behaviour. You told the panel that at the time, you did not have a full understanding of the LGBTQ+ community, having come from Romania, which is not a diverse country, and although you did not seek to use your background as an excuse, you were not used to being around people from diverse backgrounds.

The panel also considered the testimonials you provided. It noted the following part of a testimonial from your colleague, Ms Helena Mendonca, who had been working with you since 2019, dated 31 March 2023:

> *‘During this (sic) four years, I have been socialising outside of the hospital with Eduard, and I never had any concerns with his attitude; he was never disrespectful towards me or any other homosexual colleagues.’*

The panel also noted the following part of the testimonial from Ms Beasley, sent to the NMC on 31 March 2023:

> *‘I had numerous discussions with George Eduard at this time and he was remorseful about his actions and learnt from the incident. He complied fully with the disciplinary process.’*

It also noted the following part of the testimonial from Ms Jennifer Bryant, Matron for Medicine and local services, sent to the NMC on 31 March 2023:

> *‘I was surprised by the allegations; I have never witnessed negative or discriminative behaviour from Eddie and if he ever thought he had caused offence Eddie would be the first to apologise and resolve any issue…’*

In light of all of this, the panel was of the view that you do recognise what went wrong and have clearly demonstrated it to your colleagues, as noted in the testimonials.

The panel then considered whether you accept your role and responsibilities, and how they are relevant to what happened. It noted that in your reflection and throughout your oral evidence and submissions, you have explained that you now understand your professional responsibility as a nurse and your personal life are not separate, and that you need to ensure you uphold the standards expected of a registered nurse as set out in the Code at all times.

Finally, the panel considered whether you appreciate what could and should have been done differently, and whether you understand how to act differently in the future to avoid similar problems happening. The panel noted that in your submissions, you explained that you recognised that you should not have made the comments on the posts, and that you understand the impact this could have. You had told the panel that you let your emotions get the better of you, and your comments were your way of *"lashing out"* at the time. You had explained that you would never do this again, and you now take a step back when you feel yourself getting emotional so that you could keep your emotions under control.

The panel also noted your reflection, sent to the NMC on 31 March 2023, where you stated:

> *'If I could go back, I would handle this situation in a different manner. I regret my impulsive reaction and the fact that I did not think it through. Therefore, looking back and analysing the situation, I realised that this is not the person I am nor I want to be. What I could have done differently at that time was to scroll down and ignore the post on Facebook. I should have not let my personal issues to affect my workplace.*
>
> *I try to always learn from my mistakes and view them as challenges or opportunities to do better the next time.*

This experience taught me that I should never let my emotions to control me and never react impulsive again. I could have prevented all this from happening if I would have known how to control my feelings and emotions at that particular time.'

In light of all of this, the panel considered whether the insight you have demonstrated is sufficient. It took into account the guidance at FTP-16b, specifically the section titled *'Assessing whether insight is sufficient'.*

The panel was of the view that you cooperated with the Trust during its internal investigation and accepted that you made the Facebook comments. You have also accepted the key points from the charges, accepted responsibility for your misconduct, and demonstrated understanding of how your misconduct relates to your obligations under the Code. The panel has determined that there was no risk of harm to patients and focused on whether you have demonstrated a comprehensive understanding of the damage to public confidence in the nursing profession that your misconduct could present.

The panel went on to consider whether you have strengthened your practice. The panel was of the view that you have demonstrated strengthened practice through your reflections, both in writing and through your oral evidence and submissions. It noted that you have done some training on equality and diversity and unconscious bias.

The panel returned to the test set out by Dame Janet Smith. The panel took into account the insight it has detailed above: that you are clearly remorseful for your actions, that it has been five years since this incident occurred, and that you have not repeated the misconduct. The panel also considered the testimonials you have provided, which speak to the fact that you are a highly regarded nurse by your colleagues. In light of all of this, the panel was of the view that you are not liable in the future to bring the nursing profession into disrepute and are not liable in the future to breach the fundamental tenets of the nursing profession.

Therefore, in the circumstances, the panel determined that it is highly unlikely that your misconduct would be repeated. Accordingly, the panel determined that a finding of impairment is not necessary on the grounds of public protection.

The panel then went on to consider the overarching objectives of the NMC, which 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 considered the guidance at DMA-1 under the section headed *'Public confidence in the professions and/or professional standards'*. The panel noted the following:

> *'…In some cases the misconduct may be so serious that a finding of impairment will be required to maintain public confidence and uphold professional standards, notwithstanding evidence of substantial insight and remediation.'*

The panel determined that, in this case, a finding of impairment on public interest grounds was required.

It took into account that you have demonstrated insight and remediation, including through your reflections, testimonials, training, and your oral evidence and submissions, and that in its view you did not demonstrate a deep-seated attitudinal issue. However, there remains a significant public interest to consider, due to the nature of your misconduct involving the posting of emojis, which were discriminatory and breached a fundamental tenet of the profession and did not uphold professional standards. The panel considered that a member of the public would be concerned to learn that a registered nurse had acted in a way which was discriminatory towards a protected group, and that the nurse's practice had not been marked or restricted in any way. The panel was mindful of its duty to

promote and maintain public confidence in the nursing and midwifery professions and uphold the proper professional standards for members of those professions. Therefore, due to the seriousness of your misconduct, the panel finds that your fitness to practise is currently impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired on public interest grounds only.

This hearing went part-heard on 21 July 2026.

At the point of adjournment, the panel considered whether an interim order was necessary. However, the panel was of the view that, in the circumstances of your impairment being solely on the grounds of public interest, an interim order is not required, as the high threshold for making an interim order on the grounds of public interest is not met.

Therefore, the panel did not impose an interim order for the adjournment period.

The panel adjourned this hearing until 31 July 2026.

Sanction

The panel went on to consider which sanction, if any, it should impose.

In reaching this decision, the panel had regard to all the evidence that has been adduced in this case and had regard to the NMC guidance on sanctions.

The panel accepted the advice of the legal assessor.

Submissions on sanction

Ms Mukhia submitted that the appropriate sanction in this case is a 6-month suspension order.

Ms Mukhia referred the panel to NMC guidance, *'The purpose of and approach to sanctions'* (Reference: SAN-1).

Ms Mukhia submitted that the aggravating factors in this case are as follows:

- Abuse of a position of trust
- Deliberate breaches of the Code

Ms Mukhia submitted that the mitigating factors in this case are as follows:

- Early admission of Charge 3
- Remorse and apologies
- Evidence of some relevant training on Equality, Diversity and Inclusion and Unconscious Bias
- No previous regulatory findings
- You have been working since the concerns were raised
- Your personal circumstances at the time of the incident
- Developing insight and reflection over time and during the hearing

Ms Mukhia then considered the appropriate sanction, addressing the sanctions in turn, starting with the least serious. She referred to NMC guidance on *'Taking no further action'* (Reference: SAN-2A) and *'Sanctions for the highest risk cases'* (Reference: SAN-4). This latter guidance includes discrimination in the list of concerns that are higher risk and harder for professionals to put right. She submitted that due to the seriousness of the

charges found proved, namely that you posted discriminatory emojis under an LGBTQ+ post on Facebook, taking no further action would not be appropriate in this case.

Ms Mukhia referred to the guidance on *'Caution order'* (Reference: SAN-2b) and submitted that such an order would not be appropriate as this case is not at the lower end of the spectrum of impaired fitness to practise. Whilst acknowledging the panel's finding that you have demonstrated insight, remorse and remediation, she submitted that the panel had also found that the seriousness of the charges found proved would give rise to concern on the part of a well-informed member of the public if they were to learn that a nurse acted in a discriminatory manner towards a protected group, yet the nurse's practice had not been marked or restricted in any way.

In relation to imposing a conditions of practice order, Ms Mukhia referred the panel to SAN-1 and quoted the following:

> *'Where the Committee has found impairment to uphold public confidence and professional standards, it is unlikely that a conditions of practice order will be an appropriate sanction. This is because conditions of practice are intended to allow a professional to practise safely while they strengthen their practice. However in cases where the impairment relates only to upholding standards or public confidence, the panel has already found that there are no concerns about the professional's clinical practice. As such, conditions are unlikely to have any impact on the professional's practice or upholding public confidence and professional standards.'*

She therefore submitted that a conditions of practice order is not appropriate in this case.

In relation to a suspension order, Ms Mukhia submitted that, having considered the panel's previous findings on impairment, your misconduct is very serious but not fundamentally incompatible with continued registration as a nurse. She submitted that it is agreed that an outcome less severe than a striking-off order would satisfy the overarching objective.

Ms Mukhia took the panel through the key factors identified within the NMC guidance on *'Suspension orders'* (Reference SAN-2d).

Ms Mukhia submitted that a suspension order would be sufficient to protect people using services and maintain public confidence in the profession. She further submitted that it is realistic that you could return to unrestricted practice in the future, as the panel found that you have demonstrated insight, reflection, remediation and a continued desire to continue practising. She noted that you have continued practising as a nurse since the incidents occurred.

Ms Mukhia invited the panel to consider the non-exhaustive list of circumstances that make a suspension order an appropriate sanction. She submitted that the charges found proved are at the most serious end of the spectrum and call into question your suitability to continue practising due to the nature of your misconduct. She further submitted that what went wrong is so serious that public confidence in the profession cannot be maintained if you are permitted to continue practising without stopping for a period of time as the charges relate to discriminatory behaviour.

Ms Mukhia submitted that a suspension order did not require a review at the end, having considered the panel's decision in relation to your insight, reflection and remediation.

Ms Mukhia further submitted that a striking off order is not appropriate. Although the charges found proved raise fundamental questions about your professionalism, public confidence in the profession can be maintained without your removal from the register.

You then made your submissions on sanction.

You apologised for the emojis you posted on Facebook. You are ashamed that you posted them and accept full responsibility for your actions, acknowledging that there is no excuse

for your conduct. You are grateful for the panel's decision in finding that you do not pose a risk to patients and are not at risk of repeating such behaviour.

You asked the panel to consider the testimonials provided by your colleagues who described you as a nurse who is "*caring*", "*compassionate*", "*respectful*" and "*trustworthy*". In their testimonials, they spoke about the way you treat every patient equally, regardless of their age, race, religion, disability, gender or sexual orientation.

Two colleagues, who are members of the LGBTQ+ community also provided testimonials stating that they have never experienced any discriminatory behaviour from you and that they know you both professionally and socially. You submitted that this says more about who you are in your day-to-day practice than one mistake that you made five years ago.

You told the panel that every day you go to work and care for people at their most vulnerable. You treat everyone with dignity and kindness and respect. You hope that your professional record demonstrates this.

You stated that this incident was dealt with by your employer at the time, that you fully accepted the disciplinary outcome and completed all the training required by the Trust. You have reflected on your behaviour and continued to practise safely. You have never repeated the behaviour, nor have there been similar concerns since. Instead, you have continued to develop your practice, support your colleagues and provide safe and compassionate care.

You acknowledged the panel's finding that your fitness to practise is impaired on public interest grounds. However, you asked the panel to consider that public interest is maintained not only by holding nurses accountable for their mistakes, but also by recognising genuine remorse, learning, rehabilitation and sustained safe practice. You submitted that the public expects nurses to admit when they are wrong, learn from their mistakes and become better professionals, which you believe you have done. You submitted that you have demonstrated, through your actions and not just your words, that

this isolated incident does not reflect the values underpinning your practice or the nurse you are today.

You stated that this process has allowed you to reflect on your practice. The investigation has had an impact on you and has caused you to reflect deeply on your responsibilities both as a nurse and a person. You submitted that you have matured since the incident and that this is something you will carry with you throughout the rest of your career.

You asked the panel to take into account your entire career together with the evidence provided by your colleagues, your genuine insight, reflection, remediation and five years of safe practice.

Decision and reasons on sanction

Having heard submissions, 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 decision on sanction is a matter for the panel independently exercising its own judgement.

The panel did not find any aggravating factors.

The panel considered the aggravating factors suggested by the NMC. In relation to an abuse of a position of trust, the panel took the view that although you were identifiable as a nurse on Facebook when you posted the emojis, you were not acting in your capacity as nurse. Your actions could not be construed as an abuse of a position of trust. Further, the panel did not find that your actions put patients at risk, nor found your fitness to practise impaired on public protection grounds.

The panel considered whether there had been a deliberate breach of the Code which, if found, would constitute an aggravating factor. The panel accepted that your posting of the emojis was an emotional response rather than a deliberate breach of the Code.

The panel also took into account the following mitigating factors:

- Your early admission of the facts
- Your direct apologies to your LGBTQ+ colleagues and the remorse you demonstrated
- Your efforts (both in terms of your insight and detailed reflections) to ensure that no such incident would occur again
- The fact that you have worked safely and professionally for five years in the same or similar role since the events causing concern
- Relevant training courses undertaken on Equality, Diversity and Inclusion and Unconscious Bias
- Your detailed reflective accounts which the panel had seen and the reflective account to which Ms Beasley had referred positively in her evidence
- Your personal circumstances at the time of the incident [PRIVATE]

The panel then considered the available sanctions starting with the least restrictive.
The panel first considered whether to take no action. It noted the guidance that '*it should only do this in exceptional circumstances'* and the panel did not find that the remediation and insight shown by you were *'so exceptional that a sanction is not necessary to uphold confidence in the profession'*. In the panel's judgment, taking no further action would not appropriately mark the misconduct and would likely undermine public confidence in the profession and the NMC as regulator.

In considering whether a caution order would be appropriate in the circumstances, the panel had regard to the NMC Guidance on 'Caution order' (Reference: SAN-2b) Last Updated: 28/01/2026 in which the following is set out:

‘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 found that you have demonstrated insight into your misconduct. It found that your misconduct was at the lower end of the spectrum of seriousness as it was an isolated incident, not indicative of a deep-seated attitudinal issue and highly unlikely to be repeated. The panel had no evidence before it of any adverse findings in relation to your practice either before or since these matters arose and decided that there was no need for your practice to be restricted. However, as indicated in its determination on impairment the panel decided that it is appropriate to mark your misconduct as unacceptable by means of a caution order.

The panel considered whether it would be proportionate to impose a more restrictive sanction, specifically a conditions of practice order. There is no evidence of deficiencies in your clinical practice, nor any indication that retraining or formal assessment was required. As such, the panel concluded that no useful purpose would be served by a conditions of practice order.

The panel carefully considered Ms Mukhia’s submissions that the appropriate sanction is a suspension order. It noted that you have continued to practise safely since the incident occurred. Although discriminatory conduct is listed in the *‘higher risk cases’* that is *‘because it is harder for the professional to put the matter right’,* the misconduct has been remedied and is highly unlikely to be repeated. The panel has already determined that there is no risk to the public in allowing you to practise.

The panel further considered that removing you from practice would represent a loss to the profession. It took into account the positive testimonials provided from many of your colleagues.

The panel did not determine that there is a risk to public or patients, that would warrant temporary removal from the register.

In the light of the above, it determined that a suspension order would be wholly disproportionate in this case.

The panel then considered the length of the caution order it should impose. It noted its finding above that the misconduct was at the lower end of the spectrum of impaired fitness to practise and highly unlikely to be repeated. The panel determined that the minimum available duration - that is a 12-month caution order - would be sufficient to mark your misconduct.

For the next 12 months, your employer - or any prospective employer - will be on notice that your fitness to practise had been found to be impaired and that your practice is subject to this sanction. Having considered the general principles above and looking at the totality of the findings on the evidence, the panel has determined that to impose a caution order for a period of 12 months would be the appropriate and proportionate response. It would mark not only the importance of maintaining public confidence in the profession but also send the public and the profession a clear message about the standards required of a registered nurse.

At the end of this period the note on your entry in the register will be removed. However, the NMC will keep a record of the panel’s finding that your fitness to practise had been found impaired. If the NMC receives a further allegation that your fitness to practise is impaired, the record of this panel’s finding and decision will be made available to any practice committee that considers the further allegation.

This decision will be confirmed to you in writing.

That concludes this determination.