

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

**Substantive Meeting
Monday, 29 June 2026 – Friday, 3 July 2026**

Virtual Meeting

Name of Registrant: Elaine Maria Sullivan

NMC PIN: 99C1494E

Part(s) of the register: Nurses part of the register Sub part 1
RNMH: Mental health nurse, level 1
(18 March 2002)

Relevant Location: Norfolk

Type of case: Misconduct

Panel members: Fiona Abbott (Chair, Lay member)
Jennifer Childs (Registrant member)
Vicki Harris (Lay member)

Legal Assessor: Robin Ince

Hearings Coordinator: Petra Bernard

Facts proved by admission: 1; 2; 3; 3.1; 3.2; 4; 4.1; 4.2; 4.3; 4.4; 5; 5.1; 5.2;
5.3; 5.4; 6; 6.1; 6.2; 7; 7.1; 7.1.1; 7.1.2; 7.1.3;
7.2; 7.3; 7.4; 7.4.1; 7.4.2; 7.4.3; 7.5; 7.5.1; 7.5.2;
7.6; 7.6.1; 7.6.2; 7.6.3; 7.6.3.1; 7.6.3.2; 7.6.3.3;
7.7; 7.8; 7.9; 8; 8.1; 8.2; 9; 9.1; 9.1.1; 9.1.2; 9.2;
9.3; 9.4; 9.4.1; 9.4.2; 10; 10.1; 10.2; 11; 11.1;
11.3; 11.3.1; 11.3.2; 12; 12.1; 12.2; 13; 13.1;
13.2; 13.3; 14; 14.1; 14.2; 15; 15.1; 15.1.1;
15.1.2; 15.1.3; 15.1.4; 15.1.5; 15.1.6; 15.1.7;
15.1.8; 15.1.9; 15.1.10; 15.1.11; 15.1.12;
15.1.13; 15.1.14; 15.1.15; 15.1.16; 15.1.17;

15.1.18; 15.2; 15.2.1; 15.2.2; 15.2.3; 15.2.4;
15.2.4.1; 15.2.4.2; 15.3; 15.3.1; 15.3.2; 15.3.3;
15.3.4; 15.3.5; 15.3.6; 15.3.7; 15.3.8; 15.4;
15.4.1; and 15.4.2

Facts proved: 11.2; 11.2.1; 11.2.2; 11.2.3.

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 that the Notice of Meeting had been sent to Mrs Sullivan's registered email address by secure email on 7 May 2026.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegations and that this meeting will be conducted on or after 11 June 2026 and invited Mrs Sullivan to submit any documentation in advance of the meeting.

In the light of all of the information available, the panel was satisfied that Mrs Sullivan 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).

Decision and reasons on amendment to charge 11.2

The panel had regard to the email the NMC wrote to Mrs Sullivan on 27 May 2026 proposing the amendment to charge 11.2. Mrs Sullivan responded to the NMC in an email dated 28 May 2026 stating that she had no objection to the proposed charge being amended as follows:

Original charge

11.2 On one or more occasions, on or after 27 July 2019, did not Colleague K;

11.2.1 Clinical support.

11.2.2 Supervision.

11.2.3 Developmental support.

...

Proposed amendment

11.2 On one or more occasions, on or after 27 July 2019, **despite requests**

made by Colleague K did not offer them:

11.2.1 Clinical support.

11.2.2 Supervision.

11.2.3 Developmental support.

The panel accepted the advice of the legal assessor and had regard to Rule 28 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel considered the proposed amendment. It noted that whilst Mrs Sullivan has not formally admitted to this charge (as amended), she had admitted to all other charges. It was satisfied that it would clarify what appears to be a typographical error and more accurately align with the evidence. The panel determined that there would be no prejudice, or injustice caused to either party and it was in the interests of justice for the proposed amendment to be allowed.

Details of charge

That you a registered nurse:

1. On a date unknown in 2019 incorrectly declared, on one or more occasions, within a court report relating to Child A, that you were the 'Clinical Lead' within the Parent Infant Mental Health Attachment Team ('PIMHAT').

2. Your declarations in charge 1 were dishonest in that you were providing misleading information about being the Clinical Lead at PIMHAT when you knew that this was not true.

3. Your declarations in charge 1 lacked integrity in that;

3.1 You sought to portray a position held within PIMHAT which you knew was inaccurate, and/or

3.2 By stating that you were the Clinical Lead within Child A's court report, had the potential for others to place more weight upon the recommendations

contained within that report.

4. Acted outside the scope of your competence and/or not within the remits of your role by:

4.1 Making a diagnosis that Patient B had *'dissociative identity disorder (DID)'*.

4.2 Informed Patient B that she had *'DID'*.

4.3 Coding a Meaning of Child interview.

4.4 Directing that clinical enquiries should be made to you instead of Dr 1.

5. Behaved in an inappropriate manner towards Colleague A, in that you:

5.1 On one or more occasions ignored and/or would not make eye contact with them.

5.2 Shut down them when they spoke in group discussions.

5.3 Stated to them *'if you want to stay working at PIMHAT you need to be aware of your own shit'*, or words to that effect.

5.4 Stated to them, *'when was the last time that you had a cock in your mouth'*.

6. Your conduct in 5 had the purpose or effect of:

6.1 Violating Colleague A's dignity, and/or

6.2 Creating an intimidating, hostile, degrading, humiliating or offensive environment for Colleague A.

7. Behaved in an inappropriate manner towards Colleague H, in that you:

7.1 On or around September 2019 when Colleague H was giving a presentation about birth trauma:

7.1.1 Did not listen to them.

7.1.2 Seemed disinterested by being on your mobile telephone.

7.1.3 Left during their presentation.

7.2 Did not include them in discussions and/or keeping them informed about referrals being allocated to staff members.

7.3 Stated to them, words to the effect of, that they were *'not to review*

reports', despite being requested to review a court report.

7.4 On or around March 2019, when they wanted to speak to you about room sharing, you became:

7.4.1 Visibly angry.

7.4.2 Stated words to the effect of, '*you have no capacity to speak to me.*'

7.4.3 Left the room.

7.5 Stated to them words to the effect of;

7.5.1 That '*I rather move out of my office than share with you.*'

7.5.2 '*it wasn't for you to decide if I moved out or not.*'

7.6 When they made a safeguarding report about a parent you;

7.6.1 Berated them.

7.6.2 Stood over them.

7.6.3 Stated words to the effect of:

7.6.3.1 That you had '*concerns about their practise*',

7.6.3.2 That they were '*unsafe*',

7.6.3.3 That '*I would never let you work with clients again.*'

7.7 Prevented them from attending systemic family therapy training.

7.8 Having discovered that they had made an inappropriate comment to a colleague, stated words to the effect of, '*this will be end of your career.*'

7.9 Stated words to the effect of, '*I could destroy you at any point.*'

8. Your conduct in 7 had the purpose or effect of:

8.1 Violating Colleague H's dignity, and/or

8.2 Creating an intimidating, hostile, degrading, humiliating or offensive environment for Colleague H.

9. Behaved in an inappropriate manner towards Colleague C, in that you:

9.1 On or around August 2019 you:

9.1.1 Began to not discuss matters with them.

9.1.2 Did not return their calls.

9.2 Refused Colleague C's requests to assist Band 6's.

9.3 On or around 4 October 2019, when providing appraisal feedback, used CAT language that was personal to Colleague C's therapy.

9.4 On or around 11 October, at a team peer supervision meeting, stated words to the effect of that they;

9.4.1 Were *'too much'*.

9.4.2 Needed to *'turn their volume down'*.

10. Your conduct in 9 had the purpose or effect of:

10.1 Violating Colleague C's dignity, and/or

10.2 Creating an intimidating, hostile, degrading, humiliating or offensive environment for Colleague C.

11. Behaved in an inappropriate manner towards Colleague K, in that you:

11.1 On or around 26 September 2019, sought to block Colleague K from attending CARE-index refresher training.

11.2 On one or more occasions, on or after 27 July 2019, despite requests made by Colleague K did not offer them:

11.2.1 Clinical support.

11.2.2 Supervision.

11.2.3 Developmental support.

11.3 On one or more occasions, did not allow Colleague K;

11.3.1 Opportunities to speak in team meetings, or

11.3.2 Excluded them from speaking during team meetings.

12. Your conduct in 11 had the purpose or effect of:

12.1 Violating Colleague K's dignity, and/or

12.2 Creating an intimidating, hostile, degrading, humiliating or offensive environment for Colleague K.

13. Behaved in an inappropriate manner towards Colleague J, in that you:

13.1 Instructed another colleague to access client records to check the quality of Colleague J's care plans.

13.2 Stated to them that they were *'middle class'*, or words to that effect.

13.3 Provided contrary instructions to Colleague J, by requesting them to open a new record in the electronic patient record system, despite having

been instructed by another colleague to make entries in the existing child's record.

14. Your conduct in 13 had the purpose or effect of:

14.1 Violating Colleague J's dignity, and/or

14.2 Creating an intimidating, hostile, degrading, humiliating or offensive environment for Colleague J.

15. Breached confidentiality by disclosing private / personal information about colleagues that was also either inappropriate and/or derogatory, in that you;

15.1 Told Colleague A words to the effect;

15.1.1 Colleague B had *'trauma with her father who had dissociative disorder'*.

15.1.2 Colleague C was a *'lesbian'*.

15.1.3 Colleague D *'had left the trust due to being under investigation'*.

15.1.4 Colleague E had made a *'bullying complaint'* against Colleague A.

15.1.5 Colleague E was *'unhinged and threw a book at me (the Registrant)'*.

15.1.6 Colleague F was *'abused as a child'*.

15.1.7 Colleague F was a *'shit therapist'*.

15.1.8 Colleague G had a history of *'heroin abuse'*.

15.1.9 Colleague F had been *'the victim of a sexual assault'*.

15.1.10 Colleague F *'off his tits laying naked on the floor'*.

15.1.11 Colleague F had *'taken heroin, broken down and became psychotic'*.

15.1.12 Colleague H was a *'foster child'*.

15.1.13 Colleague H *'had a lot of trauma'*.

15.1.14 Colleague I that her relationship with her mother was *'blocked trauma'*.

15.1.15 Colleague I's partner was a *'predator'*.

15.1.16 Colleague I had *'physical issues with her back and was at risk of paralysis'*.

15.1.17 Colleague I's partner *'demanded sex too much'*.

15.1.18 Colleague J was a *'cunt'*.

15.2 Told Colleague H words to the effect of, that;

15.2.1 Colleague J was *'useless'*.

15.2.2 Colleague J *'could not make decisions'*.

- 15.2.3 Being aware of Colleague J's record keeping concerns, you were going to make *'these issues public'* and *'bring her down'*.
- 15.2.4 On or around 24 December 2019, stated that Colleague J was:
 - 15.2.4.1 A *'fool'*.
 - 15.2.4.2 *'Never had the clinical knowledge to work in PIMHAT'*.
- 15.3 Told Colleague C about:
 - 15.3.1 Colleagues A's sexuality during a telephone conversation.
 - 15.3.2 Colleague I's anxiety / trauma.
 - 15.3.3 Colleague I's relationship with their partner and/or issue's with their ex-partner.
 - 15.3.4 That Colleague H was *'incompetent'*, or a word to this effect.
 - 15.3.5 That Colleague B was *'uncontained'* and/or *'unreliable'* or a words to this effect.
 - 15.3.6 That Colleague K was *'rubbish'* or a word to this effect.
 - 15.3.7 That Colleague I had personal trauma around *'her relationship with her mother'* or words to this effect.
 - 15.3.8 Whether you (*the Registrant*) should *'shave her genital area'*.
- 15.4 Told Colleague J about:
 - 15.4.1 Being a private therapist for a colleague's partner, and/or
 - 15.4.2 That the colleague had had an affair.

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

Background

The Nursing and Midwifery Council (NMC) received a referral on 18 August 2020 from the Deputy Director of Norfolk and Suffolk NHS Foundation Trust (the Trust), arising from complaints in relation to Mrs Sullivan's practice. At the material time, Mrs Sullivan was employed by the Trust as a Band 8a Nurse, working as a therapist at the Perinatal and Infant Mental Health Team (PIMHAT), within the Trust.

PIMHAT was a unit with a small team commissioned to work with families where

there was a social worker involved, and where the child was under child protection. The team would provide intensive support to prevent the child/children from being removed from their parents.

In February 2020, PIMHAT colleagues raised concerns to the Operational Manager regarding Mrs Sullivan. The Trust subsequently carried out an investigation into the following allegations:

1. Mrs Sullivan had abused her position of power and influenced/bullied colleagues.
2. Mrs Sullivan breached colleagues' confidentiality by disclosing personal information.
3. Mrs Sullivan had acted outside of her professional boundaries by completing a court report which recommended the immediate removal of a child from the care of its mother; and
4. Mrs Sullivan had acted outside of her professional boundaries by assessing and diagnosing a patient with Dissociative Identity Disorder ("DID") when she was not trained to do so. The patient was subsequently assessed by a qualified practitioner who confirmed the patient did not have DID.

At a disciplinary hearing, all the allegations were upheld and Mrs Sullivan was dismissed from the Trust.

Mrs Sullivan has admitted the charges, with the exception of the proposed amended charge 11.2 (although she admitted it in its previous form) and has accepted that her fitness to practise is impaired. She has provided reflective statements and testimonials.

Decision and reasons on facts

At the outset of the meeting, the panel noted that Mrs Sullivan in her completed Case Management Form (CMF) has made admissions to all but one of the charges, as

amended. The panel noted the advice of the Legal Assessor, who referred to paragraph 24 (5) of the Rules, which states:

“Where facts have been admitted by the registrant, the Chair shall announce that such facts have been found proved.”

The panel therefore finds the following charges proved in their entirety, by way of Mrs Sullivan’s admissions: 1; 2; 3; 3.1; 3.2; 4; 4.1; 4.2; 4.3; 4.4; 5; 5.1; 5.2; 5.3; 5.4; 6; 6.1; 6.2; 7; 7.1; 7.1.1; 7.1.2; 7.1.3; 7.2; 7.3; 7.4; 7.4.1; 7.4.2; 7.4.3; 7.5; 7.5.1; 7.5.2; 7.6; 7.6.1; 7.6.2; 7.6.3; 7.6.3.1; 7.6.3.2; 7.6.3.3; 7.7; 7.8; 7.9; 8; 8.1; 8.2; 9; 9.1; 9.1.1; 9.1.2; 9.2; 9.3; 9.4; 9.4.1; 9.4.2; 10; 10.1; 10.2; 11; 11.1; 11.3; 11.3.1; 11.3.2; 12; 12.1; 12.2; 13; 13.1; 13.2; 13.3; 14; 14.1; 14.2; 15; 15.1; 15.1.1; 15.1.2; 15.1.3; 15.1.4; 15.1.5; 15.1.6; 15.1.7; 15.1.8; 15.1.9; 15.1.10; 15.1.11; 15.1.12; 15.1.13; 15.1.14; 15.1.15; 15.1.16; 15.1.17; 15.1.18; 15.2; 15.2.1; 15.2.2; 15.2.3; 15.2.4; 15.2.4.1; 15.2.4.2; 15.3; 15.3.1; 15.3.2; 15.3.3; 15.3.4; 15.3.5; 15.3.6; 15.3.7; 15.3.8; 15.4; 15.4.1 and 15.4.2.

Decision and reasons on facts

In reaching its decisions on the unadmitted charge 11.2, the panel took into account all the documentary evidence in this case together with the written representations made by the NMC.

The panel took into account that, whilst Mrs Sullivan had confirmed in response to the NMC that she had no objection to the amendment of charge 11.2, she had not been explicitly asked whether she admitted or denied the amended charge. The panel therefore went on to consider charge 11.2, which reads:

*“11. Behaved in an inappropriate manner towards Colleague K, in that you...
...11.2: On one or more occasions, on or after 27 July 2019, despite requests made by Colleague K did not offer them:
11.2.1 Clinical support.
11.2.2 Supervision.
11.2.3 Developmental support.”*

The panel was aware that the burden of proof rests with 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 had regard to the witness statements of the following witnesses on behalf of the NMC:

- Colleague A: Qualified Nurse and Mental Health Practitioner in the PIMHAT at the Trust, at the material time
- Colleague H: Community Team Manager in the PIMHAT at the Trust, at the material time
- Colleague C: Mental Health Practitioner in the PIMHAT at the Trust at the material time
- Colleague K : Psychological Therapist in the PIMHAT at the Trust, at the material time
- Dr 2: Consultant Clinical psychologist at the Trust and local investigator at the Trust, at the material time
- Colleague J: Principal Clinical Psychologist and Clinical Lead in the PIMHAT at the Trust, at the material time

The panel then considered the charge and made the following findings.

In reaching its decision the panel considered all the documentary evidence provided by the NMC which included Colleague K's witness statement as well as corresponding documentation, including her local interview notes dated 6 May 2020, local statement (undated) and relevant email correspondence.

The panel noted that there was nothing by way of a response to this charge (as amended) from Mrs Sullivan, although she had admitted this charge in its original form.

The panel considered each element of charge 11.2 in turn.

Charge 11.2 (as amended)

11.2 On one or more occasions, on or after 27 July 2019, despite requests made by Colleague K did not offer them:

11.2.1 Clinical support.

This charge is found proved.

The panel considered the sub-stem of the charge, namely whether despite requests made Mrs Sullivan did not offer Colleague K clinical support.

The panel took account of Colleague K's witness statement, which states:

'Elaine would be supportive to others on the team but at that point she didn't offer me the clinical support she should have offered...'

'During the band 6 group supervisions Elaine wouldn't offer much support to me at all. ... I think the fact Elaine was avoiding 1:1 clinical supervisions with me and wasn't giving me any support was a way to avoid and penalize me.'

Colleague K stated in her local statement:

'It is important to say that these concerns were never discussed with me beforehand. So, when I received Elaine's email, I was completely unaware of her views. At that point there were also some contextual factors that played an important role in this situation. In first place, I did not feel much supported clinically at that time. I had not had monthly clinical supervision with Elaine from

July 27th to October 4th, 2019 and for this reason I could not reflect on my clinical work with someone more experienced than me.'

The panel considered that: the documents in evidence are consistent and written close to the time the incidents are alleged to have taken place; there was nothing to undermine Colleague K's evidence; and it was more probable than not, that Mrs Sullivan did not offer her clinical support through supervision, despite her asking for such. Furthermore, the panel was of the view that Mrs Sullivan's actions in not offering such support amounted to behaving in an inappropriate manner in a workplace context between a supervisor and junior colleague, and therefore the main stem of charge 11 was likewise proved. The panel therefore finds this charge proved.

Charge 11.2.2

11.2 On one or more occasions, on or after 27 July 2019, despite requests made by Colleague K did not offer them:

11.2.2 Supervision.

This charge is found proved.

The panel considered Colleague K's witness statement, which states:

'In first place, I did not feel much supported clinically at that time. I had not had monthly clinical supervision with Elaine from July 27th to October 4th, 2019 and for this reason I could not reflect on my clinical work with someone more experienced than me. Furthermore, my area of expertise is on parent-infant therapy and child development. In providing adult psychotherapy I would have felt clearly out of my depth and not much supported. Twice I said it clearly that I could not do it, but Elaine insisted for me to deliver psychotherapy to the client.'

'I first met Elaine when she joined the team as the Deputy Clinical Lead in Spring 2018 and she became my clinical supervisor for some time. [Colleague J]

[("Colleague J")] was the team's clinical lead but she was working across two different teams so Elaine was mostly in charge of PIMHAT team day to day'

...

'My last clinical supervision with her was 27 July 2019 and I had been trying to arrange another clinical supervision with her for almost two months but she would tell me she had other work commitments or annual leave and in other instances she wouldn't reply at all. Elaine would be supportive to others on the team but at that point she didn't offer me the clinical support she should have offered, because she was not available to arrange clinical supervision with me. Lately she explained to me that because I used to work parttime 3 day a week, I was not intitle [sic] to get clinical supervision on a monthly basis.'

...

'Elaine and I had a disagreement about bandings which I think ruptured our working relationship and I believe this was why she avoided future supervisions with me.'

..

'...on the July 27th, 2019 I discussed this matter with Elaine in clinical supervision. She replied that could not help me because she did not have the capacity to do so, as she was supporting other people in our team.'

...

'I think the fact Elaine was avoiding 1:1 clinical supervisions with me and wasn't giving me any support was a way to avoid and penalize me.'

...

'I completed the HCPC accreditation process but during the supervision with Elaine she said she didn't have the capacity to support me as she was supporting others'

The panel considered the word '*supervision*' in this charge and construed it in this context to include clinical supervision. The panel was of the view that the evidence before it indicated that Mrs Sullivan was Colleague K's clinical supervisor and therefore finds that her refusal to offer supervision for Colleague K was inappropriate as alleged in the main stem of charge 11. The panel determined that Colleague K had repeatedly

requested clinical supervision for a period of time from Mrs Sullivan, however was not offered it. The panel therefore determined that despite these requests made by Colleague K, Mrs Sullivan did not offer her supervision.

Charge 11.2.3

11.2 On one or more occasions, on or after 27 July 2019, despite requests made by Colleague K did not offer them:

11.2.3 Developmental support

This charge is found proved.

Colleague K said in her local interview:

'...it seemed to me that in Elaine's view there were PIMHAT workers, who were more valued than others, and therefore they could access to more and free of charge training opportunities; whereas I had to negotiate with Elaine my professional development.'

When Colleague K was asked whether she felt that her opportunities for career development were blocked, she replied:

'Yes. It was also training opportunities. ... When [Colleague H] asked additional advice from ES and [Colleague J] – [Colleague K] was blocked. [Colleague K] had to negotiate different things with ES. [Colleague K] couldn't do the trainings which would have been beneficial...'

Colleague K said in her local statement:

'I became more and more aware that for me there were not many opportunities for professional development within PIMHAT and that I could not hope to be valued by Elaine or some other team members. My impression was that there were staff members more favourite and valued than others...'

Colleague K also said in her witness statement:

'Elaine would use training and opportunities for career development to manipulate people as some members of the team were given multiple training opportunities whilst others, like me, had to fight for them and were often denied'.

The panel considered that as a supervisor to Colleague K, Mrs Sullivan should have assisted with providing her with developmental support. The panel therefore found this charge proved in that Mrs Sullivan did not provide developmental support.

The panel was therefore of the view that Mrs Sullivan behaved in an inappropriate manner in a workplace context between a supervisor and junior colleague, as alleged by the main stem of charge 11. The panel therefore finds this charge 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 Mrs Sullivan's 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, Mrs Sullivan's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

In coming to its decision, the panel had regard to the case of *Roylance v GMC (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.’

The NMC invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of ‘The Code: Professional standards of practice and behaviour for nurses and midwives (2015)’ (the Code) in making its decision.

The NMC identified the specific, relevant standards where it maintained that Mrs Sullivan’s actions amounted to misconduct: 1.1; 1.5; 2.1; 2.6; 8.1; 8.2; 8.3; 8.4; 8.5; 8.6; 8.7; 9.1; 9.3; 9.4; 10.3; 13.2; 13.3; 20.1; 20.2; 20.3; 20.5 and 20.8.

The NMC submits that Mrs Sullivan’s conduct amounts to serious professional misconduct because it breached fundamental nursing standards, brought the profession into disrepute, and caused or risked emotional harm to colleagues and patients. Mrs Sullivan’s conduct included inappropriate behaviour towards colleagues, breaches of confidentiality, acting outside the scope of her role and falsely presenting herself as the ‘*clinical lead*’. The NMC submits that Mrs Sullivan’s conduct was serious as it demonstrated failures in honesty, integrity, professionalism, trust, patient safety and effective practice.

The NMC also invited the panel to find Mrs Sullivan’s fitness to practise impaired on the grounds that it is necessary in the public interest to declare and uphold proper professional standards of conduct and performance. The NMC submits that a well-informed member of the public would be appalled were Mrs Sullivan permitted to continue to practise unrestricted in light of the allegations.

The NMC submits that Mrs Sullivan’s alleged bullying, intimidation, dishonesty, and disclosure of colleagues’ personal data are serious breaches of trust and professional standards. Although she has admitted the allegations and shown some remorse, the

NMC considers her insight and remediation to be limited, with no evidence of strengthened practice or relevant training. As she has not practised since the concerns arose in 2019/2020, the NMC submits that the risk of repetition remains high. It therefore considers a finding of impairment necessary to uphold professional standards and maintain public confidence in the profession.

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 accepted the advice of the legal assessor. This included reference to *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin) and Dame Janet Smith's test as set out in the Fifth Report from The Shipman Inquiry.

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 noted that Mrs Sullivan in her completed Case Management Form (CMF) had admitted that her fitness to practise is impaired by reason of her misconduct.

The panel was of the view that Mrs Sullivan's actions did fall significantly short of the standards expected of a registered nurse, and that her actions amounted to numerous breaches of the Code.

The panel agreed with the NMC that the following specific parts of the Code were breached, as set out below.

Charges:1, 2 and 3 - dishonesty and integrity

'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'

Charge 4: acted outside scope of competence

'13 Recognise and work within the limits of your competence

To achieve this, you must, as appropriate:

13.2 make a timely referral to another practitioner when any action, care or treatment is required

13.3 ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence'

Charges 5 to 14: inappropriate conduct toward multiple people colleagues, violating dignity and or creating a intimidatory, hostile degrading environment for each of them

'1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 treat people with kindness, respect and compassion

1.2 make sure you deliver the fundamentals of care effectively

1.5 respect and uphold people's human rights

2.6 recognise when people are anxious or in distress and respond compassionately and politely

8 Work co-operatively

To achieve this, you must:

8.1 respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate

8.2 maintain effective communication with colleagues

8.3 keep colleagues informed when you are sharing the care of individuals with other health and care professionals and staff

8.4 work with colleagues to evaluate the quality of your work and that of the team

8.5 work with colleagues to preserve the safety of those receiving care

8.6 share information to identify and reduce risk

8.7 be supportive of colleagues who are encountering health or performance problems. However, this support must never compromise or be at the expense of patient or public safety

9 Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues

To achieve this, you must:

9.1 provide honest, accurate and constructive feedback to colleagues

9.3 deal with differences of professional opinion with colleagues by discussion and informed debate, respecting their views and opinions and behaving in a professional way at all times

9.4 support students' and colleagues' learning to help them develop their professional competence and confidence'

Charge 15: Breach of confidentiality

'1.1 treat people with kindness, respect and compassion

20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

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

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

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that Mrs Sullivan's actions both individually and collectively amount to serious breaches of the Code. The panel determined that Mrs Sullivan's actions would be considered deplorable by fellow practitioners in the context of a professional nursing environment. Her misconduct was repeated on a number of occasions involving 13 different colleagues and had been sustained over a period of some ten months (the charges cover the period from March 2019 to December 2019). The panel determined that this makes Mrs Sullivan's misconduct particularly serious and indicative of an attitudinal issue.

The panel noted that in its Statement of Case the NMC referred to Mrs Sullivan's conduct towards her colleagues as '*bullying*'. Mrs Sullivan has not been charged with '*bullying*'. However, the panel concluded that her behaviour was tantamount to bullying. In reaching this decision, the panel had regard to the NMC guidance FTP 2a Misconduct which states:

'Bullying can be described as unwanted behaviour from a person or a group of people that is either offensive, intimidating, malicious or insulting. It can be an abuse or misuse of power that undermines, humiliates, or causes physical or emotional harm to someone. It can be a regular pattern of behaviour or a one-off incident ...'

The panel found proved by admission that in charges 6-14 Mrs Sullivan's conduct towards five junior colleagues violated their dignity and created an intimidating, hostile, degrading, humiliating and/or offensive environment. Those colleagues suffered emotional harm as a result of her behaviour. In the panel's view, the nature and circumstances of Mrs Sullivan's conduct in these charges is akin to bullying, as defined by the NMC and breaches the Code, in particular:

'1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 treat people with kindness, respect and compassion'

The panel found that Mrs Sullivan's actions did fall 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, Mrs Sullivan'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 be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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 found all four limbs to be engaged in this case.

The panel was of the view that Mrs Sullivan's behaviour and actions contributed to a toxic, hostile and mistrusting workplace where everyone was watching their backs, talking about each other and unsure whether their confidentiality was being upheld. The panel determined that Mrs Sullivan had caused harm. Not only did many of her colleagues confirm that they suffered emotional distress and harm, but in addition, a child was removed from their mother as a consequence of the report prepared by Mrs Sullivan in which she falsely claimed that she was the 'clinical lead', misleading others that she held the authority in such a role and acted outside of her scope of practice. Furthermore, another patient was given the wrong diagnosis.

The panel also noted that, not only did Mrs Sullivan refer to herself as the '*clinical lead*' in a court report, but had, according to the evidence of one of her colleagues, frequently referred to herself as '*the clinical lead during client visits and consultations with social workers and practitioners*'. Furthermore, Mrs Sullivan stated in her original response to charge 1 that the reference to '*clinical lead*' in the court report was an '*error*', but in her CMF form she later admitted to her dishonesty and lack of integrity.

The panel therefore finds that patients, service users and colleagues were put at risk of harm as a result of Mrs Sullivan's misconduct. Further, it found that Mrs Sullivan's misconduct had breached the fundamental tenets of the nursing profession, in particular by acting without integrity and failing to treat others with respect, and therefore brought its reputation into disrepute. The panel was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

The panel therefore moved on to consider whether Mrs Sullivan's fitness to practise was currently impaired. The panel considered the following factors set out in the case of *Cohen v General Medical Council [2008] EWHC 581 (Admin)*:

- Is the behaviour easily remediable?

The panel was of the view that the element of dishonesty in Mrs Sullivan's conduct together with her inappropriate behaviour towards colleagues in the workplace is inherently difficult to remediate as it is attitudinal in nature. Accordingly, the panel considers that Mrs Sullivan's behaviour is not easily remediable.

- Has it been remedied?

The panel took account of Mrs Sullivan's reflections throughout the six years since these incidents occurred. These included her reflections for this meeting which stated:

'I also think that it took me a long time to be able to process and think about my actions because of how ashamed I was.'

'My breaking of colleagues confidentiality is something I feel most ashamed of and more distressingly I don't have a clear answer as to why I did this.'

'I am deeply ashamed of this, especially as it took me some time after my dismissal to really understand the ways I had been unprofessional and the very distressing impact it had on colleagues.'

'I am very sorry for this and whilst I hope I have offered contributing factors this is not an excuse and I believe I should be removed from the NMC register.'

She continued:

'When I think with a therapists hat on about how I might have made sense of why someone would suddenly gossip and share colleagues information after never having done so before I would assume that they wanted to feel important or special or powerful.'

...

'I don't remember consciously breaking people's confidence but I do remember this being a time of feeling worthless, overwhelmed and broken and so to my deepest regret this is my best understanding of my shameful behaviour.'

The panel considers that, although Mrs Sullivan has demonstrably analysed her misconduct over the last six years, and developed some understanding about the effect of her conduct on her colleagues, by her own admission she still cannot fully explain why she acted as she did.

In addition, there was no evidence before the panel that Mrs Sullivan had undertaken any relevant training, learning or Continued Professional Development (CPD). The panel was of the view that while Mrs Sullivan has shown some insight, she is not able to demonstrate that she has acquired any understanding of how to manage people appropriately in a similar environment.

Further, the panel had sight of the positive testimonials Mrs Sullivan has provided and noted that they speak to how well she has worked in the past. However, the panel was of the view that none of them state that they know or are aware of the extent of the charges against her, or about working appropriately going forward.

Accordingly, the panel concluded that, although she has some insight, it is not fully developed. Moreover, the panel was of the view that Mrs Sullivan has not attempted or had the opportunity to strengthen her practice by putting her reflections and insights into practice. The panel was therefore of the view that she has not remediated her misconduct.

- Is it highly unlikely to be repeated?

Having found that the misconduct has not been remediated and Mrs Sullivan's insight was developing but very limited, the panel could not be satisfied that the conduct was highly unlikely to be repeated.

In particular, the panel acknowledged that, although Mrs Sullivan has reflected on her misconduct and apologised for her behaviour, it determined that any insight that she has developed has not been tested in a stressful working environment.

The panel was therefore of the view that the risk of repetition is high. Accordingly, the panel decided that a finding of impairment is necessary on the ground of public protection.

The panel went on to consider whether a finding of impairment was required in the public interest. The panel bore in mind the overarching objectives of the NMC: to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a finding of current impairment was also in the public interest. Given the seriousness of the conduct found proved and the potential to put patients at risk of harm, the panel concluded that the public would be appalled by Mrs Sullivan's conduct and her shortcomings. Accordingly, confidence in the profession would be undermined if a finding of current impairment was not made in this case and therefore the panel also decided that Mrs Sullivan's fitness to practise is impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Mrs Sullivan'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 Mrs Sullivan off the register. The effect of this order is that the NMC register will show that Mrs Sullivan 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).

Representations on sanction

The panel noted that the NMC's statement of case indicates that it would seek the imposition of a striking-off order if the panel found Mrs Sullivan's fitness to practise is currently impaired. The NMC submitted that this is the only appropriate sanction since Mrs Sullivan's conduct undermines the professional standards of a nurse. Further, in order to maintain the public confidence and uphold the standards of the profession as well as protect members of the public, the NMC maintained that this sanction bid would address public protection and public interest grounds making this an appropriate sanction to address the concerns.

Decision and reasons on sanction

Having found Mrs Sullivan'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 accepted the advice of the legal assessor.

The panel took into account the following aggravating features:

- dishonesty linked to her clinical role which had the effect of putting service users at risk of harm
- abuse of a position of trust and power which caused emotional harm to colleagues
- breach of confidentiality of colleagues' personal information which created a hostile work environment which further risked the provision of effective services to vulnerable users
- repeated attitudinal and adverse behaviour as evidenced by a pattern of widespread misconduct over a period of ten months involving many colleagues in the workplace environment
- limited insight

The panel also took into account the following mitigating features:

- early admission to the allegations
- showing some remorse for her actions
- initial steps taken with [PRIVATE]

The panel also noted Mrs Sullivan's [PRIVATE]. The panel acknowledged that this had been a difficult period for her but did not consider that it mitigated her conduct and

behaviour. The panel also noted that this was the only reported incident to have occurred in an otherwise unblemished career.

In considering the appropriate sanction the panel first had regard to the NMC Guidance on '*Sanctions for the highest risk cases*' (Reference SAN-4 Last Updated: 28/01/2026). This states:

'Some concerns are particularly serious and are likely to attract the strongest sanctions because they are mostly likely to risk:

- *the health and safety of the public*
- *public confidence in the profession*
- *upholding professional standards.'*

The panel noted that the Guidance classified '*Cases involving dishonesty*'; '*Abusing their position as a professional or other position of power*' and '*Being directly responsible for exposing people receiving care to harm or neglect*', as cases which were particularly serious. The panel therefore considers that this particular Guidance is engaged in Mrs Sullivan's case and determined that this case falls within the definition of being a '*highest risk 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 and the risks involved and the actual harm that occurred. 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 Mrs Sullivan'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 Mrs Sullivan's practice 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 order on Mrs Sullivan'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).

The panel determined that, having found there to be attitudinal issues in Mrs Sullivan's conduct, it could not identify suitable or appropriate conditions of practice that would both protect patients and the public and address her behaviour and/or clinical failings. The panel further determined that conditions of practice would not reflect the seriousness of this case. The panel also noted that Mrs Sullivan is not currently practising as a nurse (and has not since 2020) and was aware that Mrs Sullivan has indicated a number of times that she no longer wishes to practise as a nurse, and has explicitly expressed a desire to be removed from the register (as set out later in this determination). This indicated to the panel that Mrs Sullivan therefore would be extremely unlikely to comply with any conditions.

Accordingly, having regard to the nature and seriousness of Mrs Sullivan's conduct, the panel determined that a conditions of practice order would not be appropriate in the circumstances. The panel considered that there are no relevant, proportionate, workable or measurable conditions that could be formulated to protect patients and to uphold professional standards.

The panel was left with two possible sanctions, those of a suspension order and of a striking-off order. The panel therefore had regard to the NMC Guidance on "*Deciding*

between suspension and strike off” (Reference: SAN-3 Last Updated: 28/01/2026) and noted in particular the following:

‘Consider the professional’s insight and attitude to addressing the concerns, and whether it is realistically possible that these will change positively during the suspension period. If it is unlikely the professional will try to address the concerns, there[sic] may not be appropriate for them to be suspended in the hopes that they will eventually return to practice.’

On this point, the panel had regard to an email dated 25 August 2020 from Mrs Sullivan to the NMC which states:

‘Thank you for your email. I am not currently working as a nurse at the moment and have no plans to do so.

The details that you have on file for me are correct. I do not wish to remain on the register any longer and would be pleased if you could advise me on how to resign from the register so that you no longer need to continue with the investigation.’

In her reflective piece dated around 2024 she states:

‘In my initial contact with the NMC I stated that I wished to be removed from the register, I feel even more so now that it is appropriate that I am removed having had considerable time to reflect on my conduct’

and

‘... I believe I should be removed from the NMC register’.

In her response on the CMF dated 5 December 2025, she stated:

‘I wish to be removed from the register’.

The panel therefore considers that this particular section of the guidance is engaged since, in Mrs Sullivan expressing that she wishes to be removed from the register, it follows that she is *'unlikely to address the concerns'* and therefore that it *'may not be appropriate'* for her to be subject to a suspension order.

The panel then 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.'

The panel considered whether Mrs Sullivan's conduct, was '*not fundamentally incompatible with continuing to be a registered professional*'. The panel first considered whether her impairment was '*very serious*'. The panel noted the extent of her behaviour which amounted to: dishonesty and lack of integrity; an abuse of trust; creating a hostile, intimidating, degrading, humiliating and offensive environment for colleagues; and putting service users at risk of harm. The panel also noted that the NMC guidance on the '*Highest Risk Cases*' had also been engaged. Accordingly, the panel concluded that Mrs Sullivan's misconduct and impairment was '*very serious*'.

The panel then moved on to consider whether Mrs Sullivan's misconduct and impairment were fundamentally incompatible with remaining on the register. The panel considered that had Mrs Sullivan's behaviour been limited to one or two occasions, then her conduct might not have been regarded as so serious, but the fact that her misconduct was repeated on numerous occasions towards a number of colleagues took her behaviour into the category of being completely unacceptable for a registered professional. Consequently, the panel concluded that her conduct was fundamentally incompatible with remaining on the register due to its wide-ranging nature and frequent repetition over an extended period of time.

Whilst the panel acknowledged that the risks identified could be managed by Mrs Sullivan 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. In addition, Mrs Sullivan has strongly and consistently expressed that she does not wish to return to practise as a nurse, therefore there would be no purpose in a suspension order as it would only extend the regulatory process further, noting that these incidents occurred some seven years ago. The panel therefore determined that in this particular case, a suspension order would not be a sufficient, appropriate or proportionate sanction.

In considering a striking-off order, 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):

'This sanction is likely to be appropriate if the professional's actions are fundamentally incompatible with being a registered professional. Before imposing this sanction, the Committee should consider:

- 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 has already found that Mrs Sullivan's actions were fundamentally incompatible with being a registered professional. The panel was of the view that the findings in this particular case are very serious and raise fundamental questions about her professionalism.

In addition, the panel considered that allowing Mrs Sullivan to continue practising would significantly undermine public confidence in the profession and in the NMC as a regulatory body, particularly since she has shown no interest in continuing her remediation.

Finally, the panel noted that Mrs Sullivan has been expressing for six years that she would like to be removed from the register. The panel therefore determined that that there would be little point, if at all, to consider any sanction that potentially would see Mrs Sullivan return to practise as a nurse.

The panel also took account that her CMF form which includes matters concerning [PRIVATE]:

'[PRIVATE]'

The panel therefore also took account of how the process has affected Mrs Sullivan's [PRIVATE].

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

The panel also 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 Mrs Sullivan 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 Mrs Sullivan's own interests until the striking-off sanction takes effect.

The panel accepted the advice of the legal assessor.

Representations on interim order

The panel took account of the representations made by the NMC that if a finding is made that the Registrant's fitness to practise is impaired on public protection and/or public interest grounds, then the panel is invited to impose an interim order, pending any appeal that may be lodged, and to cover the period prior to any sanction taking effect. The period sought is 18-months as this would cover the period, if an appeal is lodged, for the case to be heard in the High Court.

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. In reaching its decision to impose an interim order, the panel had regard to the seriousness of the facts proved by admission, those found proved and the reasons set out in its decision for the substantive 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 its reasoning for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months. The period of this order is for 18 months to allow for the possibility of an appeal to be made and concluded.

That concludes this determination.