

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

**Substantive Meeting  
Monday 1 June 2026 – Friday 5 June 2026**

Virtual Meeting

**Name of Registrant:** Cheryl Lee Feltner

**NMC PIN:** 07K0854E

**Part(s) of the register:** Registered Nurse – Sub Part 1  
Learning Disabilities Nursing (Level 1) – 25  
February 2008

**Relevant Location:** Suffolk

**Type of case:** Misconduct

**Panel members:** Richard Weydert-Jaquard (Chair, Registrant  
member)  
Alison Thomson (Registrant member)  
Peter James Kitson (Lay member)

**Legal Assessor:** Breige Gilmore  
Hala Helmi (5 June 2026)

**Hearings Coordinator:** Emma Norbury-Perrott

**Facts proved:** Charges 1ai, 1aii, 1b, 2a, 2c, 2d, 2e

**Facts not proved:** Charge 2b

**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 Ms Feltner's registered address by recorded delivery and by first class post on 30 March 2026.

The panel accepted the advice of the legal assessor.

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

In the light of all of the information available, the panel was satisfied that Ms Feltner 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).

## **Amendment to the charge**

During the course of deliberations in Ms Feltner's case, the panel noted that the description of Ms Feltner in the preamble to the charges was factually incorrect, stating that Ms Feltner was a registered mental health nurse. The panel was aware that Ms Feltner is registered as a learning disability nurse. The panel noted that Ms Feltner was working at the relevant time in the capacity of a mental health nurse.

In light of this fact and having regard to the need to ensure that the matters before the panel under consideration are correct, the panel took advice from the legal assessor. The panel had regard to Rule 28 of the Rules.

The panel decided to amend the preamble to read:

'That you, a registered ~~mental health~~ nurse:'

The panel noted that there was no injustice or unfairness to any party created by this amendment and that the amendment simply corrected an otherwise factually incorrect

statement. The panel concluded that the amendment had no bearing or impact on the substance of the charges or facts as alleged and did not in any way affect the matters under consideration.

### **Details of charge (as amended)**

That you, a registered nurse:

1) On or after 13 February 2024:

a. On one or more occasions, without clinical justification made contact with Person A who was aged 16 at the relevant time via:

i. Text message **[PROVED]**

ii. Phone call **[PROVED]**

b. Entered into a personal relationship with Person A **[PROVED]**

2) On or around 26 March 2024:

a. Encouraged Person A to abscond from Telford Care Home **[PROVED]**

b. Gave Person A details of your home address **[NOT PROVED]**

c. Invited Person A to your home **[PROVED]**

d. Gave money to Person A **[PROVED]**

e. In a phone call to Person A said one or more as set out in Schedule 1, or words to that effect **[PROVED]**

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

## **Schedule 1**

You've fucked everything up  
You could have lived with me  
I could have given you a good life  
We could have been together  
You're pushing me over the edge  
[PRIVATE]

## **Background**

The NMC received a referral concerning Ms Feltner, a Registered Nurse, on 26 March 2024 from West Mercia Police. Ms Feltner was employed as a Band 7 Mental Health Liaison Nurse at the West Suffolk NHS Foundation Trust (the 'Trust') between 3 April 2023 and 22 August 2024.

The NMC was informed that the Police responded to a missing person report regarding Person A who had absconded from Telford Care Home (the 'Home'), a setting for young people. Person A had 3:1 staff ratio support and a Deprivation of Liberty order ("DoL") in place.

When Person A was located by the Police, Person A disclosed that they had been in an improper relationship with Ms Feltner and that they had absconded to go and visit her. The Police reported that Person A had serious mental health issues with thoughts of suicide and self-harm, and that this had been triggered by the mention of the inappropriate relationship with Mrs Feltner. It is alleged that Ms Feltner had been in daily communication with Person A via phone calls and text messages after first meeting them during Person A's time as an inpatient at the West Suffolk Hospital (the 'Hospital').

Ms Feltner was suspended by the Trust and the matter was investigated by the Trust.

## Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the documentary evidence in this case.

The panel noted that Ms Feltner had been made aware of her right to provide written representations for the panel to consider at this meeting. However, no information has been provided by Ms Feltner.

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 had regard to the written statements of the following witnesses on behalf of the NMC:

- Elizabeth Harriet Ellis: Head of Safeguarding at the West Suffolk NHS Foundation Trust;
- Claire Cooze: Complex Care Manager at Richmond Nursing Agency;
- Rebecca Barton: Head of Services at Nurtured Care Services;
- Natalie Marie Bailey: Head of Mental Health at West Suffolk Hospital.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. The panel then considered each of the disputed charges and made the following findings.

## Charge 1ai

*'1) On or after 13 February 2024:*

*a. On one or more occasions, without clinical justification made contact with Person A who was aged 16 at the relevant time via:*

*i. Text message'*

### **This charge is found proved.**

In reaching this decision, the panel took into account all of the documentary and witness evidence in this case.

The panel had regard to the text messages exhibited between 'Chelsea' and Person A. The panel took into account the evidence of Ms Ellis, Claire Cooze, and Natalie Bailey where all three witnesses confirm that Person A was a vulnerable and underage individual.

The panel also had regard to the witness evidence of Ms Ellis, in which she confirmed that the telephone number belonging to 'Chelsea' was in fact the same telephone number as registered on Ms Feltner's personnel file at the Trust:

*'Cheryl denied that she was 'Chelsea' but could not give us an explanation as to who Chelsea was. The phone number matched the number we have on file for Cheryl, but she still denied it was her.'*

The panel considered that the nature of the text messages was personal and not clinical and, as such, it determined that there was no clinical justification for such contact to be made. The panel also considered that contact between Ms Feltner and Person A via text message had occurred on multiple occasions on at least five separate dates in March 2024.

Therefore, on the balance of probabilities, the panel found this charge proved.

## Charge 1aii

*'1) On or after 13 February 2024:*

*a. On one or more occasions, without clinical justification made contact with Person A who was aged 16 at the relevant time via:*

*ii. Phone call'*

### **This charge is found proved.**

In reaching this decision, the panel took into account all of the documentary and witness evidence in this case.

The panel had regard to the phone call log of Person A's mobile phone from the material time which showed multiple calls received from 'Chelsea' throughout the early hours of the morning between 01:50 and 03:41. One of the calls was reportedly intercepted by Witness Rebecca Barton. In her Witness evidence, Ms Barton stated:

*'A phone call then occurred around about 30 minutes after I read those texts. The number calling was 'Chelsea.' I answered the phone, and it was a woman's voice on the other end. I did not recognise the voice, but I did refer to her as Cheryl and she did not correct me.'*

The panel accepted Ms Barton's evidence in that she was clear that she intercepted one of the calls from 'Chelsea' and after addressing the caller as Cheryl (Ms Feltner), she was not corrected by the caller.

The panel also had regard to the witness evidence of Ms Ellis, in which she confirmed that the telephone number belonging to 'Chelsea' was in fact the same telephone number as registered on Ms Feltner's personnel file at the Trust:

*'Cheryl denied that she was 'Chelsea' but could not give us an explanation as to who Chelsea was. The phone number matched the number we have on file for Cheryl, but she still denied it was her.'*

In respect of the phone call, Ms Barton also said in her Witness statement:

*'I said that Person A is back with us and she is home safe. Cheryl seemed shocked at that and not very pleased. She said "[Person A] is supposed to be coming to me." I informed her that Person A was safe here, and [Person A] would not be coming to her. I told Cheryl that the communication I'd read from her was highly inappropriate,... I told her that she had crossed boundaries and should not contact Person A again. She responded "Fine." I told her that I would be reporting the incident, to which she responded "Fine. Do what you want".'*

The panel considered that the nature of the phone call was not clinical and, as such, it determined that there was no clinical justification for such contact to be made.

Therefore, on the balance of probabilities, the panel found this charge proved.

### **Charge 1b**

*'1) On or after 13 February 2024:*

*b. Entered into a personal relationship with Person A'*

**This charge is found proved.**

In reaching this decision, the panel took into account all of the documentary and witness evidence in this case.

The panel bore in mind its findings at Charge 1ai and 1aii in that Ms Feltner contacted Person A on numerous occasions via text messages and phone calls, often very late at night and during the early hours of the morning, without clinical justification. The panel

considered that the nature of the content in the text messages was personal rather than clinical or professional in nature. The panel had regard to the text messages sent to Person A by Ms Feltner on 26 March 2024:

*'Just get here then...xx I'm so worried about you xx'*

*'I just want you here my girl xx'*

During the local investigation, Ms Feltner stated that she had been worried about the support that Person A was receiving and was providing support to Person A due to concerns of self-harm and that it was Person A who had initially made contact with her.

However, the panel took account of the witness evidence of Ms Barton in which she stated:

*'I told Cheryl that the communication I'd read from her was highly inappropriate,... I told her that she had crossed boundaries and should not contact Person A again. She responded "Fine." I told her that I would be reporting the incident, to which she responded "Fine. Do what you want".'*

The panel considered Ms Feltner's assertions that she was providing Person A with support out of concern for Person A. However, the panel noted it saw no evidence to suggest that the contact between Ms Feltner and Person A was related to clinical support.

It also considered Ms Barton's account in that the contact made by Ms Feltner to Person A was deemed professionally inappropriate. The panel determined that it was more likely than not that Ms Feltner's actions were indicative of her pursuing an inappropriate personal relationship with Person A.

Therefore, on the balance of probabilities, the panel found this charge proved.

## Charge 2a

*'2) On or around 26 March 2024:*

*a. Encouraged Person A to abscond from Telford Care Home'*

### **This charge is found proved.**

In reaching this decision, the panel took into account all of the documentary and witness evidence in this case.

The panel had regard to Ms Barton's evidence, who was with Person A at the time of the incident on 26 March 2024. Ms Barton said:

*'We became aware of this relationship on the night where Person A absconded from their bedroom. It was around 4am on the 26th of March 2024 when I was alerted. I was on site and was made aware that Person A had absconded through their bedroom window. Person A was missing for around 3 hours. Person A was reported as a missing person and the police were able to bring them back. When Person A got back to the property they opened about why they had absconded. Person A then showed me texts from a person named Chelsea. Person A told me 'Chelsea' was a former nurse who looked after them and that [Ms Feltner] had told them to save her contact number under a fake name on their phone. Person A said her real name was Cheryl. Person A showed me the text message Cheryl had sent them before they absconded. The text said "I'm [PRIVATE] if you don't come to me. Could you [PRIVATE] because you wouldn't come and see me?" I saw the message, and I wrote it down in my notes which I have here. Person A has since wiped everything from their phone but on the night, they would not let me take a picture of it. Person A said they loved Cheryl, and they didn't want to upset her or get her into trouble.'*

The panel noted that it had not seen the text message referred to in Ms Barton's statement. However, it considered it to be highly relevant evidence as Ms Barton made a verbatim contemporaneous note of the text message at the material time.

The panel also had regard to the text messages sent to Person A by Ms Feltner on 26 March 2024:

*'Just get here then...xx I'm so worried about you xx'*

*'I just want you here my girl xx'*

In her Witness statement, Ms Barton also stated:

*'Person A made it clear to me on the night they absconded from placement that they were going to Cheryl's house. This was later confirmed when Cheryl called Person A, not knowing I was there, and Cheryl asked why Person A hadn't arrived at her address yet. Person A had the phone on speaker, and I heard the conversation. Cheryl sounded very angry and upset with Person A during this call.'*

The panel noted Ms Feltner's response during her local interview where she stated that she asked Person A to go to Bury St Edmunds when they absconded, but denied inviting them to come to her home.

Based on the evidence before it, the panel determined that it was more likely than not that Ms Feltner's actions did encourage Person A to abscond from the Home.

Therefore, on the balance of probabilities, the panel found this charge proved.

## **Charge 2b**

*'2) On or around 26 March 2024:*

*b. Gave Person A details of your home address'*

**This charge is found NOT proved.**

In reaching this decision, the panel took into account all of the documentary and witness evidence in this case.

The panel had regard to Ms Barton's witness statement, in which she said:

*'When I asked how [Person A] had Cheryl's address, [Person A] told me that Cheryl had written her address on a piece of paper when [Person A] was in hospital to help them abscond from hospital.'*

The panel considered that the only evidence in respect of this charge is hearsay with no other evidence to support Ms Barton's account. Therefore, the panel determined that this was sole and decisive evidence. On that basis, the panel was unable to afford that evidence significant weight and therefore on the balance of probabilities, the panel found this charge not proved.

## **Charge 2c**

*'2) On or around 26 March 2024:*

*c. Invited Person A to your home'*

**This charge is found proved.**

In reaching this decision, the panel took into account all of the documentary and witness evidence in this case.

The panel bore in mind its findings at Charge 2a in respect of the text messages sent to Person A by Ms Feltner on 26 March 2024:

*'Just get here then xx I'm so worried about you xx'*

*'I just want you here my girl xx'*

It also took into account of the Witness statement of Ms Barton, who said:

*'Person A made it clear to me on the night they absconded from placement that they were going to Cheryl's house. This was later confirmed when Cheryl called Person A, not knowing I was there, and Cheryl asked why Person A hadn't arrived at her address yet. Person A had the phone on speaker, and I heard the conversation. Cheryl sounded very angry and upset with Person A during this call.'*

The panel had regard to the Witness evidence of Ms Cooze, who said:

*'Person A then absconded from placement on the 26 of March to go and see Cheryl again. I had a phone call from Person A at 5am saying that they had "fucked it." Person A said "I'm out. I really, really fucked up Claire. Cheryl told me to do it. Cheryl told me to take my phone, put a hoodie on and come or [PRIVATE]." Person A was at the train station trying to print their ticket at the train station and it wasn't working. Person A was really upset on the phone, and they couldn't get the ticket to print. Person A said that Cheryl said just to get into a taxi and she will pay for it. Cheryl said she would look after Person A. Person A said Cheryl was screaming at them down the phone and kept ringing them. Person A was so upset they told me they [PRIVATE]. I told Person A to stay where they were, and I called the police and I called [Ms Barton].'*

The panel noted Ms Feltner's response during her local interview where she stated that she asked Person A to go to Bury St Edmunds when they absconded, but denied inviting her to come to her home.

The panel considered there to be no other reasonable explanation as to why Person A would attempt to attend Ms Feltner's home, other than being invited to do so. Based on the evidence before it, the panel determined that it was more likely than not that Ms Feltner did invite Person A to her home.

Therefore, on the balance of probabilities, the panel found this charge proved.

### **Charge 2d**

*'2) On or around 26 March 2024:*

*d. Gave money to Person A'*

**This charge is found proved.**

In reaching this decision, the panel took into account all of the documentary and witness evidence in this case.

The panel considered the text messages between Ms Feltner and Person A, in which the panel saw Person A providing their bank account details to Ms Feltner.

The panel also considered Ms Barton's Witness statement in which she confirmed seeing a text message from Ms Feltner to Person A where Ms Feltner stated that she had sent money to Person A's bank account.

In her local statement, Ms Feltner accepted giving money to Person A. However, she denied that it was for train fare and stated it was for Person A to buy clothing.

Therefore, based on the evidence before it, and Ms Feltner's admission to giving Person A money, the panel found this charge proved.

## Charge 2e

*'2) On or around 26 March 2024:*

*e. In a phone call to Person A said one or more as set out in Schedule 1, or words to that effect'*

### **This charge is found proved.**

In reaching this decision, the panel took into account all of the documentary and witness evidence in this case.

The panel took into account the witness statement of Ms Barton, in which she details being present and directly hearing the contents of a phone call from Ms Feltner to Person A:

*'About 20 minutes after this call, Cheryl sent a message [to Person A] asking "has [Ms Barton] gone?" Person A said yes even though I was still present. Cheryl then called Person A again, and Person A put the phone on speaker. Cheryl was very angry and irate. Person A was not saying anything, just "mm-hmm, yep." Word for word, Cheryl said, "You fucked everything up. I could have given you a good life. We could have been together.".'*

Therefore, based on the evidence before it and on the balance of probabilities, the panel found 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 Ms Feltner'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, Ms Feltner's fitness to practise is currently impaired as a result of that misconduct.

## **Representations on misconduct and impairment**

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 panel had regard to the NMC's written submissions in respect of misconduct:

### ***'Misconduct***

*34. The comments of Lord Clyde in Roylance v General Medical Council [1999] UKPC 16 may provide some assistance when seeking to define misconduct: '[331B-E] Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the*

*circumstances. The standard of propriety may often be found by reference to the rule and standards ordinarily required to be followed by a [nurse] practitioner in the particular circumstances’.*

*As may the comments of Jackson J in Calheam v GMC [2007] EWHC 2606 (Admin) and Collins J in Nandi v General Medical Council [2004] EWHC 2317 (Admin), respectively ‘[Misconduct] connotes a serious breach which indicates that the doctor’s (nurse’s) fitness to practise is impaired’.*

*And*

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

*35. Where the acts or omissions of a registered nurse are in question, what would be proper in the circumstances (per Roylance) can be determined by having reference to the Nursing and Midwifery Council’s Code of Conduct.*

*36. We consider the following provision(s) of the Code have been breached in this case;*

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

*To achieve this, you must:*

*1.2 make sure you deliver the fundamentals of care effectively.*

*1.5 respect and uphold people’s human rights*

***3 Make sure that people’s physical, social and psychological needs are assessed and responded to***

*To achieve this, you must:*

*3.3 act in partnership with those receiving care, helping them to access relevant health and social care, information and support when they need it*

#### **4 Act in the best interests of people at all times**

*To achieve this, you must:*

*4.3 keep to all relevant laws about mental capacity that apply in the country in which you are practising, and make sure that the rights and best interests of those who lack capacity are still at the centre of the decision making process*

*4.4 tell colleagues, your manager and the person receiving care if you have a conscientious objection to a particular procedure and arrange for a suitably qualified colleague to take over responsibility for that person's care*

#### **17 Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection**

*To achieve this, you must:*

*17.1 take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse*

#### **20 Uphold the reputation of your profession at all times**

*To achieve this, you must:*

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

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

*20.6 stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers*

*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*

*37. Breaches of the Code will not be conclusive as to the issue of misconduct, these are fundamental requirements for the nursing profession and in a case of such failings, breaches of these parts of the*

*Code should go a considerable way to assist the panel in determining misconduct.*

*38. The conduct in this case concerns the Registrant's unprofessional behaviour towards their care towards Person A, a known vulnerable patient. The Registrant has engaged in close relationship, beyond what is expected of a mental health liaison nurse. The relationship has extended beyond the care provided within a care setting, and the Registrant has encouraged Person A to abscond from their care setting, to attend the Registrant's home address. Contact between the Registrant and Person A has continued where inappropriate messages were sent to Person A as set out in Schedule 1 of the charges.*

*39. The conduct itself is so serious that caused a vulnerable person, expected to receive appropriate care, to abscond from her placement, and to cause distress that had a severe detrimental effect on her mental health.*

*40. It is submitted that the Registrant's conduct are clear examples of misconduct, falling far short of what is deemed proper conduct of a professional, and these error on such basic fundamental matters of patient care are inexcusable. The conduct involves a serious departure from the standards expected of a registered nurse, and is sufficiently serious to amount to misconduct'*

The panel also had regard to the NMC's written submissions in respect of impairment:

### ***'Impairment***

*41. The NMC's guidance explains that impairment is not defined in legislation but is a matter for the Fitness to Practise Committee to decide. The question that will help decide whether a professional's fitness to practise is impaired is:*

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

*42. If the answer to this question is yes, then the likelihood is that the professional’s fitness to practise is not impaired.*

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

*44. When determining whether the Registrant’s fitness to practise is impaired, the questions outlined by Dame Janet Smith in the 5th Shipman Report (as endorsed in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin)) are instructive. Those questions were:*

*(a) has [the Registrant] in the past acted and/or is liable in the future to act as so to put a patient or patients at unwarranted risk of harm; and/or*

*(b) has [the Registrant] in the past brought and/or is liable in the future to bring the [nursing] profession into disrepute; and/or*

*(c) has [the Registrant] in the past committed a breach of one of the fundamental tenets of the [nursing] profession and/or is liable to do so in the future and/or*

*(d) has [the Registrant] in the past acted dishonestly and/or is liable to act dishonestly in the future.*

*45. It is the submission of the NMC that limbs (a), (b) and (c) can be answered in the affirmative in this case.*

*46. In relation to limb (a), the Registrant placed Person A at unwarranted risk of harm psychological and emotional harm. The Registrant was involved in Person A’s care from her initial admission to the Trust and therefore apprised of Patient A’s conditions and needs. The Registrant*

*engaged in an inappropriate and unprofessional relationship with Person A who is considered vulnerable by virtue of their age, mental health and home situation. The Registrant encouraged Person A to leave their home placement, where they were being provided with stability, to attend the Registrant's home address.*

*47. In relation to limb (b), the Registrant has placed the profession into professional disrepute by her management of her relationship with Person A. Members of the public place their trust in nurses, and the public expect that nurses will provide the appropriate care in the circumstances. By encouraging Person A to abscond from her care, and engaging in an unprofessional relationship with Person A, clearly undermines the trust that the public would place in the nursing profession.*

*48. In relation to limb (c), the provisions of the Code constitutes fundamental tenets of the profession and the Registrant has breached those. The Registrant did not act in the best interest of Person A and breached professional boundaries. The Registrant breached one of the fundamental tenets of the profession.*

*49. The NMC submits that limb (d) is not engaged in this case.*

*50. Current impairment can be found either on the basis that there is a continuing risk or that the public confidence in the nursing profession and the NMC as a regulator would be undermined if such a finding were not made, or both.*

*51. Impairment is a forward-thinking exercise which looks at the risk the registrant's practice poses in the future. NMC guidance adopts the approach of Silber J in the case of R (on application of Cohen) v General Medical Council [2008] EWHC 581 (Admin) by asking the questions whether the concern is easily remediable, whether it has in fact been remedied and whether it is highly unlikely to be repeated.*

52. *In dealing with Silber J's questions*

a. *Is the conduct remediable?*

*The conduct appears to stem from a concern for the care that the Trust provided to Person A, however there are clear inappropriate and unprofessional contacts made which is a concern that is attitudinal in nature and can be very difficult to remedy.*

b. *Has the conduct been remedied.*

*Can the panel be satisfied that the conduct has been remedied. It is the NMC's position that the conduct has not been remedied. There has been no evidence of any reflective pieces dealing with appropriate care and what would be done differently should the situation arise in the future.*

c. *Is there a risk of repetition*

*The Registrant has not engaged or provided any meaningful insight or remediation. It is therefore submitted that there is insufficient evidence to suggest that the risks have been mitigated. The NMC considers there is a continuing risk to the public due to the registrant's lack of full insight or demonstrate strengthened practice through work in a relevant area.*

#### Public interest

53. *In Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) at paragraph 74 Cox J commented that:*

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

54. *Consideration of the public interest therefore requires the Fitness to Practise Committee to decide whether a finding of impairment is needed to uphold proper professional standards and conduct and/or to maintain public confidence in the profession.*

*55. In upholding proper professional standards and conduct and maintaining public confidence in the profession, the Fitness to Practise Committee will need to consider whether the concern is easy to put right. For example, it might be possible to address clinical errors with suitable training. A concern which hasn't been put right is likely to require a finding of impairment to uphold professional standards and maintain public confidence.*

*56. However, there are types of concerns that are so serious that, even if the professional addresses the behaviour, a finding of impairment is required either to uphold proper professional standards and conduct or to maintain public confidence in the profession.*

*57. We consider there is a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behaviour. The registrant's conduct engages the public interest. The Registrant took advantage of a young person who, by virtue, was vulnerable by way of their age and medical conditions. Members of the public would be gravely concerned that a nurse, who was previously involved in the care of Person A, had breached her professional boundaries by entering a personal relationship with full knowledge of the impact this would have on Person A's psychological and emotional wellbeing.'*

The NMC requires the panel to bear in mind its overarching objective to protect the public and uphold 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 heard and accepted the advice of the legal assessor which included reference to the NMC Guidance and the judgments of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin), and *Cohen v General Medical Council* [2008] EWHC 581 (Admin).

## **Decision and reasons on misconduct**

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.’

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 Ms Feltner’s actions did fall significantly short of the standards expected of a registered nurse, and that Ms Feltner’s actions amounted to a breach of the Code. Specifically, she failed in whole or in part to:

### ***‘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*

### ***4 Act in the best interests of people at all times***

#### ***To achieve this, you must:***

*4.3 keep to all relevant laws about mental capacity that apply in the country in which you are practising, and make sure that the rights and best interests of those who lack capacity are still at the centre of the decision-making process*

### ***16 Act without delay if you believe that there is a risk to patient safety or public protection***

#### ***To achieve this, you must:***

*16.1 raise and, if necessary, escalate any concerns you may have about patient or public safety, or the level of care people are receiving in your workplace or any other health and care setting and use the channels available to you in line with our guidance and your local working practices*

***17 Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection***

***To achieve this, you must:***

*17.1 take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse*

*17.2 share information if you believe someone may be at risk of harm, in line with the laws relating to the disclosure of information*

***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*

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

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

*20.6 stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers*

*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 appreciated that breaches of the Code do not automatically result in a finding of misconduct. The panel considered each of the charges found proved and whether Ms Feltner's actions amounted to misconduct.

In respect of charge 1ai and 1a ii, the panel determined that Ms Feltner's conduct fell so far below the standards expected of a registered nurse that it amounted to misconduct. The panel determined that in making these contacts with Person A with no clinical justification, Ms Feltner demonstrated a clear disregard for professional boundaries and, as such, a disregard for Person A's vulnerability. The panel determined that colleagues would find Ms Feltner's conduct deplorable and her conduct had undermined the standards expected of nurses as set out by the NMC. Therefore, it determined that Ms Feltner's actions at Charge 1ai and 1a ii amounted to serious misconduct.

In respect of charge 1b, the panel determined that Ms Feltner's conduct fell so far below the standards expected of a registered nurse that it amounted to misconduct. The panel considered that Ms Feltner's actions in pursuing a personal relationship with Person A was not a single instance; it was a sustained course of action by Ms Feltner over a period of time on multiple occasions. The panel determined that in pursuing a personal relationship with Person A, Ms Feltner demonstrated a clear disregard for professional boundaries and, as such, a disregard for Person A's vulnerability. The panel determined that colleagues would find Ms Feltner's conduct deplorable and her conduct had undermined the standards expected of nurses as set out by the NMC. Therefore, it determined that Ms Feltner's actions at Charge 1b amounted to serious misconduct.

In respect of Charges 2a and 2c, the panel determined that Ms Feltner's conduct fell so far below the standards expected of a registered nurse that it amounted to misconduct. The panel considered this was in part extremely serious misconduct, in that Ms Feltner encouraged a highly vulnerable minor who was subject to DoL for her own safety, to leave a place of safety in which she was being professionally cared for. The panel determined that Ms Feltner demonstrated a clear disregard for professional standards and a clear disregard for Person A's vulnerability and safety. The panel determined that colleagues would find Ms Feltner's conduct deplorable and her conduct had undermined the standards expected of nurses as set out by the NMC. Therefore, it determined that Ms Feltner's actions at Charges 2a and 2c amounted to serious misconduct.

In respect of Charge 2d, the panel determined that Ms Feltner's conduct fell so far below the standards expected of a registered nurse that it amounted to misconduct. The panel found Ms Feltner's actions particularly concerning in that she took the bank details of Person A, who was a very vulnerable minor, in order to electronically send money to them without any reasonable justification. The panel noted that Person A had access to money and financial support, should they need it at any time, from the Home. The panel determined that in apparently sending money via bank transfer to Person A, Ms Feltner demonstrated a clear disregard for professional boundaries and the standards expected of a registered nurse. The panel determined that colleagues would find Ms Feltner's conduct deplorable and her conduct had undermined the standards expected of nurses as set out by the NMC. Therefore, it determined that Ms Feltner's actions at Charge 2d amounted to serious misconduct.

In respect of Charge 2e, the panel determined that Ms Feltner's conduct fell so far below the standards expected of a registered nurse that it amounted to misconduct. The panel considered that a professional registered nurse using inflammatory, hostile, and confrontational language towards a vulnerable young person could have resulted in devastating consequences for Person A, particularly as Person A had extremely complex mental health issues, low self-esteem, attachment issues, and suicidal ideations. The panel determined that in making these contacts with Person A, Ms Feltner demonstrated a clear disregard for professional boundaries and a clear disregard for Person A's complex vulnerabilities. The panel determined that colleagues would find Ms Feltner's conduct deplorable and her conduct had undermined the standards expected of nurses as set out by the NMC. Therefore, it determined that Ms Feltner's actions at Charge 2e amounted to serious misconduct.

The panel found that Ms Feltner's actions did fall seriously short of the conduct and standards expected of a nurse and amounted to serious misconduct.

## Decision and reasons on impairment

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

The panel bore in mind that 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.

In coming to its decision, the panel had regard to the NMC Guidance DMA-1 '*Impairment*', last updated on 28 January 2026, in which the following is stated:

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must act with integrity and 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) ...'*

The panel determined that limbs a), b) and c) of *Grant* were engaged in this case.

The panel found that a patient was put at risk and was caused mental and emotional harm as a result of Ms Feltner's misconduct. Ms Feltner's misconduct had breached the fundamental tenets of the nursing profession 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 an inappropriate personal relationship with a very vulnerable young person extremely serious. The panel determined that Ms Feltner brought the profession into disrepute by engaging in sustained and inappropriate personal contact with a very vulnerable young person which was not clinically justified, and by consistently breaching professional boundaries.

The panel determined that Ms Feltner had demonstrated a clear disregard for professional boundaries and a disregard for Person A's vulnerability and their safety. The panel

considered this in the context of Ms Feltner being an experienced band 7 registered nurse and as such considered that Ms Feltner's misconduct was attitudinal in nature. The panel acknowledged that attitudinal issues are very difficult to remediate.

The panel considered Ms Feltner's responses in her local level statement, dated April 2024:

*'...looking back on my care of person A that there were alternative ways around specific situations that I should have took such as when she approaches me saying she had absconded I should have called the police rather than telling her to get to a safe spot, I have never been put in such a radical situation and on the spot like this which is why it can be looked at that I had freaked out not giving the correct professional advice. I see the mistake that has been made, however I do not feel that I cannot be pin pointed for the reason of her absconding...*

...

*Person A was not in my care she was in three members of staff care who had the duty to comply with and ensure their patient was safe at all times...I understand how much of a serious matter it is when a patient is to abscond...I will not take the blame for such a serious situation, when I do whatever, I can in my job role to prevent incidents like these from occurring...*

...

*self-harming is something is something I do not take lightly, as you are all aware person A self-harmed before even knowing me and has now done it again just shows that the pattern doesn't involve me...*

...

*I want to finalise my thoughts with that I know I have done wrong and should have certainly cut all contact with person A which I have 100% learned from and can give you my honest word that this would never happen again. I hope you can see that I genuinely am very sincerely sorry for not doing this...'*

The panel carefully considered the evidence before it in determining whether or not Ms Feltner had taken steps to address her misconduct. The panel considered that Ms Feltner had accepted, broadly, some wrongdoing. However, the panel determined that Ms Feltner had sought to deflect blame onto others and minimise her own culpability for her actions. Furthermore, the panel had no evidence before it demonstrating any insight into the potential impact of Ms Feltner's actions upon Person A, the Home staff, and the wider public confidence in the nursing profession. Ms Feltner has also not addressed how she would handle such a situation differently in the future. Additionally, while the panel accepts that Ms Feltner has been suspended for a period of time, the panel had no evidence before it demonstrating that Ms Feltner had taken any steps to strengthen her practice in the form of current testimonials, evidence of relevant training, or reflection.

The panel determined that there is a real risk of repetition based on Ms Feltner's lack of insight into her misconduct, the absence of any steps taken in respect of remediation and strengthening her practice, and the difficulty in remediating such serious misconduct which involves attitudinal issues. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

In addition, the panel determined that public confidence would be seriously undermined if Ms Feltner were allowed to practice without restriction at this time, taking into account the nature and seriousness of her misconduct which involved an inappropriate personal relationship with a very vulnerable young person over a sustained period of time. The panel determined that a finding of impairment is otherwise in the public interest to maintain professional standards and uphold public confidence in the nursing and midwifery professions, and in the NMC as its regulator.

Having regard to all of the above, the panel was satisfied that Ms Feltner'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 Ms Feltner off the register. The effect of this order is that the NMC register will show that Ms Feltner 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 SAN-2 '*The sanctions available*', last updated on 28 January 2026.

The panel accepted the advice of the legal assessor.

### **Representations on sanction**

The panel had regard to the NMC's written submissions on sanction:

#### **'Sanction**

*58. With reference to the sanction guidance, it is considered that the appropriate and proportionate sanction in this case is a striking off order.*

*59. No aggravating or mitigating features have been identified in this case beyond the conduct alleged.*

*60. Taking no further or a caution order would be inappropriate given the nature and seriousness of the case. It would not be proportionate or in the public interest to take no further action or to impose a caution order. The Registrant has repeatedly failed to safeguard and breached professional boundaries with Person A, a young and vulnerable person in her care.*

*61. A conditions of practice order would only adequately satisfy the public protection concerns in this case if there are workable and proportionate conditions that could alleviate the concerns. This conduct is attitudinal in nature and it is submitted that there are no conditions that could be formulated that would address the misconduct in this case nor would it adequately protect the public interest.*

62. *In considering whether a suspension order would be appropriate in these circumstances, the panel's attention is drawn to the guidance, and in particular the following factors:*

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident; and*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*

63. *It is submitted that the Registrant's actions involved repeated conduct which took place over a space of a few months. The Registrant encouraged a vulnerable young person to leave a safe environment; this is evidence of deep-seated attitudinal problems. No insight has been put forward by the Registrant into her conduct, and whilst she made representations on a local level that she was trying to help Person A, she has not sufficiently demonstrated the impact of her conduct on Person A.*

64. *It is accepted that there has been no evidence of repetition since the incident, as the Registrant is subject to an interim suspension order.*

65. *It is submitted that the only proportionate sanction in this case is that of a striking off order. The conduct here has caused Person A to attempt suicide and blame themselves for what happened. The Registrant is a qualified mental health liaison nurse and first came onto the register in 2008, indicating an experienced nurse, acting outside of professional boundaries causing serious harm to a patient.*

66. *Furthermore, The conduct raises fundamental questions about their professionalism. The public confidence in the profession would be undermined if the Registrant was not removed from the register permanently.*

*67. The conduct is fundamentally incompatible with remaining on the register.'*

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

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

Having found Ms Feltner'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 decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Abuse of a position of trust
- Misconduct involving a highly vulnerable minor

The panel also took into account the following mitigating features:

- Difficult personal circumstances at the material time
- [PRIVATE]
- [PRIVATE]

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

The panel next considered a caution order and had regard to the NMC Guidance SAN-2b '*Caution order*', last updated on 28 January 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 Ms Feltner'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 Ms Feltner's practise would not protect the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether to place a conditions of practice on Ms Feltner's registration. In considering whether conditions of practice were appropriate, the panel had regard to the factors set out in the NMC Guidance SAN-2c '*Conditions of practice order*', last updated 28 January 2026. The panel was of the view that there are no practicable or workable conditions that could be formulated, given the nature of the charges in this case, which relate to an inappropriate personal relationship with a vulnerable young person outside of the workplace, and the fact that Ms Feltner has not engaged with proceedings since May 2024. The panel also considered that the attitudinal concerns identified can be very difficult to remedy. The panel therefore determined that given the serious nature of the misconduct, the attitudinal concerns, and Ms Feltner's limited insight into the severity and impact of her actions, there were no relevant, proportionate, workable and measurable conditions that could be formulated. Accordingly, a conditions of practice order would not address the risk of repetition, which poses a risk of harm to patient safety and the reputation of the profession. Consequently, the panel decided that a conditions of practice order would not protect the public, given Ms Feltner's distinct lack of remorse, insight and reflection, nor would it uphold professional standards.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance SAN-2d '*Suspension order*', last updated 28 January 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 overarching objective.'*

In its consideration of the NMC Guidance SAN-2d, the panel noted that a suspension order may be the appropriate sanction in the following circumstances:

- *'the charges found proved are at the most serious end of the spectrum and call into question the professional's suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation*
- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.'*

Whilst the panel acknowledged that the risks to public protection identified could be managed for a time by Ms Feltner 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. Given Ms Feltner's lack of engagement, limited insight, lack of remorse, together with no evidence of training and development, the panel considered that there is no realistic possibility that she would address the concerns to such a level where she could return to practise safely. The panel determined that the public and nursing professionals would be extremely concerned regarding Ms Feltner's actions and as such, a suspension order would not serve to declare and uphold the proper professional standards expected of a registered nurse.

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

In considering a striking-off order, the panel had regard to the NMC Guidance SAN-4 '*Sanctions for the highest risk cases*', last updated on 28 January 2026. Having regard to all of the above, the panel determined that this case falls within the definition of being a '*highest risk case*'.

The panel had regard to the NMC Guidance SAN-2e, '*Striking-off order*', last updated on 28 January 2026:

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

The panel found that Ms Feltner's actions had raised fundamental questions about her professionalism. The panel determined that the misconduct in case goes to the fundamental trust placed in registered nurses to protect and safeguard vulnerable people, which Ms Feltner failed to do. The panel identified serious attitudinal concerns, in addition to Ms Feltner demonstrating limited insight and remorse into her conduct. The panel also noted that Ms Feltner has not engaged with the NMC since 2 May 2024. The panel determined that public confidence in the profession cannot be maintained if Ms Feltner is not removed from the register.

The panel considered that in theory, with substantial meaningful engagement, Ms Feltner could have taken steps to demonstrate that she had reflected on her actions and

developed her insight which may have reassured the panel that public protection and public interest could be upheld without Ms Feltner being removed from the register. However, the panel noted that there has been no engagement from Ms Feltner in over two years and there is nothing before it to demonstrate that any meaningful progress has been made by Ms Feltner in terms of remediation or strengthening her practice. The panel determined that this indicates a very limited prospect of Ms Feltner returning to practice safely and without restriction in the near future. It also determined that it is highly unlikely that Ms Feltner will not pose a risk to public safety, or that confidence in the profession could be maintained, as well as upholding the standards of the profession, if Ms Feltner were permitted to remain on the register.

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

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Ms Feltner'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 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 Ms Feltner 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 Ms Feltner's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

### **Representations on interim order**

The panel had regard to the NMC's written submissions in respect of an interim order:

#### ***Interim Order Consideration***

*If a finding is made that the registrant's fitness to practise is impaired on a public interest only basis and that their conduct was fundamentally incompatible with continued registrant, we consider an interim order of suspension should be imposed on the basis that it is otherwise in the public interest.'*

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

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

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

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

That concludes this determination.

