

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

**Substantive Hearing
Wednesday 24 June 2026 – Thursday 25 June 2026**

Virtual Hearing

Name of Registrant:	George Thomas Harle
NMC PIN:	22F1365E
Part(s) of the register:	Registered Nurse – Sub Part 1 Children Nursing – 30 August 2022
Relevant Location:	Newcastle upon Tyne
Type of case:	Conviction
Panel members:	Alisa Newman (Chair, lay member) Victoria Rees (Registrant member) Jane McLeod (Lay member)
Legal Assessor:	Emma Boothroyd
Hearings Coordinator:	Rene Aktar
Nursing and Midwifery Council:	Represented by James Holloway, Case Presenter
Mr Harle:	Present and represented by Alejandra Llorente Tascon, Royal College of Nursing (RCN)
Facts proved by admission:	Charge 1a
Facts not proved:	N/A
Fitness to practise:	Impaired
Sanction:	Caution order (3 years)
Interim order:	N/A

Details of charge (as amended)

'That you, a registered nurse

1. On 19 September 2024 were convicted of:
 - a. between 3 October 2020 and 5 October 2020 supplied a quantity of methylenedioxymethamphetamine (MDMA) a controlled drug of class A to [Person A] on contravention of section 4 (1) of the Misuse of Drugs Act 1971 contrary to section 4 (3) (C) of the Misuse of Drugs Act 1971 as amended by the Misuse of Drugs Act 1971 (Modification Order) 2001 and Schedule 4 of the Misuse of Drugs Regulations 2001.

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

Decision and reasons on application to amend the charge

The panel heard an application made by Mr Holloway, on behalf of the NMC, to amend the wording of charge 1.

Mr Holloway invited the panel to amend the wording of the charge, owing to a typographical error. He submitted that the current charge specifies a date of your conviction as 30 July 2025 but that this was not the date of your conviction and should instead state 19 September 2024.

Mr Holloway submitted that you pled guilty to the criminal charge, but it is not understood to be anything other than a typographical error which the NMC recognised on 22 June 2026 and was not recognised by either party. He submitted that the NMC took steps to notify your legal representative of the error.

Mr Holloway invited the panel to grant the application as the error did not affect the substance of the charge.

Ms Tascon, on your behalf, made no objection.

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

The panel was of the view that such an amendment, as applied for, was in the interest of justice. The panel was satisfied that there would be no prejudice to you and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment, as applied for, to ensure clarity and accuracy.

The panel therefore determined that the charge should be amended as follows:

'That you, a registered nurse

1. ~~On 30 July 2025~~ **On 19 September 2024** were convicted of:
 - a. between 3 October 2020 and 5 October 2020 supplied a quantity of methylenedioxymethamphetamine (MDMA) a controlled drug of class A to [Person A] on contravention of section 4 (1) of the Misuse of Drugs Act 1971 contrary to section 4 (3) (C) of the Misuse of Drugs Act 1971 as amended by the Misuse of Drugs Act 1971 (Modification Order) 2001 and Schedule 4 of the Misuse of Drugs Regulations 2001.

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

Background

Mr Holloway outlined the following background to the panel.

You first entered the register on 30 August 2022. You informed the NMC that you had been charged on 26 July 2024 with a criminal offence but that you did not receive the notice of this until 6 August 2024 by way of a letter from the Police. You subsequently self-referred to the NMC on 15 August 2024.

You stated that the charge related to an incident that occurred when you were at university and that you were not financially involved in the supply of drugs. The panel also noted from the documents provided to them that the supply of drugs by you resulted in the death of Person A.

You pled guilty at the first available opportunity on 19 September 2024 at which point you were convicted of the charge and were subsequently sentenced on 28 July 2025. By way of sentence you were given 12 months imprisonment, in addition to 150 hours of unpaid work.

The judge remarked that they considered you of capable of rehabilitation and accordingly the sentence was suspended for 12 months with the licence expiring on 28 July 2026.

Decision and reasons on facts

At the outset of the hearing, the panel heard from Ms Tascon, on your behalf, who informed the panel that you admitted charge 1a.

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

The charge concerns your conviction and, having been provided with a copy of the certificate of conviction, and having noted your admission, the panel finds that the facts are found proved in accordance with Rule 31 (2) and (3).

The panel therefore made the following finding.

Charge 1

'That you, a registered nurse

1. On 19 September 2024 were convicted of:
 - a. between 3 October 2020 and 5 October 2020 supplied a quantity of methylenedioxymethamphetamine (MDMA) a controlled drug of class A to [Person A] on contravention of section 4 (1) of the Misuse of Drugs Act 1971 contrary to section 4 (3) (C) of the Misuse of Drugs Act 1971 as amended by the Misuse of Drugs Act 1971 (Modification Order) 2001 and Schedule 4 of the Misuse of Drugs Regulations 2001.'

This charge is found proved.

Fitness to practise

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

Evidence given by you

[PRIVATE].

You said that you were offered a full-time phlebotomist role within the NHS in the local Hospital at the end of November 2020 and that you did not start that role until March 2021 due to prolonged police checks and Disclosure Barrier Service (DBS) checks. You said that you completed a 10-week online course in understanding adverse experiences in childhood.

You said that after a break you resumed your nursing studies and graduated and joined the register in 2022.

You said that you make no excuses and that you do not blame anyone else. You said that you understand how serious the offence is and the kind of implications it had on yourself and those around you and Person A's family. You detailed some of the work and research that you had done in honour of your friend and to raise awareness and prevent others from following the path you had found yourself on.

You said that you love your current job in the children's heart unit at [PRIVATE] and that you find it is a real privilege and an honour to work there and look after those families in their time of need.

You said that you would always regret your actions that led up to that day. You said that you accept full responsibility for your actions and that the conviction is yours. You described the difference between the boy you were and the man you are now.

You said that you self-referred to the NMC as you believed it was the right thing to do as a nurse in order to keep everybody safe.

You said that you were not a registered nurse at the time and that you were aware that being a student nurse comes with its own implications. You said that you would like to think you have a positive impact on nursing and the profession.

You said that you would never allow yourself to be in that situation again. You said that whilst working during COVID, [PRIVATE]. You said that you would never want to jeopardise the safety of those people around you.

Submissions on impairment

Mr Holloway addressed the panel on the issue of impairment and reminded the panel to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

Mr Holloway submitted that your fitness to practise impaired by reason of your conviction. He submitted that this is a case about protecting the wider public interest, protecting the standing and reputation of the nursing profession, rather than a concern over your ability to practise safely. He referred specifically to limbs 2 and 3 of the *Grant* test relating to bringing the profession into disrepute and breach of fundamental tenets of the profession.

Mr Holloway submitted that your actions in this case undermine public confidence in the nursing profession. He submitted that a finding of impairment in this case is needed to uphold proper professional standards and conduct and to maintain public confidence in the profession.

Mr Holloway referred the panel to parts of the NMC Code, specifically 20, 20.1, 20.3, 20.4 and 20.8.

Mr Holloway submitted 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.

At the outset of her submissions, Ms Tascon emphasised that the incident which led to your conviction was very much a joint enterprise among a group of friends deciding to obtain drugs to share at a social gathering. You bought the drugs on behalf of the group but were not responsible for what each person chose to take.

Ms Tascon submitted that at the time of the incident, you were not on the register and were a student nurse. She added that:

- The incident was two years before qualifying
- You have not been before the regulator since qualifying
- You completed 150 hours of unpaid work in 2025 shortly after conviction and have continued to volunteer for the benefit of the wider community
- There is only one month and five days before your suspended sentence is complete
- You have taken significant steps to address the behaviour
- You understood the impact of the behaviour on others
- You were truly remorseful
- There is no risk of repetition and that you are a good and competent nurse

In the light of the significant steps taken by you to remediate, Ms Tascon invited the panel to take an exceptional course and find no impairment.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments.

Decision and reasons on impairment

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

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. 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) ...

The panel took into account that this was a conviction for a serious matter which took place six years ago. The panel considered the following to be relevant in terms of context. The panel heard from you that you were aged 20 and *“immature and stupid... and a boy”* and a student nurse studying for university and not on the register. The panel took into account that you described the incidents as a joint enterprise where, whilst at a house party, you purchased a quantity of Class A drugs for consumption by a small group of friends. You did not gain financially from the supply of drugs. You and those friends all took the drugs willingly and without pressure. Sadly, one of your friends died as a result of taking one tablet of MDMA that you had purchased.

You were arrested and cooperated fully with the police investigation. The investigation was protracted and, to your credit, after a break for reflection, you resumed your studies and qualified as a nurse with a First-Class degree. You entered the register in 2022. You were later charged and self-referred to the NMC. The panel noted that you pled guilty at the first opportunity at Court and at the time of your conviction in September 2024, you were a practising nurse.

The panel noted that you are subject to a 12-month custodial suspended sentence which expires on 29 July 2026. The panel also noted that you had received good feedback from your probation officer and had completed your Community Service hours within just a few months.

The panel took account of your live evidence and written reflective piece where there was clear evidence of your remorse, your desire to do good in your community, to prevent others from taking the wrong path you did, and to honour your friend who tragically died.

The panel considered that you have made a great success of your life over the past six years and noted that you have undertaken research into drug use and young people, additional study, and Continuing Professional Development (CPD). You have continued to work as a volunteer and had shown insight and self-awareness about the impact of your actions on Person A's family and friends.

The panel noted that you have shown great insight into the NMC Code [PRIVATE]. You have benefited from counselling support during this period. Additionally, the panel noted that your self-awareness resulted in you removing yourself from a paid position in the Student Union bar as you recognised there was a risk in falling back to bad habits. Similarly, you distanced yourself from friends and social situations where there was drug use.

The panel is of the view that there is a low risk of repetition based on the level of remediation that you have demonstrated. However, the panel decided that a finding of impairment is necessary on the ground of public interest.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect the wider public interest, which includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

NMC Guidance DMA-1 on impairment states that:

“a finding of impairment based on public confidence or maintaining professional standards is more likely to occur in cases where the conduct breaches a fundamental tenet of the profession as set out in the Code.”

This could include committing specified criminal offences that create risk to public confidence and professional standards. As your conviction is for a serious drug offence,

which resulted in a custodial sentence albeit suspended, the panel considered that this was a conviction which created a serious risk to public confidence if a finding of impairment were not made.

The panel acknowledged that the event leading to the conviction occurred in 2020 when you were not on the register. However, your conviction and subsequent sentence took place in 2024 and 2025 when you were registered. The panel considered that the lapse of time was regrettable but nevertheless, it did not consider that this was sufficient to outweigh the public interest considerations given the serious nature of the conviction.

The panel therefore determined that, in this case, a finding of impairment on the public interest ground was required. The panel concluded that public confidence in the nursing profession and the NMC as a regulator would be significantly diminished were a finding of impairment not found on the public interest ground.

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

Sanction

The panel considered this case very carefully and decided to make a caution order for a period of three years. The effect of this order is that your name on the NMC register will show that you are subject to a caution order and anyone who enquires about your registration will be informed of this order.

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

Submissions on sanction

Mr Holloway informed the panel that the NMC sought the imposition of a suspension order for a period of 12 months without a review.

Mr Holloway submitted that the aggravating feature in this case is that Person A died. Mr Holloway submitted that the mitigating features in this case are that there was an early admission of facts, remorse and apologies to anyone affected, efforts to prevent similar things from happening in the future, and a reflective account was given.

Mr Holloway submitted that taking no further action would not be appropriate in this case. He submitted that a caution order is not consistent with the guidance in this case as a disposal. Mr Holloway submitted that imposing a conditions of practice order would not be the appropriate course to take in this case as there is no evidence of clinical concerns before this panel. He submitted that there are not any workable, proportionate, or measurable conditions that would address the fact that impairment had been found on the public interest ground alone.

Mr Holloway submitted that a suspension order is the appropriate course to take in this case. Mr Holloway submitted that a temporary removal from the register is necessary to mark the gravity and seriousness of the conduct to declare and uphold the relevant professional standards expected of a registered nurse and to maintain confidence in the NMC as the regulator of the profession. He submitted that a suspension order is required on the basis that impairment has been found exclusively on the public interest ground.

Ms Tascon invited the panel to impose the lowest possible sanction and mark this case by way of a caution order.

Ms Tascon submitted that there are no clinical concerns over your practice. She submitted that you are a competent and passionate nurse and that you have been practising unrestricted since you joined the register in 2022.

Ms Tascon submitted that you have done a lot of work to improve your insight and understanding into drug use. She submitted that you have stayed on as a volunteer at the charity shop where you did your community service and that you have sound insight and remorse which shows a low risk of repetition.

Ms Tascon submitted that if the panel were minded to impose a caution order, it would enable you to continue working in your current role, continue volunteering, and continue being a valuable member of the National Health Service (NHS).

Ms Tascon submitted that a conditions of practice order would not be workable or appropriate in the circumstances as the charges do not arise out of clinical concerns, nor have the panel found that there is a risk to members of the public.

Ms Tascon submitted that a suspension order would be disproportionate and you have been practising in your current role unrestricted. She submitted that you are a good nurse and that you are well liked and highly regarded by your peers and patients and that it would be a loss to the NHS to suspend you when there is no risk to the public. A suspension order would be unduly punitive.

Ms Tascon submitted that if the panel were minded to impose a suspension order, the order should be for no longer than the remainder of the Crown Court order which expires on 29 July 2026.

Ms Tascon submitted that in relation to a striking-off order, it would be wholly disproportionate in the circumstances of this case.

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

Decision and reasons on sanction

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

The panel took into account the following aggravating features:

- Death of Person A

The panel also took into account the following mitigating features:

- No clinical concerns on your practice
- You have been practising unrestricted in a specialised role of high acuity
- The length of time between the incident and the conviction without any further concerns
- You were a student nurse at the time of the incident
- High quality of your insight, remediation and genuine remorse
- Identified low risk of repetition
- No harmful deep-seated attitudinal concerns
- No risk to public or patients
- Early admission of the facts
- Efforts to prevent similar things happening in the future

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 in all the circumstances.

Next, in considering whether a caution order would be appropriate in the circumstances, the panel took into account the SG, which states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'*

The panel noted that you have shown meaningful insight into your conduct. It is obvious that the events six years ago continue to have a lasting effect on you. The panel noted that you made admissions at the earliest opportunity and in the past six years, you have consistently applied yourself to your studies, your work as a nurse and your personal growth to help others and your community. You have engaged with the NMC since your self-referral. The panel has been told that there have been no adverse findings in relation to your practice either before or since this incident and you have been working, unrestricted, in a specialised clinical role.

The panel was of the view that in light of all of the circumstances, and the steps you have taken, notwithstanding the death of Person A and the seriousness of the conviction, this was a case which fell at the lower end of impaired fitness to practise. The panel reminded itself that a finding of impairment was made solely on public interest grounds. In these circumstances, the panel considered that a caution order would be the proportionate order to mark that your behaviour was unacceptable and should not happen again.

The panel considered whether it would be proportionate to impose a more restrictive sanction. It first considered a conditions of practice order but was of the view that as there were no concerns relating to your clinical practice, a conditions of practice order would not be effective.

The panel also considered whether it would be proportionate to impose a suspension order as suggested by the NMC. The panel was of the view that imposing a suspension order would be disproportionate given that impairment is at the lower end of the spectrum. It was of the view that a suspension order would be wholly disproportionate in this case

and would unnecessarily remove you from practice and deprive the public of the skills of an otherwise competent nurse.

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

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

This decision will be confirmed to you in writing.

That concludes this determination.