

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

**Substantive Meeting  
Friday 5 June 2026**

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

**Name of Registrant:** William Sinclair Malcolm

**NMC PIN:** 0115830E

**Part(s) of the register:** Registered Nurse - Mental Health (RNMH)  
13 September 2004

**Relevant Location:** South Tyneside

**Type of case:** Conviction

**Panel members:** Graham Coulston-Herrmann (Chair, Lay member)  
Claire Cawley (Registrant member)  
Janine Green (Lay member)

**Legal Assessor:** Tracy Ayling KC

**Hearings Coordinator:** Emily Mae Christie

**Facts proved:** Charge 1

**Fitness to practise:** Impaired

**Sanction:** Striking-off order

**Interim order:** Interim suspension order (18 months)

## **Decision and reasons on service of Notice of Meeting**

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Mr Malcolm's current address by recorded delivery and by first class post on 27 April 2026.

The panel had regard to the Royal Mail '*Track and trace*' printout, which showed the Notice of Hearing was delivered to Mr Malcolm's current address on 28 April 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, dates and the venue of the meeting.

In the light of all of the information available, the panel was satisfied that Mr Malcolm has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the '*Nursing and Midwifery Council (Fitness to Practise) Rules 2004*', as amended (the Rules).

## **Details of charge**

That you, a registered nurse:

1. Were convicted on 11 March 2025 at the Crown Court in Newcastle of:
  - a. Two counts of care worker ill-treat/wilfully neglect an individual, contrary to Section 20 (1) of the Criminal Justice and Courts Act 2015.
  - b. One count of Sexual assault on a male, contrary to Section 3 of the Sexual Offences Act 2003.
  - c. Nine counts of sexual assault on a female, contrary to Section 3 of the Sexual Offences Act 2003.
  - d. One count of racially/religiously aggravated harassment without violence, contrary to Section 32 (1) (a) of the Crime and Disorder Act 1998.

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

conviction.

## **Decision and reasons on facts**

The charges concern Mr Malcolm's convictions and, having been provided with a copy of the certificate of conviction, the panel finds that the facts are found proved in accordance with Rule 31 (2) and (3), which states:

- '31.—** (2) *Where a registrant has been convicted of a criminal offence—*
- (a) *a copy of the certificate of conviction, certified by a competent officer of a Court in the United Kingdom (or, in Scotland, an extract conviction) shall be conclusive proof of the conviction; and*
  - (b) *the findings of fact upon which the conviction is based shall be admissible as proof of those facts.*
- (3) *The only evidence which may be adduced by the registrant in rebuttal of a conviction certified or extracted in accordance with paragraph (2)(a) is evidence for the purpose of proving that she is not the person referred to in the certificate or extract.'*

## **Background**

On 22 July 2022, the NMC received a referral from Voyage Care, regarding Mr Malcolm, a registered nurse at Conifer Lodge Nursing Home (the Home). Mr Malcolm had been working at the Home as a manager.

The referral raised allegations of multiple offences committed by Mr Malcolm in his treatment of both patients and staff, following a whistleblower's report. The allegations included issues of racist and sexist conduct towards colleagues, failures in safeguarding, bullying, abusive, and sexual behaviour towards colleagues and residents over a significant period of time.

In March 2025, Mr Malcolm was found guilty after a trial of all 13 counts on the indictment at Newcastle Crown Court. On 30 April 2025, Mr Malcolm received a sentence of 39

months' imprisonment, was placed on the sex offenders register, and notified to the Disclosure and Barring Service (DBS).

### **Fitness to practise**

Having announced its findings on the facts, the panel then considered whether, on the basis of the facts found proved, Mr Malcolm's fitness to practise is currently impaired by reason of his convictions. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

### **Impairment**

The NMC requires the panel to bear in mind its overarching objective to protect the public and the wider public interest. This includes the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. The panel has referred to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin) and *Cohen v GMC* [2008] EWHC 581 (Admin).

The panel accepted the advice of the legal assessor.

### **Decision and reasons on impairment**

The panel next went on to decide if, as a result of his convictions, Mr Malcolm's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the NMC Guidance on '*Impairment*' (DMA-1, last updated 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. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* [2011] in reaching its decision. In paragraph 74, she said:

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

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's 'test' which reads as follows:

*'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/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 found that both vulnerable patients and colleagues were caused physical and emotional harm as a result of Mr Malcolm's convictions, which included sexual assault, neglect, and racially aggravated harassment. In light of his convictions, the panel determined that Mr Malcolm had brought the nursing profession into disrepute. The panel found that Mr Malcolm's actions and convictions had breached the fundamental tenets of the nursing profession.

In considering whether Mr Malcolm is liable in the future to act so as to put patients and colleagues at unwarranted risk of harm, bring the profession into disrepute, or to breach the fundamental tenets of the profession, the panel considered the factors set out in *Cohen v GMC* [2008].

The panel first considered whether Mr Malcolm's misconduct was remediable. It took into account that the misconduct occurred over a significant period of time. It also considered the nature of Mr Malcolm's behaviour towards both colleagues and vulnerable patients, and that he was in a position of power as the manager at the Home. Given the nature of his convictions and the pattern of behaviour, the panel found that this gave rise to serious attitudinal concerns. In light of this, the panel determined that Mr Malcolm's misconduct would be inherently more difficult to remediate due to these serious attitudinal concerns and therefore concluded that remediation would require very strong evidence of insight, remorse and strengthened practice.

In considering whether Mr Malcolm's misconduct had been remedied, the panel considered whether he had demonstrated any insight into his convictions. It noted that Mr Malcolm has not provided any response to the concerns, and there is no evidence that he has demonstrated insight or remorse, having had the opportunity to do so. The panel took into account Her Honour Judge Julie Clemitson (the Judge)'s sentencing remarks, and noted where she had stated:

*'It was evident during the trial that [Mr Malcolm] had no insight into how unwanted sexualised comments and actions towards others might make them feel, and it is clear from the Pre-Sentence Report in this case that [Mr*

*Malcolm] continue[s] to be blind to the harm that [his] behaviour caused. Notwithstanding the very clear signals that [Mr Malcolm has] been given by [his] own community and by the association that [he was] an enthusiastic part of, they all appear to have shunned [him] as a result of this offending. Yet still [[Mr Malcolm does] not seem to grasp the significance of [his] behaviour...'*

The panel also took into account that in the sentencing remarks, the Judge referred to a number of positive testimonials. However, the panel noted these were from individuals outside of the workplace, and it had not had sight of these. The panel also considered that these testimonials would be unlikely to demonstrate any insight Mr Malcolm would have into his convictions.

Having seen no other evidence of Mr Malcolm's insight, and in light of the remarks from the Judge, the panel concluded that Mr Malcolm has not demonstrated any insight or remorse. Furthermore, the panel considered that it had no evidence before it to demonstrate that Mr Malcolm had taken any steps to strengthen his practice.

The panel then went on to consider whether it was highly unlikely that Mr Malcolm's conduct would be repeated. The panel took into account that Mr Malcolm had been subject to NMC proceedings in 2012, which related to him making a sexual remark to his manager, and making a racial gesture to a colleague during a Christmas party. The panel noted the similarities between Mr Malcolm's conduct in 2012, and his conviction, the panel found this gave rise to a concerning pattern of behaviour. The panel noted that in the sentencing remarks, the Judge stated that Mr Malcolm '*should have learnt important lessons from that experience, but it appears that [he] did not.*' In light of this, the panel determined that there was a serious risk of repetition.

In going back to the test as set out by Dame Janet Smith, the panel determined that Mr Malcolm is liable in the future to put patients and colleagues at an unwarranted risk of harm. Furthermore, the panel was of the view that, given the nature of his conduct and the high risk of repetition, Mr Malcolm would be liable in future to bring the nursing profession into disrepute and subsequently liable in future to breach the fundamental tenets of the nursing profession.

In all these circumstances, the panel determined that a finding of impairment is necessary on the grounds of public protection.

The panel then considered whether a finding of impairment on the ground of public interest was required. It bore in mind the NMC's overarching objectives: 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 was of the view that Mr Malcolm's convictions were, by and of themselves, so serious that a finding of impairment is necessary to maintain the public's confidence and trust in the professions and to uphold professional standards. It was of the view that a member of the public informed of the facts of this case would be astounded if a finding of impairment were not made. Furthermore, it was satisfied that confidence in the nursing profession would be seriously undermined if its regulator did not find charges relating to sexual assault, neglect, and racially aggravated harassment towards vulnerable patients and colleagues extremely seriously and could deter individuals from making reports regarding this type of behaviour in the future. Therefore, the panel determined that a finding of impairment on public interest grounds is required.

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

## **Sanction**

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

(SAN-2, last updated 28 January 2026), and '*Sanctions for the highest risk cases*' (SAN-4, last updated 28 January 2026).

The panel accepted the advice of the legal assessor.

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

Having found Mr Malcolm'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 at SAN-2. The decision on sanction is a matter for the panel to independently exercise its own judgment.

The panel took into account the following aggravating features:

- Mr Malcolm abused his position of trust and authority as manager of the Home;
- His actions included sexual misconduct towards vulnerable people receiving care, as well as his colleagues;
- His misconduct included abuse of vulnerable adult patients and colleagues;
- His misconduct deliberately caused harm to people receiving care;
- His misconduct occurred over a long period of time and was repeated;
- He has been convicted of serious criminal offences;
- He is a registered sex offender;
- One of his convictions was racially motivated;
- He has demonstrated no insight or remorse;
- He has taken no responsibility for his actions; and
- He has breached fundamental tenets of the profession, including failing to work collaboratively with colleagues.

The panel was unable to identify any mitigating features.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the serious nature and risks identified in this case. The panel

decided that it would be neither proportionate nor in the public interest to take no further action.

The panel next considered a caution order and had regard to the NMC Guidance on 'Caution order' (SAN-2b, last updated 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 Mr Malcolm's misconduct was not at the lower end of the spectrum, and it found that there is a serious risk to patient and public safety. The panel therefore determined that a sanction that does not restrict Mr Malcolm's practise would not protect the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether to place a conditions of practice on Mr Malcolm'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' (SAN-2c, last updated 28 January 2026). Having found serious attitudinal concerns, and identified a pattern of behaviour, given the nature and seriousness of Mr Malcolm'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 went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on 'Suspension order' (SAN-2d, 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 over-arching objective.'*

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

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

Whilst the panel acknowledged that the risks identified could be managed by temporarily removing Mr Malcolm's name from the Register, it considered that this would not be sufficient to protect the public, or uphold public confidence in the profession and maintain professional standards, given the seriousness and nature of the facts found proved. The panel noted that Mr Malcolm has demonstrated no insight or remorse, and, given the pattern of behaviour and serious attitudinal concerns, it was of the view that there is no realistic possibility that he would address the concerns to a level that would enable him to return to practise safely. The panel was of the view that, given the identified risks and aggravating factors, Mr Malcolm's convictions and underlying behaviours made him fundamentally incompatible with continuing to be a registered nurse.

Therefore, 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 at SAN-4. The panel took into account the section at SAN-4 titled '*Cases involving sexual misconduct*' as Mr Malcolm has 10 convictions for sexual assault. Although it has already identified the aggravating factors above, the panel noted the following relevant factors:

- *'Where the professional has abused a position of trust or power they hold, either as a registered professional or otherwise. This is particularly so for cases involving cruelty, exploitation and predatory behaviour. All people receiving care will be vulnerable to some extent in their relationship with a professional, but the degree of vulnerability will depend on the person and relationship.'*
- *long-term or repeated conduct.*
- *sexual misconduct towards people receiving care or colleagues. Sexual misconduct towards people receiving care suggests a direct risk to public safety. It always constitutes an abuse of a position of trust or power, given the inherent imbalance in power between professionals and those they care for. Sexual misconduct towards colleagues may indirectly risk public safety through creating an unsafe workplace environment. It also risks the dignity of colleagues.*
- *in general, where a professional has been convicted of a serious criminal offence or offences they should not be permitted to resume practice until they have satisfactorily completed their sentence. However, this is a general principle rather than an absolute rule and panels will always have to consider what sanction is required on the facts of each individual case to preserve public safety and uphold public confidence and professional standards.*
- *situations where the professional has been registered as a sex offender. In such cases, the Committee should consider whether it is appropriate for the professional to return to unrestricted (or any) practice while still registered as a sex offender.'*

Having regard to all of the above, the panel determined that this case falls within the definition of being a '*highest risk case*'.

The panel had regard to the following considerations as set out in the NMC Guidance entitled '*Striking-off order*' (SAN-2e, last updated 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 Mr Malcolm's convictions give rise to fundamental questions about his professionalism, and that his convictions are so serious that confidence in the profession could not be maintained if he is not removed from the register. It further found that Mr Malcolm has not demonstrated any insight or reflection into the concerns, and that it would be highly unlikely that he would demonstrate any remediation at the end of any period of suspension to show that the risks had reduced. Furthermore, the panel was not certain that any amount of insight or reflection would reduce the risks identified to the public protection or satisfy the public interest.

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

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

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

This will be confirmed to Mr Malcolm in writing.

### **Interim order**

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

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

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

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, for the reasons already identified in the panel's determination to impose the substantive order. The panel therefore imposed an interim suspension order for 18 months to protect the public and the wider public interest, should he make an appeal during the 28 days it takes for the striking-off order to come into effect.

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

That concludes this determination.