

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

**Substantive Meeting  
Monday, 15 June 2026**

Virtual Meeting

<b>Name of Registrant:</b>	<b>Cameron William James Reid</b>
<b>NMC PIN:</b>	2110223N
<b>Part(s) of the register:</b>	Registered Nurse – Children RNC – 20 October 2021
<b>Relevant Location:</b>	Newry, Mourne and Down
<b>Type of case:</b>	Conviction
<b>Panel members:</b>	Alan Greenwood (Chair, Lay member) Gillian Tate (Registrant member) David Probert (Lay member)
<b>Legal Assessor:</b>	Nigel Ingram
<b>Hearings Coordinator:</b>	Hamizah Sukiman
<b>Consensual Panel Determination:</b>	Accepted
<b>Facts proved:</b>	Charge 1 (in its entirety)
<b>Facts not proved:</b>	None
<b>Fitness to practise:</b>	Impaired
<b>Sanction:</b>	<b>Striking-off order</b>
<b>Interim order:</b>	<b>Interim suspension order (18 months)</b>

## **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 Mr Reid's email address, which he confirmed to the Nursing and Midwifery Council ('NMC') was in use, by secure email on 7 May 2026.

Further, the panel noted that the Notice of Meeting was also sent to Mr Reid's representative at the Royal College of Nursing ('RCN') on 7 May 2026.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, that the meeting will take place on or after 11 June 2026 and that this meeting will be heard virtually. Further, the panel considered that Mr Reid has agreed to and signed the provisional agreement, which suggests he is aware of this meeting taking place.

In the light of all of the information available, the panel was satisfied that Mr Reid 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) On 6 March 2025 at The Crown Court in Northern Ireland were convicted of the following offences:
  - a) Possession of an extreme pornographic image namely a video, contrary to Section 63 of the Criminal Justice and Immigration Act 2008

- b) Making an indecent photograph or pseudo photograph of a child, namely a category A image, contrary to article 3(1)(a) of the Protection of Children (Northern Ireland) Order 1978
- c) Making an indecent photograph or pseudo photograph of a child, namely a category B image, contrary to article 3(1)(a) of the Protection of Children (Northern Ireland) Order 1978
- d) Possession of an indecent photograph or pseudo photograph of a child, namely a category C image, contrary to Article 15 (1) of the Criminal Justice (Evidence, etc) (Northern Ireland) Order 1988.

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

### **Consensual Panel Determination**

At the outset of this meeting, the panel was made aware that a provisional agreement of a Consensual Panel Determination ('CPD') had been reached with regard to this case between the NMC and Mr Reid.

The agreement, which was put before the panel, sets out Mr Reid's full admissions to the facts alleged in the charges, and that his fitness to practise is currently impaired by reason of his conviction. It is further stated in the agreement that an appropriate sanction in this case would be a striking-off order.

The panel has considered the provisional CPD agreement reached by the parties.

That provisional CPD agreement reads as follows:

*'The Nursing & Midwifery Council ("**the NMC**") and Mr Cameron William James Reid, PIN 2110223N ("**Mr Reid**"), ( collectively "**the Parties**") agree as follows:*

1. *Mr Reid is content for his case to be dealt with by way of a CPD meeting.*
2. *Mr Reid understands that if the panel wishes to make amendments to the provisional agreement that are not agreed by Mr Reid, the panel will refer the matter to a substantive hearing.*

### **Preliminary issues**

3. *Rule 19(1) of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 provides the general rule that hearings should be conducted in public. Rule 19(3) provides for the panel's discretion to hear hearings wholly in private if it is satisfied that this is justified and outweighs any prejudice to the parties.*
4. *The NMC respectfully request that case be wholly heard in private on the basis that [PRIVATE].*

### **The charge**

5. *Mr Reid admits the following charges:*

*That you, a registered nurse*

- 1) *On 6 March 2025 at The Crown Court in Northern Ireland were convicted of the following offences:*
  - a) *Possession of an extreme pornographic image namely a video, contrary to Section 63 of the Criminal Justice and Immigration Act 2008*
  - b) *Making an indecent photograph or pseudo photograph of a child, namely a category A image, contrary to article 3(1)(a) of the Protection of Children (Northern Ireland) Order 1978*
  - c) *Making an indecent photograph or pseudo photograph of a child, namely a category B image, contrary to article 3(1)(a) of the Protection of Children (Northern Ireland) Order 1978*

- d) *Possession of an indecent photograph or pseudo photograph of a child, namely a category C image, contrary to Article 15 (1) of the Criminal Justice (Evidence, etc) (Northern Ireland) Order 1988.*

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

### **The facts**

6. *Mr Reid appears on the register of nurses, midwives and nursing associates maintained by the NMC as a Registered Children's Nurse. Mr Reid first entered the NMC register on 10 September 2018 as a pre-registration nurse. Mr Reid qualified as a nurse on 20 October 2021.*
7. *Mr Reid was referred to the NMC on 8 December 2023 by Police Service Northern Ireland ("**the Referrer**").*
8. *Mr Reid was employed as a Band 5 Children's Nurse within the Emergency Department at Royal Belfast Hospital for Sick Children from 20 October 2024 until his dismissal, on 17 December 2024.*
9. *Mr Reid was arrested on 6 December 2023 for the following offences:*
  - a) *Making of Indecent Photographs or Pseudo Photographs of Children,*
  - b) *Possessing an Indecent Photograph or Pseudo-Photograph of a Child,*  
*and*
  - c) *Distributing Indecent Photographs or Pseudo Photographs of Children.*
10. *On 12 November 2024, Mr Reid was arraigned and pleaded guilty to the following charges:*
  - a) *Possession of an extreme pornographic image namely a video, contrary to Section 63 of the Criminal Justice and Immigration Act 2008*
  - b) *Making an indecent photograph or pseudo photograph of a child, namely a category A image, contrary to article 3(1)(a) of the Protection of Children (Northern Ireland) Order 1978*

- c) *Making an indecent photograph or pseudo photograph of a child, namely a category B image, contrary to article 3(1)(a) of the Protection of Children (Northern Ireland) Order 1978*
- d) *Possession of an indecent photograph or pseudo photograph of a child, namely a category C image, contrary to Article 15 (1) of the Criminal Justice (Evidence, etc) (Northern Ireland) Order 1988.*

11. *Mr Reid pleaded no plea to the following charges, which were subsequently Left on Books, resulting in no verdict:*

- a) *Made an indecent photograph or pseudo photograph of a child, namely a Category A image contrary to Article 3(1) of the Protection of Children (Northern Ireland)*
- b) *Made an indecent photograph or pseudo photograph of a child, namely a Category B video contrary to Article 3(1)(a) of the Protection of Children (Northern Ireland) Order 1978.*
- c) *Made an indecent photograph or pseudo photograph of a child, namely a Category C image contrary to Article 3(1)(a) of the Protection of Children (Northern Ireland) Order 1978.*

12. *On 6 March 2025, Mr Reid was sentenced to a Combination Order which included a Community Service Order for 75 hours, a Probation Order for two years and a Sexual Offences Disqualification Order (Children) for a period of five years.*

### ***Criminal conviction***

13. *The Nursing and Midwifery Council (Fitness to Practise) Rules 2004 at Rule 3(2) [sic] state that where a registrant has been convicted of a criminal offence –*

- 1. *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*
- 2. *the findings of fact upon which the conviction is based shall be admissible as proof of those facts.*

14. *The NMC guidance at DMA-6:*

*Findings of other organisations or bodies*

*If a professional has been convicted of a crime or another health or social care organisation has made adverse findings against them, the NMC can always rely on these decisions when seeking to prove the underlying facts they are based on.*

15. *The certificate of conviction dated 6 June 2025 from Downpatrick Crown Court, Northern Ireland confirms that on 12 November 2024, Mr Reid pleaded guilty and was convicted of the offences which forms the NMC charges at paragraph 3 above.*

***Impairment***

16. *The parties agree that Mr Reid's fitness to practise is currently impaired by reason of his conviction on public protection and public interest grounds.*

17. *The NMC's guidance entitled 'Impairment (Reference: DMA-1) explains that impairment is not defined in legislation but is a matter for the Fitness to Practise Committee to decide. This involves a consideration of both the nature of the concern and the public interest. The question that will help decide whether a professional's fitness to practise is impaired if:*

*"Can the nurse, midwife or nursing associate practice kindly, safely and professionally?" [sic]*

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

19. *Answering this question involves a consideration of both the nature of the concern and the public interest.*

20. *When determining whether Mr Reid's fitness to practise is impaired, the questions outlined by Dame Janet Smith in her 5th Report from Shipman, (as endorsed in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) by Cox J are instructive. Those questions as a relevant in this case;*

- a) *Has [Mr Reid] 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 [Mr Reid] in the past brought and/or is liable in the future to bring the professions into disrepute; and/or*
- c) *Has [Mr Reid] in the past breached and/or is liable in the future to breach one of the fundamental tenets of the professions; and/or*
- d) *Has [Mr Reid] in the past acted dishonestly and/or is liable to act dishonestly in the future?*

21. *The Parties have also considered the comments of Cox J in Grant at paragraph 101:*

*"The Committee should therefore have asked themselves not only whether the Registrant continued to present a risk to members of the public, but whether the need to uphold proper professional standards and public confidence in the Registrant and in the profession would be undermined if a finding of impairment of fitness to practise were not made in the circumstances of this case."*

22. *It is agreed that limbs (a), (b) and (c) can be answered in the affirmative in this case. Dealing with each one in turn:*

*Limb (a)*

23. *The convictions are of a grave nature and include offences involving the making and possession of indecent images of children, including category A material. Although the offending did not arise in a clinical setting and there is no*

*suggestion of direct harm to a specific patient within the course of Mr Reid's professional practice, the nature of the convictions is such that they raise serious safeguarding concerns.*

*24. Registered nurses occupy positions of trust and may care for children, young people and vulnerable adults. Mr Reid is a registered children's nurse and offending of this nature is capable of undermining confidence in Mr Reid's ability to safely uphold safeguarding principles and appropriate professional boundaries. The conduct demonstrates a serious failure of judgement and is directly relevant to public protection.*

*Limb (b)*

*25. Registered nurses occupy a position of privilege and trust in society and are expected at all times to be professional. A nurse convicted of offences of this seriousness would undoubtedly cause members of the public to view the profession with concern. Members of the public are entitled to expect nurses to uphold the law, protect the vulnerable, and maintain high standards of personal conduct.*

*26. Mr Reid's conduct has brought the profession into disrepute. Convictions involving extreme pornography and indecent images of children are exceptionally serious and undermines public confidence in the profession and risks damaging the reputation of nurses and midwives as safe and trustworthy professionals. Mr Reid has failed to keep to, and uphold, the standards and values set out in the Code, and as such has failed to uphold the reputation of the profession. The public has the right to expect high standards of registered professionals.*

*Limb (c)*

*27. Registered nurses are expected to act with integrity, uphold the law, safeguard the vulnerable, and maintain public confidence in the profession. Conduct resulting in convictions of this nature is fundamentally incompatible with the values and standards expected of a registered nurse.*

28. *The NMC Code 2018 [sic] sets out standards which are “not negotiable or discretionary” and which registrants commit to uphold as a condition of registration. The Code exists to protect the public and to promote trust through professionalism.*
29. *Mr Reid has breached fundamental tenets of the Code, including the obligation to treat people with kindness, respect and compassion (section 1), and to uphold the reputation of the profession and comply with the law (section 20, particularly 20.1, 20.4, 20.5 and 20.8).*
30. *The convictions concern exploitative and abusive material involving children, who are among the most vulnerable members of society. The public has the right to expect high standards of registered professionals, and to expect that registered nurses will uphold the tenets of their profession and abide by the Code.*
31. *For the reasons set out in paragraphs 7 – 30 above, Mr Reid accepts that at the time of committing the offence, his fitness to practise as a nurse was impaired.*

#### Public protection

32. *Impairment is a forward-thinking exercise that looks at the risk the registrant’s practise poses in the future. NMC guidance adopts the approach of Silber J in the case of Cohen v General Medical Council [2008] EWHC 581 (Admin) by asking the questions which the court set out as being ‘highly relevant’ to the determination of the question of impairment, these are;*
- a) *Whether the conduct that led to the charge(s) is easily remediable.*
  - b) *Whether it has been remedied.*
  - c) *Whether it is highly unlikely to be repeated.*

#### Limb (a)

33. *The NMC’s guidance entitled ‘Can the concern be addressed? - The Nursing and Midwifery Council (Reference: FtP-16a)’, has been considered. It states ‘examples of conduct which may not be possible to address, and where steps*

*such as training courses or supervision at work are unlikely to address the concern include: criminal convictions for specified offences’.*

34. *The NMC’s guidance entitled ‘Directly referring specified offences to the Fitness to Practise Committee - The Nursing and Midwifery Council (Reference: FTP2-2c-1)’, stipulates that ‘specified offences’ includes ‘the taking or sharing of indecent images of children’.*
35. *These convictions do not concern a clinical error, an isolated lapse in competence, or a failing capable of being corrected through straightforward retraining. Rather, they concern serious criminal offending. Conduct of such nature engages attitudinal concerns, judgement, values, safeguarding, and integrity. The NMC’s impairment guidance states that concerns relating to “deep seated attitudinal concerns” are less easily addressed or remediated than concerns of competence or clinical skill.*
36. *Mr Reid’s offending also runs contrary to core obligations in the Code, including the duty to act with honesty and integrity, keep to the law, and not take advantage of vulnerability. Those are central professional obligations, not technical requirements capable of simple correction by further training alone. Such conduct is therefore not easily remediable, or at the very least not remediable in the ordinary way.*

*Limb (b)*

37. *Consideration has been given to the NMC guidance entitled ‘Has the concern been addressed? - The Nursing and Midwifery Council (Reference: FTP-16b)’. It is agreed that the concern has not been addressed.*
38. *During the Hospital’s local investigation, Mr Reid stated that he never made or created images and that he simply downloaded documents and personal links via on-line forums that he browsed online.*
39. *Mr Reid initially submitted a not guilty plea as it was never his intention to seek out such extreme pornographic or indecent images of children. [PRIVATE], he was guilty as making an image relates to downloading it and creating a digital*

file. On 12 November 2024, Mr Reid pleaded guilty to the charges at paragraph 3.

40. In an email dated 9 March 2026, Mr Reid's representative, the Royal College of Nursing ("**RCN**") advised that Mr Reid accepts the charges and admits impairment.

41. Whilst the parties agree that Mr Reid's acceptance of this CPD goes some way to demonstrating insight, the parties accept that the charges are inherently difficult to remediate.

#### Limb (c)

42. The parties have considered the NMC guidance entitled 'Is it highly unlikely that the conduct will be repeated? - The Nursing and Midwifery Council (Reference FTP-16c)'. Whilst Mr Reid remains the subject of Sexual Offences Disqualification Order (Children) to address his risk of reoffending, it would be premature to conclude that he no longer poses a risk to the public. The possibility of future offending therefore cannot be ruled out. As such, and as accepted by Mr Reid, a finding of current impairment is accordingly necessary on public protection grounds.

#### Public interest impairment

43. The parties agree that a finding of impairment is necessary on public interest grounds.

44. 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.”*

- 45. 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.*
- 46. 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.*
- 47. 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, such as the concerns in the present case.*
- 48. It is agreed that there is a public interest in a finding of impairment being made to declare and uphold proper standards of conduct and behaviour. Nurses must ensure that their conduct at all times justifies the public's trust in the profession. It is submitted that members of the public appraised of the facts, would be shocked to hear that a registered nurse was convicted of the making and possession of indecent photographs of children. As such, the need to protect the wider public interest calls for a finding of impairment to uphold standards of the profession, maintain trust and confidence in the profession and the NMC as a regulator. Without a finding of impairment, public confidence in the profession, and the regulator, would be seriously undermined, particularly where there is a risk of repetition, as is present in this case.*
- 49. Consequently, the Parties agree that a finding of impairment is therefore also necessary on the grounds of public interest.*

## **Sanction**

50. The Parties agree that the appropriate sanction in this case is a **Striking Off Order**. In reaching this agreement, the parties have considered the NMC's sanction guidance, bearing in mind that it provides guidance, not firm rules.

51. The purpose of sanction is not to be punitive; however, in order to address the public interest including protecting the public, maintaining confidence in the profession, and upholding proper standards of conduct and behaviour, sanctions may have a punitive effect.

52. In their contemplation, the Parties have considered the following aggravating and mitigating factors:

### Aggravating factors

- The extreme seriousness of the convictions.
- Offending involving indecent images of children is inherently exploitative and raises grave safeguarding concerns.
- This is not a single isolated conviction. The charge lists several separate offences, involving different categories of prohibited material. Multiple convictions increases the risk of repetition.
- The offending is attitudinal in nature, not a remediable clinical failing.

### Mitigating factors

- There have been no previous concerns regarding Mr Reid's practice.

53. Taking **no further action** would not be appropriate in the circumstances of this case. The allegations are too serious to take no further action. So as to achieve the NMC's overarching objective of public protection, action does need to be taken to secure public trust in nurses and to promote and maintain proper professional standards of conduct.

54. A **Caution Order** is only appropriate if there is no risk to the public or the patients requiring the nurse's practice to be restricted. There is a risk of repetition present in this case as Mr Reid's behaviour and conduct is such that it

- is not possible to remediate and therefore a future risk remains present. In those circumstances, a caution order would not be appropriate as it would not be a sufficient sanction to ensure the public are protected, and the conduct cannot be regarded as being at the lower end of impaired fitness to practise.*
- 55. Imposing a **Conditions of Practise Order** is not appropriate or proportionate, in that there are no identifiable areas of nursing practise which require assessment and/or retraining. There are no workable or measurable conditions that could be imposed to address the conduct demonstrated by Mr Reid in this case.*
- 56. A **Suspension Order** would be inappropriate. The guidance at Suspension order - The Nursing and Midwifery Council (Reference: SAN-2d) indicates that temporary removal from the register is required at the very least. This case does not involve a single instance of misconduct but a number of serious criminal charges involving minors. Mr Reid's actions indicate a harmful deep-seated personality or attitudinal problem. Combined with a lack of remorse and/or sufficient insight, and relevant training, there is a risk of repetition. It is agreed that Mr Reid's actions fell far short of the standards expected of a registered nurse, breach the fundamental tenets of the profession, and call into question his professionalism in the workplace.*
- 57. The only appropriate and proportionate sanction in this case is a **Striking-Off Order**. As per the guidance on striking-off orders at Striking-off order - The Nursing and Midwifery Council (Reference: SAN-2e) in conjunction with the guidance on Sanctions for the highest risk cases - The Nursing and Midwifery Council (Reference: SAN-4), Mr Reid's conduct raises fundamental questions about his professionalism and trust. Consequently, the public may be led to avoid using health and care services. The concerns are directly linked to a risk to public safety and of damaging the public's confidence in the profession. The parties agree that a striking-off order is the only order that would protect the public, maintain professional standards, and uphold public confidence in the profession and the NMC as a regulator.*

### ***Interim order***

*58. An interim order is required in this case. The interim order is necessary for the protection of the public and otherwise in the public interest for the reasons given above. The interim order should be for a period of 18 months in the event that Mr Reid seeks to appeal the panel's decision. The interim order should take the form of an interim suspension order.*

*The Parties understand that this provisional agreement cannot bind a panel, and that the final decision on findings impairment and sanction is a matter for the panel. The Parties understand that, in the event that a panel does not agree with this provisional agreement, the admissions to the charges and the agreed statement of facts set out above, may be placed before a differently constituted panel that is determining the allegation, provided that it would be relevant and fair to do so.'*

Here ends the provisional CPD agreement between the NMC and Mr Reid. The provisional CPD agreement was signed by Mr Reid on 23 April 2026 and by Ms Sylvia Opoku, on behalf of the NMC, on 30 April 2026.

### **Decision and reasons on the CPD**

The panel decided to accept the CPD.

The panel accepted the legal assessor's advice. He advised that this was a conviction case, and it fell under the provisions of Rule 31(2) of the Rules. Therefore, the certificate of conviction was conclusive proof of the conviction and the findings of fact upon which the conviction is based were admissible as proof of those facts.

The panel also had sight of the NMC's guidance, '*Consensual Panel Determinations*' (DMA-2). The panel bore in mind that it could accept, amend or reject the provisional CPD agreement reached between the NMC and Mr Reid. Further, the panel should consider whether the provisional CPD agreement would be in the public interest. This means that

the outcome must ensure an appropriate level of public protection, maintain public confidence in the profession and the regulatory body, and declare and uphold proper standards of conduct and behaviour.

The panel noted that Mr Reid admitted the facts of the charges. It also considered Rule 31(2) of the Rules, 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.'*

The panel had sight of the Certificate of Conviction from the Crown Court at Downpatrick, confirming that Mr Reid has been convicted of the specified offences, as outlined within the charges.

Bearing all this in mind, the panel was satisfied that the charges are found proved by way of the Certificate of Conviction from the Crown Court at Downpatrick.

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

The panel accepted the advice of the legal assessor. He reminded the panel that fitness to practise is for the panel's professional judgement, and there is no standard of proof to be met. He referred to the principles as outlined in *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council and (2) Grant* [2011] EWHC 927 (Admin) and *Cohen v General Medical Council* (2008) EWHC 581 (Admin), and reminded the panel of the overarching objective, namely the need to protect the public and the need to

declare and uphold proper standards of conduct and behaviour so as to maintain public confidence in the profession.

The panel went on to consider whether Mr Reid's fitness to practise is currently impaired by reason of his convictions. Whilst acknowledging the agreement between the NMC and Mr Reid, the panel has exercised its own independent judgement in reaching its decision on impairment.

In coming to its decision, the panel had regard to the NMC Guidance, '*Impairment*' (DMA-1). The guidance states:

*'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.'*

In this regard, the panel also considered the judgment of Mrs Justice Cox in *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/ fitness to practise is impaired in the sense that S/He:*

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) ...'*

The panel considered each of the above limbs in turn.

In relation to limb (a), on whether patients were put at unwarranted risk of harm, in the past, the panel noted that the convictions do not relate to Mr Reid's professional practice, nor is there any suggestion that patients who were specifically within Mr Reid's care were placed at harm. However, the panel considered that these convictions are of a grave nature, exploiting a vulnerable group through the making and possession of indecent images of children. The panel determined that this inherently raises safeguarding concerns for patients within Mr Reid's care, particularly given Mr Reid's role as a children's nurse. The panel determined that convictions raise serious questions in respect of Mr Reid's failure of judgment, which, in turn, questions his ability to safely uphold boundaries and safeguarding principles with his patients. This carries an inherent risk to the children and young people within his care.

In relation to limbs (b) and (c), in respect of the past, the panel considered that Mr Reid's serious convictions, involving indecent images of children, has brought the nursing profession into disrepute. The panel considered that children are amongst the most

vulnerable members of society, and upholding their safety (including abiding by the criminal laws designed to protect them) is a fundamental tenet of the nursing profession. The panel determined that Mr Reid's convictions are directly contradictory to and fundamentally incompatible with the standards set out in The Code: Professional standards of practice and behaviour for nurses and midwives 2015 ('the Code').

The panel was satisfied that limb (d), regarding dishonesty, does not apply in this case.

The panel took into account that impairment is a forward-looking exercise, and it should consider whether Mr Reid's fitness to practise is currently impaired.

The panel next considered whether Mr Reid is liable, in the future, to place patients at unwarranted risk of harm, to bring the nursing profession into disrepute or breach one of the fundamental tenets of the nursing profession, pursuant to *Grant*. In reaching its decision, the panel also considered the principles derived from *Cohen* and as outlined in the NMC Guidance, '*Impairment*' (DMA-1), namely:

- Whether the concern is easily remediable;
- Whether it has in fact been remedied; and
- Whether it is highly unlikely to be repeated.

On whether the concerns are easily remediable, the panel considered the NMC Guidance, '*Can the concern be addressed?*' (FTP-16a), which states:

*'Decision makers need to be aware of our role in maintaining confidence in the professions by declaring and upholding proper standards of professional conduct. Sometimes, the conduct of a particular nurse, midwife or nursing associate can fall so far short of the standards the public expect of professionals caring for them that public confidence in the nursing and midwifery professions could be undermined.*  
[...]

*Examples of conduct which may not be possible to address, and where steps such as training courses or supervision at work are unlikely to address the concerns include:*

- *criminal convictions for specified offences or convictions that led to custodial sentences [...]*

Further, within the NMC Guidelines, ‘*Directly referring specified offences to the Fitness to Practise Committee*’ (FTP-2c-1), a ‘*specified offence*’ includes:

*‘Specified offences are offences which are, by definition, particularly serious. The nature of these convictions would raise fundamental questions about a nurse, midwife or nursing associate’s ability to uphold the standards and values set out in the Code.*

*[...]*

### ***Sexual offences***

*Sexual offences are offences which involve sexual activity or sexual motivation. They include crimes such as [...], the taking or sharing of indecent images of children [...]*

The panel considered that Mr Reid’s convictions are, based on the guidance above, specified offences. The panel determined that the convictions are particularly serious, involving the indecent images of children and Mr Reid’s possession and downloading of such images. The panel considered that this was not an isolated incident, but four separate convictions of the same nature. The panel also considered that these are not issues surrounding his clinical skills or competence, but rather raise serious questions regarding his integrity, behaviour, values and judgement. The panel bore in mind that, through these convictions, Mr Reid’s ability to protect and uphold the safety of the children

within his care are called into question. The panel determined that these concerns are more difficult to remedy, given they are inherently serious and deep-seated.

The panel next considered whether the concerns have, in fact, been remedied.

[PRIVATE]. The panel also considered that Mr Reid agreed to the provisional CPD, which suggests he accepts his conduct. The panel noted that this demonstrates some insight on his part. However, given the seriousness of the concerns and the consequent difficulty to remediate them (as outlined above), the panel was not satisfied that the concerns have been remedied. The panel considered that concerns surrounding integrity and judgement will require more than limited insight before a Fitness to Practise Committee panel can be satisfied that remediation has occurred.

The panel next considered whether the conduct is likely to be repeated. The panel bore in mind that the facts found proved are of an attitudinal nature, which carries an inherent risk of repetition. The panel also considered that Mr Reid was convicted of four counts, and this suggests a risk of repetition, as his conduct was not an isolated or one-off occurrence. The panel further considered that there are measures put in place by the criminal court to address any risk of reoffending (such as placing Mr Reid on a Sexual Offences Disqualification Order (Children)). However, the panel was not satisfied that the possibility of reoffending can be ruled out at this stage. The panel determined that, given Mr Reid has not remediated the concerns, there remains a high likelihood that the conduct will be repeated.

In these circumstances, the panel found that Mr Reid's fitness to practise is currently impaired on public protection grounds.

The panel next considered whether a finding of impairment is also necessary on public interest grounds. The panel bore in mind the overarching objectives of the NMC, namely to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and

maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a well-informed member of the public, apprised with the information before this panel, would be shocked and appalled if a children's nurse, who has been convicted of four counts of making and possessing indecent images of children as well as an extreme pornographic video, was not found to be impaired, particularly after he accepted that his fitness to practise is currently impaired. The panel considered that the public interest is especially engaged in this case, given the seriousness of Mr Reid's convictions and the nature of his offending, and that public confidence in the nursing profession could not be maintained without a finding of impairment. The panel determined that a finding of impairment on public interest grounds is also necessary, to maintain public confidence in the nursing profession and uphold the proper professional standards for members of those professions.

Having regard to all of the above, the panel was satisfied that Mr Reid's fitness to practise is currently impaired. In this respect, the panel endorsed paragraphs 16 to 49 of the provisional CPD agreement.

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

The panel accepted the advice of the legal assessor.

Having found Mr Reid'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. In reaching this decision, the panel had regard to all the information before it and to the NMC Guidance, '*The sanctions available*' (SAN-2).

The panel took into account the following aggravating features:

- The extreme seriousness of the convictions.
- Offending involving indecent images of children is inherently exploitative and raises grave safeguarding concerns.
- This is not a single isolated conviction. The charge lists several separate offences, involving different categories of prohibited material. Multiple convictions increase the risk of repetition.
- The offending is attitudinal in nature, not a remediable clinical failing.

The panel also took into account the following mitigating feature:

- An early guilty plea.

Bearing the above in mind, the panel went on to consider what, if any, sanction is appropriate in these circumstances. The panel considered each of the sanctions available to it in ascending order of seriousness.

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.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Mr Reid's practice would not be appropriate in the circumstances. The SG 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 considered that Mr Reid's conviction did not reflect a conduct which was at the lower end of the spectrum and that a caution order 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 impose a caution order.

The panel next considered whether to place a conditions of practice order on Mr Reid'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).

The panel bore in mind that Mr Reid's convictions concern conduct which is not related to his clinical competence, and instead related to his attitude, integrity and judgement. The panel was therefore not satisfied that relevant, proportionate, workable or measurable conditions could be formulated to protect patients and to uphold professional standards which would address these concerns. Further, the panel considered that the heightened public interest would not be met in this case with the imposition of a conditions of practice order, given the seriousness of Mr Reid's offences.

The panel next 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) 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*
- ...
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.'*

The panel considered each of the above in turn.

The panel was satisfied that the charges found proved are at the most serious end of the spectrum. The panel bore in mind the NMC Guidance, 'Sanctions for the highest risk cases' (SAN-4), which states:

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

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

[...]

### **Cases involving sexual misconduct**

[...] *The Committee should consider the following aggravating factors (although other aggravating factors may also be present):*

[...]

- *Convictions for sexual offences including those relating to images or videos involving child sexual abuse or exploitation. These offences gravely undermine the public's trust in the professions. Any such conviction makes it highly unlikely the professional can uphold the standards and values set out in the Code.*

*Any professional who is found to have behaved in this way will be at risk of being removed from the Register. This is because of the severe impact the conduct has on:*

- *public confidence*
- *a professional's ability to uphold the standards and values set out in the Code*
- *the safety of people receiving care.*

[...]

### **Cases involving criminal convictions or cautions**

*[...] There are some offences we have specified as particularly serious because they raise fundamental questions about the professional's ability to uphold the standards and values set out in the code. If a registrant has been convicted of one of these offences, it is unlikely that any sanction less than strike-off will be appropriate. This is because we do not consider that public confidence could be maintained in the profession if they remained on the register. However, the Committee will still need to consider the facts of the individual case.'*

Bearing the above guidance as well as its finding on impairment in mind, the panel determined that Mr Reid's conduct represents the most serious end of the spectrum, and related to Mr Reid's integrity, judgement and behaviour. The panel determined that, consequently, these raise questions in respect of Mr Reid's suitability to remain on the register.

The panel further considered that the insight Mr Reid has shown thus far is limited, and it was not satisfied, based on its finding on impairment above, that he would be able to demonstrate his fitness to practise, even if his practice was temporarily restricted. Notwithstanding this, the panel determined that the seriousness of Mr Reid's convictions is such that public confidence in the profession and professional standards could not be maintained if Mr Reid were able to continue practising. The panel reminded itself of its findings in respect of the public interest above, and it determined that the seriousness and unacceptability of Mr Reid's conduct need to be marked by the regulator in order to maintain public confidence in the nursing profession and to uphold proper standards of conduct.

In these circumstances, the panel was not satisfied that a suspension order would be the appropriate and proportionate sanction in this case to address both the public protection concerns and the public interest. The panel considered that Mr Reid's conduct was so serious that public confidence in the nursing profession and the NMC as its regulator would be severely damaged if Mr Reid was allowed to return to nursing practice, even after a temporary period of removal, particularly given the limited insight he has demonstrated thus far.

Finally, in considering a striking-off order, the panel had regard to the following considerations as set out in the NMC Guidance entitled '*Striking-off order*' (SAN-2e):

- *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 considered the above in turn.

The panel was satisfied that Mr Reid's conduct raises fundamental questions about his professionalism. The panel bore in mind that his convictions are extremely serious, and are not fundamentally compatible with continued registration.

Further, the panel determined that public confidence in the profession could not be maintained if Mr Reid was not removed from the register, particularly in light of the limited insight he has demonstrated thus far. The panel was of the view that the convictions are so serious that the public interest cannot be met with any sanction which only temporarily restricts Mr Reid's practice. The panel considered that the public would be shocked if a nurse, with these convictions and with limited meaningful insight and who is unlikely to sufficiently develop his insight to remediate the concerns, remained on the nursing register.

Balancing all of these factors and after taking into account all the evidence before it, the panel endorsed the CPD and determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of Mr Reid's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct himself, 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.

In this respect, the panel endorsed paragraphs 50 to 57 of the provisional CPD agreement.

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

As the striking-off cannot take effect until the end of the 28-day appeal period, the panel next considered whether an interim order is required in 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 Reid's own interests until the striking-off sanction takes effect.

The panel accepted the advice of the legal assessor.

The panel determined that not to impose an interim suspension order would be inconsistent with its earlier findings.

The panel considered the NMC guidance on interim orders (SAN-6). 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 reasons set out in its decision for the substantive order in reaching the decision to impose an interim order. The panel concluded, in agreement with the CPD, that an interim suspension order is consistent with its findings on impairment and sanction.

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, to cover any relevant appeal period and allow any appeal, if made, to conclude. In this respect, the panel endorsed paragraph 58 of the provisional CPD agreement.

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

This will be confirmed to Mr Reid in writing.

That concludes this determination.