

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

**Substantive Hearing  
Monday, 8 June – Monday, 15 June 2026**

Virtual Hearing

**Name of Registrant:** Penny Ann Senner

**NMC PIN:** 14D1080E

**Part(s) of the register:** Registered Nurse – Adult Nursing  
RNA – (23 September 2014)

**Relevant Location:** Dorset

**Type of case:** Misconduct

**Panel members:** Mandy Rayani (Chair, Registrant member)  
Anne Rachael Browning (Registrant member)  
Peter Cowup (Lay member)

**Legal Assessor:** Jayne Salt

**Hearings Coordinator:** Hanifah Choudhury (8 June 2026)  
Nicola Nicolaou (9 – 15 June 2026)

**Nursing and Midwifery Council:** Represented by Katie Mustard, Case Presenter

**Miss Senner:** Present and represented by Niall McCrae of Workers of England Union (8 June 2026 until midday on 9 June 2026)  
Not present but represented by Niall McCrae (from midday on 9 June 2026 – 15 June 2026)

**No case to answer:** Accepted in relation to charge 3b

**Facts proved:** Charges 1, 2, 3a, and 4

**Facts not proved:** Charge 3c

**Fitness to practise:**

Impaired

**Sanction:**

**Striking-off order**

**Interim order:**

**Interim suspension order (18 months)**

## **Decision and reasons on application to amend the charge**

The panel heard an application made by Ms Mustard, on behalf of the Nursing and Midwifery Council (NMC), to amend the wording of charge 4.

4. Your actions at Charges ~~3 and/or 4~~ **2 and/or 3**, were attempts to undermine public confidence in public health advice.

Ms Mustard submitted that this amendment was minor and not of a substantial nature.

Mr McCrae, on your behalf, did not oppose this application.

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 accuracy.

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

That you, a registered nurse:

1. Between 17 January 2023 and 31 May 2024, accessed numerous patients' records without authorisation and/or a legitimate clinical reason, including those as set out in Schedule 1.
2. On 15 August 2023, said to Patient A in relation to the fact that they had received the Covid-19 vaccinations and boosters, "*that's what caused your cancer*".

3. Distributed information and/or leaflets to patients, the content of which had not been approved by the Trust or in line with Trust guidelines to include:
  - a. On 15 August 2023, offered Patient A, a leaflet with a link to an anti-vaccination website;
  - b. 24 May 2024 shared with several breast cancer patients, information suggesting that Covid-19 vaccination had caused their cancer;
  - c. On or before 28 May 2024 told a patient with breast cancer about a link between cancer and the Covid-19 vaccination, and that the Trust were covering it up.
  
4. Your actions at Charges 2 and/or 3, were attempts to undermine public confidence in public health advice.

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

**Schedule 1**

<b>Patient ID from investigation report at SD/01</b>	<b>Dates of Access</b>
Patient M	14/02/2024
Patient I	02/05/2024 14/05/2024
Patient J	01/05/2024 12/05/2024 13/05/2024 14/05/2024 15/05/2024 17/05/2024
Patient K	02/05/2024 14/05/2024
Patient L	17/05/2024
Patient E	22/02/2024

	19/05/2024
Patient M	14/02/2024
Patient N	02/05/2024 13/05/2024 14/05/2024
Patient O	25/02/2024 18/05/2024
Patient P	27/03/2024 18/05/2024
Patient Q	05/01/2024 19/05/2024
Patient G	16/02/2024 18/05/2024
Patient R	15/02/2024 19/05/2024 24/05/2024
Patient S	15/05/2024 22/05/2024
Patient T	02/05/2024 12/05/2024 14/05/2024
Patient U	19/02/2024 19/05/2024
Patient V	27/05/2024
Patient W	01/05/2024 13/05/2024
Patient X	28/02/2024 18/05/2024
Patient Y	17/01/2024 18/05/2024
Patient D	30/11/2023 18/05/2024
Patient Z	24/04/2023
Patient AA	22/07/2023
Patient AB	24/08/2023
Patient AC	28/08/2023
Patient AD	28/08/2023

## Background

You were first registered with the NMC in 2014 and commenced employment with Dorset Healthcare University NHS Foundation Trust ('the Trust') in October 2014. The matters giving rise to these proceedings first came to the Trust's attention on 23 August 2023, when your line manager received an email from a friend of Patient A. The email raised concerns about a visit you conducted on 15 August 2023, during which it was alleged that

you expressed views regarding COVID-19 vaccines and provided Patient A with written material on the subject. When spoken to by your line manager on 29 August 2023, you accepted that COVID-19 had been discussed and that you had provided a leaflet to the patient, although you maintained that the topic had been raised by Patient A. These concerns relate to Charges 2 and 3a.

A further concern arose on 24 May 2024 when reports were received that several breast cancer patients had been told by a member of the district nursing team that COVID-19 vaccination had caused their cancer. Enquiries undertaken by the Trust identified you as the source of the information for one of these patients. During a discussion on 28 May 2024, it was alleged that you stated that you believed there was a link between cancer and COVID-19 vaccination, that this was being concealed by the Trust, and that you had discussed these views with two patients and provided supporting literature. You also explained that you had been conducting your own research into an alleged link between cancer and the COVID-19 vaccination. These matters relate in particular to Charge 3c.

Following concerns that you may have accessed patient records for reasons unconnected to clinical care, you were suspended from duty and a formal investigation was commenced. The investigation concluded that there was evidence of patient records being accessed both within and outside your caseload without a legitimate clinical purpose, including records relating to deceased patients and records accessed outside permitted timescales. During your interview, you stated that you had been compiling information regarding patients for a number of years following the rollout of COVID-19 vaccines. Evidence obtained from the Trust's IT systems identified records and documents held on your personal J: Drive created on 17 January 2023, forming the evidential basis of Charge 1 and the patient record access detailed within Schedule 1 of the charges.

### **Decision and reasons for hearing to be held in private**

The panel, of its own volition, considered that reference may be made to Patient A's health during the course of her evidence. It therefore considered whether parts of Patient A's evidence should be heard in private in accordance with Rule 19 of the Rules.

Neither Ms Mustard, nor Mr McCrae objected this suggestion.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

Having taken into account that reference will be made to Patient A's health throughout her evidence, the panel determined to hear the entirety of Patient A's evidence in private in order to protect her privacy.

### **Decision and reasons on proceeding in the absence of Miss Senner**

During the course of day two, Mr McCrae informed the panel that Miss Senner would not be able to attend the hearing for the rest of the afternoon, and for the remainder of the hearing. He further submitted that Miss Senner had informed her NMC Case Officer of this. The panel had regard to Rule 21 and heard the submissions of Ms Mustard who invited the panel to continue in the absence of Ms Senner. She submitted that Miss Senner had intended not to attend the remainder of the hearing and therefore has voluntarily absented herself.

The panel accepted the advice of the legal assessor.

The panel considered that whilst Miss Senner would no longer be attending the hearing, she will continue to be represented by Mr McCrae. It noted that Miss Senner intended not to attend the entirety of this hearing and therefore has voluntarily absented herself. The panel decided to proceed in the absence of Miss Senner. In reaching this decision, the

panel has considered the submissions of Mr McCrae, on Miss Senner's behalf, the submissions of Ms Mustard, and the advice of the legal assessor.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Miss Senner. The panel will draw no adverse inference from Miss Senner's absence in its findings of fact.

### **Decision and reasons on further application to amend the charge**

The panel heard an application made by Ms Mustard to amend the wording of charge 3c.

The proposed amendment was to include the words 'on or before' at the beginning of the charge. It was submitted by Ms Mustard that the proposed amendment would provide clarity and more accurately reflect the evidence.

3. Distributed information and/or leaflets to patients, the content of which had not been approved by the Trust or in line with Trust guidelines to include:
  - c. **On or before** 28 May 2024 told a patient with breast cancer about a link between cancer and the Covid-19 vaccination, and that the Trust were covering it up.

Mr McCrae did not oppose this application.

The panel accepted the advice of the legal assessor and had regard to Rule 28 of 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 Miss Senner 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.

### **Decision and reasons on application of no case to answer**

The panel considered an application from Mr McCrae that there is no case to answer in respect of charge 3b. This application was made under Rule 24(7).

In relation to this application, Mr McCrae submitted that this is a charge regarding three breast cancer patients. He submitted that only Patient A was seen by Miss Senner, and that the other two patients were seen by other nurses within the Trust. In these circumstances, Mr McCrae submitted that this charge should not be allowed to remain before the panel.

Ms Mustard did not oppose this application. She agreed with Mr McCrae's submission that only Patient A was treated by Miss Senner, and that this is reflected elsewhere within the charges.

The panel took account of the submissions made and accepted the advice of the legal assessor.

In reaching its decision, the panel has made an initial assessment of all the evidence that had been presented to it at this stage. The panel was solely considering whether sufficient evidence had been presented, such that it could find the facts proved and whether Miss Senner had a case to answer in relation to charge 3b.

The panel was of the view that, taking account of all the evidence before it, there was not a realistic prospect that it would find the facts of charge 3b proved. The panel considered that there was no evidence before it to suggest that Miss Senner had shared information with any patient other than Patient A that the COVID-19 vaccination had caused their cancer.

## **Decision and reasons on facts**

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Ms Mustard, on behalf of the NMC, and Mr McCrae, on Miss Senner's behalf.

The panel has drawn no adverse inference from the non-attendance of Miss Senner.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

The panel heard live evidence from the following witnesses called on behalf of the NMC:

- Sally O'Donnell: Project Director at the Trust at the time of the alleged incidents
- Patient A: Patient A

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the witness and documentary evidence provided by both the NMC and Miss Senner.

The panel then considered each of the disputed charges and made the following findings.

### **Charge 1**

That you, a registered nurse:

1. Between 17 January 2023 and 31 May 2024, accessed numerous patients' records without authorisation and/or a legitimate clinical reason, including those as set out in Schedule 1.

**This charge is found proved.**

In reaching this decision, the panel took into account the Investigation Report dated 23 July 2024 which stated:

*'In her interview PS said:*

- *she started compiling a list of patients 'two, possibly three years ago, shortly after the vaccines were rolled out'. (IT confirmed that the chart held in the office by PS at the time of her suspension, was created in PS's J: drive on 17 January 2023)*
- *she did not have permission to produce the list.*
- *she had not sought her manager's approval.*
- *in response to the IO (Investigating Officer) asking if PS was checking records for her chart on her weekend shift of 18/19 May 2024, she said 'yes, I just wanted everything to be up-to-date'.*
- *she had accessed Patient D's records on 18 May 2024 because 'she was getting her notes up together for PB'.*
- *she had printed off Patient D's summary on 30.11.23 because she wanted to make sure she had all the correct information.*
- *in response to the IO asking why PS accessed patients on her list, outside of the 13-week grace period, including deceased patients and one on the Lilliput caseload, PS said it was to check she had up-to-date information for her list, to see whether anything else was documented, if they had had more vaccines.*
- *asked by the IO why she entered 'research' as a reason for entering notes, PS said 'I admit I used the wrong word, I could have put update, but I didn't*

*know what to put in there'. PS said she was just collecting information for proof to show them where she was coming from, to try to get it across to them.*

- *asked by the IO why she had accessed the record of Patient E on 19.05.24, a Poole Town patient, PS said he might have been brought up in one of the palliative meetings.*
- *asked by the IO why she had accessed records of Patient F, a Longfleet patient, PS said he had been on the Hamworthy caseload until around the time of PS's suspension; he had necrotic feet and it has been noted in publications that the vaccine could contribute to this.*

[...]

*Table 1 shows PS's access during May 2024 to the records of patients for whom she was holding printed summaries, at the time of her suspension.*

*This sample period was chosen because PS told the IO that she was getting her list up to date at this time. PS handed over 22 printed patient summaries on 30.05.24. Of these 22 patients, 17 were accessed on SystemOne by PS during May 2024, including:*

- *Patient D: PS had entered 'research' as reason for access; patient died on 01.01.24, more than 5 months before PS accessed the record on 18.05.24 for 7 minutes. As the patient had been deducted on 05.01.24, this access gave rise to a Privacy Officer Alert (POA)*
- *Patient G: had been on the caseload for one day only on 21.02.24, 3 months before PS accessed his record on 18.05.24 for 24 minutes.*
- *8 of the patients have died: 2 died after 30.05.24; 5 did not have had access restricted because of the 13-week grace period. Patient D was the other patient.*

*Table 1 provides evidence that PS accessed records without a Trust need to do so.*

*Table 2 shows 8 patients accessed by PS for which POAs were raised (note that 3 of the patients were those for whom PS had printed off patient summaries and therefore also appear in Table 1).*

- *6 of the 8 were not on the caseload at the time of access.*
- *4 had 'research' identified as the reason for accessing the record. PS said she was not doing research, she was doing data collection, but had not sought approval for her data collection.*
- *2 were listed on PS's chart.*
- *3 were in the pack of patient summaries held by PS.*

*Table 2 provides evidence that PS accessed patients records without authorisation or a Trust need to do so.'*

The panel had sight of the two tables referenced within the Investigation Report which details patient records that were accessed by Miss Senner without authorisation.

The panel also had sight of an email sent by the IT Clinical Team to Miss Senner on 5 July 2022, which was a Privacy Officer Alert (POA). The panel heard evidence that a report is generated when an individual accesses a record that has been deducted (closed), and is therefore not open to the user to access. Within the email, as part of the POA, the IT Clinical Team provide details of legitimate reasons for accessing records. Miss Senner was advised that she had accessed records without providing a sufficient reason, and had been advised on how to access records appropriately in the future.

The panel heard evidence from Sally O'Donnell who confirmed the contents contained within her Investigation Report dated 23 July 2024.

The panel considered that there was no legitimate clinical reason for Miss Senner to have accessed numerous patients' records, and provided no documentation in the patient records to say why she was accessing them. The panel noted that the Investigation Report sets out that Miss Senner did not have authorisation to access these patients' records. The panel had sight of the following Trust policies:

- Research and Development Policy (reference: IN-057)
- Integrated Policy and Guidance for Access to Records under Data Protection Act 2018 (GDPR) and Access To Health Records Act 1990 (reference: IN-290)
- Information Governance Policy (reference: IN-101)

The panel heard undisputed evidence that Miss Senner's actions were in breach of these policies and was also in breach of the Trust's legal responsibility to protect patients and keep their information safe, including that of deceased patients.

The panel took into account the fact that Miss Senner had concerns regarding the COVID-19 vaccination and its potential harm to patients, however, the panel considered that if Miss Senner was genuinely concerned about the health and wellbeing of people receiving the vaccination, she should have raised her concerns using the systems and channels that are provided by the Trust and the NHS for that purpose. The panel considered that if Miss Senner had been accessing the patient records for a legitimate clinical reason, with consent, it would have expected to see clear documentation of her rationale for doing so. The panel considered that it was more likely than not that between 17 January 2023 and 31 May 2024, Miss Senner accessed numerous patients' records without authorisation and/or a legitimate clinical reason. The panel therefore found charge 1 proved on the balance of probabilities.

## **Charge 2**

2. On 15 August 2023, said to Patient A in relation to the fact that they had received the Covid-19 vaccinations and boosters, *"that's what caused your cancer"*.

**This charge is found proved.**

In reaching this decision, the panel took into account Patient A's witness statement which stated:

*'During a routine visit on 15 August 2023, Ms Senner, who I had not met before, approached the topic of Covid vaccinations in what I felt was a sly manner. She asked if I had been vaccinated, which I assumed was a routine inquiry. I informed her that I had received the vaccinations and boosters. Ms Senner then said that "that's what caused your cancer." Ms Senner explicitly stated that the vaccines were the cause of my cancer and that this had been "hushed up". Her comments were not framed as a suggestion or a possibly, instead, she made a direct and definitive claim that my cancer was caused by the Covid vaccinations I had received. Her tone and choice of words left no room for interpretation. It was a clear and unequivocal statement.'*

The panel took into account a complaint email sent to the Trust on 23 August 2023 on behalf of Patient A. The panel considered that the email provided a consistent account of what Patient A said had occurred during her interaction with Miss Senner on 15 August 2023.

The panel had sight of the notes of a telephone conversation between Patient A and a member of staff at the Trust on 31 May 2024. It also had sight of a further note of a telephone conversation between Patient A and Ms O'Donnell dated 1 July 2024. The panel considered that Patient A's account in each of these telephone conversations was clear and consistent with her oral evidence at this NMC hearing. Patient A was asked in oral evidence if Miss Senner's exact words were *"that's what caused your cancer"*. Patient A responded, *"yes they were"* Patient A said that *"it was a very clear statement. There was no room for questioning it"*.

Mr McCrae in his cross examination of Patient A had asked *“did nurse Penny tell you not to take any more vaccines”*. Patient A responded, *“she told me that it was the COVID vaccine that caused my cancer”*. Mr McCrae then asked, *“if it were shown that the COVID-19 vaccines could raise the risk of cancer or quicken the progress of cancer, would that change your view of the exchange that you had with Nurse Penny?”*. Patient A responded *“No, it will not change my view. I was at a very vulnerable state. I was going through chemotherapy. I had no hair. I was having several medical appointments a week. I did not need somebody to come in and basically tell me that I could have prevented my own disease.”*

The panel took into account Miss Senner’s position, in which she does not dispute that she had visited Patient A on 15 August 2023, and that she had asked Patient A if she had received her COVID-19 vaccinations. The panel noted that Miss Senner disputes saying, *“that’s what caused your cancer”*.

The panel found Patient A to be consistent across her oral evidence, two telephone interviews, and her NMC witness statement, in which she was clear about her recollection of her interaction with Miss Senner. The panel also noted that Miss Senner’s actions had a significantly negative impact on Patient A during a vulnerable time in her life. The panel considered that it was more likely than not that on 15 August 2023, Miss Senner said to Patient A in relation to the fact that they had received the Covid-19 vaccinations and boosters, *“that’s what caused your cancer”*. The panel therefore found charge 2 proved on the balance of probabilities.

### **Charge 3a**

3. Distributed information and/or leaflets to patients, the content of which had not been approved by the Trust or in line with Trust guidelines to include:
  - a. On 15 August 2023, offered Patient A, a leaflet with a link to an anti-vaccination website;

**This charge is found proved.**

In reaching this decision, the panel took into account Patient A's witness statement which stated:

*[...] She also offered me a leaflet, which she retrieved from her car, and I accepted it out of genuine concern. Initially, I was very upset by what I had been told. Later, when I looked at the website referenced in the leaflet, I realised it was an anti vaccination website and not a source of new or reliable information as I had been told. I felt relieved but the experience stayed with me, leaving me distressed for some time.'*

The panel also took into account the Investigation Report dated 23 July 2024 which stated:

*'PS admitted that she gave to two patients a leaflet which had not been approved by the Trust, in breach of the Trust's Patient Information Policy IN 171, in that patient information produced within the Trust must conform to Trust standards as set out in the policy.*

*One of the patients has been identified; she confirmed she was given a leaflet. PS did not document this in the patient's record. The patient said she was very upset and worried that she may have caused her children to get cancer, because of the information given by PS, until she looked up the link on the internet and saw that it was an anti-vaxxer leaflet.'*

The panel also took into account the Record of Investigatory Interview between Miss Senner and Ms O'Donnell on 8 July 2024 which stated:

*'SO asked about the leaflet that PS gave the patient.*

*PS said she told the patient that if she had concerns, she should look into it a bit more, for herself. PS said she asked the patient if she wanted somewhere to start, to which she said 'yes'. PS said she had a World Council of Health leaflet in the car which she gave to Patient A and then she changed the subject.*

*SO asked how the patient reacted to the leaflet.*

*PS replied, 'she seemed fine; she said, "thank you, I'll have a look at this.'"*

The panel took into account Ms O'Donnell's witness statement which stated:

*'At interview, Ms Senner admitted she had given two patients (including Patient A) a leaflet issued by the World Council for Health (who, on their website, decry the World Health Organisation's authority on medicines) and which had not been approved by the Trust. This was in breach of the Trust's Patient Information Policy and potentially damaging to the Trust's reputation, as lead provider of the vaccination service across Dorset, both during the pandemic and subsequently. [...]'*

The panel heard from Ms O'Donnell that whilst she had not personally checked the Trust website to identify whether the leaflet had been approved by the Trust, she was clear in her oral evidence that the information was not in line with the Trust's Patient Information Policy (reference: IN-171). Ms O'Donnell's Investigation Report stated that Miss Senner admitted that she gave two patients a leaflet which had not been approved by the Trust, and that it was in breach of the Trust's Patient Information Policy (reference: IN-171).

The panel took into account Mr McCrae's submission that it was a "mistake" to give Patient A the leaflet and that "it was not an approved leaflet". Mr McCrae had also said that in hindsight, Miss Senner recognises that "she should not have given the leaflet to Patient A and it was not in line with policy." Mr McCrae submitted on numerous occasions

that the website referred to within the leaflet was not an *'anti-vaccination'* website, and that its purpose was to support people who believed that they had been injured by vaccines. However, the panel also heard from Patient A and Ms O'Donnell that the website was negative about the COVID-19 vaccination. The panel therefore concluded that it could be inferred that the website was considered an anti-vaccination website.

The panel concluded that it was more likely than not that on 15 August 2023, Miss Senner had offered Patient A a leaflet with a link to an anti-vaccination website. The panel therefore found this charge proved on the balance of probabilities.

### **Charge 3c**

3. Distributed information and/or leaflets to patients, the content of which had not been approved by the Trust or in line with Trust guidelines to include:
  - c. On or before 28 May 2024 told a patient with breast cancer about a link between cancer and the Covid-19 vaccination, and that the Trust were covering it up.

**This charge is found NOT proved.**

In reaching this decision, the panel took into account the Investigation Report dated 23 July 2024 which stated:

*'28 May 2024, CR, Hamworthy Community Sister, spoke to PS who confirmed that she believed there was a link between cancer and the Covid vaccination and that the Trust was covering this up. PS confirmed that she had discussed this with a patient with breast cancer and had given her a leaflet. PS also explained to CR that she had been undertaking research into the link.*

[...]

*In PS's statement*

- [...]
- *asked by the IO if she had handed the leaflet to other patients, PS said she shared it with one other, but didn't remember her name; she had breast cancer, was in her 50s and was on the Hamworthy caseload; the patient thought her cancer was caused by the vaccine.'*

The panel considered that during the local investigation, Ms O'Donnell was unable to identify any other patient who had received a leaflet from Miss Senner, apart from Patient A. The panel considered that whilst Miss Senner admitted in the local investigation that she had given a leaflet to another patient, the panel could not determine who this patient was, or that the information shared with this patient was related to the link between the COVID-19 vaccination and cancer. The panel considered that the NMC has not discharged its burden of proof in relation to this charge and therefore found charge 3c not proved on the balance of probabilities.

#### **Charge 4**

4. Your actions at Charges 2 and/or 3, were attempts to undermine public confidence in public health advice.

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

The panel heard from Patient A who described how Miss Senner's words and actions had a negative impact on her in what was a *"very vulnerable"* time in her life. Patient A described the leaflet that she received as *an "anti-vaccination"* leaflet, which contained a link to a website which also expresses negative views regarding the COVID-19 vaccination. Patient A explained in oral evidence that Miss Senner's views caused her to

be fearful about allowing her children to receive the COVID-19 vaccination, and she was therefore worried that her children might get cancer.

The panel had sight of an email from Alex Greene at NHS Dorset to colleagues within the Trust and others in NHS Dorset dated 24 May 2024 which stated:

*'We've had reports that some district nurses are informing patients that their breast cancer was caused by the Covid vaccine.'*

[...]

*UHD have identified the impact – the affected women are upset that they may have done something to cause their cancer, are confused and angry about the information given about the Covid vaccine and cancer, and are worried about their friends and family that have also have the Covid vaccine.'*

*More widely there is the potential for this to damage trust in the NHS and in the vaccination programme. I will make some time to discuss this further next week if necessary.'*

The panel considered that this email highlights the concerns that were expressed at the time regarding the impact that these views had on patients. The email further expresses the potential damage that Miss Senner's actions could have had on the public's trust in the NHS and the vaccination programme.

The panel took into account the significant impact that Miss Senner's actions had on Patient A. The panel used its professional judgement and considered that, had Miss Senner's concerns been shared more widely, it would be reasonable to suggest that this could have undermined public confidence in the public health advice available at the time, and could have likely caused fear and panic amongst the public.

The panel considered that as a trusted healthcare professional, Miss Senner was expected to give correct advice and deliver appropriate care. The panel considered that Miss Senner used this opportunity to share her unproven concerns regarding the COVID-19 vaccination and failed to use the correct means provided by the Trust and the NHS, as detailed within the Investigation Report and confirmed in Ms O'Donnell's oral evidence, to raise her concerns. It heard evidence that the leaflet given to Patient A was not in line with the Trust's policies, and was not approved by the Trust. The panel took into account that the Trust was the lead vaccine provider for the locality and therefore had the responsibility to ensure that this role was undertaken safely and effectively.

The panel took into account the Investigation Report dated 23 July 2024 which stated:

*'The IO found no evidence that PS was acting as part of a group in gathering the data.'*

[...]

*'Although she was accessing reports published by organisations such as the World Council for Health, DHC's Head of Counter Fraud ran intelligence reports in June and confirmed that PS appears to have a very limited digital footprint with no social media links of note.'*

The panel acknowledged from the Investigation Report, and from Mr McCrae's submissions that there is no evidence before it to suggest that Miss Senner was acting in concert with others. The panel also acknowledged that Miss Senner had not been sharing her concerns online via social media. However, the panel considered that Miss Senner was not acting in the best interests of the Trust, or the patients in her care. It considered that as an experienced nurse, Miss Senner would have been aware that patients would trust the advice that they received from healthcare professionals and how important it would be to the Trust to maintain patient and public confidence at all times. The panel therefore considered that Miss Senner's actions at charges 2 and 3 were attempts to

undermine public confidence in public health advice. The panel therefore found this charge proved.

### **Fitness to practise**

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Miss Senner's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise safely and effectively, without restriction.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, Miss Senner's fitness to practise is currently impaired as a result of that misconduct.

### **Submissions on misconduct**

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a '*word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.*'

Ms Mustard invited the panel to take the view that the facts found proved amount to misconduct. She referred the panel to the terms of 'The Code: Professional standards of

practice and behaviour for nurses and midwives 2015' (the Code) and identified the specific, relevant standards where the NMC says that Miss Senner's actions amounted to misconduct.

Ms Mustard submitted that Miss Senner's actions fell short of the standards expected of a registered nurse. She submitted that patient confidentiality was not properly maintained, and that Patient A was not treated kindly or compassionately, and was negatively impacted by Miss Senner's actions.

Mr McCrae submitted that whether or not Miss Senner's actions at the charges found proved amount to misconduct is dependent on the context of this case. He submitted that Miss Senner denies telling Patient A that her cancer was caused by the COVID-19 vaccine. He submitted that Miss Senner acted in the best interests of her patients, and from an ethical and evidence-based stance. Mr McCrae submitted that although Patient A was upset by Miss Senner's actions, there is no evidence before the panel to suggest that patients were harmed in reputation or in patient care as a result of Miss Senner's actions.

### **Submissions on impairment**

Ms Mustard moved on to the issue of impairment and addressed the panel on the need 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) and Grant* [2011] EWHC 927 (Admin).

Ms Mustard submitted that Miss Senner's actions breached fundamental tenets of the nursing profession and brought the profession into disrepute. Ms Mustard submitted that whilst there appears to be some acceptance by Miss Senner that she should not have given the leaflet to the two patients, it may be inferred that Miss Senner felt that she was justified in her actions due to her genuine concern about the potential harm of the COVID-

19 vaccine. Ms Mustard submitted there is limited evidence before the panel to suggest that Miss Senner has taken steps to address the concerns, or demonstrate insight. She submitted that there is no evidence before the panel of any training or other remediation undertaken.

Ms Mustard submitted that there is a risk of repetition and a consequent risk of harm to the public should the panel make a finding that Miss Senner's fitness to practise is not currently impaired. Ms Mustard therefore invited the panel to make a finding of current impairment on the ground of public protection.

Ms Mustard submitted that all four limbs of Dame Janet Smith's *test* were engaged, including that of dishonesty. She submitted that Miss Senner's actions in accessing patient records without authority and seeking to hide her actions was dishonest.

Ms Mustard submitted that a finding of current impairment is otherwise in the public interest to maintain public confidence in the nursing profession, and to declare and uphold proper professional standards.

Mr McCrae submitted that the panel has not taken the reams of scientific reports provided by Miss Senner for this case seriously. He submitted that the set of scientific papers that Miss Senner submitted show that there was clearly some harm being caused by the COVID-19 vaccine.

Mr McCrae referred the panel to the character references provided on Miss Senner's behalf and submitted that these references suggest that Miss Senner is a caring and compassionate nurse. He referred to Ms O'Donnell's evidence in which she said that Miss Senner was a well-liked member of the team.

Mr McCrae submitted that he did not believe that the argument made by Miss Mustard on behalf of the NMC is fair or proportionate. He submitted that the worst of the allegations is that Miss Senner told Patient A that her cancer was caused by the COVID-19 vaccine. He

submitted that Miss Senner emphatically denies this charge, and that it is not in her character to have said that. Mr McCrae submitted that Miss Senner has learned from her experiences and that her questions and criticisms of the COVID-19 vaccine were entirely legitimate, and that she *“just went about it in the wrong way.”*

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

### **Decision and reasons on misconduct**

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel was of the view that Miss Senner’s actions did fall significantly short of the standards expected of a registered nurse, and that her actions amounted to a breach of the Code. Specifically:

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

*To achieve this, you must:*

***1.1 treat people with kindness, respect and compassion***

***1.3 avoid making assumptions and recognise diversity and individual choice***

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

*To achieve this, you must:*

***4.2 make sure that you get properly informed consent and document it before carrying out any action***

#### ***5 Respect people’s right to privacy and confidentiality***

*As a nurse, midwife or nursing associate, you owe a duty of confidentiality to all those who are receiving care. This includes making sure that they are informed about their care and that information about them is shared appropriately.*

*To achieve this, you must:*

**5.1** *respect a person's right to privacy in all aspects of their care*

**5.2** *make sure that people are informed about how and why information is used and shared by those who will be providing care*

**5.3** *respect that a person's right to privacy and confidentiality continues after they have died*

## **6 Always practise in line with the best available evidence**

*To achieve this, you must:*

**6.1** *make sure that any information or advice given is evidence-based, including information relating to using any health and care products or services*

## **10 Keep clear and accurate records relevant to your practice**

*This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.*

*To achieve this, you must:*

**10.1** *complete all records at the time or as soon as possible after an event, recording if the notes are written some time after the event*

**10.6** *collect, treat and store all data and research findings appropriately*

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

*To achieve this, you must:*

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

## **19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice**

*To achieve this, you must:*

*19.3 keep to and promote recommended practice in relation to controlling and preventing infection*

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

*To achieve this, you must:*

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

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

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

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

*20.7 make sure you do not express your personal beliefs (including political, religious or moral beliefs) to people in an inappropriate way'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. The panel looked at each charge found proved in turn.

With regard to charge 1, the panel considered that Miss Senner breached patient confidentiality by accessing their records without a legitimate clinical reason, including those of patients who were deceased as well as those who were not actively receiving care from Miss Senner at the time. This occurred over an extended period from January 2023 until May 2024. The panel heard in evidence that Miss Senner admitted during the local investigation to accessing patient records without authorisation for a period of approximately two to three years. The panel noted that Miss Senner had been advised by the IT Clinical Team on 5 July 2022 that she had accessed records without providing a sufficient reason, and yet she continued to access these records, including those of patients who were deceased, without a legitimate clinical reason and for a substantial period of time afterwards. The panel considered that the Trust's policies and procedures, and the standards as set out in the Code, with regard to access to records, consent,

documentation, and maintaining confidentiality, had not been complied with. The panel therefore considered that Miss Senner's actions fell far below the standards expected of a registered nurse and amounted to misconduct.

With regard to charge 2, the panel considered that Miss Senner's actions were not kind, respectful, or compassionate when she visited Patient A. The panel considered that Miss Senner did not fully recognise the impact that her actions had on Patient A. It considered that Miss Senner inappropriately shared her personal beliefs with Patient A, telling her that the COVID-19 vaccination had caused her cancer. Miss Senner's personal beliefs, and the link between the COVID-19 vaccination causing cancer, was reinforced by information given to Patient A (the leaflet) which the panel heard in oral and documentary evidence came from a website that expressed negative views about the COVID-19 vaccination.

The panel considered that Miss Senner's actions were not in line with the Trust's policies and procedures, nor did they meet the standards expected of registered nurses within the Code. The panel considered that Miss Senner's actions at charge 2 fell far below the standards expected of a registered nurse and amounted to misconduct.

With regard to charge 3a, the panel reminded itself of its previous findings that Miss Senner gave Patient A a leaflet that was not approved by the Trust, nor did she follow the Trust's policy on Patient Information. The panel considered the evidence of Patient A and Ms O'Donnell in relation to the information contained within the leaflet that Miss Senner provided. Based on the evidence heard, the panel concluded that the leaflet reflected Miss Senner's personal beliefs and provided negative information about the COVID-19 vaccination. Miss Senner did not document her discussion in Patient A's clinical records regarding the key elements of the leaflet, or the fact that she had given this leaflet to Patient A. The panel determined that Miss Senner's actions were not in line with the Trust's policies and procedures. As an employee, Miss Senner would have been required to operate within the framework of the Trust's policies and procedures. The panel considered that Miss Senner's actions at charge 3a fell far below the standards expected of a registered nurse and amounted to misconduct.

With regard to charge 4, the panel considered that by giving two patients a leaflet that expressed negative views about the COVID-19 vaccination, this had the potential to undermine public confidence in the public health advice that was available at the time, and also undermined the role of the Trust, as the leading vaccine provider in the locality. The panel considered that Miss Senner had not acted in either the Trust's, or the patients' best interests.

The panel had regard to a number of websites provided within Miss Senner's documentary evidence which focus on the potential harm that could be associated with the COVID-19 vaccination. Whilst the panel acknowledged that these websites reflected Miss Senner's genuinely held beliefs, it did not consider that they were consistent with public health advice at the time. The panel considered that Miss Senner's attempts to undermine public confidence in public health advice fell far below the standards expected of a registered nurse and amounted to misconduct.

The panel found that Miss Senner's actions at charges 1, 2, 3a, and 4, did fall seriously short of the conduct and standards expected of a registered nurse and amounted to misconduct.

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

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

In coming to its decision, the panel had regard to the NMC Guidance on '*Impairment*' (Reference: DMA-1 Last Updated:28/01/2026) in which the following is stated:

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. 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 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/ 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) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel considered that limbs a, b, and c are engaged in this case.

The panel acknowledged that Miss Senner did not intend to harm Patient A, however, it considered that her misconduct caused lasting emotional and psychological harm to Patient A. Miss Senner did not behave kindly or professionally during her interaction with Patient A and did not recognise or acknowledge Patient A's vulnerability at the time. Miss Senner's misconduct breached fundamental tenets of the nursing profession by providing patients with information that was not approved at the time, and by stating that the COVID-19 vaccination had caused Patient A's cancer. This information provided was not in line with the Trust's guidelines and policies, nor the public health advice at the time. The panel considered that by breaching fundamental tenets of the nursing profession, Miss Senner's actions had also brought the nursing profession into disrepute.

With regard to limb d, the panel took into account Ms Mustard's submission that Miss Senner's action of accessing patient records without authority and seeking to hide her actions was dishonest. The panel considered the oral and documentary evidence of Ms O'Donnell who was asked if she finds Miss Senner to be an honest person. Ms O'Donnell responded:

*"Not entirely, I have to say. I mean, she was honest. It's easier to be honest when you've been caught and she had been caught. And so therefore, "hands up, yes, I did it." I mean, it was in black and white after all, you know, had her own handwriting. It wasn't just typed in on her personal J-drive. There was her own handwriting on some of the papers that I saw. So had she been honest? No,*

*because she, by her own admission, she hadn't been sharing that she'd been collating this data.”*

The panel considered that although Ms O'Donnell provided this account, there is no suggestion within the charges that Miss Senner's actions were dishonest. The panel therefore concluded that limb d is not engaged.

Regarding insight, the panel had sight of Miss Senner's response to the regulatory concerns which stated:

*'I am deeply sorry that this patient was upset. This was certainly not my intention. I do believe however, that this patient was “encouraged” by another nurse to raise a complaint against me, due to two similar allegations within the Dorset area, which had no connection to me. [...]*'

The panel also had sight of Miss Senner's reflective piece which stated:

*[...] It is never my intentions to scaremonger patients and I am extremely sorry that this patient is upset. It is also my belief that this patient was “encouraged” by another nurse to raise a complaint.'*

The panel considered that Miss Senner acknowledged that Patient A was upset by her actions, and apologised for this. However, the panel considered that Miss Senner has not demonstrated a full understanding of why what she did was wrong and the extent to which this impacted negatively on Patient A, and on the reputation of the nursing profession. Miss Senner has not demonstrated sufficient insight in being able to step back from the situation, look at it objectively, and take personal responsibility for the impact this had on Patient A.

With regard to handling similar situations differently in the future, the panel had sight of Miss Senner's response to the regulatory concerns which stated:

*'I have reflected on the incident and should a patient ever express concerns, then I would seek the appropriate channels to raise this, starting with the patients GP, documenting fully and completing a incident form.'*

The panel considered that Miss Senner has demonstrated some insight as she has said that she would use the appropriate channels to raise concerns in the future. However, the panel considered that Miss Senner has not demonstrated that she has reflected on the importance of maintaining professional boundaries and being able to manage her own personal beliefs during her interactions with patients, and balancing this with the provision of Trust and nationally approved information.

The panel considered that Miss Senner has demonstrated limited insight into her misconduct.

The panel considered the factors set out in the case of *Ronald Jack Cohen v General Medical Council* [2008] EWHC 581 (Admin) and considered that the misconduct in the case is capable of being addressed. Therefore, the panel carefully considered the evidence before it in determining whether or not Miss Senner has taken steps to strengthen her practice. The panel considered that there is no evidence before it of any steps taken by Miss Senner to strengthen her practice, such as any relevant training or development undertaken which addresses the concerns identified. The panel had regard to Miss Senner's reflective piece, but considered that this has not addressed the impact that her actions had on Patient A, and on the reputation and public confidence in the Trust and the wider NHS.

The panel concluded that, based on Miss Senner's limited insight and lack of remediation, there is a high risk of repetition and real risk of serious harm to the public. The panel therefore decided that a finding of impairment is necessary on the ground of public protection.

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

The panel considered that public confidence in the profession would be undermined if a finding of impairment were not made in this case. It considered that a member of the public would be shocked to learn that a registered nurse was sharing their personal beliefs with patients, when they knew that these were inconsistent with their employer's policies and UK health guidance. The panel therefore considered that a finding of current impairment is also in the public interest to protect the public, maintain public confidence in the nursing profession, and to uphold proper professional standards of conduct.

Having regard to all of the above, the panel was satisfied that Miss Senner'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 Miss Senner off the register. The effect of this order is that the NMC register will show that Miss Senner 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 careful regard to the Sanctions Guidance (SG) published by the NMC and last updated on 28 January 2026.

### **Submissions on sanction**

Ms Mustard identified a number of aggravating and mitigating features in this case and submitted that taking no action or imposing a caution order would not be appropriate given the finding of current impairment.

Ms Mustard submitted that a conditions of practice order would not be appropriate as there are no workable conditions that could be formulated that would protect the public and maintain public confidence.

Ms Mustard submitted that a suspension order would not be appropriate to mark the seriousness of Miss Senner's misconduct, and would not protect the public or maintain public confidence. Ms Mustard submitted that Miss Senner has not demonstrated sufficient meaningful insight, and that the panel cannot be satisfied that there is a realistic possibility that Miss Senner will develop meaningful insight and therefore return to practise safely in the future.

Ms Mustard submitted that a striking off order is the only appropriate and proportionate sanction in this case to protect the public, maintain public confidence, and uphold proper professional standards of conduct. She submitted that there is insufficient evidence before the panel to suggest that Miss Senner has started to properly and meaningfully demonstrate insight into her misconduct.

Mr McCrae submitted that he cannot suggest a sanction for what Miss Senner argues is an untruth. He submitted that Miss Senner's submissions, including her character references and scientific evidence, as well as his own submissions, have been largely ignored. Mr McCrae submitted that Ms Mustard's submission, to strike Miss Senner off the register, is an abhorrent stance.

The panel accepted the advice of the legal assessor.

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

Having found Miss Senner's 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:

- Abuse of a position of trust as an experienced nurse
- A pattern of misconduct over a period of time
- Limited insight and evidence of strengthened practice
- Knowingly breached the Trust's policies and procedures
- Vulnerability of Patient A at the time due the seriousness of her illness and the stage of her treatment

The panel also took into account the following mitigating features:

- Positive character references that refer to Miss Senner's personal characteristics
- Positive testimony from line manager at the time during the local investigation

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case, and its previous finding that Miss Senner's fitness to practise is currently impaired. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

The panel next considered a caution order and had regard to the NMC Guidance on '*Caution order*' (Reference: SAN-2b Last Updated: 28/01/2026) in which the following is stated:

*'A caution is only appropriate if the Committee has decided there's no risk to the public or to people using services that requires the professional's practice to be restricted. This means the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'*

The panel considered that Miss Senner's misconduct was not 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 placing conditions of practice on Miss Senner's registration would be a sufficient and appropriate response. The panel is of the view that whilst the misconduct is capable of remediation, this would be very difficult to achieve in practice. The panel's findings reflected the seriousness of Miss Senner's misconduct, and is suggestive of an attitudinal concern. The panel considered that there are no practical or workable conditions that could be formulated that would manage the risk identified, protect the public, or maintain public confidence.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The latest edition of the SG states that in considering a suspension order the panel should take into account a number of key factors the most relevant of which were:

- *is it realistic that the professional could return to unrestricted practice in the future, even if it is not appropriate for them to do so now?*
- *What would the registrant need to do in order to be fit to practise in the future? Is it realistic that they will be able to do this?*

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of

the fundamental tenets of the profession evidenced by Miss Senner's actions is fundamentally incompatible with her remaining on the register.

The panel also noted the SG states that the sanction of suspension may be appropriate when:

*'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 that Miss Senner has demonstrated limited insight into her misconduct, and has not provided any evidence of remediation. The panel considered that there was no evidence before it to suggest that Miss Senner would develop sufficient meaningful insight so that she could return to unrestricted nursing practice in the future. The panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction to manage the risks, protect the public, or maintain public confidence.

Finally, in considering a striking-off order, the panel had particular regard to SAN-3 *'Deciding between suspension and strike off'* in the recently revised SG and, in particular, the last two bullet points:

- *Consider the professional's insight and attitude to addressing the concerns, and whether it is realistically possible that these will change positively during the suspension period. If it is unlikely the professional will try to address the concerns, there may not be appropriate for them to be suspended in the hopes that they will eventually return to practice.*
- *Professionals are under an obligation to cooperate with their regulator. Where professionals have failed to engage with the fitness to practise process, it won't*

*usually be appropriate to use a suspension order as a means of giving them a 'last chance' to engage, reflect or show insight.*

The panel also had careful regard to that part of the SG relating to striking off orders and noted that it had to consider the following:

- *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 that the charges found proved raise fundamental questions about Miss Senner's professionalism, in particular, her capacity to maintain appropriate boundaries between her personal beliefs and her professional practice. It reminded itself of the significant impact that Miss Senner's actions had on Patient A. The panel considered that Miss Senner's insight into her misconduct is limited, and it is unlikely that she will develop meaningful insight, or take sufficient steps to strengthen her practice, such that the risk identified is reduced.

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

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of Miss Senner'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 nursing 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 Miss Senner 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 Miss Senner's own interests until the striking-off sanction takes effect.

### **Submissions on interim order**

The panel took account of the submissions made by Ms Mustard. She submitted that an interim suspension order is necessary to protect the public and is otherwise in the public interest. Ms Mustard invited the panel to impose an interim suspension order for a period of 18 months to allow time for any possible appeal.

Mr McCrae did not make any submissions in relation to an interim order.

The panel 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, 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 allow time for any possible appeal.

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

That concludes this determination.