

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

**Substantive Meeting  
Tuesday, 17 March 2026**

Virtual Meeting

**Name of Registrant:** David Kenneth Paul Mckeown

**NMC PIN:** 96J0102N

**Part(s) of the register:** Nursing, Sub part 1  
RNA, Registered Nurse - Adult (4 October 1999)

Recordable qualifications  
SPA: Specialist practitioner: Adult nursing (10  
December  
2010)

**Relevant Location:** Belfast

**Type of case:** Conviction

**Panel members:** Angela Kell (Chair, lay member)  
Katrina Maclaine (Registrant member)  
Caroline Taylor (Lay member)

**Legal Assessor:** Charlotte Mitchell-Dunn

**Hearings Coordinator:** Franchessca Nyame

**Fact proved:** Charge 1a

**Facts not proved:** None

**Fitness to practise:** Impaired

**Sanction:** **Striking-off order**

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

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

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Mr Mckeown's registered email address by secure email on 8 October 2025.

Further, the panel noted that the Notice of Meeting was also sent to Mr Mckeown's representative at the Royal College of Nursing (RCN) on 8 October 2025.

The panel accepted the advice of the legal assessor.

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

In the light of all of the information available, the panel was satisfied that Mr Mckeown 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' ('the Rules').

## **Details of charge**

That you, a registered nurse:

1. On 11 January 2024 at Belfast Magistrates Court Northern Ireland were convicted of:
  - a) On 21 November 2022 sent by means of a public electronic communications network a message or other matter that was grossly offensive or of an indecent, obscene or menacing character, namely online messages on KiK referring to sexual activity with children, contrary to section 127(1) of the Communications Act 2003.

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

The charge concerns Mr Mckeown's conviction and, having been provided with a copy of the certificate of conviction dated 25 July 2024, the panel found the charge proved in accordance with Rule 31 (2) and (3). These state:

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

## **Background**

Mr McKeown was referred to the Nursing and Midwifery Council ('NMC') on 30 November 2022, by the Police Service of Northern Ireland ('PSNI'). On 25 November 2022, Mr McKeown was arrested on suspicion of offences of Publishing an Obscene Article, Sexual Activity with a Child Family Member and Sexual Activity in the Presence of a Child Under 13. The arrest followed an online chat using the KiK application.

Mr McKeown was interviewed under caution. In that interview Mr McKeown stated that:

- a) he took part in the online chat on 21 November 2022 in a group called "daddy loves you best", did not know who he was communicating with, and thought that it was a chat amongst consenting adults.
- b) he did not understand that sending such messages were illegal, but he knew that the conversation was wrong.
- c) the messages he sent concerned [PRIVATE], that he was active with a girl when she was little but worried about getting caught as she got older.
- d) he asked the other person in the chat for pictures which he received. The picture was of a child and Mr McKeown responded, "love my cock in that mouth", spoke about having sex and dressing a child in a "sexy" way, saying "love to spread her

legs and lick her tight pussy”. He stated that he had engaged in such discussions a few times.

Mr McKeown denied engaging in any sexual activity with children, including the offences of Sexual Activity with a Child Family Member and Sexual Activity in the Presence of a Child Under 5.

Mr McKeown was charged with the offence of Publishing an Obscene Article under Section 127(1) of the Communications Act 2003. Mr McKeown pleaded guilty on 30 November 2023 at Belfast Magistrates Court Northern Ireland. On 11 January 2024, Mr McKeown received a suspended sentence of one month’s imprisonment suspended for one year.

On 13 December 2022, Mr McKeown was suspended by his employer, Belfast Health and Social Care Trust (‘the Trust’), from his role as an Assistant Service Manager [PRIVATE]. Mr McKeown was employed from 28 August 2018 until 4 June 2024 when he took voluntary early retirement.

### **Fitness to practise**

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

### **Representations on impairment**

The NMC requires the panel to bear in mind its overarching objective to protect 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.

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

1. has [the Registrant] acted in the past and/or is liable in the future to act as so to put a patient or patients at unwarranted risk of harm; and/or
2. has [the Registrant] in the past brought and/or is liable in the future to bring the [nursing] profession into disrepute; and/or
3. has [the Registrant] committed a breach of one of the fundamental tenets of the [nursing] profession and/or is liable to do so in the future and/or
4. has [the Registrant] in the past acted dishonestly and/or is liable to act dishonestly in the future.

It was the submission of the NMC that the first three limbs can be answered in the affirmative in this case.

#### Limb 1

Mr McKeown's offending behaviour took place in his private life and no patients were exposed to harm. However, the communications are of a sexual nature, concerning children and raises attitudinal issues of prioritising his own sexual desires over others, potentially placing children at risk of harm.

Mr McKeown admitted in interview under caution that he had taken part in these discussions on a number of occasions. Such deep seated attitudes are difficult to remediate, traverse actions in private and inhibit kind, safe and professional practice. There is a likelihood of the conduct being repeated and so he presents an unwarranted risk of harm to those in his care.

#### Limb 2

Mr McKeown's conviction is related to his personal life, but the nature of the conviction has brought the profession into disrepute.

Nurses are placed in a position of trust. Discussions about sexual activity with children undermines that trust and so brings the profession into disrepute

Nurses are required to act in accordance with the laws of the country and a breach of the Code by this conviction and sentence also brings the profession into disrepute

### Limb 3

Mr McKeown's conduct has breached fundamental tenets of the profession.

Nurses are expected to act with integrity and promote trust. Mr McKeown's conduct of engaging in online communication describing graphic and explicit sexual activity with children is lacking in integrity and does not promote trust in the profession. Such conduct fell significantly below the standards expected of a registered nurse.

The NMC's aims and objectives support the NMC in taking regulatory action against Mr McKeown's to promote and maintain professional standards and maintain the public's trust in the profession.

At the relevant time, Mr McKeown was subject to the provisions of The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates (2015) ('the Code'). The following parts of the Code are engaged in this case:

***'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.*
- 20.2 act with honesty and integrity at all time, treating people fairly and without discrimination, bullying or harassment*
- 20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people.*
- 20.4 keep to the laws of the country in which you are practising....*
- 20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to.'*

The NMC submitted that Mr McKeown's actions and his conviction demonstrate a failure to uphold section 20 of the Code and bring the profession into disrepute.

NMC guidance adopts the approach of Silber J in the case of *R (on application of Cohen) v General Medical Council* [2008] EWHC 581 (Admin) by asking whether the concern is easily remediable, whether it has in fact been remedied and whether it is highly unlikely to be repeated.

The NMC considered that this conduct is not easily remediable, has not been remediated and is highly likely to be repeated.

The NMC referred to NMC guidance 'FTP-15a: Can the concern be addressed?' which states as follows:

*'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 that led to custodial sentences.*
- *Inappropriate personal or sexual relationships with people receiving care or other vulnerable people or abusing their position as a registered nurse, midwife or nursing associate or other position of power to exploit, coerce or obtain a benefit.*
- *Incidents of harassment, including sexual harassment, and other forms of sexual misconduct, whether it occurs inside or outside professional practice.'*

It was the NMC's submission that the conduct in this matter relates to a conviction for an offence under the Communication Act 2003 for which the court imposed a suspended custodial sentence. Mr McKeown's conduct and the resulting conviction and custodial sentence, therefore, cannot be said to be easily remediable and is unlikely to be addressed through training or supervision.

The NMC submitted that Mr McKeown has not provided any insight or reflection in relation to the conduct or how his actions undermine the high standards expected of a registered

professional. There is nothing to suggest that he no longer presents a risk of repeating the offending conduct.

In the light of the nature of the offending conduct, The NMC submitted that Mr McKeown presents a risk to patients in his care, particularly children, so placing them at significant risk of unwarranted harm. In the absence of any evidence to suggest the risk to the public has been addressed and reduced, the risk must be said to remain such that finding of impairment is therefore necessary on public protection grounds.

Mr McKeown's conduct is extremely serious and involves communication concerning sexual activity with children. Such conduct is capable of seriously damaging public confidence in the nursing and midwifery professions. The subject matter of the conduct is sufficient to engage the public interest alone. It has resulted in a criminal conviction as well. Whilst not all criminal convictions would undermine confidence in nurses and midwives, conduct such as this certainly undermines such confidence. As such, a finding of impairment is necessary on public interest grounds.

The panel heard and accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *GMC v Meadow* [2007] QB 462 (Admin), *Cohen v General Medical Council* [2008] EWHC 581 (Admin), *Yeong v General Medical Council* [2009] EWHC 1923 (Admin), *Cheatle v General Medical Council* [2009] EWHC 645 (Admin), *General Optical Council v Clarke* [2018] EWCA Civ 1463, and *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

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

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

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

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *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 set out in the NMC's representations above on impairment.

The panel determined that the first three limbs of the test are engaged in this case.

The panel found that Mr Mckeown has acted in the past in a manner which put patients at unwarranted risk of harm as a result of his actions which ultimately led to his conviction. Although the circumstances of his conviction relate to an offence which occurred outside of Mr Mckeown's professional practice, the panel considered that his conviction (by its nature) has implications of putting children and young people at risk of psychological, and potentially physical, harm. The panel determined that there were significant safeguarding concerns in respect of Mr Mckeown, particularly in relation to children and young people.

By virtue of Mr Mckeown's role in a hospital setting, he is likely to come into contact with children, young people and vulnerable adults.

The panel had regard to NMC guidance FTP-2c and FTP-2c-1. This guidance stipulates that a serious crime is classified by the NMC as a specified offence, which includes sexual offences. It states that sexual offences include:

*'...any sexually motivated crimes against children including child sexual abuse or grooming, the taking or sharing of indecent images of children, and crimes that exploit others for a sexual purpose, whether in person or online.'*

The panel determined that, with his deliberate and repeated communications of a sexual nature about children, Mr Mckeown breached the fundamental tenets of preserving safety and promoting professionalism and trust. The panel also noted that Mr Mckeown was not forthcoming with the Trust about his arrest, nor his subsequent conviction. The panel was of the view that Mr Mckeown failed to act with integrity and openness in relation to this criminal investigation and his conviction.

The panel was satisfied that Mr Mckeown's actions breached the following sections of the Code:

***'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.*
- 20.2 act with honesty and integrity at all time, treating people fairly and without discrimination, bullying or harassment*
- 20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people.*
- 20.4 keep to the laws of the country in which you are practising...*
- 20.5 treat people in a way that does not take advantage of their vulnerability...*
- 20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to.'*

The panel took into account that Mr Mckeown deliberately and repeatedly engaged in activities which he knew were wrong over a period of time. Together with the seriousness of the specified offence and the likelihood that it would undermine public confidence in the nursing profession, the panel determined that Mr Mckeown has in the past brought the profession into disrepute.

The panel next considered whether the concerns in this case are remediable. The panel had regard to NMC guidance FTP-2c which states that with *[o]utside specified offences, we are more likely to identify deep-rooted attitudinal issues.* The panel also had regard to NMC guidance 'DMA-1: Impairment', which states that:

*'A deep-seated attitudinal issue refers to an ingrained mindset or belief system that is contrary to these values and behaviours. Deep-seated attitudinal issues are resistant to change and pose risks to the safety and wellbeing of people receiving care and to the public's confidence in the professions generally and to professional standards...*

*We also recognise that, while deep-seated attitudinal issues can be difficult to address, meaningful change is not impossible.'*

The panel concluded that the deliberate and repeated nature of Mr Mckeown's sexual offence suggests there is a deep-seated attitudinal issue which would require significant remediation to address it, if it could be addressed at all.

With regard to whether the concerns have been addressed, the panel noted an email from Mr Mckeown to a staff member at the Trust dated May 2024, in which he states:

*'In the last year I have lost [PRIVATE] everything I identified with as a person. I would like to apologise to the trust [sic] for the negative impact my actions and suspension will have had on the stability on the services I managed.'*

The panel considered that Mr Mckeown's reflection in his email focused only on the impact his actions and conviction had on him professionally and personally as well as the impact on the Trust at a local level. The panel noted that Mr Mckeown did not consider the impact

of his behaviour on children, the sexualised and grossly offensive content of his KiK online messages, or wider impact on the nursing profession. The panel therefore determined that the degree of reflection and insight was wholly inadequate.

The panel also noted the transcript from Mr Mckeown's police interview dated 26 November 2022, in which he stated:

*'I thought if it was consenting adults you could talk... I know the conversation is wrong but I didn't realise it was illegal...'*

The panel was of the view that Mr Mckeown's interview showed a lack of understanding and minimisation of the serious sexual offence he committed.

The panel had no additional or recent documentation before it from Mr Mckeown demonstrating insight or expressing remorse, nor any evidence of steps taken to address the behaviour behind his conviction. [PRIVATE].

For all the above reasons, the panel was not satisfied that it is highly unlikely the conduct which led to Mr Mckeown's conviction will be repeated. As such, the panel determined that the first three limbs of the test in *Grant* were engaged also with regard to future practice.

The panel noted that in the same email dated May 2024, Mr Mckeown said:

*'Following discussion with BSO I submitted an application for early retirement [sic] with immediate effect on the 18 April...I wished to take retirement with immediate effect as I had found the unknown position of my employment extremely stressful [PRIVATE].'*

The panel recognised that Mr Mckeown expressed his wish to retire. However, the panel considered the case of *General Optical Council v Clarke* [2018] EWCA Civ 1463, noting any consideration as to whether a Registrant's practise is currently impaired is totally distinct from any consideration as to whether or not the Registrant intends to practice in the future.

Given that Mr Mckeown remains a real risk to patients, particularly children and vulnerable adults, and that there is no information before the panel to indicate that he has taken steps to address the concerns, the panel decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect the wider public interest.

The panel was mindful that specified offences which give rise to deep-seated attitudinal issues indicate a risk to the public and raise fundamental questions about a professional's ability to uphold the values and standards in the Code. The panel bore in mind the Mr Mckeown's actions were deliberate and repeated, and on the high end of scale of seriousness. The panel determined that a finding of impairment on public interest grounds is required to promote and maintain public confidence in the nursing profession and in the NMC as a regulator, and to uphold proper professional standards for members of the profession.

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

## **Sanction**

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

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had regard to the NMC guidance on 'SAN-2: The sanctions available' and 'SAN-4: Sanctions for the highest risk cases', last updated 28 January 2026.

## **Representations on sanction**

The NMC considered that a striking-off order is the only appropriate and proportionate sanction and with regard to the sanctions guidance the following aspects have led to this conclusion:

Aggravating factors:

- Lack of insight.
- The conduct was repeated as such communication exchanges happened a few times.
- The communications concern sexual acts to children raising significant public protection and public interest concerns.

Mitigating factors:

- No mitigating features

NMC guidance 'FTP-2c-1: Directly referring specified offences to the Fitness to Practise Committee' provides that specified offences include any sexually motivated crimes against children and that such offences are serious and raise fundamental questions about a nurse's ability to uphold the standards and values set out in the Code. NMC guidance 'SAN-2: The sanctions available' provides that specified offences are considered to be serious and less easy for a nurse to put right the conduct.

Mr McKeown's conduct underlying the conviction is serious. No insight has been shown so he presents a continuing risk to the public and undermines the public's trust. Hence neither the sanction of no further action, nor caution order would be appropriate.

The NMC guidance 'SAN-2c: Conditions of practice order' provides that protection of patients underlies such a sanction and would be suitable in the following instances:

- where there is no evidence of harmful deep seated personality or attitudinal problems
- where conditions can be created that can be monitored and assessed.

In this case there is evidence of deep seated personality or attitudinal problems, and it is unlikely that suitable conditions for monitoring and assessing can be imposed.

NMC guidance 'SAN-2d: Suspension order' provides that a suspension order may be suitable where the nurse has insight, does not pose a significant risk of repeating the behaviour and there is no evidence of harmful deep seated personality or attitudinal problems. In this case these factors are all present and so a suspension order is not suitable sanction.

The NMC further submitted that a striking-off order would be the most appropriate and proportionate sanction to impose in this case. NMC guidance 'FTP-2c: Criminal convictions and cautions' states that where the convictions are for a specified offence, the NMC will take the concerns to a fitness to practise panel as they are so serious that it is likely to undermine our professional standards a public confidence in the profession.

NMC guidance 'SAN-2e: Striking-off order' provides that this sanction is appropriate in cases of the most serious type, where it may not be possible for the nurse to address or put right and which most seriously affect the public's trust and confidence. The most serious offending includes specified offences.

Mr McKeown's conduct and conviction demonstrate a fundamental breach of trust in nurses and raises fundamental questions about his professionalism. Public confidence in the nursing and midwifery professions can only be maintained if he is permanently removed from the register. His behaviour is fundamentally incompatible with him remaining on the register.

As such, the NMC submitted that the only appropriate and proportionate sanction is, therefore, that of a striking-off order to adequately protect the public and address the public interest in this case.

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

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

Having found Mr Mckeown's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be

punitive in its effect, may have such consequences. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Mr Mckeown's conduct resulted in a conviction arising from deliberate and repeated communication exchanges of a sexually inappropriate nature regarding children over a period of time
- A lack of insight, remorse and remediation
- A failure to engage with the NMC process

The panel considered whether there were any mitigating features in this case. [PRIVATE]. However, there was no evidence of this before the panel. The panel therefore could give very limited weight to the personal mitigation advanced by Mr Mckeown.

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.

The panel next considered a caution order and had regard to the NMC guidance 'SAN-2b Caution order', in which the following is stated:

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

The panel considered that Mr Mckeown's conviction was at the higher end of the spectrum of seriousness, and it found that there is a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict Mr Mckeown's practise would not protect the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether to place a conditions of practice on Mr Mckeown's registration. In considering whether conditions of practice are appropriate, the panel had regard to the factors set out in the NMC guidance SAN-2c. The panel found that there is evidence of deep-seated attitudinal issues related to serious matters which were repeated over time. Moreover, Mr Mckeown has not demonstrated that he has taken steps to address the concerns arising from his conviction. There is a lack of evidence from Mr Mckeown of his willingness to engage with the NMC or comply with any conditions imposed. Furthermore, the concerns do not relate to Mr Mckeown's clinical practice. The panel determined that there are no relevant, proportionate, workable or measurable conditions that could be formulated to protect patients and to maintain public confidence in the profession. Having regard to the above, as well as the nature and seriousness of his conviction, the panel determined that a conditions of practice order would not be appropriate or proportionate in the circumstances.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC guidance on SAN-2d: 'Suspension order', in which the following factors on when a suspension order may be appropriate are set out:

- *'the impairment is very serious but not fundamentally incompatible with continuing to be a registered professional*
- *an outcome less severe than strike-off would still satisfy the over-arching objective.'*

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

- *'the charges found proved are at the most serious end of the spectrum and call into question the professional's suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation*
- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*

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

Whilst the panel acknowledged that the risks identified could be managed by Mr Mckeown being temporarily removed from the Register, it considered that it would not be sufficient to uphold public confidence in the profession and maintain professional standards due to the seriousness and nature of his conviction.

The panel had regard to NMC guidance 'SAN-3: Deciding between suspension and strike off', which states:

*'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.'*

Given Mr Mckeown's lack of evidence of steps taken to address his behaviour, insight and remorse, together with his lack of engagement with the NMC, the panel considered that there is no realistic possibility that, with a period of suspension, he would address the concerns to such a level where he could return to practise safely.

The panel noted that there are deep-seated attitudinal issues in this case, and Mr Mckeown's plan to take early retirement goes against the idea that he wishes to address his behaviour and improve in order to continue practising.

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

In considering a striking-off order, the panel had regard to the NMC guidance 'SAN-4: Sanctions for the highest risk cases':

*'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.'*

As this case involves a criminal conviction which pertains to communication exchanges about child sexual abuse and exploitation, the panel determined that this case falls within the definition of being a '*highest risk case*'.

The panel had regard to the following considerations as set out in the NMC guidance 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 found that the charge in this case does raise fundamental questions about Mr Mckeown's professionalism. Mr Mckeown has not provided the panel with any evidence of insight or steps taken to address his behaviour. The panel also previously determined that there is no realistic prospect that, after suspension, Mr Mckeown will have gained insight and strengthened his practice such that the risk he poses will have reduced. For these reasons, the panel concluded that public confidence in the professions, and in the NMC as a regulatory body, could not be maintained if Mr Mckeown is not removed from the Register.

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 a striking-off order. Having regard to the matters it identified, in particular the effect of Mr Mckeown'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 concluded that nothing short of this would be sufficient in this case.

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

This will be confirmed to Mr Mckeown in writing.

### **Interim order**

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

### **Representations on interim order**

The panel took account of the representations made by the NMC that, if a finding is made by the panel that Mr McKeown's fitness to practise is impaired on a public protection basis and a restrictive sanction imposed, we consider an interim order in the same terms as the substantive order should be imposed on the basis that it is necessary for the protection of the public and otherwise in the public interest. The interim order should be for a period of 18 months in the event Mr Mckeown seeks to appeal against the panel's decision.

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

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

The panel was satisfied that an interim suspension order is necessary to protect the public and otherwise in the public interest. In reaching the decision to impose an interim order, the panel had regard to the seriousness of the conviction and the reasons set out in its decision for the substantive order. It considered that to not impose an interim suspension order would be inconsistent with its earlier findings.

Therefore, the panel imposed an interim suspension order for a period of 18 months to cover the appeal period and any appeal if made.

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

That concludes this determination.