

# **Nursing and Midwifery Council**

## **Fitness to Practise Committee**

### **Substantive Hearing**

**Monday, 6 October – Wednesday 15 October 2025**

**Thursday 5 March 2026**

Virtual Hearing

**Name of Registrant:** **Mr Patrick Mhlanga**

**NMC PIN:** 08G0989E

**Part(s) of the register:** Nursing Sub part 1 RNMH, Registered Nurse -  
Mental Health 20 September 2008

**Relevant Location:** Hampshire

**Type of case:** Misconduct

**Panel members:** Vanessa Rolfe (Chair, lay member)  
Elaine Whitton (Registrant member)  
Sally Kitson (Lay member)

**Legal Assessor:** Tracy Ayling KC (6 – 15 October 2025)  
Charlene Bernard (5 March 2026)

**Hearings Coordinator:** Peaches Osibamowo

**Nursing and Midwifery Council:** Represented by Beverley Da Costa, Case  
Presenter (6-15 October 2025)  
Represented by Iwona Boesche (5 March 2026)

**Mr Mhlanga:** Present and represented by Karl Shadenbury  
(Unison) (6-15 October 2025)

Not present and unrepresented at this hearing (5 March 2026)

**Facts proved:**

1a, 1b, 3a, 3b, 3c, 3di, 3dii, 3diii, 3div, 3e, 3fi, 3fii, 3fiii, 4a, 4b, 4c, 5a, 5b, 6a in relation to (1a, 1b, 3a, 3c, 3d, 3e, 3f, 4a, 4b, 4c, 5a and 5b) and 6b in relation to (Charge 1a, 1b, 3d, 3f, 4a, 4b, 4c, 5a and 5b)

**Facts not proved:**

Charge 2, Charge 6a in relation to (Charge 3b) and Charge 6b in relation to (Charge 3a, 3b, 3c and 3e)

**Fitness to practise:**

Impaired

**Sanction:**

**Striking-off order**

**Interim order:**

**Interim suspension order**

## Details of charge

That you, a registered nurse:

1. In relation to Colleague A, on 27th February 2024:

a) Hugged them;

b) Touched their stomach under their cardigan

2. In relation to Colleague A, on an unknown date, placed your hands on their shoulders

3. In relation to Colleague B:

a) On one or more occasions other than at charge 3)f)iii. Below, hugged them;

b) On 9th March 2023 while they were on leave, emailed them

c) On 15 and/or 18 September 2023, sent WhatsApp messages to them which were not work-related and/or outside working hours;

d) On an unknown date on or after 28 August 2023,

i) Asked them to try on a dress

ii) Walked them to their car

iii) Put the dress in their car

iv) Asked them to take a photo of the dress while wearing it, and send the photo to you

e) On an unknown date on or after 28 August 2023, send them a video of tracksuits and a message via WhatsApp

f) On 22 September 2023:

- i) Walked them to their car
- ii) Invited them to go to a spa with you
- iii) Hugged them and/or placed your hands on their lower back

4. In relation to Colleague C, on 7th December 2023:

- a) Said “you look sexy” or words to that effect;
- b) Hugged them;
- c) Rubbed and/or gyrated your hips against them;

5. In relation to Colleague C, on 9th May 2024

- a) Hugged them
- b) Dug your fingers into their clothing and/or them

6. Your actions above at one or more of charges 1 and/or 2 and/or 3 and/or 4 and/or 5 were:

- a) In breach of professional boundaries
- b) Sexually motivated.

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

### **Application for special measures for Colleague A**

Ms Da Costa made an application for special measures in relation to Colleague A. She referred the panel to Rule 23 of the ‘Nursing and Midwifery Council (Fitness to Practise) Rules 2004’, as amended (the Rules), which governs the provision of

vulnerable witnesses. She submitted that there was already an agreement between the NMC and you for these special measures to be put in place, however, this was ultimately a decision for the panel.

Ms Da Costa submitted that as this case involves an allegation of sexual misconduct and that Colleague A was the alleged victim, she should be treated as a vulnerable witness. Ms Da Costa submitted that Colleague A stated that she felt nervous and anxious. She submitted you could turn your camera off whilst she gives evidence, to enable her to give her best evidence.

Mr Shadenbury did not object to the application for the special measure of you turning your camera off whilst Colleague A was giving evidence.

The panel accepted the advice of the legal assessor.

### **Decisions and reasons on application for special measures in relation to Colleague A**

The panel determined that it was fair to allow the application for special measures in relation to Colleague A to allow her to give her best evidence. It decided that you should turn your camera off for the duration of her evidence.

### **Application for special measures in relation to Colleague B**

Ms Da Costa submitted that Colleague B suffers from anxiety and believes that seeing each other, would affect her mental health. This makes her a vulnerable witness under Rule 23. She submitted a request for you to dial in to the hearing as this would enable Colleague B to give her best evidence whilst ensuring fairness to you, as you would still be able to hear the oral evidence of the Colleague B.

Ms Da Costa submitted that the hearing was originally listed as a physical hearing, in which case it was likely that there would have been screens so that you would hear Colleague B's oral evidence, but not see her. She submitted that dialling in to the teams hearing is the virtual equivalent of this measure.

Mr Shadenbury did not object to your camera being turned off but he objected to you dialling in to the hearing as you are entitled to see all the evidence. He submitted that it is a matter for the panel to consider what is proportionate and balance Colleague B's ability to give evidence with your right to a fair hearing.

Mr Shadenbury submitted that a benefit of a virtual hearing is that a witness does not need to see the registrant and a registrant can benefit from seeing the witness giving their evidence.

The panel accepted the advice of the legal assessor.

### **Decision and reasons on the application for special measures in relation to Colleague B**

The panel considered the submissions and decided that it is fair to maximise Colleague B's ability to feel comfortable to enable her to give her best evidence. It considered that if it were a physical hearing she would have given her evidence from behind a screen, therefore, you dialling into the hearing is the virtual equivalent of this physical measure. The panel decided to accept the request for you to dial in to the hearing.

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

The panel heard an application made by Ms Da Costa, on behalf of the NMC, to amend the wording of the stem of Charge 5.

The proposed amendment was to add the words '*or around*' prior to the date of 9 May 2024. It was submitted by Ms Da Costa that the proposed amendment would be fair as it would not change the substance of the charge, it merely allows a longer time period.

"That you, a registered nurse:

5. In relation to Colleague C, on **or around** 9th May 2024

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

The panel heard from submissions from Mr Shadenbury who submitted that the application is opposed on the basis that the amendment does not seek to provide clarity or reflect the evidence. He submitted that during cross examination Colleague C was given an opportunity to confirm the date of the alleged incidents and she insisted that they did occur on 9 May 2024.

Mr Shadenbury submitted that the NMC have been aware of the position of Witness 5 and Witness 4 who both state that your last day at the Trust was 10 April 2024. He submitted that the NMC have had ample opportunity to reflect this position and that allowing this application would cause unfairness and injustice to you as you are part way through giving your evidence at present.

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, would not be fair to you. It found that it would be wholly unfair to allow the proposed amendment at this stage, as you have already given your evidence in chief. The panel considered that there is some evidence to support the allegation, therefore it was not necessary or appropriate to amend the charge at this stage. The panel decided to deny the application to amend this charge.

## **Background**

The charges arose whilst you were employed as a [PRIVATE] at Southern Health NHS Foundation Trust in the [PRIVATE] (CMHT).

Between 3 January 2023 and 11 April 2024, the following concerns were raised about your conduct in the workplace:

A female student nurse on a placement with CMHT alleged that in April 2024 you pressed yourself against her in the clinic room.

Another female student nurse alleged that you hugged her inappropriately, sent her inappropriate WhatsApp messages and invited her to a spa.

On 14 May 2024 a registered nurse in the team alleged that you hugged her tightly and gyrated against her on 7 December 2023. The nurse also alleged that you hugged her tightly and placed your fingers against her rib cage.

### **Decision and reasons on facts**

At the outset of the hearing, the panel heard from Mr Shadenbury, who informed the panel that you made full admissions to Charges 1a, 3b, 3c, 3e, 4b and 6a in respect of Charge 1a.

The panel therefore finds Charges 1a, 3b, 3c, 3e, 4b and 6a in respect of Charge 1a, proved in their entirety, by way of your admissions.

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 Da Costa on behalf of the NMC and by Mr Shadenbury, on your behalf.

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:

- Witness 1 (Colleague A): Student nurse at Southern Health NHS Trust

- Witness 2 (Colleague B): Student nurse at Southern Health NHS Trust
- Witness 3 (Colleague C): Mental Health Nurse at Southern Health NHS Trust
- Witness 5: Service Manager at Southern Health NHS Trust
- Witness 6: Team Leader at Southern Health NHS Trust

The panel also heard evidence from you under oath.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor which included reference to *Sait v GMC* [2018] EWHC 3160 (Admin), *Haris v GMC* [2021] EWCA Civ 763, *Professional Standards Authority for Health and Social Care v Health and Care Professions Council* and *Leonard Ren-Yi Yong* [2021] EWHC 52 (Admin).

It considered the witness and documentary evidence provided by both the NMC and Mr Shadenbury.

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

### **Charge 1**

That you, a registered nurse:

1. In relation to Colleague A, on 27th February 2024:

a) Hugged them;

b) Touched their stomach under their cardigan

**This charge is found proved.**

In reaching this decision, the panel took into account your oral and written evidence and the oral and written evidence of Colleague A, Witness 5 and Witness 6.

You made an admission in relation to Charge 1a, therefore, this charge is found proved.

The panel next considered Charge 1b and found colleague A to be credible and consistent in her oral and written evidence. It noted that she was a student nurse and she had no reason to fabricate her report, which she escalated to her tutor and reported to a senior team member the next day.

The panel acknowledged that whilst Witness 5 may have had the best intentions in demonstrating the actions to Colleague A, this led to a misunderstanding of the hand being placed on the breast, it found that the evidence of Colleague A was reliable due to the consistency of her accounts. The panel did not accept your account that Colleague A had been triggered by something else in her past leading to the fabrication of this account.

The panel concluded that colleague A is independent of the other two colleagues who it was suggested may have colluded. It considered that she reflected upon the incident wondering if she was being too sensitive before concluding that it was an '*intimate*' touch.

The panel acknowledged your evidence was that there was a hug but that you did not touch her stomach. The panel preferred the evidence of Colleague A that you did touch her stomach under her cardigan.

Therefore, on the balance of probabilities, Charge 1b is found proved.

The panel referred to Charges 6a and 6b in relation to Charges 1a and 1b and noted that whilst taken individually this conduct may not appear to be in breach of professional boundaries or sexually motivated, the panel was of the view that the conduct in both charges should be considered as one incident.

The panel considered that in your conversation with Witness 5 you acknowledged that you had crossed the boundary in relation to your professional relationship with Colleague A. It noted that you were a senior qualified nurse with a level of responsibility and experience in supervising students. Colleague A was a student nurse. You should have had more insight into your actions. The panel accepted the evidence of Colleague A and attached more weight to it than that of Witness 5 and Witness 6 as their evidence was largely hearsay evidence.

Therefore, on the balance of probabilities, Charge 6a is found proved in respect of Charge 1a and Charge 1b.

The panel next considered Charge 6b in relation to Charge 1a and 1b. Colleague A accepted in her oral evidence that the hug was in celebration of Witness 5 stating that she had been put on a list for a future job role within the team. She stated that during the course of the hug you pressed your whole body against her and that she found it '*slightly unnecessary*' to have a hug like that with someone she did not '*know very well*', in private not in front of anyone. The panel was of the view that touching the whole of the body is more intimate than an ordinary hug. It was excessive and rendered colleague A feeling vulnerable as this conduct took place '*in a small confined space with the door closed*' with no one else in the vicinity. For this reason the panel determined that the conduct, by its very nature, does not fit with your description of the hug as a congratulatory hug. It found that the conduct was sexual because it was a whole body hug and sexually motivated because of its very nature it was in pursuit of sexual gratification, unlike an ordinary hug.

Therefore, on the balance of probabilities, Charge 6a and b are found proved in relation to both parts of Charge 1.

## **Charge 2**

That you, a registered nurse:

2. In relation to Colleague A, on an unknown date, placed your hands on their shoulders

**This charge is found NOT proved.**

In reaching this decision, the panel took into account your oral and written evidence and the oral and written evidence of colleague A

In reaching this decision, The panel found that there was insufficient evidence to support the allegation that you placed your hands on her shoulders. It found that Colleague A could not recall the details of the incident and that her written statement was vague on the details of the alleged incident.

The panel noted that Colleague A did not think the conduct outlined in this allegation breached professional boundaries.

Therefore, on the balance of probabilities, Charge 2 is found not proved.

**Charge 3**

That you, a registered nurse:

3. In relation to Colleague B:

a) On one or more occasions other than at charge 3)f)iii. Below, hugged them;

b) On 9th March 2023 while they were on leave, emailed them

c) On 15 and/or 18 September 2023, sent WhatsApp messages to them which were not work-related and/or outside working hours;

- d) On an unknown date on or after 28 August 2023,
  - i) Asked them to try on a dress
  - ii) Walked them to their car
  - iii) Put the dress in their car
  - iv) Asked them to take a photo of the dress while wearing it, and send the photo to you
  
- e) On an unknown date on or after 28 August 2023, send them a video of tracksuits and a message via WhatsApp
  
- f) On 22 September 2023:
  - i) Walked them to their car
  - ii) Invited them to go to a spa with you
  - iii) Hugged them and/or placed your hands on their lower back

In reaching this decision, the panel took into account your oral and written evidence and the oral and written evidence of colleague B and Witness 6.

In relation to Charge 3a, the panel noted that you said you hugged people because it was part of your culture and to be compassionate. You admitted to hugging other colleagues, but not colleague B, even though you had worked with her for a number of weeks. The panel accepted that it was common practice for you to greet practitioners with hugs, and found that it did not follow that you did not greet Colleague B in the same way.

Therefore, on the balance of probabilities, Charge 3a is found proved.

In considering Charge 6a in relation to Charge 3a, the panel acknowledged that colleague B, in her oral evidence, stated that the hugs did not cross professional boundaries. However, the panel came to the view that they did cross professional boundaries, especially with student nurses who were your supervisees and you were in a position of trust in relation to them with senior responsibilities. The panel found

this charge proved in relation to breaching professional boundaries, for the same reasons set out in Charges 1a and 1b.

The panel made reference to the definition of sexual motivation in considering Charge 6b in relation to Charge 3a, namely whether the alleged conduct was of a sexual nature or the purpose or circumstances was sexual in that it was for sexual gratification.

The panel noted that when asked, Colleague B said she did not feel that the hugs crossed professional boundaries and the panel was satisfied that, on the balance of probabilities, the hugs at this point were not sexual in nature.

Therefore, on the balance of probabilities, Charge 6b in relation to Charge 3a is found not proved.

The panel considered your admission to Charge 3b and found this charge proved.

The panel considered Charge 6a and 6b in relation to Charge 3b and found that you emailed Colleague B's work and university email addresses to share your genuine condolences. Although the panel noted that Colleague B was particularly vulnerable because of her [PRIVATE], you were sending the message with good intentions. The panel determined that the nature and content of the email did not cross professional boundaries nor was it sexually motivated.

Therefore, on the balance of probabilities, Charge 6a and 6b are found not proved in relation to Charge 3b.

The panel considered your admission to Charge 3c, therefore, this charge is found proved.

The panel next considered Charge 6a in relation to Charge 3c and noted that Colleague B found the WhatsApp messages inappropriate as they were not work related and sent outside of working hours. It found that the timing, content and purpose of the messages was in breach of professional boundaries.

Therefore, on the balance of probabilities, Charge 6a in relation to Charge 3c, is found proved.

In considering Charge 6b in relation to Charge 3c, the panel felt that this was a completely inappropriate exchange with your supervisee. Although it was of the view that the purpose of your conduct was inappropriate, on the balance of probabilities, it could not be satisfied that it was for sexual motivation.

Therefore, on the balance of probabilities, Charge 6b in relation to Charge 3a is found not proved.

The panel considered Charges 3di, 3dii, 3diii and 3div separately and noted that these charges arose from one incident related to trying on a dress, walking to the car and asking to have a photo taken. It was well known within the team that you had a fashion brand and you acknowledged this. However, the allegation that you said she should try on a dress and took her to the car is so out of the ordinary, yet you deny all of this. Colleague B is consistent in her oral and written evidence that you walked her to the car and were persistent in your requests for her to try on the dress. The panel accepted that the events happened as narrated by Colleague B.

The panel made specific reference to Charge 3di and noted that Colleague B consistently stated that you asked her to try on a dress. You acknowledged that you had a fashion brand but you state that you never asked her to try on a dress.

Therefore on the balance of probabilities, Charges 3di, 3dii, 3diii and 3div are found proved.

The panel considered Charge 6a in relation to all of Charge 3d. You stated that it would be inappropriate if you had asked a colleague to try on a dress. Colleague B was consistent in her narrative of the sequence of events on this date. The panel determined that your conduct was inappropriate, not related to work and the seriousness was exacerbated by the power imbalance between you and the student

nurse. Therefore, the panel found Charge 6a proved in relation to Charge 3d in its entirety.

The panel next considered Charge 6b in relation to all of Charge 3d. It accepted Colleague B's description of dress as '*promiscuous*' as it was a '*strappy*' dress with a slit on the side of it. Colleague B has been consistent in her statements. The panel determined that this conduct was sexually motivated in the sense that it was for sexual gratification. It found that your intention in requesting a photograph of Colleague B wearing the dress was also sexually motivated.

Therefore, on the balance of probabilities, Charge 6b in relation to the entirety of Charge 3d is found proved.

The panel accepted your admission to Charge 3e, therefore, this charge is found proved.

The panel considered Charge 6a in relation to Charge 3e. For the same reasons stated in Charge 6a in relation to Charge 3d, the panel found that your conduct breached professional boundaries and this charge is found proved.

The panel considered Charge 6b in relation to Charge 3e and it found that the continuation of conversations between supervisor and supervisee about non work related topics was inappropriate. However, in isolation, it did not find the WhatsApp message sexually motivated. In light of this, the panel found this charge not proved.

The panel considered Charge 3f in its entirety and found that Colleague B's consistent oral evidence was corroborated by the evidence of Witness 6. You completely deny this. However, the panel accepted the evidence of Colleague B.

The panel noted that Colleague B's evidence was that you asked her to '*come to*' the spa and her understanding was that she was going to go to the spa with you. The panel noted the similarity of the whole circumstances of this event in that you again walked your colleague to the car and hugged her inappropriately by placing your hands on her lower back. You denied these events took place in their entirety,

However, the panel preferred the account of Colleague B which was consistent and therefore reliable.

Therefore, on the balance of probabilities, this charge is found proved.

The panel considered Charge 6a in relation to Charge 3f in its entirety and echoed the reasons stated in its findings in relation to Charge 3d. In light of this, on the balance of probabilities, this charge is found proved.

The panel considered Charge 6b in relation to Charge 3f in its entirety. It acknowledged that it was inappropriate to invite a colleague to a spa, in private and on the last day of her placement. The panel accepted that a spa would be a more intimate space than a work setting and it determined that the location and timing of the invitation was an intentional attempt to foster a future relationship. In light of this, the panel found that, on the balance of probabilities, your conduct was sexual in nature due to the circumstances in relation to it.

#### **Charge 4**

That you, a registered nurse:

4. In relation to Colleague C, on 7th December 2023:

- a) Said “you look sexy” or words to that effect;
- b) Hugged them;
- c) Rubbed and/or gyrated your hips against them;

**This charge is found proved.**

In reaching this decision, the panel took into account your oral and written evidence and the oral and written evidence of Colleague C.

The panel considered that you admitted to Charge 4b as such this charge is found proved.

The panel considered Charges 4a and 4c and noted your evidence that you hugged Colleague C as you gave her a secret santa gift, but you were adamant that you did not gyrate your hips.

The panel found the evidence of Colleague C credible. It was part of her evidence that another colleague, Witness 7, witnessed your alleged actions. It is acknowledged that Witness 5 stated that she had asked Witness 7 if he had witnessed your behaviour and he stated that he had no recollection of this. However, this only came to light in Colleague C's oral evidence. The panel noted that this was the first time that this was ever mentioned and it was not in Witness 5's written evidence. Therefore, on the balance of probabilities, it did not find this credible.

In light of this, the panel found charges 4a, 4b and 4c proved.

The panel assessed the evidence in relation to Charge 6a and found that the behaviour in the entirety of Charge 4 breached professional boundaries. Although you and Colleague C were in the same band, the conduct found proved is not appropriate between colleagues in a work setting.

The panel considered Charge 6b in relation to Charge 4 and it considered all 3 sub charges as one incident and that the totality of your conduct was sexually motivated. Although Colleague C stated that she did not consider your actions sexually motivated, the panel found that it was. It determined that sexual words coupled with physical actions of a sexual nature were for pleasure and there can be no reason for those words and actions other than sexual gratification.

In light of this, on the balance of probabilities, this charge is found proved in relation to the entirety of Charge 4.

## **Charge 5**

That you, a registered nurse:

5. In relation to Colleague C, on 9th May 2024

a) Hugged them

b) Dug your fingers into their clothing and/or them

**This charge is found proved.**

In reaching this decision, the panel took into account your oral and written statement, the oral and written evidence of colleague C and the written statement from witness 4.

The panel have noted that you ended your employment at CMHT in April 2024, however, it noted that the statement given by Colleague C to Witness 5 was dated 21 May 2024, just 11 days after the incident. In this statement Colleague C states that you '*visited the team*' to say your '*goodbyes*' which suggests that this was temporary as you had already left your role. This is evidenced by Colleague C's written statement dated September 2024. It was also supported by the statement of Witness 4 who stated that Mr Mhlanga has '*not undertaken any work at the Trust since 11 April 2024. Mr Mhlanga resigned from CMHT prior to these allegations being brought to the Trust's attention.*'

The evidence of Colleague C was that the incident occurred the day before her visit to the pub with Colleague B and Witness 6 on 10 May 2024. When asked about this in cross examination, she was adamant that the date was correct. The panel balanced the evidence of Colleague C and the documentation you provided which depicted the processing of your timesheet for the week ending 12 May 2024. The panel was satisfied that you were more likely than not to have been at CMHT on 9 May 2024.

The panel considered that Colleague C had no reason to fabricate this incident and determined that, on the balance of probabilities, you visited CMHT to say your goodbyes.

The panel found Colleague C credible and consistent. It noted that she was not given an opportunity to address the allegation that she was jealous of you and appeared *'frosty'* in September 2023 when she found out you were leaving to study medicine. As this information was given during your oral evidence, Colleague C was not given an opportunity to address this allegation. The NMC nor the panel had an opportunity to examine this evidence.

Therefore, on the balance of probabilities, Charge 5a and 5b are found proved.

The panel considered Charge 6a in relation to Charge 5. It accepted that Colleague C stated that you *'dug' your 'fingers into the underwire of my bra to my left side. This hurt the left hand side of my ribs and I stepped away from the Mr Mhlanga to end the hug'*. The panel found that in taking charges 5a and 5b together, your conduct breached professional boundaries as the hug was more intimate than an ordinary hug which *'hurt'* her. Therefore, on the balance of probabilities, this charge is found proved.

The panel considered Charge 6b in relation to Charge 5 and determined that the nature of the hug and the position of the hug amounted to a hug of a sexual nature. Therefore, this charge is found proved.

## **Charge 6**

That you, a registered nurse:

6. Your actions above at one or more of charges 1 and/or 2 and/or 3 and/or 4 and/or 5 were:

a) In breach of professional boundaries

b) Sexually motivated.

The panel made reference to its findings for each of the charges and made the following decisions, for the reasons set out in this determination.

In relation to Charge 6a, the panel found your actions breached professional boundaries in the following charges: Charge 1a, 1b, 3a, 3c, 3d, 3e, 3f, 4a, 4b, 4c, 5a and 5b.

In relation to Charge 6b, the panel found your actions were sexually motivated in the following charges: Charge 1a, 1b, 3d, 3f, 4a, 4b, 4c, 5a and 5b.

### **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 your 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 kindly, safely and professionally.

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, your 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 Da Costa invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates 2015/2018' (the Code) in making its decision.

Ms Da Costa identified the specific, relevant standards where your actions amounted to misconduct.

Ms Da Costa made reference to the case of *Roylance*. She submitted that you were a trained nurse with extensive experience and knowledge who engaged in conduct the panel found to have breached professional boundaries and be sexually motivated.

Ms Da Costa submitted that the charges found proved are in breach of section 20, 20.2, 20.3, 20.8 and this amounts to misconduct.

Mr Shadenbury submitted that bearing in mind the facts found proved, it is accepted that the panel are likely to find misconduct established in these circumstances.

### **Submissions on impairment**

Ms Da Costa 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 cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Da Costa submitted that the NMC guidance asks if the nurse can practise can kindly, safely and professionally. She submitted that there are 3 separate members of staff that the panel has found that you breached professional boundaries with.

Ms Da Costa submitted that the panel should consider the repetition of your misconduct, the risk of harm and the distress caused to Colleagues A and B.

Ms Da Costa submitted that the concerns related to sexual misconduct are very serious and your level of reflection, insight and remediation is insufficient.

Ms Da Costa submitted that the test in *Grant* suggests that any conduct capable of affecting nurses can inevitably affect patients. She submitted that your conduct brought the profession into disrepute and breached fundamental tenets of the profession.

Ms Da Costa submitted that you are impaired on the ground of public protection and in the wider public interest. She submitted that you present a risk of harm to younger female nurses and members of the public would be alarmed if there were no finding of impairment.

Mr Shadenbury submitted that limbs a, b and c of the *Grant* test have been engaged in relation to your conduct in the past. Although your conduct has breached professional boundaries there is no evidence of any lasting harm and all 3 colleagues have confirmed this.

Mr Shadenbury submitted that Witness 5 stated that you changed the way you acted towards colleagues, no longer hugged them and that you were more reserved.

Mr Shadenbury submitted that your level of insight is at a good level and that in future you will remain professional with colleagues, respect colleague's personal space and not make physical contact with colleagues under any circumstances.

Mr Shadenbury submitted that you have been a registered nurse for approximately 17 years without any concerns prior to these proceedings. You were given additional

tasks because you were a highly skilled clinician, who was well liked and respected in the workplace.

Mr Shadenbury submitted that there are a number of testimonials post dating these incidents, therefore, the risk of repetition is minimal. There is no suggestion that such behaviour was present prior to these incidents.

Mr Shadenbury accepted that the panel will likely find the reputation of the regulator has been damaged.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311

### **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 your actions did fall significantly short of the standards expected of a registered nurse, and that your actions amounted to a breach of the Code. Specifically:

***'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 times, 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*

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

*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 appreciated that breaches of the Code do not automatically result in a finding of misconduct.

The panel considered Charge 3b and the charges found proved in relation to Charge 6a, namely, Charges 3a, 3c and 3e. The panel found that though your conduct in these instances was inappropriate, in exercising its professional experience and judgement, it determined that your behaviour, in relation to these charges, was not so serious to find serious professional misconduct.

The panel was of the view that as a senior clinician in a position of trust and in a supervisory role, any conduct found to be sexually motivated is serious misconduct. This was particularly pertinent where there had been inappropriate physical contact between you and your supervisees which had left them feeling uncomfortable and distressed.

Therefore, the panel determined that all charges found proved in relation to Charge 6b (Charges 1a, 1b, 3d, 3f, 4a, 4b, 4c, 5a and 5b) amount to misconduct as they are so serious.

In light of this, the panel found that your actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

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

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

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

*'The question that will help decide whether a professional's fitness to practise is impaired is:*

*"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"*

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

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

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

*'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ fitness to practise is impaired in the sense that S/He:*

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

The panel finds that limbs b and c of the test are engaged. Your misconduct, particularly the sexually motivated misconduct, has breached the fundamental tenets of the nursing profession. As a supervisor you should not have behaved in the way that you did and students should feel safe in the workplace. Consequently, your conduct has brought the profession into disrepute.

Regarding insight, the panel considered that you have shown limited insight in your reflective piece and the testimonials you provided. However, the panel has not had sight of any evidence of your recent work history, courses undertaken, further reflective pieces, an apology, oral evidence or an adjournment request submitted to enable you to provide further evidence to satisfy the panel that you have more comprehensive insight.

Although the panel was satisfied that the misconduct in this case is capable of being addressed, it was unable to determine whether you have taken steps to strengthen your practice because it did not see evidence of this.

The panel is of the view that there is a risk of repetition because the facts found proved were not an isolated incident, they occurred over a period of time and were in relation to three individuals.

The panel noted that your conduct is not easily remediable as you have denied most of the charges, therefore, there is an attitudinal issue which further highlights your lack of insight and awareness of the impact of your behaviour. Whilst it is a difficult to remediate this misconduct there are courses and testimonials that could be undertaken to mitigate this. 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 determined that a finding of impairment on public interest grounds is required because given the panel's findings in relation to the sexual motivation, particularly as you were the supervisor of Colleagues A and B, there is a public interest in upholding proper standards and conduct. There is a need to maintain public confidence in the profession, and the NMC as regulator.

In addition, the panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds your fitness to practise impaired on the grounds of public interest.

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

### **Application to proceed in the absence of Mr Mhlanga**

Ms Da Costa submitted that it is in the public interest for the hearing to conclude expeditiously. She submitted that the panel have made a finding of fact and that most charges have been found proved.

Ms Da Costa submitted that an adjournment is likely to lead to a significant delay in concluding these proceedings.

Ms Da Costa submitted that the panel should consider fairness and balance the public interest in this case with fairness to Mr Mhlanga. She submitted that at this stage in proceedings Mr Mhlanga's representative should have enough instructions to proceed with the hearing.

Mr Shadenbury objected to the application to proceed in absence of Mr Mhlanga.

### **Application to adjourn the hearing**

Mr Shadenbury made an application to adjourn the hearing. He submitted that an adjournment is necessary in fairness to Mr Mhlanga and to allow him to continue to engage in the regulatory process. The reason for Mr Mhlanga not attending the hearing today is unknown, however, he did express concerns about his [PRIVATE] health at the start of the hearing.

Mr Shadenbury submitted that the panel's determination highlighted a need for Mr Mhlanga to demonstrate insight and it would be fair to allow him to do this.

Mr Shadenbury submitted that the public protection and public interest concerns have been addressed as Mr Mhlanga is currently subject to an interim order.

Mr Shadenbury submitted that he does not have sufficient instructions to continue in the hearing without Mr Mhlanga and he is instructed to withdraw representation if this hearing continues in his absence. He further submitted that at this stage there may not be time to conclude in the allocated time.

Mr Shadenbury submitted that all witnesses have been called and as the hearing is approaching it's final stage, an adjournment would have no real impact on the witnesses.

### **Decision and reasons on the application to proceed in absence and the application to adjourn the hearing**

The panel considered both the application to proceed in the absence of Mr Mhlanga and the application to adjourn the hearing. It decided that it would be fair to allow the application to adjourn the hearing.

The panel considered that the facts found proved are very serious and as he has been represented throughout the proceedings, it would be unfair if he had to continue

without representation given the seriousness of the sanctions available. The panel decided that it would be in Mr Mhlanga's interest to be represented at this stage.

The panel acknowledged that Mr Mhlanga has engaged throughout the regulatory process and it was made aware of Mr Mhlanga's [PRIVATE] health concerns on day 1 of the hearing.

The panel specifically requested that Mr Mhlanga is given the opportunity to demonstrate insight and remediation. An adjournment would be fair to allow Mr Mhlanga the opportunity to do so.

The panel considered that the public are protected by the interim order that is in place and that there is no inconvenience to witnesses as they have all given their evidence, though it acknowledges that waiting for an outcome is always difficult.

In light of this, the panel decided to allow the application to adjourn the hearing.

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

The panel was informed at the start of the resumed hearing on 5 March 2026 that Mr Mhlanga was not in attendance and that the Notice of Hearing letter had been sent to Mr Mhlanga's registered email address by secure email on 7 January 2026.

Ms Boesche, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegation, the time, date and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mr Mhlanga's right to attend, be represented and call evidence, as well as the panel's power to proceed in his absence.

In the light of all of the information available, the panel was satisfied that Mr Mhlanga has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

### **Decision and reasons on proceeding in the absence of Mr Mhlanga**

The panel next considered whether it should proceed in the absence of Mr Mhlanga. It had regard to Rule 21 and heard the submissions of Ms Boesche who invited the panel to continue in the absence of Mr Mhlanga. She submitted that Mr Mhlanga had voluntarily absented himself.

Ms Boesche referred the panel to the written submissions from Mr Shadenbury, on Mr Mhlanga's behalf. Ms Boesche submitted that there was no application to adjourn the hearing.

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised '*with the utmost care and caution*' as referred to in the case of *R v Jones (Anthony William)* (No.2) [2002] UKHL 5.

The panel has decided to proceed in the absence of Mr Mhlanga. In reaching this decision, the panel has considered the submissions of Ms Boesche, the submissions made on Mr Mhlanga's behalf, and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mr Mhlanga;
- Mr Shadenbury informed the NMC that he nor Mr Mhlanga will be attending the resumed hearing and provided written submissions in advance of the hearing;

- There is no reason to suppose that adjourning would secure his attendance at some future date; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Mr Mhlanga in proceeding in his absence although the evidence upon which the NMC relies will have been sent to him at his registered address. Furthermore, the limited disadvantage is the consequence of Mr Mhlanga's decision to absent himself from this hearing, waive his right to attend, and be represented at this hearing and to provide evidence and make in person submissions on his own behalf.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mr Mhlanga. The panel will draw no adverse inference from Mr Mhlanga's absence.

### **Sanction**

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

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had regard to the NMC Guidance on '*The sanctions available*' (Reference: SAN-2 Last Updated: 28/01/2026).

### **Submissions on sanction**

Ms Boesche informed the panel that in the Notice of Hearing, dated 7 January 2026 the NMC had advised Mr Mhlanga that it would seek the imposition of a striking-off order.

Ms Boesche submitted that this is a serious case and Mr Mhlanga was in a position of trust in training student nurses. She submitted that he took advantage of his position and that the appropriate sanction is a striking-off order.

Ms Boesche submitted that the concerns have not been properly addressed and there are public protection and public interest concerns that need to be considered.

Ms Boesche referred to NMC Guidance SAN-3C.

Ms Boesche submitted that a conditions of practice order would not be appropriate as there is a deep seated attitudinal issue. She submitted that there are no identifiable areas in which Mr Mhlanga would need retraining and there are no conditions that could be formulated to protect colleagues and patients.

Ms Boesche submitted that a suspension order would not be an appropriate sanction.

Ms Boesche submitted that although denial of charges does not demonstrate a lack of insight, there is no evidence of reflection or insight. She submitted that the misconduct was not a single incident rather a series of breaches against multiple people which was sexually motivated.

Ms Boesche submitted that a striking-off order is the appropriate sanction as the charges found proved raise fundamental questions about Mr Mhlanga's professionalism. She submitted that public confidence in the profession cannot be properly maintained if a professional who repeatedly makes sexual advances towards colleagues is not removed from the Register.

Ms Boesche referred to NMC guidance SAN-2e and submitted that sexual misconduct is listed as likely to result in a striking-off order.

Ms Boesche submitted that Mr Mhlanga's conduct breached fundamental tenets of the nursing profession, therefore, a striking-off order is the only appropriate and proportionate action in this case.

The panel also bore in mind written submissions from Mr Shadenbury, on Mr Mhlanga's behalf.

Mr Shadenbury submitted that the panel must ensure that its decision is proportionate and strikes a fair balance between Mr Mhlanga's rights and the overarching objective of public protection. He submitted that the panel needs to choose a sanction that does not go further than needed to meet this objective.

Mr Shadenbury submitted that the mitigating factors in this case include the following: no previous regulatory or disciplinary findings; some early admissions to the charges; demonstrated remorse for his actions; positive character references from colleagues; some evidence of insight; and that no patient was at risk of harm.

Mr Shadenbury submitted that the charges found proved are isolated to a single period of employment that amounted to 10 months, within a 17-year career as a registered nurse. It is accepted that, in respect of Colleague A and Colleague B, there was an imbalance of power as the colleagues were student nurses, however all 3 colleagues stated that Mr Mhlanga's conduct did not have a long term effect on them.

Mr Shadenbury referred to the case of *Sayer v General Osteopathic Council* [2021] EWHC 370 (Admin) which held that the denial of misconduct is not an absolute bar to a finding of insight.

Mr Shadenbury accepted that any breach of professional boundaries and sexually motivated conduct is serious, but it is submitted that Mr Mhlanga's conduct in this matter should be considered at the lower end of the spectrum given the nature of the conduct found proved.

Mr Shadenbury submitted that a suspension order is an appropriate and proportionate sanction in this matter. The hearing was adjourned last year due to [PRIVATE]. He submitted that Mr Mhlanga has been unable to provide evidence of training due to his health issues.

Mr Shadenbury submitted that Mr Mhlanga is struggling [PRIVATE] and is unable to [PRIVATE] the course that the panel suggested he complete.

Mr Shadenbury submitted that there is no evidence that Mr Mhlanga has a harmful deep-seated personality. The panel heard from all the witnesses that Mr Mhlanga was a likeable professional.

Mr Shadenbury submitted that a striking-off order is disproportionate and too severe. He submitted that there are no clinical concerns or risks to patients.

Mr Shadenbury submitted that a period of suspension is sufficient to reflect the seriousness of Mr Mhlanga's misconduct and it would provide him time to demonstrate full insight, attend professional courses and seek testimonials from previous colleagues, when his health has improved.

The panel accepted the advice of the legal assessor.

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

Having found Mr Mhlanga'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:

- Limited insight
- No evidence of remorse
- Attitudinal issues
- Abuse of a position of trust
- Predatory behaviour
- Deliberate breaches of the Code
- A pattern of misconduct over a period of time
- Indirect risk of harm to patients

- Lack of evidence of strengthened practice

The panel also took into account the following mitigating features:

- Mr Mhlanga has engaged with most of the regulatory process from the outset
- Early admissions of some of the facts
- No history of previous regulatory concerns or proceedings
- Mr Mhlanga's health concerns albeit to a very limited extent as it does not have any independent evidence to support this.

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 would it uphold public confidence in the profession 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 Mr Mhlanga's actions were not at the lower end of the spectrum, due to his repeated serious misconduct, 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 Mhlanga'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 order on Mr Mhlanga's registration. In considering whether conditions of practice are appropriate, the panel had regard to the factors set out in the NMC Guidance on 'Conditions of

practice order' (Reference: SAN-2c Last Updated: 28/01/2026). Having found that whilst the misconduct is not directly linked to clinical care, there are deep seated attitudinal issues and having regard to the nature and seriousness of Mr Mhlanga's conduct, the panel determined that a conditions of practice order would not be appropriate in the circumstances. The panel considered that there are no relevant, proportionate, workable or measurable conditions that could be formulated to protect patients and to uphold professional standards.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on '*Suspension order*' (Reference: SAN-2d Last Updated: 28/01/2026) in which the following factors on when a suspension order may be appropriate are set out:

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

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

- *'the charges found proved are at the most serious end of the spectrum and call into question the professional's suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation*
- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*

- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.'*

The panel determined that a temporary removal from the Register would be insufficient to uphold public confidence in the profession and maintain professional standards due to the seriousness and nature of the repeated breaches of professional boundaries. Given Mr Mhlanga's lack of recent engagement, limited insight, lack of evidence of any remorse, together with no evidence of further reflection, training and development, the panel considered that there is a limited realistic possibility that he would address the concerns to such a level where he could return to practise safely.

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 on '*Sanctions for the highest risk cases*' (Reference SAN-4 Last Updated: 28/01/2026). Having regard to all of the above, the panel determined that this case falls within the definition of being a '*highest risk case*'.

The panel had regard to the following considerations as set out in the NMC Guidance entitled '*Striking-off order*' (Reference: SAN-2e Last Updated; 28/01/2026):

- *Do the charges found proved raise fundamental questions about their professionalism?*
- *Can public confidence in the profession be maintained if the professional is not removed from the Register?*
- *Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?*

- *Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?*

The panel considered that it has been 5 months since the substantive hearing was adjourned due to Mr Mhlanga stating that he was unable to attend the hearing due to his health issues. During this period he has had the opportunity to demonstrate further evidence of insight or strengthened practice and he has failed to do so. Consequently, the panel is not satisfied that Mr Mhlanga would show evidence of insight or strengthened practice following a period of suspension.

Mr Mhlanga's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with him remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mr Mhlanga's actions were so serious that to allow him to continue practising would not protect the public and 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 Mr Mhlanga's conduct in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct himself the panel has concluded that nothing short of this would be sufficient in this case.

The panel considered that Mr Mhlanga put the public at risk by creating an unsafe work environment which created risks to his colleagues, patients and the public.

The panel considered that the misconduct in this case was in relation to 3 separate colleagues and amounted to a pattern of behaviour that degraded, humiliated and intimidated these colleagues. Mr Mhlanga's behaviour compromised staff dignity and could indirectly place the public at risk in the future if he were allowed to continue practising. The panel decided that this misconduct was likely to undermine public trust and confidence in the profession. In light of this, a striking-off order was

necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

### **Interim order**

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

### **Submissions on interim order**

The panel took account of the submissions made by Ms Boesche. She submitted that an 18 month interim suspension order is necessary as the substantive sanction will not come into effect for 28 days. She submitted that an 18 month interim suspension order is necessary as it may take that long for any appeal to be resolved.

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

The panel was satisfied that an interim order is necessary for the protection of the public and 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 an appeal should there be one.

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

That concludes this determination.

This will be confirmed to Mr Mhlanga in writing.