

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

**Substantive Hearing
Monday, 1 December 2025 – Tuesday, 9 December 2025
Monday, 2 March 2026 – Wednesday, 4 March 2026**

Virtual Hearing

Name of Registrant: James Campbell Murray

NMC PIN: 99J0144S

Part(s) of the register: Registered Nurse – (Sub Part 1)
Adult Nurse - 30 September 2002

Relevant Location: Fife

Type of case: Misconduct

Panel members: Susan Thomas (Chair, Lay member)
Juliana Thompson (Registrant member)
David Anderson (Lay member)

Legal Assessor: Neil Fielding (Monday, 1 December 2025 –
Monday, 8 December 2025)
Gillian Hawken (Tuesday, 9 December 2025)
Neil Fielding (Monday, 2 March 2026 –
Wednesday, 4 March 2026)

Hearings Coordinator: Ekaette Uwa

Nursing and Midwifery Council: Represented by Amy Hazlewood (Monday, 1
December 2025 – Friday, 5 December 2025),
Case Presenter

Represented by Rowena Wisniewska (Monday, 8
December 2025 – Tuesday, 9 December 2025),
Case Presenter

Represented by Selena Jones (Monday, 2 March
2026 – Wednesday 4 March 2026), Case
Presenter

Mr Murray: Present and represented by Jennifer McPhee
(Monday, 1 December 2025 – Friday, 5
December 2025)

Not present and represented by Jennifer McPhee
(Monday, 8 December 2025 – Tuesday, 9
December 2025)

Present and represented by Jennifer McPhee
(Monday, 2 March 2026 – Wednesday 4 March
2026)

Facts proved by admission: Charges 1, 2 and 4

Facts not proved: Charge 3

Fitness to practise: Impaired

Sanction: **Suspension order with review
(six months)**

Interim order: No order

Decision and reasons on application for hearing to be held in private

At the outset of the hearing, Ms McPhee, on your behalf, made a request that this case be held partly in private on the basis that proper exploration of your case involves references to your health and private life. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Hazlewood, on behalf of the Nursing and Midwifery Council (NMC), indicated that she did not oppose the application.

The panel accepted the advice of the legal assessor.

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

The panel determined to go into private session when issues relating to your health and personal life are raised in order to protect your privacy.

Details of charge

That you, a registered nurse:

- 1) On 22 July 2022 in respect of Colleague A:
 - a) Shouted to Colleague A on the ward.
 - b) Said "*What's the fucking point*" or words to that effect.
 - c) Said "*So why not fucking say that*" or words to that effect.
 - d) Stuck two fingers up at Colleague A.

- 2) On 22 July 2022 in conversation concerning Colleague A said:
 - a) "*For fuck's sake, it's not my fault she's so fucking miserable*" or words to that effect.

- b) She's a Band 6 and only took the job so she could do her prescription course and she can't even fucking do that."
 - c) "*If you've got a fucking problem, don't go behind my back, just say it to my fucking face*" or words to that effect.
- 3) And your actions as specified in any or all of charges 1a),1b),1c),1d), 2a), 2b) and 2c) were intended to bully and/or intimidate and/or undermine Colleague A.
- 4) On 22 July 2022 engaged in conversation about sexual tendencies and children, and said "*if they can bleed, they can breed*" or words to that effect.

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

Decision and reasons on application to proceed with admitted facts

Ms McPhee informed the panel that you have admitted to charges 1 and 2 unequivocally. In relation to charge 3, Ms McPhee submitted that you accept that that the behaviour when viewed objectively amounted to bullying Colleague A. However, you do not admit that you intended, at the time of the actions, to bully, intimidate or undermine her. Ms McPhee submitted that your admission to this charge is equivocal, and you admit the underlying conduct but dispute the element of intention.

With regards to charge 4 Ms McPhee submitted that whilst you admit the charge, you intend to provide some context.

Ms Hazlewood submitted that the case has been prepared and opened on the basis that the admissions to the charges were unequivocal and based on that fact the NMC had not intended to call live witnesses to speak to the charges. She submitted that as the element of intention in respect of charge 3 is now disputed at the hearing, the presentation of the NMC's case is fundamentally affected.

Ms Hazlewood submitted that the NMC would require time to ensure the availability of these witnesses, as the matter can no longer be treated as one proceeding purely on the basis of admitted facts.

The panel accepted the advice of the legal assessor.

The panel carefully considered the application. It was of the view that given your current plea, the case in relation to charge 3 now proceeds on the basis of an equivocal plea, such that intention, a key element of the charge remains in dispute. In these circumstances, the panel determined that live evidence from the witnesses would assist significantly in its assessment of this matter.

The panel went on to consider the issue of fairness. It concluded that calling the witnesses would enhance, rather than undermine, fairness to both parties. For these reasons, the panel determined that it would neither be appropriate nor fair to proceed solely on the basis of admitted facts without hearing oral evidence from the witnesses.

In these circumstances the panel refused the application.

Background

The charges arose whilst you were employed as a registered nurse at NHS Fife ('the Trust') at St Andrews Community Hospital ('the Hospital'). It is alleged that on the morning of 22 July 2022, you approached Colleague A to discuss a staffing decision in relation to Covid 19 protocols, and you then behaved in an inappropriate, unprofessional manner towards the colleague by shouting, using offensive language including swearing, and making a rude gesture upon leaving the conversation.

The conversation could have been overheard by other colleagues and patients.

Later that morning, following being reprimanded by the acting Senior Charge Nurse regarding the above conversation, you approached Colleague B and spoke to her

about Colleague A in an inappropriate, unprofessional manner, using offensive language including swearing.

Later that same day, you and another work colleague were engaged in another highly inappropriate and unprofessional conversation of a sexual nature involving children. The conversation occurred in front of other colleagues and could have been overheard by patients.

A local investigation took place, and the matters were referred to a disciplinary hearing.

You admit your actions were inappropriate, immature and unprofessional.

Decision and reasons on application to amend the charge

The panel on its own volition proposed an additional charge to read as follows:

- 5) And your actions as specified in any or all of charges 1a),1b),1c),1d), 2a), 2b) and 2c) amounted to bullying and/or intimidation and/or undermined Colleague A.**

The panel was of the view that the proposed charge would sit alongside the existing charge 3. It, therefore, invited parties to make submissions in respect of this proposal.

Ms Wisniewska, on behalf of the NMC, submitted that the NMC supports the panel's proposed charge. She submitted that the proposed charge would enable the panel to take a holistic and objective view of your conduct and its impact on those affected by it. She further submitted that the proposed charge would properly focus on the effects of your conduct rather than your subjective intention.

Ms Wisniewska concluded that the proposed charge is fair, involves no surprises, and does not fundamentally alter the case.

Ms McPhee submitted that the existing charges adequately capture the conduct and regulatory concerns. She stated that the proposed additional charge would be procedurally unfair, contrary to the principle of fair notice and legal certainty.

Ms McPhee referred the panel to Rule 28 and submitted that the addition of the proposed charge at this late stage would cause substantial injustice and therefore should not be made.

The panel accepted the advice of the legal assessor.

It had regard to Rule 28 of the Rules.

Having heard the submissions of both parties, the panel considered its proposal. It accepted that it has a discretionary power to amend charges. However, it concluded that in this circumstance such power would not be properly exercised.

Accordingly, the panel rescinded its earlier proposal to include an additional charge to prevent any injustice to you.

Decision and reasons on facts

At the outset of the hearing, the panel heard from Ms McPhee, who informed the panel that you made admissions to charges 1, 2 and 4. However, she submitted that in due course you would provide some context for charge 4.

The panel therefore finds charges 1, 2 and 4 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 Hazlewood and by Ms McPhee.

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: Lead Nurse for Medicine for the Elderly at the Trust;
- Witness 2: Staff nurse at the Hospital, at the time of the incident;
- Witness 3: Nursing Assistant at the Hospital, at the time of the incident;
- Witness 4: Colleague A/Charge Nurse at the Hospital; and
- Witness 5: Colleague B/Charge Nurse at the Hospital, at the time of the incident.

The panel also heard evidence from you under affirmation. Following the conclusion of your evidence, you were not present on day 6 and day 7 of the hearing [PRIVATE]. Ms McPhee confirmed that she had received instructions from you and was in a position to proceed in your absence. The panel was satisfied that there would be no unfairness to you and that it would be fair to continue with this factual stage.

The panel accepted the advice of the legal assessor.

It considered the witness statements and documentary evidence provided by both the NMC and Ms McPhee.

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

Charge 3)

“And your actions as specified in any or all of charges 1a), 1b), 1c), 1d), 2a), 2b) and 2c) were intended to bully and/or intimidate and/or undermine Colleague A.”

This charge is found NOT proved.

The panel reminded itself that this charge requires proof of subjective intention, not merely the objective effect of your conduct.

The panel accepted that the conduct as set out in charges 1 and 2 was serious, inappropriate and unprofessional. It also accepted the evidence of witnesses that they felt distressed, intimidated, and uncomfortable as a result of your behaviour. It noted the account of Colleague A during live evidence where she stated “ ... *it made me feel belittled*”. However, the panel noted that the existence of such impact is not by itself determinative of whether you intended to bully, intimidate, or undermine Colleague A.

The panel carefully considered your state of mind at the material time as corroborated by your account and the account of witnesses. It noted:

- You were evidently angry and frustrated on the morning in question
- The incident occurred in the context of staff shortages and the Covid-19 pandemic
- [PRIVATE]
- There was no direct evidence from witnesses that you stated or demonstrated an intention to achieve those outcomes.

The panel considered whether it could properly infer intention on the basis that the consequences of the behaviour may have been foreseeable. It acknowledged your admission in evidence where you stated *“yes, I accept the fact that my behaviour was highly unprofessional, was quite rightly seen to be intimidating and could be potentially seen as being bullying, but that was certainly never my intention...”* However, it was not satisfied that it was virtually certain, nor that you realised, that your actions would bring about the specific results alleged in charge 3.

The panel was not satisfied that the NMC had established, on the balance of probabilities, that you had the requisite conscious objective or desire to bully, intimidate, or undermine Colleague A.

Accordingly, while the panel found that the conduct at charges 1 and 2 was unacceptable, it concluded that the element of intent required for charge 3 has not been proved.

Charge 4)

“That you, a registered nurse, on 22 July 2022 engaged in conversation about sexual tendencies and children, and said “if they can bleed, they can breed” or words to that effect.

This charge is found proved (admitted).

The panel noted that at the outset of this hearing you admitted to this charge and provided some context to the conversation in question. The panel carefully considered the context you provided. You stated that the words were said in the course of repeating or discussing a joke originally told by a comedian (Ricky Gervais). The panel evaluated this explanation against the totality of the evidence, including the live evidence of witnesses and the documentary material from the investigation.

The panel took account of the evidence of Colleague B, who stated *“ I just thought it was really disgusting and the whole conversation was entirely inappropriate. You*

don't know anybody's backstory and yeah, for me, it particularly upset me". It noted that in her live evidence she did not perceive the exchange to be a joke at all, stating "*they didn't mention they were relaying a joke they heard*". She was particularly distressed from overhearing this conversation. It also took account of the live evidence of Witness 2 who stated that there was laughter and joking but nevertheless she found the content of the conversation to be deeply shocking and inappropriate.

The panel considered the investigation notes from the local investigation where Colleague B states as follows:

'...The conversation started innocently, I said I had never had Covid and asked if anyone hadn't had it. SN Murray said to [Witness 3] 'you probably gave it to me' [Witness 3] replied 'yep probably when I shagged you up the arse'. SN Murray then said it would be the other way around and [Witness 3] said yeah. [Witness 3] then said like them young at the crawling stage, they can't run away and [Witness 3] said no teeth and tight. SN Murray then responded 'if they bleed they can breed'...

The panel also considered your own account that your words '*if they bleed they can breed*' were not original but repeated from a comedian's joke. You also stated in your live evidence that the exchange began with the recounting of a comedian's joke, but then "*the conversation progressed*".

After considering all the evidence, the panel was not satisfied that it supported the contention that the exchange was confined to a simple retelling of a joke. It was of the view that the investigation notes, and the oral evidence indicated that the conversation extended beyond a single joke into a wider discussion which included further sexualised remarks involving children.

The panel was therefore satisfied that whether the words were original to you or repeated from a joke was not determinative of the factual issue it was required to decide. The panel found that you did say those words and chose to engage with the conversation.

Noting your admission and now the context that you have provided, the panel remains satisfied that this charge is found proved.

Decision and reasons on interim order

Following its determination in respect of the facts and because this hearing is now going part-heard, the panel considered whether it should impose an interim order on your registration in the context of the factual allegations which have been found proved. It was mindful that 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 your own interests until a substantive order takes effect.

Ms Wisniewska submitted that the NMC was neutral on the matter of an interim order in this case and stated that it is a matter for the panel.

Ms McPhee submitted that an interim order was neither necessary nor justified in this case. She submitted that there has been no change in the factual or risk matrix at this point. She stated that there is no new material, or changes except that the hearing is now part heard. She noted that the NMC had not sought an interim order either at referral or at the Case Examiners stage.

Ms McPhee drew the panel's attention to relevant case law and submitted that whilst public interest grounds carry a high threshold, a well-informed member of the public, aware of the isolated nature of the incident, your insight and remorse and the absence of risk, would not be shocked if an interim order is not imposed. She urged the panel not to impose an interim order.

The panel accepted the advice of the legal assessor.

The panel considered its earlier decision on facts; it noted that you are currently practising without restriction, and that there is no evidence of any new concerns relating to your practice.

The panel, therefore, concluded that an interim order would not be necessary for the protection of the public, otherwise in the public interest or in your own interest at this time.

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 safely and effectively without restriction.

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

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, 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 Jones 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 and midwives 2015' (the Code) in making its decision.

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

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

20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to'

Ms Jones submitted that not every breach of the Code automatically amounts to misconduct. She submitted that the panel may consider that your actions fell significantly short of the standards expected of a registered nurse and invited the panel to find that those actions amount to misconduct.

Ms McPhee submitted that you accept fully and unequivocally that your actions were serious, inappropriate and unprofessional. She submitted that you do not seek to minimize the panel's findings in any respect.

Ms McPhee submitted that, although charge 3 was not found proved, you fully accept that your behaviour had the effect of bullying and intimidating colleagues and causing distress and shock to those who witnessed or overheard it. She submitted that you recognise that the behaviour carried professional reputational implications for nursing and yourself as a registered nurse and risks undermining professional standards.

Ms McPhee submitted that you accept that shouting, swearing and gesturing towards colleagues in a clinical setting constituted behaviour wholly incompatible with professional standards. She submitted that you further recognise that engaging in sexualised conversation involving references to children, represented a grave lapse in professional judgment, was inconsistent with nursing values and capable of causing profound distress and alarm.

Ms McPhee concluded that you accept that your past conduct amounted to misconduct and stated that the sole issue for the panel at this stage is whether your fitness to practise is currently impaired by reason of that historic misconduct.

Submissions on impairment

Ms Jones 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.

Ms Jones submitted that remediation is a key factor for the panel to consider in this case. She referred the panel to your reflective piece and submitted that whilst you accept the panel's findings, you state that you do not fully recognise the person who made the comments or engaged in the conversations in question. Ms Jones submitted that if a practitioner is unable to identify the underlying cause of the behaviour, there may be a risk of similar behaviour being repeated in the future.

Ms Jones invited the panel to find that there is a risk that the behaviour could be repeated. She submitted that a member of the public would be concerned if a finding of impairment were not made in a case of this nature. She asked the panel to find that your past behaviour amounts to misconduct and that your practice is currently impaired.

Ms McPhee submitted that the panel's assessment at this stage is forward-looking. She referred the panel to the case of *Council for Healthcare Regulatory Excellence v Nursing and Midwifery Council and Grant* [2011] EWHC 927 (Admin) and emphasised that the question is not one of punishment for past wrongdoing but whether you currently present a risk to patients, colleagues, the public or to the reputation of the profession.

Ms McPhee acknowledged that your insight at the time of the local investigation was limited and stated that it was fully developed now.

Ms McPhee invited the panel to consider your impairment submissions, alongside your earlier reflections and your oral evidence. She submitted that taken together, the material shows a clear trajectory from initial limited insight, followed by progressive and now fully developed understanding and recognition of the distress causes to colleagues, the damage to psychological safety within the team, leadership deficit inherent in your conduct, the safeguarding sensitivities engaged by such language and the reputational implications for nursing.

Ms McPhee submitted that the misconduct occurred on a single date [PRIVATE]. She submitted that you had worked for nearly 20 years with a single employer without prior regulatory or disciplinary concern and witnesses described the conduct as out of character. She emphasised that this context does not excuse the behaviour but would assist the panel in determining whether the misconduct reflects an entrenched attitudinal problem or an aberration [PRIVATE].

Ms McPhee informed the panel [PRIVATE]. She submitted that since the incident, you have practised over three years in a different setting without complaint, restriction or repetition of similar behaviour. Ms McPhee submitted that this demonstrates insight translated into behaviour.

Ms McPhee submitted that public confidence is maintained where misconduct is identified, acknowledged, remediated and not repeated. She submitted that public confidence is not maintained by the continuation of impairment findings once the risk has been addressed but by recognising genuine remediation and rehabilitation through practice. She submitted that a fair-minded member of the public informed of all the facts of your subsequent conduct, would regard you as a practitioner who made a serious mistake, took responsibility and reestablished safe and professional practice.

The panel accepted the advice of the legal assessor.

This included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* and *Cheatle v General Medical Council* [2009] EWHC 645 (admin).

The panel also considered and took into account the relevant *NMC Guidance* in the Fitness to Practice library.

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:

'1 *Treat people as individuals and uphold their dignity*

To achieve this, you must:

1.1 treat people with kindness respect and compassion

8 *Work co-operatively*

To achieve this, you must:

8.1 respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate

8.2 maintain effective communication with colleagues

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 and 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
20.10 use all forms of spoken, written and digital communication (including social media and networking sites) responsibly, respecting the right to privacy of others at all times'

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

In relation to charge 1, the panel found that you shouted and swore at a senior colleague in a ward corridor, in circumstances where patients, relatives and other staff may have been present, and made an offensive gesture.

The panel determined that this behaviour was wholly inappropriate within a clinical environment, it undermined the authority of a senior colleague, was inconsistent with respectful and effective team working, and had the potential to create an uncomfortable and hostile working atmosphere. The panel concluded that, taken collectively, the behaviour in charge 1 represented a serious departure from the standards expected of a registered nurse and therefore amounts to serious misconduct.

In relation to charge 2, the panel found that you used inappropriate language about a senior colleague, attacking her motives and competence, in the presence of a more junior colleague. This conduct further undermined that colleague's authority and professional standing. The panel determined that such behaviour was incompatible with respectful communication, cooperative working, and the maintenance of trust within a clinical team. It was of the view that such behaviour was capable of contributing to a hostile or uncomfortable working environment and of distracting staff from patient care.

The panel concluded that the conduct in charge 2 also fell significantly below the standards expected of a registered nurse and amounts to serious misconduct.

In relation to charge 4, engaging in a conversation in a clinical area involving sexualised references to children. The panel found this to be deeply inappropriate.

Although described at the time as a “joke”, the panel determined that such language has no place in a professional healthcare setting. The panel considered that this conduct demonstrated a serious lack of judgment. It was capable of causing shock and distress to colleagues, risked reputational damage to the profession, and was inconsistent with the standards expected of a registered nurse. It was of the view that the fact that the conversation took place within a clinical environment further aggravated its seriousness.

The panel concluded that the behaviour in charge 4 represents a significant departure from expected professional standards and amounts to serious misconduct.

The panel found that your actions did fall significantly short of the conduct and standards expected of a nurse and amounted to serious 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 NMC Guidance on ‘*Impairment*’ (Reference: DMA-1 Last Updated:28/01/2026) in which the following is stated:

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional 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; 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 determined that limb a) was not engaged in this case as patients were not placed at unwarranted risk of harm. However, it found that limbs b) and c) were engaged as your conduct as found proved constituted a fundamental breach of the tenets of the nursing profession and therefore brought its reputation into disrepute.

When considering insight and remediation, the panel was satisfied that the misconduct in this case is capable of being addressed. Therefore, the panel carefully considered the evidence before it in determining whether or not you have taken steps to strengthen your practice. The panel took into account your reflective pieces, the references provided on your behalf, the courses you have undertaken, and the fact that you have been practising without restrictions for over three years and there has been no record of any concerns since the last incident. The panel found that whilst you have accepted that your behaviour amounts to misconduct, it found that your insight has developed since the original concerns arose (following your dismissal) and appears to have developed further during the course of these proceedings. However, it was not satisfied that your insight is complete or fully developed.

Whilst you did give some details about your impending regulatory hearing to your current employer you did not furnish them with the full details of the allegation relating to charge 4 at the time of your interview and did not give a clear explanation for this failure when questioned during these proceedings. This suggested to the panel that even at that stage you were evasive and failing to take responsibility for your actions (for whatever reasons).

The following extracts from your oral evidence were relevant to the panel's consideration as set out below:

"...In the process of having that joke, it was overheard and miscrewed [sic] or misinterpreted by the two colleagues that were present with us."

"...I think Nick had started talking about it and then I, you know, we were, we were teasing each other with stupid answers."

"No, neither I neither myself nor Nick were the for were the authors of this. We didn't make this particular joke up. We were repeating the joke or interpreting the joke..."

In your oral evidence and in your reflections provided earlier in these proceedings you referred back to the purportedly humorous intent of the comments regarding children, that it was not a joke you made up yourselves, suggested your colleagues misinterpreted your intention and sought to divert responsibility for what occurred towards your colleague. This demonstrated to the panel that you still do not fully accept your responsibility for this conduct or fully appreciate the abhorrent nature of the comments and their potential impact on others.

The panel noted that your reflective piece received on the 2 March 2026 focused on how you feel about the sexualised comments but did not detail your reflections on how or why this incident had occurred.

In considering the risk of repetition, the panel acknowledged that you had a long period of practice without incident (prior to these events) and there have been no reports of similar concerns since the incident. The evidence, therefore, did not appear to support any attitudinal concerns. You have demonstrated remorse and undertaken some relevant training. The panel therefore considered that the risk of repetition is relatively low. However, given the matters the panel refer to above, the panel was not satisfied that the risk is so low as to suggest repetition would be highly unlikely, [PRIVATE]. Accordingly, it found that there remains a risk of repetition. However, the panel did not conclude that the risk to public protection was sufficient to require a finding of impairment on that ground.

The panel bore in mind 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 the public interest ground is required because of the range of highly inappropriate behaviour on the day in question which included sexualised comments concerning children and therefore involved a very serious breach of professional boundaries and fundamental tenets of the profession. It was of the view that a fully informed member of the public would be

significantly shocked and concerned and would expect a regulatory finding to mark the behaviour as unacceptable. Consequently, public confidence would be undermined if a finding of current impairment was not made. Even taking into account your developing insight and remediation, the panel concluded that a finding of impairment is necessary to maintain public confidence in the nursing profession and to uphold proper professional standards.

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

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of 6 months. The effect of this order is that the NMC register will show that your registration has been suspended.

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- 1 and SAN-2 Last Updated: 28/01/2026).

The panel accepted the advice of the legal assessor.

Submissions on sanction

Ms Jones submitted that, having found your fitness to practise currently impaired, the appropriate and proportionate sanction in this case is a striking-off order.

Ms Jones submitted that the panel must apply the principle of proportionality, balancing the interests of the public against yours. She submitted that the panel is entitled to give greater weight to the public interest, including the need to maintain public confidence in the profession and to uphold proper professional standards, than to the personal consequences for you.

Ms Jones submitted that the seriousness of the charges found proved, together with the limited insight you have demonstrated, justify the most serious sanction

available. She stated that although you have produced reflective pieces and offered some apology, these do not demonstrate sufficient insight into the gravity of the misconduct.

Ms Jones submitted that at times you have been dismissive of your conduct, characterising it as a joke or banter. She submitted that this indicates a lack of full appreciation of its seriousness.

Ms Jones submitted that the key aggravating factors in this case include:

- Limited remediation and insight
- A pattern of misconduct occurring over a period of time within the same shift
- Colleagues felt intimidated and fearful of you
- The seriousness of the language used

Ms Jones submitted that the mitigating features in this case include:

- The reflective pieces you provided
- Continued practise since the incidents without restriction and without further regulatory concerns

Ms Jones submitted that the passage of time has not resulted in sufficient remediation to address the seriousness of the misconduct. She submitted that there are no workable conditions of practice that could adequately address the attitudinal concerns of this nature or sufficiently maintain public confidence in the profession were you permitted to remain in practice. She further submitted that a suspension order would not be sufficient to mark the gravity of the misconduct or to maintain public confidence in the regulatory process.

Ms Jones submitted that public confidence in the profession and its regulator would be seriously undermined if a registrant who engaged in conduct of this nature were permitted to remain in practice. She submitted that, given the seriousness of the offences and the limited insight demonstrated, a striking off order is the necessary and proportionate sanction.

The panel also bore in mind the submissions made on your behalf by Ms McPhee.

Ms McPhee submitted that you have accepted from the outset the allegations in charges 1, 2 and 4. She stated that you accept that your conduct was inappropriate, unprofessional and fell significantly below the standards expected of a registered nurse, particularly one exercising leadership responsibility within a clinical environment.

Ms McPhee submitted that you accept that your behaviour caused distress, undermined professional authority, and that the sexualised language used was wholly inappropriate, engaged safeguarding sensitivities and that your conduct carried reputational implications for the nursing profession.

Ms McPhee stated that you have made no attempt to minimise, excuse or deflect responsibility. She submitted that when you referred to the comments as a “joke”, you were explaining the context at the time of the incident, not your current view. She stated that your evidence was clear that such language has no place within the workplace or in front of anybody.

Ms McPhee in response to the NMC’s submissions that public confidence would be seriously undermined unless you were struck off, submitted that this overstates the panel’s earlier findings. She further submitted that public confidence is not maintained by imposing the most severe sanction available but is rather maintained by a response that is principled, proportionate and anchored in the panel’s actual findings.

Ms McPhee submitted that the panel found no risk to patients, no clinical incompetence, and no impairment on public protection and assessed the risk of repetition as relatively low. She submitted that the misconduct was found to be capable of remediation, and the panel found developing insight and remorse. She submitted that these findings materially narrow the range of proportionate sanctions.

Ms McPhee reminded the panel that sanction is not punitive, nor an expression of moral condemnation, but a structured and principled exercise governed by

the *Sanctions Guidance*. She submitted that the purpose of sanction is to protect the public, maintain public confidence in the profession, and uphold proper professional standards. Ms McPhee submitted that any sanction must be proportionate and must represent the least restrictive measure capable of achieving those objectives. She emphasised that the exercise is forward-looking and concerned with current impairment, not punishment for past wrongdoing.

Ms McPhee identified the following aggravating features:

- Your leadership position at the time
- Inappropriate language in a clinical area
- Safeguarding sensitivities
- Reputational implications

Ms McPhee submitted that the following mitigating features are powerful and substantial:

- Early and consistent acceptance of misconduct
- Genuine remorse
- Progressive development of insight
- [PRIVATE]
- Targeted CPD in communication and professionalism
- Reflective accounts demonstrating increasing depth of understanding
- Character references from colleagues aware of the concerns
- Three years of safe, unrestricted practice
- A 23-year career otherwise free of regulatory concern

Ms McPhee submitted that this was a serious but isolated lapse [PRIVATE], and that the subsequent period of safe practice demonstrates that reflection has translated into behavioural change. She argued that proportionality requires the panel to regulate the practitioner, not solely the isolated incident.

Ms McPhee further submitted that the regulatory process itself has already marked the seriousness of the conduct: there has been a public hearing, findings of serious misconduct and impairment, and a written determination which will be published.

She stated that public confidence is maintained through principled and proportionate regulation, not by imposing the most severe sanction available.

Turning to the available sanctions, Ms McPhee submitted that a caution order would be sufficient and proportionate. She noted that a caution is recorded on the register, published, and remains in place for up to five years. She submitted that, given the impairment is based solely on public interest grounds, the relatively low risk of repetition, substantial remediation, and long history of safe practice before and after the incident, a caution order is capable of achieving the regulatory objectives.

Ms McPhee submitted that in the alternative, if the panel considered that structured reassurance was required, Ms McPhee submitted that conditions of practice could be formulated in a targeted and time-limited manner and suggested the following :

- Completion of an NMC-approved course in professional communication and safeguarding awareness;
- Regular supervision meetings focusing on professional boundaries and communication;
- Maintenance of written records of such meetings;
- Submission of a reflective statement prior to review;
- A report from a line manager confirming professionalism and absence of further concerns.

Ms McPhee submitted that such conditions would be measurable, proportionate and directly responded to the panel's concerns, without requiring removal from practice.

Ms McPhee submitted that a suspension order would not be appropriate, as the panel has found no public protection impairment, no ongoing clinical risk, and no entrenched attitudinal concerns. She argued that suspension in these circumstances would be symbolic and punitive rather than necessary.

Ms McPhee submitted that a striking off order is reserved for cases fundamentally incompatible with continued registration, such as persistent dishonesty, exploitation, deliberate harm, or entrenched lack of insight. She submitted that none of those

features are present in this case. This was a single, serious lapse, followed by remorse, remediation and years of safe practice.

Decision and reasons on sanction

Having found your 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:

- You were a senior nurse on duty and therefore held a position of leadership and were expected to act as a role model for colleagues
- Failure to respond to earlier reprimand and feedback from a senior colleague in relation to inappropriate behaviour towards colleagues on the same day
- Several incidents of misconduct on the same day, culminating in sexualised language about children, engaging safeguarding sensitivities and representing a serious breach of professional boundaries
- The use of inappropriate language in a clinical setting in the presence of staff and potentially within earshot of patients
- Despite the significant passage of time since these events, in relation to charge 4 specifically, your insight remains incomplete and you have demonstrated some unwillingness to accept full responsibility and at times appeared evasive and minimised your role despite your seniority

The panel also took into account the following mitigating features:

- You admitted the charges at the outset of the hearing and accepted they amounted to misconduct
- Expressions of remorse and apologies
- The fact that the incidents occurred [PRIVATE] during the COVID 19 pandemic

- Reflective pieces that indicate your developing insight
- Completion of some relevant training
- Over 20 years of unblemished practice prior to the incidents and three years of subsequent safe practice

The panel carefully considered Ms Jones' submission that a striking-off order was required, as well as Ms McPhee's submission that a caution order or conditions of practice would suffice.

It concluded that neither extreme was proportionate in light of its findings. While the misconduct was serious and required a restrictive sanction to uphold public confidence, the evidence of remediation and the absence of public protection concerns made a striking off order more punitive than necessary in this case. The panel did not find that your actions, though highly inappropriate were fundamentally incompatible with you remaining on the register. The panel noted that the position may have been quite different if your actions were found to have been intentioned to harass or bully colleagues as set out in charge 3.

The panel acknowledged that you have made efforts to reflect and improve. However, it considered that your insight, while developing, does not yet demonstrate a full and detailed exploration of how and why the misconduct occurred, particularly in relation to safeguarding sensitivities and accountability in a leadership role.

The panel also noted the character references provided on your behalf. However, it observed that it was not clear from the references whether the authors were fully aware of the nature and seriousness of the charges. The references were brief and did not directly address the misconduct found proved. Accordingly, the panel attached limited weight to those testimonials in its consideration of sanction.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the misconduct, particularly the sexualised language about children. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

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

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

The panel considered that your actions were not at the lower end of the spectrum, and it found that there is a risk to public confidence. The panel determined that the imposition of a caution order would not adequately mark the seriousness of the charges found proved. The panel determined that a more serious sanction was required to mark the profound regulatory disapproval of such conduct, in order to maintain public confidence in the profession, the regulator and to uphold professional standards.

The panel next considered whether placing conditions of practice on your registration would be appropriate. The panel is mindful that any conditions imposed must be relevant, proportionate, workable and measurable. The panel had regard to the NMC Guidance on 'Conditions of practice order' (Reference: SAN-2c Last Updated: 28/01/2026) and had regard to the following factors:

- *'no evidence of deep-seated personality or attitudinal problems*
- *identifiable areas of the professional's practice in need of assessment and/or retraining*
- *competence cases where there is a realistic likelihood that the concerns about their practice can be resolved*
- *potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*
- *insight into any health problems, alongside willingness to abide by conditions relating to a medical condition, treatment and supervision*

- *people using services will not be put at risk either directly or indirectly as a result of the conditions*
- *conditions can be created that can be monitored and assessed.'*

The panel also had regard to the NMC Guidance on '*Conditions of practice order*' (Reference: SAN-1 Last Updated: 28/01/2026):

'Where the Committee has found impairment to uphold public confidence and professional standards, it is unlikely that a conditions of practice order will be an appropriate sanction. This is because conditions of practice are intended to allow a professional to practise safely while they strengthen their practice. However in cases where the impairment relates only to upholding standards or public confidence, the panel has already found that there are no concerns about the professional's clinical practice. As such, conditions are unlikely to have any impact on the professional's practice or upholding public confidence and professional standards.'

The panel is of the view that there are no relevant, proportionate, workable or measurable conditions that could be formulated, given the nature of the charges in this case. The panel noted Ms McPhee's submissions but was of the view that the proposed conditions would not be measurable and in any event a conditions of practice order is not suitable to address the public interest concerns in this case, in accordance with the NMC's guidance. The misconduct identified in this case did not arise from a lack of clinical competence but from a lapse in professional judgment and boundaries. The panel was not satisfied that placing of conditions on your registration would adequately address the seriousness of this case.

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 was satisfied that in this case, the misconduct was not fundamentally incompatible with you remaining on the register.

The panel went on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be unnecessary and disproportionate. This is because these matters are capable of being remediated, you have taken steps towards remediating them and prior to these concerns had a long career without previous regulatory issues. The panel also had in mind, that where it is not outweighed by other factors there is a public interest in retaining competent and skilled nurses

within the profession. The panel therefore considered that a period of suspension would adequately reflect the seriousness of its findings whilst allowing you the time to complete the remaining remediation necessary for you to return to practice. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.

The panel noted the hardship such an order may cause you. However, this is outweighed by the public interest in this case.

The panel considered that this order is 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.

The panel determined that a suspension order for a period of six months was appropriate and proportionate in this case to mark the seriousness of the misconduct.

At the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- Your attendance at the review hearing
- A comprehensive reflective piece (using a recognised reflective model) addressing in detail:
 - a) Your personal responsibility and accountability for the incidents particularly charge 4;
 - b) The safeguarding implications of sexualised language concerning children;

- c) A more detailed explanation of the reasons why you acted the way you did to the circumstances in charges 1 and 2;and
 - d) A more detailed account of strategies and coping mechanisms you have developed to prevent repetition of the matters found proved.
- Evidence of continuing professional development, including recognised course, advanced communication, teamwork and leadership and testimonials from a current line manager or senior colleague who are fully aware of the nature and seriousness of your misconduct

This will be confirmed to you in writing.

Interim order

As the suspension 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 your own interests until the suspension sanction takes effect.

Submissions on interim order

The panel took account of the submissions made by Ms Jones. She invited the panel to make an interim suspension order for a period of 18 months to mirror its substantive order. She sought that order on the basis that it is necessary for the protection of the public and otherwise in the public interest.

The panel also took into account the submissions of Ms McPhee. She submitted that you oppose the imposition of an interim order. Ms McPhee submitted that no interim order is necessary in this case. Ms McPhee submitted that the panel has already assessed the seriousness of the misconduct and current impairment and imposed a six month suspension order. She referred the panel to relevant case law and

submitted that the threshold for immediate restriction to cover the 28-day appeal period has not been met and no further regulatory intervention is required.

[PRIVATE]. She submitted that allowing the statutory period to run without interim restrictions would allow you and your employer to plan appropriately for the substantive suspension.

The panel accepted the advice of the legal assessor.

Decision and reasons on interim order

The panel was satisfied that an interim order is not necessary for the protection of the public (as set out in its earlier decision) and is not required otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision not to impose an interim order. The panel was of the view that there was no immediate risk to public confidence requiring an interim order. The public confidence concerns having been addressed by the imposition of the substantive order.

The panel considered its earlier decision on facts, it noted that you are currently practising without restriction, and that there is no evidence of any new concerns relating to your practice.

The panel, therefore, concluded that an interim order would not be required given the circumstances of this case and its substantive decision.

That concludes this determination.