

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

**Substantive Order Review Hearing  
Tuesday, 31 March 2026**

Virtual Hearing

**Name of Registrant:** Dylan James Sinnott

**NMC PIN:** 00I4811E

**Part(s) of the register:** Registered Nurse – Sub Part 1  
Adult Nursing – February 2004

**Relevant Location:** Leeds

**Type of case:** Lack of competence

**Panel members:** Margaret Wolff (Chair, Lay member)  
Mary Karasu (Registrant member)  
Paula Newton (Lay member)

**Legal Assessor:** Gerard Coll

**Hearings Coordinator:** Ifeoma Okere

**Nursing and Midwifery Council:** Represented by Sophia Ewulo, Case presenter

**Mr Sinnott:** Not Present and unrepresented

**Order being reviewed:** Conditions of practice order (24 months)

**Fitness to practise:** Impaired

**Outcome:** **Striking-Off order to come into effect at the end of 6 April 2026 in accordance with Article 30 (1)**

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

The panel was informed at the start of this hearing that Mr Sinnott was not in attendance and that the Notice of Hearing had been sent to Mr Sinnott's registered email address by secure email on 24 March 2026.

Ms Ewulo, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 32 (3) 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 substantive order being reviewed, the time, dates and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mr Sinnott'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 Sinnott has been served with notice of this hearing in accordance with the requirements of Rules 32 (3) and 34.

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

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

Ms Ewulo referred the panel to the email dated 27 March 2026 sent on Mr Sinnott's behalf, which stated: "We won't be in attendance. I have a major project at work launching on Tuesday the 31st of March, plus the other issues I have previously raised."

Ms Ewulo submitted that it was clear Mr Sinnott was aware of today's hearing and had chosen not to attend. She further submitted that no application for an adjournment had been made and that there was nothing to suggest that an adjournment would secure his attendance on a future date. She submitted that the substantive order is due to expire on 6 April 2026 and that there is a strong public interest in the expeditious disposal of the case.

The panel accepted the advice of the legal assessor. The legal assessor reminded the panel that proceeding in absence is a serious step and must be exercised with care and caution. He advised that the panel should consider whether an adjournment would secure the registrant's attendance or provide any useful purpose, and that if not, this would weigh in favour of proceeding, particularly where the order must be reviewed before expiry.

The panel has decided to proceed in the absence of Mr Sinnott. In reaching this decision, the panel has considered the submissions of Ms Ewulo, the representations made on Mr Sinnott's behalf, and the advice of the legal assessor. It has had particular regard to the overall interests of justice and fairness to all parties. It noted that:

- Mr Sinnott has been served with notice of today's hearing and was aware of it;
- Mr Sinnott has confirmed that he would not be attending;
- No application for an adjournment has been made;
- There is no reason to suppose that an adjournment would secure his attendance at a future date; and
- There is a strong public interest in the expeditious review of the case, particularly as the current order is due to expire shortly.

In these circumstances, the panel determined that it is fair and in the interests of justice to proceed in the absence of Mr Sinnott.

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

At the outset of the hearing, Ms Ewulo made an application for parts of the hearing to be held in private. She submitted that there are references within the papers to Mr Sinnott's health conditions and that any such matters should be heard in private. The application

was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

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 took into account the nature of the information referred to in the papers, which includes sensitive details relating to Mr Sinnott's health. The panel considered that such matters are inherently private and that there is no public interest in their disclosure.

The panel therefore determined that it is appropriate and proportionate to depart from the principle of open justice to the limited extent necessary.

Accordingly, the panel decided that those parts of the hearing which relate to Mr Sinnott's health or private life will be heard in private session, with the remainder of the hearing conducted in public

### **Decision and reasons on review of the substantive order**

The panel decided to replace the current conditions of practice order with a striking off order

This order will come into effect at the end of in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is a review of a substantive conditions of practice order originally imposed by a Fitness to Practise Committee panel on 2 March 2018 for a period of 12 months. The order has been reviewed on multiple occasions since that time.

At the first review on 26 February 2019, the conditions of practice order was extended for a further 12 months. At the second review on 28 February 2020, the order was extended for a further 12 months and varied.

At the third review on 24 February 2021, the order was extended for a further 12 months and varied. At the fourth review on 22 February 2022, the order was extended for a further 12 months.

At the fifth review on 13 to 14 March 2023, the conditions of practice order was replaced with a suspension order for a period of 12 months. At the sixth review on 27 February 2024, the suspension order was replaced with a conditions of practice order for a period of 24 months.

A further review hearing listed for 27 to 28 January 2025 was adjourned.

A part-heard substantive order review hearing took place on 21 to 23 May 2025. The panel made findings of fact in relation to further concerns and adjourned the hearing to allow Mr Sinnott to obtain medical evidence.

The matter was listed again on 10 March 2026 but was adjourned due to jurisdictional issues.

This matter has therefore been relisted before this panel for determination prior to the expiry of the current order.

The current order is due to expire on 6 April 2026.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved which resulted in the imposition of the substantive order were as follows:

*'That you failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse in that:*

*1. Between 21 - 23 December 2015 you did not apply a dressing in the manner instructed by the "Hotfoot" team to an unknown patient; **[proved by admission]***

*2. On 6 February 2016:*

2.1. Did not undertake any medical assessment of a patient who had been reported as having a fit and/or appearing agitated; **[proved by admission]**

2.2. Did not document any concerns mentioned at charge 2.1, above; **[proved by admission]**

2.3. Did not mention the information at charge 2.1, above, at handover; **[proved by admission]**

2.4. [...]

3. Between 18 April – 26 May 2016 whilst subject to informal supervision you:

3.1. Did not identify patients before administering medication on one or more occasion; **[proved by admission]**

3.2. Left the drug trolley open and unattended on one or more occasion; **[proved by admission]**

3.3. Did not complete care plan documentation on one or more occasion; **[proved by admission]**

3.4. Did not attend safety huddles as requested on one or more occasion; **[proved by admission]**

3.5. Did not complete an incident report in a timely fashion when requested on 19 April 2016 **[not proved]**

3.6. Signed for the administration of thickened Fresubin on 21 April 2016 when it had not been administered; **[proved by admission]**

3.7. Between 18 - 22 April 2016 did not change a dressing on a patient as requested; **[proved]**

3.8. Did not document a discharge conversation on a patient's kardex on 25 April 2016; **[proved]**

3.9. Did not complete the morning medication round within 1 hour 45 minutes on 28 April 2016; **[proved by admission]**

3.10. Did not follow instructions regarding the discharge of patients on one or more occasions; **[proved]**

4. On 20 May 2016 in respect of Patient A:

4.1. Did not administer Parkinson's medication by 12pm; **[proved by admission]**

4.2. Administered Parkinson's medication without checking the medication chart; **[proved by admission]**

4.3. Administered Parkinson's medication without checking patient A's identity; **[proved by admission]**

5. On 20 May 2016 left medicine unattended on the nurses station; **[proved]**

6. Whilst subject to formal supervision you:

6.1. On or around 15 June 2016 left patient medication unattended on one or more occasion; **[proved]**

6.2. On or around 15 June 2016 gave and/or attempted to give medication without the drugs chart present to patient B and/or patient C; **[proved]**

6.3. On 20 June 2016 and/or 12 August 2016 failed your drugs administration assessment; **[proved by admission]**

6.4. Between 20 - 26 June 2016 were not able to fully handover your shift without prompting on one or more occasion; **[not proved]**

6.5. On 24 June 2016 did not check a patient's identification whilst administering insulin; **[proved]**

6.6. On 27 June 2016 did not check patient identification prior to administering medication; **[proved]**

6.7 [...]

6.8 [...]

6.9. On or around 11 July 2016 discharged a patient without all their required medication; **[proved]**

6.10. Between 25 -31 July 2016 left the medication trolley unlocked and/or unattended; **[proved by admission – first limb] [proved – second limb]**

6.11. On or around 5 August 2016:

i) failed to adequately communicate with Patient D in relation to her PEG feed; **[proved]**

ii) failed to respond appropriately and/or in a timely manner to the Patient D's buzzer; **[proved]**

6.12. Between around 10-12 August 2016 stated in the notes of an unknown patient, "left leg ulcer vulnerable" or words to that effect, when you had not assessed her leg; **[proved by admission]**

7. Whilst working as Band 2 Care Support Worker you:

7.1. On or around 22 September 2016 failed to report the raised National early Warning Scores of three patients to a more senior colleague; **[proved]**

## 7.2. [...]

*And, for the reasons stated above, your fitness to practise is impaired by reason of your lack of competence*

*Admitted charges:*

*At the outset of the fact finding stage, Ms Pitters, on your behalf, drew the panel's attention to admissions made by you to charges 1, 2.1, 2.2, 2.3, 3.1, 3.2, 3.3, 3.4, 3.6, 3.9, 4.1, 4.2, 4.3, 6.3 and 6.10 (first limb) 6.12.'*

The reviewing panel determined the following with regard to impairment:

*'The panel next went on to decide if as a result of this lack of competence, your fitness to practise is currently impaired. Neither the Nursing and Midwifery Order nor the Rules define what is meant by impairment of fitness to practise. The NMC states that the concept of 'fitness to practise' refers to a registrant's suitability to remain on the Register without restriction. In deciding the matter of current impairment, the panel exercised its independent professional judgement.*

*The purpose of these proceedings is not to punish the practitioner for past failings, but to protect the public against the acts and omissions of those who are not fit to practise, and to maintain public confidence in the profession and the regulatory process. The panel therefore looks forwards not backwards.*

*However, in order to form a view as to your suitability to practise without restriction today, the panel took account of the way in which you have acted and/or failed to act in the past. The panel had regard to all of the information available to it relevant to the assessment required at this stage of the regulatory process.*

*Applying Dame Janet Smith's test from her Fifth Shipman report, cited with approval by Mrs Justice Cox in the case of Grant, the panel considered whether your lack of competence indicates that your fitness to practise is currently impaired in the sense that you:*

- have in the past acted and/or are liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- have in the past brought and/or are liable to bring the profession into disrepute; and/or*

*In the panel's judgement, you had by your past actions put patients at a risk of harm. The panel found that your lack of competence gave rise to a risk of harm to patients who were under your care at the time. It also found that your failings in the past are liable to bring the profession into disrepute because of the extent that they would undermine trust in the profession.*

*Any consideration of whether your fitness to practise is currently impaired also involved the panel determining whether your lack of competence is easily remediable; whether it has been remedied; and the likelihood of any repetition of the lack of competence. In addressing the question of the risk of repetition, the panel had regard to the issues of insight, remorse and remediation.*

*As regards insight, the panel determined that you have demonstrated a developing degree of partial insight. It acknowledged that you made numerous admissions in respect of the facts stage and that you have admitted impairment at this stage. The panel had been concerned initially about the deflective stance that you had taken during the facts stage of these proceedings in that you sought to blame others for your actions, for example, Ms 5 or the transport services.*

*However, the panel considered that your reflections during the oral evidence that you gave at the impairment stage of these proceedings*

*demonstrated a developing insight as to your failings and a greater degree of self-reflection.*

*The panel also found that your insight is not yet complete and that a fully developed insight would encompass an in depth understanding as regards the effect of your lack of competence on not only yourself, but also patients, the public, and the reputation of your profession.*

*As regards remorse, the panel determined that you have demonstrated a degree of remorse and have admitted impairment. You made sincere apologies during your evidence, which the panel accepts and believes to be credible and indicative of your remorse.*

*In the panel's judgement your lack of competence is capable of remediation; however, there is insufficient evidence before the panel that you have remedied your practice.*

*The panel determined that you have not yet demonstrated the level of detailed insight that is required of you and that you have not yet demonstrated that you have remediated all the various aspects of your practice that it has found to be deficient.*

*In the panel's judgement, the absence of evidence of a full and developed insight together with the absence of sufficient remediation leads to the conclusion that there is a risk of repetition. Such repetition would engage a risk of harm to patients and a risk of bringing the profession into disrepute. The panel had regard to the words of Mrs Justice Cox at paragraph 74 of her judgment in the case of Grant as follows:*

*'In determining whether a practitioner's fitness to practise is impaired ... 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.'*

*The panel concluded that fellow registrants and members of the public would be rightly concerned about the lack of competence in this case. Put plainly, the public expects registrants to provide a high standard of practice and care at all times. In the panel's judgment, public confidence in the profession and the NMC as your regulator would be seriously undermined if a finding of impairment were not made in this case.*

*For all the above reasons the panel is satisfied that your fitness to practise is currently impaired by reason of your lack of competence. It makes this finding both in order to protect the public and to maintain public confidence in the profession, by declaring and upholding proper standards of professional behaviour.'*

The last reviewing panel determined the following with regard to sanction:

*'The decision as to which sanction, if any, to impose is a matter for the panel's independent judgment. The panel applied the principle of proportionality, weighing the interests of the public with your own interests. It had regard to the most recent version of the NMC's sanctions guidance (updated 28.07.2017)*

*The panel considered the sanctions available in ascending order of severity. It noted that it must impose the least restrictive sanction necessary to protect patients and maintain public confidence in the profession and the NMC as its regulator. The panel had in mind that the purpose of imposing a sanction is not to be punitive, although some sanctions may have a punitive effect.*

*The panel had regard to the aggravating and mitigating features of the case which it identified as relevant, as follows:*

**Aggravating features:**

- *There was a potential of actual harm to the patients under your care;*
- *Your failings occurred over a period of seven months;*
- *Failings were wide-ranging, repeated and in some cases similar in nature;*
- *You initially deflected blame in respect of your lack of competence and haven't shown sufficient insight.*

**Mitigating features:**

- *You do not have any previous regulatory history;*
- *Your health issues may have impacted and contributed to your failings.*
- *You made early admissions and engaged fully with these proceedings.*

*The panel first considered, but rejected, taking no action. In coming to this view, the panel had regard to the seriousness of the lack of competence in this case, and the need to protect the public and maintain public confidence in the profession and the NMC.*

*The panel next considered a caution order. This would not restrict your practice. In the panel's judgement, your failings were considered to be serious and not minor. The panel determined that there remains a risk of repetition because of your limited insight and insufficient evidence of remediation. For this reason, a caution order would not be appropriate or sufficient to protect the public nor would it satisfy the public interest in the case.*

*The panel next considered imposing a conditions of practice order. Conditions of practice are primarily designed to satisfy the public interest by protecting the public and the wider public interest. Conditions of practice are also designed to address the matters giving rise to the finding of impairment but may also support a registrant in addressing their learning needs and thereby facilitate an eventual return to safe and unrestricted practice.*

*A conditions of practice order may be appropriate where there is no evidence of harmful deep-seated personality or attitudinal problems and where there are identifiable areas of the nurse's practice in need of*

*assessment and/or retraining, where patients will not be put in danger either directly or indirectly as a result of conditional registration and where it is possible to formulate conditions and to make provision as to how they will be monitored.*

*The panel concluded that the following factors were particularly relevant to its appraisal of the suitability of a conditions of practice order in the particular circumstances of your case:*

- There is no evidence of harmful deep-seated personality or attitudinal problems;*
- There are aspects of your practice, namely those wherein a finding of your lack of competence has been made, which could be remedied, developed and assessed;*
- Relevant, workable, practicable, proportionate and measurable conditions can be formulated which will protect patients.*

*Having reached a provisional view that a conditions of practice order appeared to be appropriate and proportionate in this case, the panel considered the sanction of a suspension order.*

*The panel had regard to the need to act proportionately. Any restrictions placed on a registrant's ability to practise must be no more than necessary to satisfy the public interest, which includes the protection of the public. It must strike a fair balance between the rights of the registrant and the public interest.*

*In the panel's judgement, taking full account of the nature and extent of your lack of competence, and your remorse, developing insight and willingness to train and comply with conditions, the temporary removal of your name from the Register is not required either to protect the public or satisfy the public interest. However, it did consider that it was necessary for the protection of the public to place restrictions on your practice.*

*The panel had particular regard to the following paragraphs from the NMC*

*Guidance on Conditions of Practice:*

*“There is no power to impose a suspension order suspending part of a nurses or midwife’s registration. If a panel wants to prevent a person who is registered as a nurse or midwife from practising in one of those professions, it must do so using a conditions of practice order.*

*This would be appropriate when the panel identifies problems in one of the individual’s professions which requires them to be prevented from working in that area but where a complete restriction on all areas of practice would not be necessary to protect the public.”*

*The panel directs that for a period of 12 months your registration will be made subject to the following conditions of practice:*

- 1. You must notify the NMC within 7 days of any nursing appointment (whether paid or unpaid) you accept within the UK or elsewhere, and provide the NMC with contact details of your employer.*
- 2. You must tell the NMC about any professional investigation started against you and/or any professional disciplinary proceedings taken against you within 7 days of you receiving notice of them.*
- 3. You must within 7 days of accepting any post or employment requiring registration with the NMC, or any course of study connected with nursing or midwifery, provide the NMC with the name and contact details of the individual or organisation offering the post, employment or course of study.*
- 4. At any time that you are employed or otherwise providing nursing or midwifery services, you must place yourself and remain under the supervision of a workplace line manager, mentor or supervisor nominated by your employer, such supervision to consist of working at all times under the direct observation of a registered nurse of band 6 or above until signed off as competent in the areas as at 5 below by your line manager.*

*Upon such confirmation of competence, remain under the supervision of a workplace line manager, mentor or supervisor nominated by your employer, such supervision to consist of working at all times under the indirect observation of a registered nurse of band 6 or above working on the same ward, unit, floor or home.*

5. *You must work with your line manager, mentor or supervisor to create a personal development plan designed to address the concerns about the following areas of your practice:
  - a. *Medication administration*
  - b. *Patient assessment skills*
  - c. *Communication with patients and colleagues*
    - i. *In particular, a focus on handover procedures and communication*
  - d. *Assessing and identifying workload priorities**
6. *You must meet with your line manager, mentor or supervisor every month to discuss the standard of your performance and your progress towards achieving the aims set out in your personal development plan.*
7. *You must forward to the NMC a copy of your personal development plan every 6 months and within 28 days of the date on which these conditions become effective or the date on which you take up an appointment, whichever is sooner.*
8. *You must allow the NMC to exchange, as necessary, information about the standard of your performance and your progress towards achieving the aims set out in your personal development plan with your line manager, mentor or supervisor and any other person who is or will be involved in your retraining and supervision with any employer, prospective employer and at any educational establishment.*
9. *You must disclose to the NMC, prior to any review hearing, a report not more than 28 days old from your line manager, mentor or supervisor setting out the standard of your performance and your progress towards achieving*

*the aims set out in your personal development plan to any current and prospective employers (at the time of application) and any other person who is or will be involved in your retraining and supervision with any employer, prospective employer and at any educational establishment.*

10. *You must immediately inform the following parties that you are subject to a conditions of practice order under the NMC's fitness to practise procedures, and disclose the conditions listed at (1) to (9) above, to them:*
- a. any organisation or person employing, contracting with, or using you to undertake nursing work;*
  - b. any agency you are registered with or apply to be registered with (at the time of application);*
  - c. any prospective employer (at the time of application);*
  - d. any educational establishment at which you are undertaking a course of study connected with nursing or midwifery, or any such establishment to which you apply to take such a course (at the time of application).*

*This conditions of practice order will be reviewed by a fitness to practise panel shortly before the end of the period of conditional registration. A reviewing panel will be able to impose such further order as it determines is appropriate in light of the information available to it. The NMC will inform you of the date of that hearing in advance and you will be invited to attend.'*

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

The panel has considered carefully whether Mr Sinnott's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as whether a professional can practise safely and effectively. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle and the on-table documents provided on Mr Sinnott's behalf. It has taken account of the submissions made by Ms Ewulo on behalf of the NMC.

Ms Ewulo submitted that Mr Sinnott's fitness to practise remains impaired on both public protection and public interest grounds. She submitted that although Mr Sinnott has engaged with the NMC, he has not undertaken a return to practice course, has not returned to nursing, and has provided no evidence of remediation, up-to-date training, or sufficient insight.

Ms Ewulo further submitted that further concerns arose during his employment as a clinical support worker, which were similar in nature to the original concerns and demonstrated ongoing deficiencies in competence and a risk of harm to patients.

Ms Ewulo submitted that Mr Sinnott has indicated that he does not intend to return to nursing practice, and that there is no evidence before the panel demonstrating that the concerns have been addressed.

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

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether Mr Sinnott's fitness to practise remains impaired.

The panel noted that previous panels found that Mr Sinnott's insight was developing but not fully developed. The panel determined that there is no evidence before it to demonstrate that Mr Sinnott's insight has developed further.

The panel considered whether Mr Sinnott had taken steps to strengthen his practice. The panel noted that there is no evidence before it of any relevant training, completion of a return to practice course, or any other steps taken to address the concerns identified. The panel also noted the absence of any reflective piece or testimonials demonstrating remediation.

The panel further noted that, since the last review, further concerns arose during Mr Sinnott's employment as a clinical support worker. The panel considered that these concerns are similar in nature to the original concerns and demonstrate continuing deficiencies in his knowledge, skills and competence.

The panel also noted that Mr Sinnott has indicated that he did not intend to return to nursing practice and is working in an unrelated field. The panel considered while this may partly account for the absence of remediation, it is left without any reassurance that the concerns have been addressed.

The panel noted that these concerns have persisted over a prolonged period of time, despite a number of previous reviews and opportunities to remediate. The panel determined that there has been no meaningful progress in addressing the concerns.

The panel also considered the information before it in relation to Mr Sinnott's health. The panel acknowledged that he has significant health concerns. However, the panel determined that this is not a health case and that the issue for the panel is whether Mr Sinnott is currently able to practise safely and effectively. The panel determined that there is no evidence before it to demonstrate that the concerns relating to his competence have been addressed.

In light of the absence of evidence of remediation, the lack of developed insight, the persistence of concerns over a prolonged period, and the presence of further similar concerns, the panel determined that there remains a continuing risk of repetition.

The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest. The panel determined that a finding of impairment is also required on public interest grounds to maintain public confidence in the profession and to uphold proper standards of conduct and performance.

For these reasons, the panel finds that Mr Sinnott's fitness to practise remains impaired.

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

Having found that Mr Sinnott's fitness to practise is currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the NMC's Sanctions Guidance and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel applied the principle of proportionality, balancing Mr Sinnott's interests with the need to protect the public and maintain public confidence in the profession and the NMC as its regulator.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case and the continuing risk identified. The panel determined that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but determined that, due to the seriousness of the concerns and the ongoing public protection issues identified, an order which does not restrict Mr Sinnott's practice would not be appropriate. The panel considered that Mr Sinnott's case is not at the lower end of the spectrum and that a caution order would not adequately address the risks identified. The panel therefore determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether a conditions of practice order would be a sufficient and appropriate response. The panel was mindful that any conditions imposed must be proportionate, measurable and workable.

The panel noted that conditions of practice have been in place for a significant period of time, have been varied on more than one occasion, and have not resulted in any meaningful improvement. The panel also noted that, despite previous panels identifying clear steps required to demonstrate remediation, including completion of training, reflective work and evidence of safe practice, there is no evidence before it that these steps have been taken.

The panel further noted that Mr Sinnott has indicated that you do not intend to undertake a return to practice course and do not intend to return to nursing practice. The panel considered that, in these circumstances, any conditions of practice would not be workable or capable of addressing the concerns identified.

The panel therefore concluded that a conditions of practice order would not be appropriate and would serve no useful purpose.

The panel next considered imposing a suspension order. The panel noted that a suspension order may be appropriate where there is a realistic prospect that a registrant will be able to return to safe and effective practice.

However, the panel determined that such a prospect is absent in this case. The panel noted:

- the absence of any evidence of remediation over a prolonged period of time;
- the lack of meaningful insight into the concerns identified;
- Mr Sinnott stated intention not to return to nursing practice; and
- the absence of any material demonstrating that Mr Sinnott have taken steps to strengthen his practice.

The panel also noted that a period of suspension has previously been imposed and did not result in any material improvement. The panel considered that imposing a further suspension would serve no useful purpose and would only delay a final resolution.

The panel also considered whether it would be appropriate to allow the order to lapse with a finding of impairment. The panel noted that such an outcome may be appropriate where there is some evidence of engagement, remediation or meaningful effort to address the concerns.

However, the panel determined that there is no such evidence before it. The panel therefore concluded that this option is not appropriate in the circumstances of this case.

In reaching its decision, the panel was mindful of the length of time over which these concerns have persisted, which is approximately eight years. The panel determined that there has been no meaningful progress in addressing the concerns despite multiple opportunities to do so.

The panel also took into account that, whilst Mr Sinnott's health has been raised as a contextual factor, this is not a health case, and there is no evidence before the panel to demonstrate that the concerns relating to his competence have been addressed.

In these circumstances, the panel determined that it is necessary to take action to prevent you from practising in the future. The panel concluded that the only sanction which would adequately protect the public and serve the public interest is a striking-off order.

The panel therefore directs the Registrar to strike Mr Sinnott's name off the register.

This striking-off order will take effect upon the expiry of the current conditions of practice order, namely 6 April 2026, in accordance with Article 30(1).

This will be confirmed to you in writing.

That concludes this determination.