

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

**Substantive Hearing  
Monday, 27 April 2026 – Friday, 1 May 2026  
Tuesday, 5 May 2026 – Wednesday, 6 May 2026**

Virtual Hearing

**Name of Registrant:** Sarah Jane Barea

**NMC PIN:** 91A0327E

**Part(s) of the register:** Registered Nurse – Sub part 1  
RN1: Adult Nurse (28 March 1994)  
Nurse Independent / Supplementary Prescriber  
(03 July 2012)

**Relevant Location:** Wadebridge

**Type of case:** Misconduct

**Panel members:** Rachel Carter (Chair, Registrant member)  
Melanie Lumbers (Registrant member)  
Susan Laycock (Lay member)

**Legal Assessor:** Nigel Ingram

**Hearings Coordinator:** Bethany Seed

**Nursing and Midwifery Council:** Represented by Samprada Mukhia, Case  
Presenter

**Mrs Barea:** Present and represented by Lauren Doherty,  
(Anderson Strathern)

**Facts proved by admission:** Charge 2d

**Facts proved:** Charges 1a, 1b, 1c, 1d, 1e and 2f

**Facts not proved:** Charges 2a, 2b, 2c and 2e

**Fitness to practise:** Impaired

**Sanction:**

**Suspension order (2 months)**

**Interim order:**

**Interim suspension order (18 months)**

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

That you, a registered nurse whilst working at the Wadebridge & Camel Estuary Practice (the Practice):

- 1) On or around 21 October 2021, provided advice to Person X on the Covid-19 vaccine, contrary to public health advice, namely you stated words to the effect that and/or implied:
  - a. The vaccine was toxic. **[PROVED]**
  - b. That the vaccine caused an increase in Covid-19 cases. **[PROVED]**
  - c. That there was 42% higher death rate due to vaccinations. **[PROVED]**
  - d. That 4 children have died from the vaccination. **[PROVED]**
  - e. That the vaccine should be treated with suspicion due to being made within a year. **[PROVED]**
  
- 2) On 26 October 2021, during clinical appointments, provided one or more unknown patients advice on the Covid-19 vaccine, contrary to public health advice, in that you:
  - a. Referred the patient to anti-vaccine websites. **[NOT PROVED]**
  - b. Stated that there is Bluetooth/tracking devices in the vaccine. **[NOT PROVED]**

- c. Stated that there are toxic metals/graphene oxide in the vaccine. **[NOT PROVED]**
- d. Did not advise the patient to undertake PCR test. **[PROVED BY ADMISSION]**
- e. Stated that an increasing number of children were possibly dying from the vaccine. **[NOT PROVED]**
- f. Encouraged the patient/s not to pursue the vaccine. **[PROVED]**

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

## **Background**

The charges arose whilst you were employed as a registered nurse practitioner by Wadebridge and Camel Estuary Practice (the Practice). A referral was made by Dr Nick Robertson, a General Practitioner (GP) at the Practice, on 14 January 2022. It is alleged that you expressed views about the Covid-19 pandemic and vaccines which were not in line with public health advice.

It is alleged that these concerns arose between 21 October 2021 and 26 October 2021. It is further alleged that on 21 October 2021, Person X called the Practice for advice regarding whether her child could receive the Covid-19 vaccine due to their allergy to wasp stings. Person X raised a complaint with the Practice around 21 October 2021, alleging that you gave advice and information contrary to public health advice. You were

interviewed in relation to this complaint locally on 17 November 2021, during which you denied the allegations.

It is also alleged that on 26 October 2021 Dr James Pyke, a fourth-year medical student at the time, sat in on one of your clinics. He reported concerns to your Practice during a telephone conversation, that you were expressing your views to patients regarding Covid-19 to the Practice on 17 November 2021. He also alleged that you encouraged a patient not to get the Covid-19 vaccine, that you referred them to anti-vaccine websites, that you discussed that the vaccine may contain Bluetooth trackers and metals and that you discussed that the increasing number of children dying from peri/myocarditis may be related to the vaccine.

You attended an investigation meeting on 24 November 2021 in relation to these alleged incidents, and you denied the allegations made.

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

During evidence, the panel heard an application made by Ms Mukhia, on behalf of the Nursing and Midwifery Council (NMC), to amend the wording of charge 1.

The proposed amendment was to add “*words to the effect and/or implied.*” It was submitted by Ms Mukhia that the proposed amendment would provide clarity and more accurately reflect the evidence. She submitted that it better reflected the evidence that has been heard from Person X and clarifies the mischief of the charge.

Ms Mukhia submitted that the amendment “*words to the effect*” should be added to ensure that the substance of the statements made by Person X are fully captured and are not considered insufficient on a technicality. She submitted that there is no unfairness or prejudice to you, as it does not change the substance of the charge.

Ms Mukhia submitted that the amendment to add "*implied*" better reflects the evidence given by Person X. She submitted that there would be a risk of undercharging if the mischief of what Person X said is not captured by the charge. She submitted that there is no unfairness or prejudice to you as Person X gave evidence in these proceedings about what she understood or believed to have been implied by you.

The proposed amendment was as follows:

"That you, a registered nurse whilst working at the Wadebridge & Camel Estuary Practice (the Practice):

- 1) On or around 21 October 2021, provided advice to Person X on the Covid-19 vaccine, contrary to public health advice, namely you stated **words to the effect that and/or implied:**"

The panel heard submissions from Ms Doherty, on your behalf, that you oppose this application in part. She submitted that you are content for the amendment to include "*words to the effect of,*" but that you oppose the inclusion of the word "*implied.*"

Ms Doherty submitted that the inclusion of the word "*implied*" depends on how a listener interprets something that is said. She submitted that she had not cross-examined Person X on how another person may have interpreted what was allegedly said by you differently. She submitted that you cannot properly defend yourself as you cannot control how a person interprets what you may have said. She submitted that this becomes a subjective test, and so this amendment would be unfair to you.

Ms Doherty submitted that the panel should treat this amendment with caution. She submitted that this change would allow an allegation to be made out, even if the panel were satisfied that the words were not said at all. She submitted that this would go beyond what is necessary to appropriately charge this case.

The panel accepted the advice of the legal assessor and had regard to Rule 28 of 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel considered that the proposed amendment of "*words to the effect of*" would be an appropriate amendment, as it better reflects the evidence that has been heard and captures the substance and mischief of the charge better.

In relation to the proposed amendment of "*implied,*" the panel noted Ms Doherty's submission that interpretations can be different depending on the person that hears the comment. However, the panel considered the mischief of the charge, and the allegations as a whole, and noted that this case concerns you allegedly saying or implying negative things about the Covid-19 vaccine, contrary to public health advice at the time. The panel considered that the charge relates specifically to Person X, and how they may have interpreted what you are alleged to have said. In light of this, the panel considered that this amendment does not unfairly prejudice you, as it does not materially change the allegations against you.

The panel was of the view that such amendments, as applied for, were in the interests of justice. The panel was satisfied that there would be no prejudice to you and no injustice would be caused to either party by the proposed amendments being allowed. It was therefore appropriate to allow the amendments, as applied for, to ensure clarity and accuracy.

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

At the outset of the hearing the panel heard from Ms Doherty who informed the panel that you made full admissions to charge 2d.

The panel therefore finds charge 2d proved in its entirety, by way of your admission.

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 Mukhia on behalf of the NMC, and by Ms Doherty, on your behalf.

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

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

- Nick Robertson: GP Partner at the Practice at the time of the alleged incidents.
- Person X: Mother of a child patient at the Practice at the time of the alleged incidents.
- James Pyke: Fourth-year Medical Student at the time of the alleged incidents.

The panel also heard evidence from you under affirmation.

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

The panel accepted the advice of the legal assessor, which included reference to *Professional Standards Authority v General Medical Council and Anor (Garrard)* [2025] EWHC 318 (Admin) and *R (Dutta) v General Medical Council* [2020] EWHC 1974 (Admin).

In regard to Ms Mukhia's submission in respect of similar fact being considered as part of the panel's decision making, she made reference to the case of *Professional Standards Authority v General Medical Council and Anor (Garrard)* [2025] EWHC 318 (Admin). The legal assessor advised the panel that the test was a balancing act between being sufficiently probative to support the allegations as against the very significant prejudice in considering it as part of its decision making.

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

### **Charge 1a**

"That you, a registered nurse whilst working at the Wadebridge & Camel Estuary Practice (the Practice):

- 1) On or around 21 October 2021, provided advice to Person X on the Covid-19 vaccine, contrary to public health advice, namely you stated words to the effect that and/or implied:
  - a. The vaccine was toxic."

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

In reaching this decision, the panel took into account the evidence of Person X, the Letter of Complaint dated 21 October 2021, the Investigation Meeting Notes dated 17 November 2021 and 24 November 2021 and your evidence.

The panel noted that it is not disputed that there was a telephone consultation between yourself and Person X occurring on 21 October 2021. The panel considered that it also has before it the public health advice from October 2021. In light of this, the panel considered that the preamble in the stem of the charge is made out.

The panel bore in mind the context surrounding charge 1. It considered that Person X had wanted further information about whether her son's allergy to wasp stings was a contraindication for the Covid-19 vaccine. The panel referred to the Letter of Complaint, specifically that Person X states:

*“Sarah phoned me back and gave me a long list of reasons why nobody should have the vaccine. She said she was really worried about what is happening in the world and its all wrong”*

The panel considered that in the letter, Person X alleges that you made the comment that *“everything in the vaccination is toxic.”* The panel also considered that in your evidence, you accepted that you may have used the word *“toxic”* but that it was not in relation to the vaccination itself, but rather to describe *“the potential for an adverse or toxic reaction in a susceptible individual.”*

The panel considered Person X's background. It noted that she confirmed she did not have a medical background, but that she did have a scientific background. The panel noted her evidence that she knew how to read research and understand the scientific findings but that she was specifically concerned about the impact any biased information could have on vulnerable people. The panel noted Person X's witness statement dated 20 September 2023, in particular:

*“I was aware that a lot of untrue conspiracy theories around the vaccine were spreading at the time, and I knew that a lot of what Ms Barea was saying wasn't backed up by scientific research. Hearing Ms Barea's comments on the vaccine made me worried that she was using her influence as a nurse on more vulnerable patients, who might be more likely to suffer life-threatening consequences as a result of taking her advice to not take the vaccine.”*

The panel considered the context around these allegations, specifically that it was the height of the Covid-19 pandemic. The panel noted that the public health guidance before it

was accessible to the public at the time the allegations arose. The panel also considered that as a result of the ongoing developments in the pandemic, the UK Government was verifying information, and denouncing misinformation to the public in real time.

The panel considered that Person X was a credible and consistent witness. The panel was of the view that Person X's oral evidence, in which she confirmed that she took contemporaneous notes of the phone consultation with you, was particularly helpful. The panel acknowledged that Person X gave evidence that the notes she took, which she subsequently used to make the complaint to the Practice, were not verbatim notes and did not necessarily capture the exact words you may have used during the call. However, the panel was satisfied that Person X's contemporaneous complaint, and oral evidence in this hearing, encapsulated the general tone of the advice that you provided during the consultation. The panel also noted Person X's evidence that she had not wanted to report her concerns to the Practice as she did not want to get you in trouble, but that she had done so in order to protect other vulnerable patients who potentially may have been influenced by your comments during the telephone consultation.

The panel noted that in the Investigation Meeting Notes dated 17 November 2021, you stated:

*"I most certainly didn't say that everything in the vaccine is toxic because nobody knows what is in the vaccine [...] I'm not in a position to say what is in the vaccine"*

It noted that you also stated:

*"I have no idea what is in the vaccine, no-one knows as the full contents have not been identified"*

In your oral evidence, you told the panel that you had concerns that the allergies that Person X reported were potentially serious, and you knew that the vaccine contained polyethylene glycol which is also found in cosmetics and food items and can cause

serious reactions. You stated that you did not feel comfortable saying that Person X's son would not have a reaction to the vaccine.

The panel considered that this evidence, regarding the contents of the vaccine, was inconsistent with what you had told the Practice at the time of the investigation meeting.

The panel also noted that the national guidance at the time stated that the only official sources of information regarding Covid-19 and the vaccine were:

- *Joint Committee on Vaccination and Immunisation (JCVI)*
- *NHS England*
- *UK Health Security Agency (UKHSA, formerly PHE)*
- *GOV.UK publications*

*Local interpretations, media commentary, or retrospective statements are excluded.”*

It also noted that at the material time, the JCVI guidance stated:

*“During October–November 2021, the COVID-19 vaccination programme operated under the following hierarchy:*

- 1. JCVI – statutory independent expert committee advising UK Ministers on vaccine use*
- 2. Department of Health and Social Care / UKHSA – translating JCVI advice into clinical guidance*
- 3. NHS England – issuing contractual and operational instructions to primary care providers*

*Primary care providers were required to comply with JCVI advice as implemented through NHS England SOPs and Enhanced Services, without local deviation.”*

In your bundle of documents, the panel noted that you referred heavily to guidance authored outside of the UK. Specifically in locations such as Israel and the USA. The panel considered that the national guidance was clear in stipulating that only UK-based national guidance would apply at this time. The panel considered that the only references made to UK-based guidance were in your reflective statement, dated April 2026, and in your recent e-learning certificates through NHS e-LfH.

The panel noted that you referred to other work closer to the time of the alleged incident, including guidance from Israel and the USA. It noted that the USA work refers to the New England Medical Journal and a book authored by Naomi Wolf. In your reflective statement, you stated that you “*enjoyed a wide range of publicly available guidance*” which deviated from the approved list of guidance in the UK national guidance at the time. The panel considered that this evidence makes it plausible and more likely that you could have advised Person X contrary to public health guidance at the time.

In light of the above, the panel preferred the evidence of Person X and concluded that it was more likely than not that you said or implied that the Covid-19 vaccine was toxic. It therefore determined that this charge is found proved.

### **Charge 1b**

“That you, a registered nurse whilst working at the Wadebridge & Camel Estuary Practice (the Practice):

- 1) On or around 21 October 2021, provided advice to Person X on the Covid-19 vaccine, contrary to public health advice, namely you stated words to the effect that and/or implied:
  - b. That the vaccine caused an increase in Covid-19 cases.”

**This charge is found proved.**

In reaching this decision, the panel took into account Person X's evidence, the Letter of Complaint dated 21 October 2021 and your evidence.

In particular, the panel noted that in the Letter of Complaint, Person X states that you alleged:

*“There are 12x more covid cases now than 12 months ago, and we have the vaccine so what does that tell you?”*

The panel considered that this was consistent with Person X's witness statement, dated 20 September 2023, which alleges that you told her:

*“There are more Covid-19 cases than there were 12 months ago before we had the vaccine, implying that the vaccine is ineffective against the virus”*

The panel noted that in your evidence you deny saying this, and what you were trying to say was that vaccinated individuals could still contract and transmit Covid-19. The panel noted your reflective statement dated 24 April 2026, in which you explained:

*“The conversation took place during a period when there was considerable discussion, both publicly and professionally, about vaccine effectiveness in relation to transmission, particularly as new variants were emerging. My comments were not intended to suggest that vaccination itself caused COVID-19 cases.”*

The panel also considered your oral evidence, which included statements such as “*I know now...*” and “*I'm very mindful now...*” which it considered implies that you were not conscious of the impact of your words at the time the allegations arose.

The panel considered that Person X had noted down the specific figure of “12x” and it was of the view that someone noting down information to make a complaint would try to take

down accurate notes of what is said. The panel considered that it was plausible that this figure was used and that Person X took specific note of it. The panel also bore in mind your evidence that you like using facts and figures and therefore concluded that it was plausible you would have used this statistic.

The panel noted that if this particular figure was used, it would not have been used in an unbiased manner. The panel was not satisfied that you stated that the vaccine caused more cases of Covid-19, however it was satisfied that the figure used implies that the vaccine had the result of increasing the number of Covid-19 cases.

In light of this, the panel was satisfied that it is more likely than not that you implied that the Covid-19 vaccine resulted in an increased number of cases. It therefore found this charge proved.

### **Charge 1c**

“That you, a registered nurse whilst working at the Wadebridge & Camel Estuary Practice (the Practice):

- 1) On or around 21 October 2021, provided advice to Person X on the Covid-19 vaccine, contrary to public health advice, namely you stated words to the effect that and/or implied:

- c. That there was 42% higher death rate due to vaccinations.”

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

In reaching this decision, the panel took into account Person X’s evidence, the Letter of Complaint dated 21 October 2021, the JCVI guidance dated 3 September 2021 and your evidence.

The panel noted that you have accepted that the figure of 42% may have been used, but that you deny it was used in the context of death rates resulting from the Covid-19 vaccine.

The panel was of the view that Person X, who was noting down the telephone consultation, would have been particularly concerned by the use of the figure 42% in relation to an increase in death rates related to the vaccine. The panel was therefore satisfied that Person X is more likely to have noted down this figure and statement correctly.

The panel considered that there were some inconsistencies in your evidence, namely that you stated that you may have used the figure 42% in relation to the increase of cases of myocarditis in young boys at the time. You stated in evidence that you may have referred to this issue because your son was a similar age to Person X's son.

The panel had regard to the JCVI guidance from 3 September 2021, which would have been the public health guidance at the time of the alleged incident. In particular, the panel had regard to a table detailing the myocarditis risk per million, which states that following the first dose of the vaccine, the risk was between 3 to 17, and that following the second dose, the risk was between 12 to 34. The panel noted that neither of these figures amounted to a 42% increase in cases.

The panel also noted that in the guidance, myocarditis is described as “*a very rare adverse event,*” and that “*the clinical manifestations of myocarditis following vaccination are typically self-limiting and resolves within a short time.*” The panel considered that the guidance states that “*overall, the committee is of the opinion that the benefits from vaccination are marginally greater than the potential known harms.*”

The panel considered that there is some evidence of a link between the Covid-19 vaccine and increased cases of myocarditis in young boys aged 12 to 15. However, the panel noted that this guidance does not reference this risk in relation to individuals with allergies

(such as in the case of Person X's son). The panel noted that the guidance makes specific reference to those who are immunocompromised being encouraged to get the Covid-19 vaccine. The panel therefore concluded that it was unlikely that this comment was relevant to Person X's request for information.

The panel considered that even if it accepts your evidence, that the 42% statistic was referenced in relation to the increase of myocarditis cases in young boys and not to the increase in death rates due to the vaccination, this information would have been contrary to public health advice.

Therefore, the panel preferred the evidence of Person X and is satisfied that this charge is found proved.

#### **Charge 1d**

“That you, a registered nurse whilst working at the Wadebridge & Camel Estuary Practice (the Practice):

- 1) On or around 21 October 2021, provided advice to Person X on the Covid-19 vaccine, contrary to public health advice, namely you stated words to the effect that and/or implied:
  - d. That 4 children have died from the vaccination.”

**This charge is found proved.**

In reaching this decision, the panel took into account the evidence of Person X, the Letter of Complaint dated 21 October 2021, the Investigation Meeting Notes dated 17 November 2021 and your evidence.

In particular, the panel noted the Letter of Complaint from Person X, in which she alleges that you told her that:

*“4 kids have died in schools recently due to the vaccination, one of them was 11.”*

The panel considered that this is supported by Person X’s witness statement, which states:

*“Four children have died in schools recently due to the vaccination.”*

The panel also considered the Investigation Meeting Notes dated 17 November 2021, in which you were asked:

*“These are quite specific statistics, why do you think they were said?”*

In response, you explained that:

*“It’s an emotive subject, I don’t have any explanation. I don’t have any explanation for lots of things at the moment.”*

The panel also had regard to your reflective statement from April 2026, in which you stated in relation to this allegation:

*“Within that context, it is possible that such media coverage formed part of the wider discussion. However, I did not state that children had died because of vaccination, and I did not present those events as being causally linked to vaccination.”*

In oral evidence, you suggested that it was Person X who had raised the issue of children dying as a result of the vaccine. The panel also considered that in your oral evidence, you stated that you had recently looked up the media coverage from around this time and that you had seen that there was some information regarding the death of children. However,

you also indicated that you had not really been involved in vaccinating children, as the vaccine had been rolled out in schools.

However, the panel bore in mind its previous findings in relation to Person X's evidence. It considered that it was unlikely that Person X would have raised this issue, especially given that she gave evidence to the effect that she had only called in relation to her son's allergy. It also noted that Person X gave evidence that at the time, she was in favour of her son receiving the vaccine.

The panel also had regard to your documentary evidence, in particular your reflective statement, in which you stated:

*“At the time of the conversation, there had been a number of widely reported media stories during autumn 2021 describing young people collapsing in schools or during sporting activities. These reports were extensively covered in the media and widely discussed on social media.*

*My recollection is that Person X referenced some of these reports during the conversation. I did not know the cause of those incidents, and I did not attribute them to vaccination.*

*There had also been high-profile events, such as the collapse of Christian Eriksen during the European Championships, which generated significant global media coverage and public discussion about sudden cardiac events in young people and athletes. In the months that followed, further reports of similar incidents were widely circulated and contributed to public concern and uncertainty.”*

The panel did not consider it plausible that Person X raised this issue, and it considered it was more likely than not that you were the one to reference the media coverage. The panel considered that the media coverage would have been irrelevant to Person X's specific reason for requesting the phone consultation. The panel noted that on several

occasions during your oral evidence, you diverted to talking about the increase of myocarditis in children and young athletes that the panel considered were irrelevant to Person X's initial concern. The panel considered that your emphasis on these tangential issues demonstrated a lack of focus on the pertinent issue, which was whether Person X's son's allergy to a wasp sting was a contraindication to the Covid-19 vaccine.

In light of this, the panel preferred the evidence of Person X, and determined that this charge is found proved.

### **Charge 1e**

"That you, a registered nurse whilst working at the Wadebridge & Camel Estuary Practice (the Practice):

- 1) On or around 21 October 2021, provided advice to Person X on the Covid-19 vaccine, contrary to public health advice, namely you stated words to the effect that and/or implied:
  - e. That the vaccine should be treated with suspicion due to being made within a year."

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

In reaching this decision, the panel took into account the evidence of Person X, the Letter of Complaint dated 21 October 2021, the investigation Meeting Notes dated 17 November 2021 and 24 November 2021, the JCVI guidance from September – October 2021, and your evidence. The panel disregarded your previous admittance of this charge.

The panel considered Person X's Letter of Complaint, which alleges you stated:

*"It takes 10 years to make a vaccine, how did they make this one so quickly?"*

The panel also had regard to Person X's witness statement, which alleges you stated:

*"Vaccines usually take 10 years to develop, implying that the fact the Covid-19 vaccine was made within a year should be treated with suspicion."*

In oral evidence, Person X stated that you were in a medical position of power, and as a mother, she was concerned about what you had said and how it could impact vulnerable people under your care.

The panel also had regard to your reflective statement, specifically you stated:

*"My recollection is that I said caution should be exercised because the COVID-19 vaccines had been developed and introduced within a significantly shortened timeframe, and at that stage long-term safety data were still being accumulated."*

*In general, vaccine development typically takes a number of years, often between five and ten years or longer, as it involves multiple stages including laboratory development, phased clinical trials, regulatory review, and ongoing safety monitoring. In the case of the COVID-19 vaccines, these processes were accelerated or conducted concurrently in response to the global public health emergency."*

The panel noted that in the Investigation Meeting Notes dated 24 November 2021, you stated:

*"This is a vaccine that still is in clinical trials, it's still, there are increased risks of, there is an increased risk of myocarditis as I said last week..."*

The panel also noted that in the Investigation Meeting Notes dated 17 November 2021, you stated:

*“...I choose not to take part in a medical experiment.”*

You also stated in oral evidence that there was a need to be cautious, and that vaccines typically take between five and ten years to be developed. You stated that the Covid-19 vaccination in October 2021 was at phase three clinical trials, and was ultimately a medical experiment.

The panel considered this evidence within the JCVI guidance in October 2021. In particular, the panel noted that the guidance stated:

*“Informed consent and balanced risk-benefit discussion were explicit requirements.”*

The panel noted that at the time, the Covid-19 vaccine was being rolled out to children aged 12 and above, and was being encouraged despite the nominal risk associated with myocarditis. The panel noted that this was a national policy, and it explicitly states within the policy that *“Primary care was required to follow JCVI advice exactly as issued”* and that *“Primary care providers were required to comply with JCVI advice as implemented through NHS England SOPs and Enhanced Services, without local deviation.”*

In light of the above, the panel determined that any statement or suggestion that the vaccine should be treated with suspicion due to the time frame in which it was rolled out would be contrary to public health advice. The panel preferred the evidence of Person X, for the same reasons as stated above. Therefore, the panel determined that this charge is found proved.

## **Charge 2a**

“That you, a registered nurse whilst working at the Wadebridge & Camel Estuary Practice (the Practice):

- 2) On 26 October 2021, during clinical appointments, provided one or more unknown patients advice on the Covid-19 vaccine, contrary to public health advice, in that you:
  - a. Referred the patient to anti-vaccine websites.”

**This charge is found NOT proved.**

In reaching this decision, the panel took into account the evidence of Dr Pyke, the JCVI guidance from October – November 2021, the Investigation Meeting Notes dated 17 November 2021 and your evidence.

In relation to the stem of the charge, the panel noted that the date is not in dispute, and you have accepted that you undertook a morning clinic with Dr Pyke observing on 26 October 2021 between 09:00 and 13:00.

The panel considered the evidence of Dr Pyke. The panel considered Dr Pyke to be a consistent and credible witness. It noted that Dr Pyke had recorded his reflections on this clinic at the time, and had no reason to fabricate these concerns about you as you had a professional relationship. The panel bore in mind that Dr Pyke, in oral evidence, could recall very little from the time that the allegations arose, and deferred to his statement and exhibits throughout his evidence. The panel considered that this was likely due to the degradation of his memory due to the passage of time.

In relation to his reliability, the panel was satisfied that Dr Pyke wrote an accurate reflection at the time the allegations arose, as he was encouraged to do so by his GP supervisor at the time. The panel considered that Dr Pyke was frank in his evidence, and accepted that his memory of the events was cloudy.

The panel particularly bore in mind the advice of the legal assessor in relation to the case of *Dutta*, and noted that it should firstly consider to what extent this allegation is or is not

supported by contemporaneous or other supporting evidence and thereafter go on to consider the oral evidence.

In relation to this specific allegation, the panel had regard to the Investigation Meeting Notes dated 17 November 2021, in which Dr Pyke stated:

*“SB saw a lady with similar views regarding COVID. SB actively encouraged her not to get a vaccine, further confirming conspiracy views with, and even going so far as to share anti vaccine authors with the patient.”*

The panel also had regard to Dr Pyke’s witness statement, dated 2 November 2023:

*“Sarah told the patient that she had done her own research into the vaccine and had read a lot about the vaccine causing myocarditis. She pointed the patient to some anti-vaccine websites that she had seen online.”*

The panel considered your oral evidence, in which you confirmed that the patient in question had brought a book on Covid-19 by Vernon Coleman, a known conspiracy theorist, to their appointment. You gave evidence that you had not read this specific book, but that you had read another of his books, which may have been on the topic of HIV/AIDs.

The panel had regard to the JCVI guidance between October – November 2021, which stated that the only official sources of Covid-19 information during this time were:

- “• Joint Committee on Vaccination and Immunisation (JCVI)*
- NHS England*
- UK Health Security Agency (UKHSA, formerly PHE)*
- GOV.UK publications”*

The panel noted that this charge relates specifically to anti-vaccine websites, and that the NMC has not provided sufficient evidence regarding which, if any, websites these might have been. Whilst it considered Dr Pyke's evidence to be consistent and credible in the round, it considered that more emphasis has been placed on you referring to anti-vaccine authors, rather than directing a patient to anti-vaccine websites.

In light of this, the panel was of the view that the NMC has not discharged the burden of proof in respect of this allegation and therefore this charge is not proved.

### **Charge 2b**

“That you, a registered nurse whilst working at the Wadebridge & Camel Estuary Practice (the Practice):

- 2) On 26 October 2021, during clinical appointments, provided one or more unknown patients advice on the Covid-19 vaccine, contrary to public health advice, in that you:

- b. Stated that there is Bluetooth/tracking devices in the vaccine.”

### **This charge is found NOT proved.**

In reaching this decision, the panel took into account the evidence of Dr Pyke, the Investigation Meeting Notes dated 17 November 2021 and your evidence.

The panel noted that there were some inconsistencies in Dr Pyke's evidence. In the Investigation Meeting Notes dated 17 November 2021, Dr Pyke stated in relation to a patient appointment:

*“There was a conversation between them, alleging there is blue tooth in the vaccine and metals in the vaccine. SJB reinforced lady's views.”*

In Dr Pyke's witness statement, dated 2 November 2023, he states:

*“After the appointment, I asked Sarah why she didn't want people to get the covid-19 vaccine. Sarah said that she believed the vaccine had Bluetooth capability and that it contained tracking devices.”*

The panel also considered your reflective statement, dated 24 April 2026 which states:

*“During the consultation, the patient raised a number of claims she had encountered on social media, including references to Bluetooth, tracking devices, and similar ideas. These statements were introduced by the patient, not by me.”*

The panel considered that Dr Pyke's contemporaneous account of the consultation was supported by your evidence, confirming that a conversation was had about the possibility of Bluetooth and/or trackers in the Covid-19 vaccine. The panel considered that the inconsistency as to when the conversation took place may be explained by the witness statement being drafted two years after the event.

The panel considered that it was plausible that a member of the public could read something in the media and believe it. It was of the view that it was implausible that this would be something you would raise during a patient consultation, and in front of a medical student. The panel considered that you are an experienced nurse, and you are of previous good character.

The panel considered your evidence that the patient had raised the topic of Bluetooth and/or trackers in the vaccine, and it would have been your practice to acknowledge this fear, as you have said you would not have wanted to be dismissive of their concerns. The panel noted the context you provided in respect of this patient, namely that this was a sensitive patient that would only be seen by you. The panel considered that Dr Pyke may not have had this context when sitting in the appointment with you.

The panel noted that you described reassuring the patient that you had seen similar articles, and you may have joked that you cannot believe everything on the internet. The panel was of the view that this may not have been the most appropriate course of action, and as a registered nurse, you would have had a responsibility to challenge these misinformed views.

However, based on the evidence before it, the panel concluded that it was likely that this conversation happened, but it could not be satisfied that you had stated that the vaccine had Bluetooth/tracking devices in it.

In light of the above, the panel determined that the NMC has not discharged its burden of proof, and this charge is not proved.

### **Charge 2c**

“That you, a registered nurse whilst working at the Wadebridge & Camel Estuary Practice (the Practice):

2) On 26 October 2021, during clinical appointments, provided one or more unknown patients advice on the Covid-19 vaccine, contrary to public health advice, in that you:

c. Stated that there are toxic metals/graphene oxide in the vaccine.”

**This charge is found NOT proved.**

In reaching this decision, the panel took into account Dr Pyke’s evidence, the Investigation Meeting Notes dated 17 November 2021 and your evidence.

In particular, the panel noted that Dr Pyke in the Investigation Meeting Notes stated:

*“There was a conversation between them, alleging there is blue tooth in the vaccine and metals in the vaccine.”*

The panel noted that in his witness statement to the NMC dated 2 November 2023, Dr Pyke makes no reference to toxic metals or graphene oxide. The panel also considered that due to the passage of time, Dr Pyke could not recall any further details regarding this alleged incident.

The panel noted your reflective statement, in which you state:

*“During the consultation with this elderly patient, she spoke at length about a number of claims she had encountered on social media relating to COVID-19 vaccines, including references to graphene oxide, metals, and similar ideas.”*

For the same reasons as stated at charge 2c above, the panel was satisfied that a conversation around the vaccine including toxic metals or graphene oxide likely happened with the unknown patient, but it could not be satisfied that you yourself stated that there are toxic metals/graphene oxide in the vaccine to the patient.

The panel considered that the NMC has not discharged its burden of proof in relation to this charge, and therefore the charge is found not proved.

## **Charge 2e**

“That you, a registered nurse whilst working at the Wadebridge & Camel Estuary Practice (the Practice):

- 2) On 26 October 2021, during clinical appointments, provided one or more unknown patients advice on the Covid-19 vaccine, contrary to public health advice, in that you:

- e. Stated that an increasing number of children were possibly dying from the vaccine.”

**This charge is found NOT proved.**

In reaching this decision, the panel took into account Dr Pyke’s evidence, the Investigation Meeting Notes dated 17 November 2021 and your evidence.

The panel considered the Investigation Notes dated 17 November 2021, in which Dr Pyke states that:

*“There was a conversation between them, alleging there is blue tooth in the vaccine and metals in the vaccine. SJB reinforced lady's views. They talked about children getting the vaccine, their view of the considerable risks of allowing that and thought it was odd that children are being vaccinated.”*

During this telephone call, Dr Pyke also stated:

*“Also saw a young lad (17). SB mentioned that she thought it was odd that there was an increasing number of children dying from peri/myocarditis and hinted that she believed this may be linked to the vaccine”*

The panel noted that in his witness statement to the NMC, Dr Pyke makes no mention of you allegedly stating that there was an increasing number of children possibly dying from the vaccine. The panel did note that Dr Pyke’s witness statement states:

*“The patient expressed uncertainty over whether she should get her son vaccinated and wanted advice from Sarah on this. Sarah told the patient that she had done her own research into the vaccine and had read a lot about the vaccine causing myocarditis.”*

The panel bore in mind your reflective statement, which states:

*“During the consultation, the mother expressed concern about whether her teenage son should receive the COVID-19 vaccine. She explained that she had seen media reports of young people, including athletes, collapsing during sport, which had caused her anxiety.*

*In response to her concerns, I explained that there had been reports of myocarditis occurring in younger males following mRNA vaccination, which had been identified through vaccine safety monitoring systems. I referred her to studies, including those from Israel, so that she could review the available evidence and make an informed decision.*

*I had no knowledge of children dying as a result of vaccination, and I did not state that this was occurring. My intention was to provide balanced, evidence-based information in response to the concerns she had raised, rather than to dismiss them.”*

The panel considered that Dr Pyke was a credible witness, however he did not make specific reference in his evidence to you stating that an increasing number of children were dying as a result of the Covid-19 vaccine.

Therefore, the panel concluded that the NMC has not discharged the burden of proof in respect of this charge, and determined that this charge is not found proved.

### **Charge 2f**

“That you, a registered nurse whilst working at the Wadebridge & Camel Estuary Practice (the Practice):

2) On 26 October 2021, during clinical appointments, provided one or more unknown patients advice on the Covid-19 vaccine, contrary to public health advice, in that you:

f. Encouraged the patient/s not to pursue the vaccine.”

**This charge is found proved.**

In reaching this decision, the panel took into account the evidence of Dr Pyke, the Investigation Meeting Notes dated 17 November 2021, the JCVI Guidance dated from October – November 2021 and your evidence.

In particular, the panel noted in the Investigation Meeting Notes, Dr Pyke stated:

*“During the clinic session, SB saw a lady with similar views regarding COVID. SB actively encouraged her not to get a vaccine, further confirming conspiracy views with, and even going so far as to share anti vaccine authors with the patient.”*

Dr Pyke also confirmed in the investigatory telephone call that he had felt awkward, and he felt you had been unprofessional. He stated that you have a right to your own views regarding the Covid-19 vaccine, but that they should not interfere with patient care.

Dr Pyke also detailed that during the clinic, you:

*“Also saw a young lad (17). SB mentioned that she thought it was odd that there was an increasing number of children dying from peri/myocarditis and hinted that she believed this may be linked to the vaccine”*

The panel considered that this account was supported by Dr Pyke’s witness statement, in which he stated:

*“The patient seemed sceptical about the vaccine from the outset and appeared to be on the fence about getting her son vaccinated. I believe that the conversation with Sarah was enough to stop this patient from wanting to get her son vaccinated. At the same time, I think the patient’s scepticism about the vaccine made Sarah feel comfortable expressing her personal views about the vaccine in a professional setting.”*

The panel had regard to the JCVI guidance from October – November 2021 and noted that it would have been contrary to this guidance to not recommend the vaccine to this patient. The panel noted that the guidance did reference an increased risk of myocarditis in young boys, however the JCVI guidance also confirmed that the benefits of the vaccine outweighed the risk identified. The panel considered that this advice to the patient was biased, and contrary to the guidance.

The panel also considered the wording of the charge, specifically the word “encouraged.” The panel gave the word its ordinary meaning, which according to the Cambridge Dictionary is:

*“to make someone more likely to do something, or to make something more likely to happen”*

The panel considered that you gave biased advice, and did not adequately challenge this patient’s views that were contrary to the public health advice at the time. The panel had regard to Dr Pyke’s account that you “*actively encouraged*” the unknown patient not to get the vaccine, and that he considered your advice to be “*enough to stop this patient from wanting to get her son vaccinated.*”

In light of this, the panel was satisfied that your actions, in giving advice to this patient, would have encouraged her not to vaccinate her son. The panel considered that this was against the national guidance at the time. Therefore, the panel found this charge proved.

## **Fitness to practise**

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether 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 Mukhia 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 Mukhia identified the specific, relevant standards where your actions amounted to misconduct. Specifically, Ms Mukhia submitted that the following sections of the Code have been breached: 1.2, 2, 2.6, 6, 6.1, 20, 20.1, 20.3, 20.7, 20.8, 20.10, 21 and 21.5.

Ms Mukhia submitted that your conduct at charge 1a – 1e amounts to misconduct. She submitted that you provided information or advice to Person X that contravened national public health advice at the time. She submitted that you shared your personal views, which were not appropriate to Person X's concern, and this information and advice was not evidence-based and did not assist Person X in determining whether her son could be vaccinated. She submitted that you did not recognise that Person X was worried about her son's safety, and you did not respond compassionately. She submitted that Person X stated in her evidence that she was shocked and worried that you were using your influence as a registered professional on vulnerable patients who might be more likely to suffer life-threatening consequences as a result of this information and advice.

In relation to charge 2d, which you admitted, Ms Mukhia submitted that your conduct amounted to misconduct. She submitted that it was possible for a patient with a bacterial infection to also contract Covid-19, and you did not take sufficient steps to ensure you delivered the fundamentals of care effectively. She submitted that Dr Robertson confirmed in evidence that you should have had higher suspicions of the patient's symptoms and should have considered directing a PCR test. She submitted that you appear to not understand that the correct treatment for this patient could have been delayed or missed if a diagnosis of Covid-19 was not made.

In relation to charge 2f, Ms Mukhia submitted that you gave biased advice that was contrary to public health advice at the material time. She submitted that your actions fell far below the standards expected of a registered nurse, and your comments and conduct may be considered as deplorable by other practitioners.

Ms Doherty submitted that it is a matter for the panel to assess whether the conduct found proved amounts to misconduct. She submitted that whilst you denied some of the conduct

which has been found proved, you do understand the seriousness of what has been found proved. She submitted that you do understand the risks of not engaging in a balanced discussion, specifically in relation to Person X, and you understand the implications arising from giving advice and information contrary to public health advice. She submitted that it remains a matter for the panel to determine whether your actions that have been found proved amount to misconduct.

Ms Doherty clarified that in your evidence in relation to charge 2d, you made a comment that your clinical management of the patient would not change. However, she submitted that this was said in relation to the bacterial infection that the patient had, and there is no evidence that the patient had Covid-19 at the material time. She submitted that in response to panel questions, you did accept that a PCR could be offered to a patient with a bacterial infection.

### **Submissions on impairment**

Ms Mukhia moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin). She invited the panel to make a finding of current impairment on both public protection and public interest grounds.

Ms Mukhia submitted that whilst there has been no harm reported in respect of your conduct, your actions were liable to put patients at unwarranted risk of harm. She submitted that whilst you are entitled to your own personal views regarding the Covid-19 vaccine, you should not have expressed these to patients during consultations as they had the impact of discouraging patients from receiving the vaccination. She submitted that in respect of charge 2f, your actions had the impact of discouraging a patient from receiving the vaccine, and this was contrary to public health advice at the material time.

Ms Mukhia submitted that you were in a position of power and that Person X clearly expressed that she was concerned about how your views could impact on vulnerable patients. Dr Robertson echoed these concerns and gave evidence that your conduct could have dissuaded patients from having the vaccine which could potentially lead to patients becoming seriously unwell. She submitted that by not offering a PCR test to a patient or exploring a diagnosis of Covid-19, you placed a patient at unwarranted risk of harm.

Ms Mukhia submitted that your conduct fell far short of the standard expected of registered professionals, and this undermines public trust and confidence in the nursing profession. She further submitted that you have breached fundamental tenets of the profession.

Ms Mukhia submitted that this conduct is not easily remediable, it has not yet been fully addressed, and it is not highly unlikely that it will be repeated. She submitted that this concern is difficult to address, as your behaviour suggests an underlying attitudinal issue. She submitted that you are an experienced nurse, and you confirmed in evidence that you were, at the material time, aware of your responsibilities under the Code. She submitted that despite this, you gave biased advice to patients, disregarding their safety.

Ms Mukhia submitted that the charges found proved show that your views were in the realms of scare-mongering and disregarded patient care, contrary to public health guidance. She submitted that the insight and reflection you have provided are based on your version of events, which has not been accepted by this panel in its factual findings. She submitted that you therefore have not demonstrated sufficient insight into your misconduct. She submitted that in your evidence, you appear to suggest that your views were underpinned by evidence and information that was drawn from contemporaneous, publicly available professional guidance and emerging evidence, which the panel has found was not the case. She submitted that you have not taken full responsibility for the concerns and appear in your evidence to have shifted some of the onus onto your patients. She submitted therefore that you have not demonstrated sufficient insight or reflection.

Ms Mukhia submitted that until you demonstrate full insight and reflect on the charges found proved, there remains a risk of repetition. She submitted that there are underlying attitudinal concerns that require a finding of current impairment in this case. She submitted that a finding of no current impairment would undermine professional standards and confidence in the profession. She submitted that public confidence in the NMC as regulator would be questioned if the panel does not mark the seriousness of your misconduct with a finding of current impairment.

Ms Doherty invited the panel to find that there is no current impairment at this time. She submitted that you have had a long nursing career. She submitted that Dr Robertson gave evidence that you are a reliable, hard-working and safe nursing practitioner, and that he had even nominated you for an award. She submitted that you have not been subject to any adverse regulatory findings, prior to this hearing.

Ms Doherty submitted that these charges relate to one specific area of your practice, and not to your practice overall. She submitted that the concerns relate only to your handling of patients, in particular giving information and advice, regarding the Covid-19 vaccination. She submitted that you admitted to the failure to advise a PCR test, and that these concerns are not related to your wider practice.

Ms Doherty submitted that the panel has before it numerous positive testimonials from colleagues and includes one testimonial from a patient. She submitted that this paints a better picture of your broader practice and how you conduct yourself as a nurse.

Ms Doherty submitted that you are entitled to advance a defence, and this panel has heard evidence of your level of insight. She submitted that you have prepared a reflective statement that was prepared in advance of the factual findings, but it demonstrates your ability to self-reflect, to look at what went wrong and to offer reassurance that you are practising safely and upholding and promoting the standards of nursing.

Ms Doherty submitted that the concerns relate to your communication with patients, and how you communicate guidance, risks and benefits. She submitted that this conduct is remediable. She submitted that there is no evidence of an underlying attitudinal issue, and this is not the threshold that is used for determining current impairment. She submitted that this alleged misconduct is remediable and you have reflected on your actions and accepted that you did not give balanced views in line with public health guidance at the material time. She submitted that your reflective statement demonstrates an understanding of how risk can arise, particularly through language and you have identified how professional boundaries could be breached with anxious patients.

Ms Doherty submitted that there is evidence of your training, and you have implemented specific and practical changes to address these risks. She submitted that you have strengthened your engagement in your continuing professional development (CPD) in relation to telephone triages, communication, and personal verification of infection control measures. She submitted that you have practised for five years without further clinical incident, and therefore it can be said that the conduct is unlikely to be repeated.

Ms Doherty submitted that you accept that the conduct had the potential to impact the professional reputation of nursing. However, she submitted that you have demonstrated genuine insight and understand that public confidence in the profession not only relies on your intention but how your conduct may be perceived. She submitted that you accept responsibility for the wording you used in relation to the vaccine. She submitted that you are entitled to advance a defence, and that your reflective statement links your conduct to the fundamental tenets of the nursing profession. She submitted that the conduct arose during the Covid-19 pandemic, which was a very novel time for everyone, and this context should be considered.

Ms Doherty submitted that there is no current risk, and your practice is now safer than at the material time due to your increased vigilance, your clearer boundaries and more structured consultations. She submitted that due to your acceptance of the panel's findings, your reflective learning and the fact that there have been no further incidents in

the five years since the concerns arose, public confidence in the profession can be maintained. She submitted that Person X confirmed in evidence that her opinion of the nursing profession had not been impacted. She further submitted that a member of the public, with full knowledge of the facts of this case, would be satisfied if a finding of no current impairment is made at this stage.

The panel accepted the advice of the legal assessor.

### **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:

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that the following sections of the Code had been breached:

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

*To achieve this, you must:*

*...*

***1.2 make sure you deliver the fundamentals of care effectively***

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

*To achieve this, you must:*

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

***6.2 maintain the knowledge and skills you need for safe and effective practice***

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

*To achieve this, you must:*

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

...

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

...

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

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

The panel considered the case of *Roylance*, and was of the view that your conduct fell seriously short of the conduct and standards expected of a nurse. It considered the context of these charges, specifically that this was a tumultuous time for the country, and members of the public were reliant on healthcare professionals to uphold the proper standards of care throughout the pandemic.

The panel considered that the information and advice you provided was given in your capacity as a registered professional and as an Advanced Nurse Practitioner during the course of your work. The panel considered that all the charges found proved and admitted are of a similar nature in relation to your role with regard to Covid-19, therefore the panel have considered them cumulatively. The panel particularly noted that all the charges relate to a course of conduct that was contrary to public health guidance around Covid-19 and the vaccine. Whilst not wanting to discourage you from your personal beliefs, the panel considered that these concerns were raised in the normal course of your role and were contrary to the public health advice at the material time. In light of this, the panel considered that the conduct found proved was sufficiently serious to amount to misconduct within its meaning in these regulatory proceedings.

The panel determined that your conduct fell seriously short of the standards of what the public has the right to expect from a registered nurse and was therefore satisfied that it amounted to misconduct (*CHRE v Grant* [2011] EHRC 927 (Admin)).

### **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 January 2026) in which the following is stated:

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

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

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

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

*undermined if a finding of impairment were not made in the particular circumstances.'*

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

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

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

The panel determined that patients were put at unwarranted risk of harm as a result of your misconduct. The panel noted that no actual harm has been reported arising out of your misconduct, however there was a risk of harm associated with the information and advice you were giving to patients at the time.

In relation to future harm, the panel considered that you have had a period of safe practice for the past five years. It bore in mind that you have provided several positive testimonials from colleagues and a patient. The panel also considered that you have provided evidence of further relevant training, specifically in relation to Covid-19, and the practice

for conducting telephone consultations and consent. It further noted that when you first moved to Cornwall, you had been working in vaccination and immunisation.

The panel considered that you are currently working as an Advanced Nurse Practitioner and at an urgent treatment clinic for a GP out of hours service and as an expert witness. However, the panel considered that these are independent roles, with no oversight over your practice. The panel considered that the testimonials you have provided do not address the issue of the charges and focus on your broader practice which is not in question. The panel considered that your evidence indicates that you still harbour some concerns about the Covid-19 vaccine. You have not demonstrated a balanced understanding around the Covid-19 vaccine and the associated risks and benefits with a focus on national guidance from NHS England. It noted that in your reflective statement, you address your clinical practice broadly, and not specifically the issue of the Covid-19 vaccine.

The panel considered that much of the evidence that you have provided is very comprehensive but does not demonstrate insight, instead it appears to distract from the issue at hand and reinforces the view that you remain very interested and focussed on the implications of the Covid-19 pandemic and vaccine. The panel also noted that this year, you attended a two-day World Council for Health conference which has been criticised as a pseudo-medical organisation that spreads misinformation relating to Covid-19 and therefore could be construed as contrary to public health guidance. The panel was of the view that your insight into the misconduct comes across as contradictory, as in parts it confirms and underpins your scepticism about the Covid-19 vaccine. It noted that you confirm that you will follow national public health advice, but also that you will:

*“continue to develop my critical appraisal skills and ensure that any emerging evidence is carefully considered alongside the wider evidence base before being applied in clinical discussions.”*

The panel had regard to your reflections, such as:

*“I recognise that while my intention was to prioritise patient safety and informed consent, my communication could have been more structured and more closely aligned with professional expectations.”*

The panel considered that you appear not to understand how your disregard of national public health guidance in respect of Covid-19 could impact on patient safety, to the individual and the wider population as well as undermining public confidence in the profession.

The panel also considered that Covid-19 vaccinations and boosters are still being administered today, and this panel was not satisfied that your personal views would not continue to cloud your professional judgement and the need to advise in accordance with national guidelines. It noted that there are no concerns outside of this niche issue which arose in the very specific context of Covid-19, but the panel was concerned that you have not yet addressed your misconduct without acknowledging the impact of your personal views on your professional conduct. The panel was not satisfied that if you were placed in a similar position, and in a similar challenging situation such as the Covid-19 pandemic, that this would not happen again. On this basis, the panel determined that patients could be placed at unwarranted risk of harm in the future.

The panel next considered whether your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. The panel was of the view that in the past, you did breach fundamental tenets of the profession by breaching government guidance and providing information and advice that was not evidence-based and government sanctioned. The panel was also of the view that giving information contrary to the public health advice at the material time would bring the profession into disrepute. The panel considered that public confidence in the profession would have been undermined, especially given how challenging the Covid-19 pandemic was on everyone. The panel considered that members of the public relied on the government for information and advice in relation to the pandemic, and they relied on

healthcare professionals to be appraised of this guidance and uphold the proper standards of care.

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 demonstrated sufficient insight and taken steps to strengthen your practice.

Regarding insight, the panel considered that your insight is incomplete. It noted that while you have started to reflect on your misconduct, in the panel's view, you have not yet fully understood the importance of following public health guidance during the pandemic. It considered that any reflection that you have demonstrated in respect of following public health advice appears to have the caveat that you will continue to exercise your own professional judgement in respect of this advice.

The panel took into account the training you have completed. The panel acknowledged that the training you have undertaken may appear to be relevant to the misconduct charged, namely that it focuses on Covid-19 vaccinations, principles of telephone triage and consent. However, the training you have completed largely focusses on your personal review of professional guidance, attendance at inappropriate conferences, and review of Covid-19 research outside the scope of the public health advice provided by the UK government. The panel was of the view that you remain very focussed on your personal critical assessment of the pandemic and associated guidance, and it could not be satisfied that you would not allow your personal views to impact your professional practice.

The panel was of the view that there is a risk of repetition based on your current level of insight and lack of strengthened practice. The panel was concerned that you continue to explore material that is not always accepted public health guidance and may allow this to impact on your conduct as a registered nurse. In light of this, the panel was not satisfied that the risk of repetition has yet been fully mitigated.

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

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

The panel determined that a finding of impairment on the public interest ground is required because a member of the public would be concerned that you have not yet demonstrated full insight into your misconduct. The panel was of the view that the evidence you have provided demonstrates that you may still allow your personal views to impact on your professional advice and practice. The panel considered that you work in a wide range of roles, which includes working with patients in roles where you are a lone worker. The panel considered that the public may be concerned that patients could be influenced by your advice if you were to repeat the misconduct found proved. The panel considered that the reputation of the profession would be seriously damaged if a finding of impairment is not made in this case, as you have yet to demonstrate full insight into your misconduct or to mitigate the risk of repetition. In light of this, the panel determined that a finding of impairment is necessary on the ground of public interest.

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

### **Sanction**

The panel has considered this case very carefully and has decided to make a suspension order for a period of two 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-2 Last Updated: 28 January 2026).

The panel accepted the advice of the legal assessor.

### **Submissions on sanction**

Ms Mukhia invited the panel to impose a suspension order for six months. She submitted that you have demonstrated a pattern of misconduct, abused a position of trust, your conduct put those receiving care at risk of harm and you have demonstrated limited insight. She further submitted that you have no previous regulatory findings, you have completed some relevant training and have demonstrated a period of safe practice for about five years.

Ms Mukhia submitted that taking no further action or imposing a caution order is not an appropriate sanction in this case due to the seriousness of the concerns. She submitted that a conditions of practice order would not be the appropriate order, as the misconduct found proved relates to your personal views in relation to Covid-19 and the vaccine and how this impacted you giving unbiased advice to patients. She submitted that there are no measurable, workable and proportionate conditions which can be formulated to stop a nurse from advising patients incorrect information which is not consistent with the public health advice.

Ms Mukhia submitted that a suspension order is necessary and proportionate in this case. She submitted that the misconduct found proved is not incompatible with remaining on the NMC register. She submitted that your insight is not yet complete, and you have not yet sufficiently demonstrated strengthened practice. She submitted that a suspension order would be sufficient to protect the public and to uphold proper standards of conduct and public confidence in the profession. She submitted that a period of suspension would

provide you sufficient time to allow you to fully develop your insight and strengthen your practice.

Ms Mukhia submitted that you have engaged in these proceedings and have demonstrated some insight, including some relevant training. She submitted that the misconduct found proved is not fundamentally incompatible with remaining on the register. She submitted that there is a realistic prospect that after a period of suspension, you will have gained sufficient insight and strengthened practice, and the risk you pose will have reduced.

Ms Doherty invited the panel to impose a conditions of practice order. She submitted that a suspension order or striking off order would be disproportionate in the circumstances. She submitted that the risk found by this panel could be addressed by conditions of practice. She submitted that determining a sanction is a forward-looking exercise and should not be unduly punitive on you.

Ms Doherty submitted that you accept the panel's finding that your insight is limited at this time. She invited the panel to consider the nuanced, specific area of concerns in your clinical practice. She submitted that you have been a registered nurse since 1994, and since the charges arose in October 2021, you have practised as a nurse without further incident.

Ms Doherty submitted that conditions of practice may be appropriate where the panel is satisfied that you can remedy those concerns, where there is evidence of insight and the risk can be managed by conditions. She submitted that this panel determined that this misconduct is remediable. She submitted that you currently work in a GP practice where you are rarely involved in giving advice for Covid-19 vaccinations and you are a vital, respected member of the community.

Ms Doherty submitted that any conditions on your practice must balance the need to protect the public, with your right to uphold your personal views in your private life. She

submitted that any condition imposed should not impact a practitioner's right to make decisions for themselves or to do research for their own benefit.

Ms Doherty submitted that the concerns are identifiable and remediable. She submitted that they relate specifically to areas such as Covid-19 vaccinations, following public health guidance and your communication during clinical consultations. She submitted that your remediation is underway in that you are developing your insight and undertaking some relevant training. She submitted that conditions that could measure your remediation may include indirect supervision, monthly conversations with a supervisor and a report authored for the NMC addressing the areas of concern, further training and CPD in public health guidance and communicating with patients. She submitted that this would be a proportionate measure to protect the public and mark the public interest.

Ms Doherty submitted that a suspension order would be disproportionate at this stage. She submitted that this may even be a punitive sanction at this time. She submitted that you have worked with patients since October 2021 without further concern. She submitted that a suspension order would have a significant, detrimental impact on you. She submitted that you would not be able to work as an expert witness and would not be able to work within your current GP practice.

You confirmed that your out of hours service role is a contracted role for twenty hours per month. You told the panel that you also have a zero-hour contract with a community initiative called the Winter Health Hub providing additional appointments for GPs.

### **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 necessary 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:

- Abuse of a position of trust
- Deliberate breaches of the Code
- Conduct that puts people receiving care at risk of harm
- A pattern of misconduct over a limited period of time
- Limited and contradictory insight in respect of the impact of your misconduct on patients, the profession and the wider public
- Continued focus on external material outside of public health advice for Covid-19

The panel also took into account the following mitigating features:

- Evidence that you have worked safely and professionally since October 2021
- Some relevant training courses and some reflection on your misconduct
- Positive testimonials from colleagues
- The nuanced context of the Covid-19 pandemic

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 public protection concerns identified. The panel decided that it would be neither proportionate nor in the public interest to take no further action. The panel considered Ms Doherty's submission that this case involves a delicate balance of protecting the public and your right to your personal views. However, the panel noted that you used your attendance at the Better Way conference as part of your CPD and revalidation training and therefore was of the view that the lines remained blurred between your personal views and your professional practice.

The panel next considered a caution order and had regard to the NMC Guidance on 'Caution order' (Reference: SAN-2b Last Updated: 28 January 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 patient and public safety. The panel therefore determined that a sanction that does not restrict your practise would not protect the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether 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 January 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 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 considered that these concerns, whilst not a traditional deep seated attitudinal issue, do relate to your focus and personal interests in Covid-19 and the vaccine and how it may impact on your ability to give unbiased and evidence-based information and advice. The panel noted that the concerns relate to a specific and niche element within your practice. The panel also noted that you have accepted this panel's findings and have demonstrated a willingness to develop your insight and strengthened practice.

The panel had regard to the guidance, in particular:

*“Workable means that it must be possible for the professional to comply with the conditions. The purpose of conditions of practice is to facilitate safe and effective practice and for the professional to address the concerns in a meaningful way. They should not amount to a complete restriction on the professional's ability to practise. The conditions imposed must be practical and feasible; the panel should impose the least restrictive conditions required to uphold public safety.*

*Measurable means that it must be possible to assess objectively and unambiguously whether or not the professional has complied with each condition.”*

The panel considered whether it may be able to formulate conditions that are relevant and proportionate. However, the panel was of the view that there are no conditions that could be formulated that would be both workable and measurable.

The panel noted Ms Doherty's submission that you could work with a condition requiring indirect supervision and monthly meetings addressing the areas of concern. However, the

panel considered that the concerns relate specifically to how your personal views may impact on your ability to give unbiased advice regarding Covid-19 and the vaccine. The panel considered that this is not something that could be measured through indirect supervision given that you work in a lone-working role. The panel considered that in your evidence you did not appear to be able to distinguish your personal views from your professional role, and therefore the risk remains of you giving biased information as opposed to providing balanced information on benefits and risks as identified by national policy. In particular, the panel noted that in your out of hours role, there is no way to limit what issues you may need to address with patients. The panel considered that it is plausible that you may encounter patients with queries about Covid-19 and the vaccine in this role. The panel considered that the conditions that this panel could impose would require direct oversight of your practise to ensure that you do not give biased advice.

In light of this, the panel was of the view that any conditions it could impose would amount to a complete restriction on your ability to practise. It noted that the only condition that could adequately address the risk would be direct supervision, and this would not be practical and feasible in light of your lone-working role.

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 January 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 was of the view that the concerns are on the more serious end of the spectrum. It noted that a short period of suspension would be sufficient to allow you to fully strengthen your practice and demonstrate full insight. The panel was of the view that public confidence in the profession would be maintained by imposing such a suspension. The panel considered that you have engaged in these proceedings and have begun the process of reflecting and demonstrating meaningful insight.

It did go 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 disproportionate. The panel considered that there is a realistic prospect that a short period of suspension would provide adequate time for you to demonstrate developed insight and that the misconduct found proved was not fundamentally incompatible with you remaining on the register. 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 necessary and proportionate sanction.

The panel noted the hardship such an order will inevitably 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 two months was appropriate in this case to mark the seriousness of the misconduct, to uphold professional standards of conduct and maintain public confidence in the profession. The panel considered that the option for an early review remains open to you.

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:

- Evidence of more specific reflection demonstrating a developed understanding and insight into the concerns, in particular articulating that you are able to compartmentalise your personal beliefs from your professional practice;
- Further relevant training in evidence based best practice courses; and
- Continued engagement and attendance in these proceedings.

This will be confirmed to you in writing.

### **Interim order**

As the substantive 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 substantive suspension order takes effect.

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

### **Submissions on interim order**

The panel took account of the submissions made by Ms Mukhia. She submitted that in light of the panel's findings, an interim suspension order is the necessary and proportionate sanction. She submitted that an interim suspension order for 18 months would protect the public during any period of appeal and would be consistent with the panel's determination thus far.

The panel also took into account the submissions of Ms Doherty, who indicated that you do not oppose the NMC's application for an interim suspension order for 18 months.

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

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order. The panel considered that to not impose an interim suspension order would be inconsistent with its previous findings.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months in order to protect the public and mark the public interest during any potential period of appeal.

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

That concludes this determination.