

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

**Substantive Hearing**

**Tuesday, 26 May 2026 – Wednesday, 27 May 2026**

Virtual Hearing

**Name of Registrant:** **John Andrew Charters**

**NMC PIN:** 9810051S

**Part(s) of the register:** Nurses part of the register - Sub part 1  
RNMH: Mental health nurse, level 1 (03 September 2001)  
RNA: Adult nurse, level 1 (07 September 2009)

**Relevant Location:** Inverness

**Type of case:** Conviction

**Panel members:** Natalie Banks (Chair, lay member)  
Anne Sharpe (Registrant member)  
Ceri Edwards (Lay member)

**Legal Assessor:** Gerald Coll

**Hearings Coordinator:** Adaobi Ibuaka

**Nursing and Midwifery Council:** Represented by Laura Holgate, Case Presenter

**Mr Charters:** Not present and unrepresented by at this hearing.

**Facts proved:** Charge 1 in its entirety

**Fitness to practise:** Impaired

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

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

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

The panel was informed at the start of this hearing that Mr Charters was not in attendance and that the Notice of Hearing letter had been sent to Mr Charters' registered email address by secure email on 15 April 2026.

Further, the panel noted that the Notice of Hearing was also sent to Mr Charters' representative at Thompsons-Scotland Solicitors on 15 April 2026.

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

The panel accepted the advice of the legal assessor.

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

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

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

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

Ms Holgate referred the panel to an email from Ms Wishart, Mr Charters representative, to the NMC dated 26 May 2026 at 09:30am, stating the following:

*'As discussed with ... on Friday, and in my submissions, Mr Charters and I will not be attending the hearing. Mr Charters is unable to take time off work and has requested that written submissions be put in instead. A condition of his union funding is that he has to be in attendance to give me instructions, I cannot appear without him there.*

*I asked that this was passed along to Laura Holgate and the legal assessor on Friday.'*

Ms Holgate submitted that Mr Charters has had ample time and opportunity to engage and it's clear that he has not prioritised these proceedings by ensuring that he can attend today. She further submitted that the panel has the discretion to proceed in absence of Mr Charters, and it should be exercised in this case because it has determined that notice has been properly served and Mr Charters has not made an application for an adjournment.

The panel accepted the advice of the legal assessor.

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

The panel has decided to proceed in the absence of Mr Charters. In reaching this decision, the panel has considered the submissions of Ms Holgate, the written representations from Ms Wishart made on behalf of Mr Charters, and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v*

*Jones and General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mr Charters;
- Mr Charters had been informed of this hearing for more than the required time of 28 days and had ample opportunities to make arrangements to attend the hearing but did not.
- Mr Charters through his representative has informed the NMC that he has received the Notice of Hearing;
- There is no reason to suppose that adjourning would secure his attendance at some future date;
- The charges relate to events that occurred in 2014 and 2022;
- Further delay may have an adverse effect as the panel and the NMC had attended ready for the hearing to proceed; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Mr Charters in proceeding in his absence. Although the evidence upon which the NMC relies will have been sent to him at his registered email address, he has made no response to the allegations. He will not be able to challenge the evidence relied upon by the NMC and will not be able to give evidence on his own behalf. However his legal representative submitted a statement on his behalf which was considered by the panel when making its decision. In the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Mr Charters' decisions to absent himself from the hearing, waive his rights to attend, and/or be represented, and to not provide evidence or make submissions on his own behalf.

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

### **Details of charge**

That you a Registered Nurse,

1) On 22 April 2024 at Inverness Sheriff Court and Justice of the Peace Court were convicted of two charges namely:

- a) That on 2<sup>nd</sup> December 2022 at [PRIVATE], Maryburgh you assaulted Resident A and did repeatedly pull him on the body to his injury.
- b) That on 1<sup>st</sup> February 2014 at [PRIVATE], Grantown on Spey you assaulted Resident B, then a resident in said [PRIVATE] and, did strike her on the body.

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

### **Background**

The charges arose whilst Mr Charters was employed as a registered nurse by [PRIVATE] (the Home 2) in 2022.

On 1 December 2022, Mr Charters was working a night shift in his capacity as a nurse at the Home 2. Resident A was a patient under his care at the time. Throughout the evening, Resident A appeared to be unsettled and restless, being unable to sleep. He eventually fell asleep in the early hours of the morning of the 2 December, 2022.

That morning, another colleague, Colleague A, attended Resident A and offered him a shower. However, he declined as he was too tired from the restless night before.

Colleague A accepted this and left the resident in his bed still clothed. When Colleague A informed Mr Charters of this, he immediately became unhappy, implied it was unacceptable, and that Resident A would need to abide by his shower slot regardless. Mr Charters then attended to Resident A to resolve the matter.

Resident A again declined to shower and Mr Charters began arguing with him, demanding that he shower. The registrant then leaned over Resident A and began to pull him up by his arm to the edge of his bed. Resident A shouted at Mr Charters to stop, and at this point, Colleague A had entered the room. Colleague A observed Mr Charters who was standing and holding resident A under his arms, upright at the edge of his bed.

Colleague A then assisted Resident A to the shower and returned him to his room where he required assistance to redress. Resident A was adamant that he didn't want Mr Charters to dress him. However, Mr Charters ignored the resident's wishes and proceeded to attempt to put a shirt on Resident A as he sat on a bedroom chair.

At several points, Resident A asked Mr Charters to stop, which resulted in Mr Charters entering into a struggle with the resident to complete dressing him. Mr Charters began to sit on top of the resident to keep him sat down in his chair, grabbing hold of his arm forcefully and pulling it away from the chair and into a shirt. Resident A shouted in pain and appeared visibly distressed. Once Resident A was dressed, Mr Charters had no further contact with him.

On the 5th of December 2022, the police were informed of this incident and a police inquiry was commenced into an assault. Police attended the care home and when Resident A was spoken to, he was observed to have a fresh grip mark bruising to his arm, which he described was as a result of having been pulled by Mr Charters.

The second incident occurred on the 1st of February 2014 at another care home, at [PRIVATE] (the Home 1).

Mr Charters administered a suppository to Resident B, a resident who lacked capacity, and on completing the procedure began speaking to Resident B about Christianity. Upon finishing the conversation, Mr Charters placed a bare-handed slap to the naked buttocks of Resident B and said to her, *'I'll be your Samson if you'll be my Delilah'*. Resident B became visibly upset and began crying.

This incident came to light during the police investigation into the assault against resident A and it was requested by the police that consideration be given to reopening this case as no proceedings were taken at the time.

Mr Charters was sentenced on the 31st of May 2024, where he received a community payback order of 200 hours unpaid work to be completed within six months. Mr Charters has now completed that community payback order.

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

The charges concern Mr Charters conviction and, having been provided with a copy of the certificate of conviction, the panel finds that the facts are found proved in accordance with Rule 31 (2) and (3).

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

### **Submissions on impairment**

Ms Holgate addressed the panel on the issue of impairment and reminded the panel 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) Grant* [2011] EWHC 927 (Admin).

Ms Holgate submitted that Mr Charters had previously been subject to a fitness to practice investigation, which resulted in a conditions of practise order being imposed on his practise in November 2016 for a period of 12 months. She submitted that although the concerns in this previous case do not directly relate to the matters of today, the panel in that case did find that Mr Charter's misconduct had put a patient at unwarranted risk of harm, had brought the profession into disrepute and breached the fundamental tenet of the nursing profession, which is something today's panel may consider when making its decision in regards to impairment.

Ms Holgate submitted that limbs one to three of the *Grant* test were engaged in this case. Ms Holgate submitted that Mr Charters has been convicted of assaulting two vulnerable residents in a care home where he was employed as a nurse. Those residents were entitled to safe, compassionate and professional care and instead they were subject to a physical assault by a registered professional in a position of trust, causing them physical and quite likely emotional harm. She further submitted that safeguarding and protecting people from harm, abuse and neglect is an integral part of the standards and values set out in the code and as such, any allegations involving the abuse of vulnerable people, must be treated seriously.

Ms Holgate submitted that this goes to the very heart of what nurses should do and that Mr Charters, in deliberately causing harm to two vulnerable residents, demonstrates that there is a high risk of harm to those receiving care if his behaviour is not appropriately addressed. She submitted that this previous harm or risk of harm has not been appropriately addressed and therefore it could not be said that any risk of future harm is remote.

Ms Holgate submitted that Mr Charters actions are a serious departure from the standards expected of registered professionals who occupy a position of trust and privilege in society and are expected at all times to be professional. She submitted that patients and their families must be able to trust registered professionals with their lives and the lives of their loved ones.

Ms Holgate further submitted that Mr Charters behaviour in assaulting Resident A and Resident B, both of which were vulnerable residents, strikes at the very heart of that trust and confidence, and is likely to have brought the profession into serious disrepute. She submitted that this behaviour could have a particularly serious impact on public confidence and, this is not the first time that it's been alleged that Mr Charters has brought the profession into disrepute.

Ms Holgate referred the panel to the NMC code of conduct and highlighted the following codes which were breached in this case.

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

*To achieve this, you must:*

*1.5 respect and uphold people's human rights*

***4 Act in the best interests of people at all times***

*To achieve this, you must:*

*4.3 keep to all relevant laws about mental capacity that apply in the country in which you are practising, and make sure that the rights and best interests of those who lack capacity are still at the centre of the decision-making process*

***14 Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place***

*To achieve this, you must:*

*14.1 act immediately to put right the situation if someone has suffered actual harm for any reason or an incident has happened which had the potential for harm*

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

*To achieve this, you must:*

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

*20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment*

*20.4 keep to the laws of the country in which you are practising*

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

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

Ms Holgate submitted that whilst it's recognised that not every breach of the code will warrant a finding of impairment, breaches which undermine the fundamental tenets of the profession do require such a finding, in order to reflect the serious unacceptability of the conduct and to reaffirm proper standards of behaviour.

Ms Holgate submitted that the behaviour directly relates to Mr Charters clinical practice and is supported by a conviction. She submitted that Mr Charters criminal conviction is indicative of deep-seated attitudinal issues, which is more difficult to remediate and raises fundamental questions about the attitude of Mr Charters and his suitability to remain on the register and in the role of a nurse.

Ms Holgate submitted there was no evidence before the panel that Mr Charters has reflected on his behaviours and attitudes or recognised the impact of his behaviour on the wider nursing profession. She submitted that Mr Charters disputes the facts upon which he was convicted, and this demonstrates a lack of insight as he is not fully accepting of what he did. This denial illustrates that he has not demonstrated any meaningful insight into his conduct, the harm caused to the residents, or the impact on public confidence in the profession and therefore this increases the overall risk of repetition of the same type of offending behaviour if Mr Charters were allowed to continue to practise unrestricted.

Ms Holgate submitted that a finding of impairment that is required in order to protect the public, to uphold professional standards and maintain public confidence in the profession and the NMC as regulator. She further submitted that an informed member of the public, knowing the full context and circumstances of this case, would be both shocked and concerned if Mr Charters were to continue to practise without restriction, therefore a finding of current impairment is necessary on both public protection and public interest grounds.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), and *General Medical Council v Meadow* [2007] QB 462 (Admin).

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

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

In coming to its decision, the panel had regard to the NMC Guidance on '*Impairment*' (Reference: DMA-1 Last Updated:28/01/2026) in which the following is stated:

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. 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/their fitness to practise is impaired in the sense that S/He/They:*

- 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 found that limbs a – c of the *Grant* test are engaged. The panel finds that patients were put at risk of harm and were caused physical and emotional harm which resulted in Mr Charters' conviction and there is a potential for further harm to be caused in the future. The panel considered Ms Holgate's submissions and were satisfied with the areas of the code highlighted. It had no doubt that the conduct which led to Mr Charters' convictions breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute and would undermine public confidence in the profession.

The panel considered that the conduct displayed by Mr Charters towards both Residents occurred years apart spanning from 2014 to 2022. It also considered that Mr Charters had previously undergone a substantive hearing in 2016 where that panel had placed conditions on his practice. The panel had sight of Ms Wishart's written submissions: *'Moreover, he has never been convicted of a crime prior to these allegations.'* The panel were concerned about this as there had been evidence before them of a previous fitness to practice referral where he was found to be impaired.

When considering insight, the panel considered the evidence before it. The panel noted that the convictions were directly related to Mr Charters' clinical practice and that he did not accept the convictions, stating that he had been wrongfully convicted. The panel noted that there was no further evidence before them of any reflection about the charges found proved from Mr Charters. It noted that Mr Charters did not provide any reflection on the

impact his conduct could have on patients, colleagues, the nursing profession and the NMC as its regulator. The panel noted that Mr Charters still went on to commit a criminal offence after the substantive hearing in 2016. It noted a failure to accept or acknowledge his failings demonstrated potential attitudinal issues and therefore, the panel determined that Mr Charters lacked sufficient insight into his convictions.

The panel is of the view that there is a risk of repetition based on the lack of insight, and remediation. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect the wider public interest, which 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, in this case, a finding of impairment on public interest grounds was required. The panel was of the view that a well-informed member of the public would be very concerned if no finding of impairment were made in light of Mr Charters' convictions, especially given the nature of the conviction which involved vulnerable patients in his care.

Furthermore, it determined that confidence in the profession, and the NMC as their regulator, would be diminished and standards of nursing undermined, if no finding of impairment were to be made. Therefore, the panel concluded that a finding of impairment was otherwise in the public interest in this regard.

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

## **Sanction**

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

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

### **Submissions on sanction**

Ms Holgate submitted that while sanction is a matter for the panel's judgement, she submitted that the NMC invites the panel to impose a striking off order as this is the most appropriate and proportionate order in this case.

Ms Holgate submitted that the panel should always have in mind the need to act proportionately and accordingly when considering sanction, and should balance the interests of the public against those of Mr Charters. She further submitted that the panel should be satisfied that any interference with Mr Charters right to practise is no more than necessary in these circumstances, referring the panel to the case of *Bolton v Law Society* [1994] 1 WLR 512, which states that the reputation of the profession is more important than the fortune of any individual members.

Ms Holgate submitted the following aggravating features of this case:

- The fact that these were serious assaults on two vulnerable residents from two different care homes, which suggests a pattern of behaviour over a period of time, rather than a single lapse of judgement or an isolated incident.
- The fact that the incidents were directly linked to Mr Charters' clinical practice and that the nature of the charges is indicative of an attitudinal concern, which is not as easy to put right, and which she submits is not remediable.

- The fact that there have been previous regulatory and disciplinary findings against Mr Charters.
- The fact that there is a complete lack of insight into the impact of the Mr Charters' behaviour in regards to both residents, their families and the wider nursing profession.

Ms Holgate referred to the written submissions provided by Ms Wishart on behalf of Mr Charters, which provide the mitigations and explanations she believed were a part of Mr Charters case. Ms Holgate submitted there are no mitigating factors in this case which could lessen the overall seriousness of the offences in question.

Ms Holgate referred the panel to the NMC Guidance on serious cases and submitted that case about criminal offending by nurses and midwives illustrate the principle that the reputation of the professions is more important than the fortunes of any individual member of those professions.

Ms Holgate referred the panel to the sanctions guidance SAN-2. She submitted that a striking off order is the only appropriate order as Mr Charters' conduct highlighted by the facts found proved, demonstrated that his behaviours were a significant departure from the standards expected of a registered nurse and is fundamentally incompatible with remaining on the register. Ms Holgate further submitted that the findings in this particular case demonstrate that Mr Charters' action are serious and cannot be tolerated. He should not be allowed to continue practising as this would undermine public confidence in the profession and the NMC as its regulator. Therefore, that nothing short of a striking off order would be sufficient in this case.

The panel accepted the advice of the legal assessor.

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

Having found Mr Charters' fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. The panel has borne in mind that any

sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Serious assaults on two vulnerable residents from two different care homes which indicates a pattern of behaviour over a period of time and is not a single lapse of judgement or an isolated incident.
- The incidents are directly linked to Mr Charters' clinical practice and the nature of the charges indicate an attitudinal concern which is not easily remediable.
- Mr Charters has been through previous regulatory and disciplinary findings.
- Mr Charters failed to demonstrate any insight into the impact his behaviours had on both residents, their families and the wider nursing profession.
- The impact Mr Charters behaviours had not only on the residents but their families and his colleagues too.

The panel considered whether there were any mitigating features in this case. It determined there was no mitigating features in Mr Charters' case.

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

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

*'A caution is only appropriate if the Committee has decided there's no risk to the public or to people using services that requires the professional's practice to be restricted. This means the case is at the lower end of the spectrum of impaired*

*fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'*

The panel considered that Mr Charters' 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 Mr Charters practise would not protect the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether to place a conditions of practice on Mr Charters' registration. In considering whether conditions of practice are appropriate, the panel had regard to the factors set out in the NMC Guidance on 'Conditions of practice order' (Reference: SAN-2c Last Updated: 28/01/2026).

The panel determined that a conditions of practice order would neither be appropriate nor workable in this case. The panel recalled its earlier findings that the concerns identified were linked to Mr Charters' clinical practice but were of a serious nature, relating to criminal offences over a period of time, which indicated deep-seated attitudinal concerns. The panel considered that there are no relevant, proportionate, workable or measurable conditions that could be formulated to protect patients and to uphold professional standards.

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

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

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

- *'the charges found proved are at the most serious end of the spectrum and call into question the professional's suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation*
- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.'*

Whilst the panel acknowledged that the risks identified could be managed by Mr Charters being temporarily removed from the Register, it considered that it would not be sufficient to uphold public confidence in the profession and maintain professional standards due to the seriousness and nature of the facts found proved. Given Mr Charters' lack of engagement, lack of insight, lack of remorse, together with no evidence of training and development, the panel considered that there is no realistic possibility that he would address the concerns to such a level where he could return to practise safely. The panel considered that the burden of proof is on Mr Charters to demonstrate that there has been a change in behaviour. It further considered that Mr Charters was directly responsible for exposing people receiving care to harm or neglect.

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

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

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

- *Do the charges found proved raise fundamental questions about their professionalism?*
- *Can public confidence in the profession be maintained if the professional is not removed from the Register?*
- *Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?*
- *Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?*

The panel found that Mr Charters's criminal convictions in this case were exceptionally serious and were incompatible with the standards expected of a registered nurse. They represented a serious breach of the fundamental tenets of the profession, including the obligations to treat people with kindness, dignity and respect.

The panel considered that fully informed members of the public would be extremely concerned if a registered nurse who had been convicted of criminal offenses of a serious nature, and had not demonstrated any insight or meaningful remediation, were permitted to remain on the register. The panel determined that public confidence in the profession

and the NMC as regulator would be seriously undermined if a sanction short of striking off were imposed.

The panel therefore determined that a striking-off order was the only sanction sufficient to protect the public interest, maintain public confidence in the nursing profession and uphold proper professional standards and conduct. The panel concluded that Mr Charters' conduct was fundamentally incompatible with remaining on the register.

The panel was of the view that the findings in this particular case demonstrate that Mr Charters' actions were serious and to allow him to continue practising would not protect the public and would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of Mr Charters' actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct himself, the panel has concluded that nothing short of this would be sufficient in this case.

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

This will be confirmed to Mr Charters in writing

### **Interim order**

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case to cover the potential appeal period. It may only make an interim order if it is

satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Mr Charters' own interests until the striking-off sanction takes effect.

### **Submissions on interim order**

The panel took account of the submissions made by Ms Holgate. She submitted that given the panel's decision on sanction, an interim suspension order for a period of 18 months is necessary to protect the public and is also otherwise in the public interest, to cover the 28-day appeal period before the substantive order becomes effective.

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

### **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. To not impose an interim suspension order would be inconsistent with the panel's earlier findings and determination.

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

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

This will be confirmed to Mr Charters in writing.

That concludes this determination.

