

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

**Substantive Hearing
Tuesday, 19 May 2026 to Friday, 22 May 2026**

Nursing and Midwifery Council
2 Stratford Place, Montfichet Road, London, E20 1EJ

Name of Registrant: Tracy Ann Ellis

NMC PIN: 12B0222E

Part(s) of the register: Registered Nurse RNA
Adult Nursing - October 2012

Relevant Location: West Yorkshire

Type of case: Misconduct

Panel members: Christine Nwaokolo (Chair, Lay member)
Julia Briscoe (Registrant member)
Kitty Grant (Lay member)

Legal Assessor: William Hoskins

Hearings Coordinator: Priyam Jain

Nursing and Midwifery Council: Represented by Sadaf Etemadi, Case Presenter

Miss Ellis: Not present and unrepresented

Facts proved: Charges 1, 2, 3, 4, 5, 6a and 6b

Facts not proved: N/A

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 Miss Ellis was not in attendance and that the Notice of Hearing letter had been sent to Miss Ellis' registered email address by secure email on 20 April 2026.

Further, the panel noted that the Notice of Hearing was also sent to Miss Ellis' representative on 20 April 2026.

Ms Etemadi, 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 venue of the hearing amongst other things, information about Miss Ellis' right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In the light of all of the information available, the panel was satisfied that Miss Ellis 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 Miss Ellis

The panel next considered whether it should proceed in the absence of Miss Ellis. It had regard to Rule 21 and heard the submissions of Ms Etemadi who invited the panel to continue in the absence of Miss Ellis. She submitted that Miss Ellis had voluntarily absented herself.

Ms Etemadi referred the panel to an email from Miss Ellis dated 27 April 2026 which stated that:

'No, I won't be attending as I now have another job and yes, they can go ahead without me.'

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 Miss Ellis. In reaching this decision, the panel has considered the submissions of Ms Etemadi, the email from Miss Ellis dated 27 April 2026 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 Miss Ellis;
- Miss Ellis has informed the NMC through her email dated 27 April 2026 that she has received the Notice of Hearing and confirmed she is content for the hearing to proceed in her absence;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- There is one witness due to give live evidence in this case;
- Not proceeding may inconvenience the witnesses and their employer(s);
- The charges relate to events that occurred in 2024 and further delay may have an adverse effect on the ability of witnesses accurately to recall events; and

- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Miss Ellis in proceeding in her absence. Although the evidence upon which the NMC relies will have been sent to her at her registered email address, she will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on her own behalf. However, 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 Miss Ellis' decisions to absent herself from the hearing, waive her rights to attend, and/or be represented, and to not provide evidence or make submissions on her own behalf.

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

Details of charge

That you a Registered Nurse between 2022 and 2024:

1. Shared one or more posts relating to ethnic minorities to your Facebook profile.
2. Shared one or more posts relating to immigrants to your Facebook profile.
3. Wrote comments on Facebook regarding immigrants and/or ethnic minorities.
4. Your actions as set out in charges 1-3 were inappropriate and/or offensive.
5. Your actions as set out in charges 1 and/or 2 and/or 3 were racist.

6. Your actions as set out in charges 1 and/or 2 and/or 3 were racially motivated in that:
 - a. You sought to cause offence to immigrants and/or ethnic minorities.
 - b. You sought to incite hatred towards immigrants and/or ethnic minorities

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

Background

The NMC received a referral about Miss Ellis on 4 August 2024 whilst she was employed as a registered nurse at Mid Yorkshire Teaching NHS Trust (the 'Trust') following concerns regarding posts and comments made on her Facebook profile.

The referrer, who wished to remain anonymous told the NMC that Miss Ellis works at Dewsbury Hospital, which is part of the Trust. The Trust since confirmed this to be the case. The referrer outlined the following concerns:

'The referrer expressed deep concerns regarding sharing of offensive and racist posts on Facebook. The referrer has shared screen shot social media posts and comments which they feels is targeting a whole group of people including themselves. Some of the posts date back to 2022.'

The concerns related to a number of Facebook posts and comments made over a period between 2022 and 2024. The NMC alleged that the posts and comments related to immigrants and ethnic minorities and included offensive, inappropriate and racially discriminatory language. The NMC further alleged that Miss Ellis had written comments and shared posts regarding immigrants and ethnic minorities which were racist and racially motivated.

The Trust investigated the matter, and an internal investigation was held. During the investigation, Miss Ellis accepted posting and commenting on social media. The investigating meeting notes stated that:

'KC- Asked if there was anything she'd like to tell us how she felt at the time or how she still feels now as to why TE shared the posts.

TE- Probably anger about what was happening in the country. That was her honest answer.

KC- Asked if she still felt that anger?

TE- Didn't know how to put it, to be honest, she couldn't change her views, obviously- she shouldn't have shared them but she didn't bring it into work, she never has done.'

Furthermore, in an email correspondence dated 24 December 2024, Miss Ellis stated that:

'And when I said I can't change my views I meant illegal immigration can you add that on as well please and then send me it again if you wouldn't mind.'

At the time of the investigation Ms Ellis had been up to date with her safeguarding, equality diversity and inclusion (EDI) training. The investigation was completed by the Trust and Miss Ellis was referred back to the NMC.

Decision and reasons on facts

In reaching its decision on the disputed facts, the panel took into account all the oral and documentary evidence before it together with the submissions made by Ms Etemadi on behalf of the NMC.

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

- Kelly Marie Chesham (KC): Employed at the Trust as Division of Surgery Matron and knew Miss Ellis in a professional working capacity since 2012;

The panel heard live evidence from Ms Kelly Chesham under affirmation. The panel found Ms Chesham to be a credible and reliable witness. Her evidence was clear, balanced and consistent with the documentary evidence before the panel.

The panel also considered the documentary evidence including the witness statement bundle, exhibit bundle, investigation meeting summary notes, screenshots of the Facebook posts and comments, Miss Ellis' reflective account, and email correspondence sent during the Trust investigation process.

The panel bore in mind that Miss Ellis was not present at the hearing and had not provided live evidence. The panel has drawn no adverse inference from the non-attendance of Miss Ellis.

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.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor.

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

Before making any findings on fact, the panel notes allegations 1 to 3 distinguishes between sharing posts and writing comments. The panel understands a Facebook post to be original content which could be text, photo, video or link published to a timeline to start

a conversation, whereas a Facebook comment is a secondary response, reply, or feedback left under an existing post.

Charge 1

“That you, a registered nurse:

1. Shared one or more posts relating to ethnic minorities to your Facebook profile.”

This charge is found proved.

In reaching this decision, the panel took into account the oral evidence of Ms Kelly Chesham, the investigation meeting summary notes, the screenshots of the Facebook posts contained within the exhibit bundle, Miss Ellis’ reflective account, and the email correspondence sent during the Trust investigation process.

The panel first had regard to the Facebook post relied upon by the NMC, in which Miss Ellis shared a post stating that:

‘The government really need to pull their fingers out and send these Albanians back its beyond ridiculous it’s about time they helped out own homeless for once’

The panel had regard to the Investigation Meeting summary notes dated 17 December 2024 between Kelly Chesham (KC) and Miss Ellis (TE) in which it was stated that:

‘KC- Explained that we were here to establish the facts relating to the event(s) described, including evidence of the social media content and the time period of the posts. Asked TE, whilst showing her the FB posts that they were what was going to be discussed. Asked TE to confirm or deny they were her Facebook posts.

TE- said yes (to agree they were her Facebook posts)’

Having considered all of the above, the panel noted that the Facebook post relied upon by the NMC clearly displayed Miss Ellis' Facebook profile and name. The panel had regard to the screenshot contained within the exhibit bundle and was satisfied that the post had been shared from Miss Ellis' Facebook account. The panel also took into account the investigation records and summary notes in which Miss Ellis accepted that the Facebook profile and post were hers.

The panel noted within the investigation meeting summary notes that Miss Ellis accepted that she had shared the post in question.

The panel considered the evidence relating to the Facebook post and noted that references were made to "*Albanian*" individuals. The panel was satisfied that this post related to an ethnic minority group. The panel further noted that throughout the investigation process Miss Ellis had been consistent in accepting that the Facebook account and post were attributable to her.

The panel therefore determined that the evidence before it demonstrated that Miss Ellis had shared one post relating to ethnic minorities on her Facebook profile. Accordingly, on the balance of probabilities, the panel found Charge1 proved.

Charge 2

"That you, a registered nurse:

2. Shared one or more posts relating to immigrants to your Facebook profile."

This charge is found proved.

In reaching this decision, the panel took into account the oral evidence of Ms Kelly Chesham, the screenshots of the Facebook posts contained within the exhibit bundle, the investigation meeting summary notes, Miss Ellis' reflective account, and the email correspondence sent during the Trust investigation process.

The panel had regard to the following posts shared by Miss Ellis on her Facebook profile which stated as follows:

'Shocking news about the stabbings in Southport 1 poor little girl has died. It was an illegal immigrant who's responsible the piece of shit came here on a fucking dinghy and was on mi6 watch list, wtf has our country become and with this lot in power its only gonna get worse.

And,

So, these immigrants are all armed and riot police are sent in it's time this government grew a pair and sent them back to where they came from and quick one big fucking joke is this country.'

The panel was satisfied that the Facebook posts displayed within the exhibit bundle originated from Miss Ellis' Facebook profile and as she had accepted during the Trust investigation that the Facebook profile and posts were hers.

The panel considered a number of posts relating to immigrants and immigration. In particular, the panel had regard to the post, including references to "*illegal immigrants*" and the post relating to the "*Stockport*" incident. The panel was mindful that there were several posts relating to immigrants and immigration within the exhibit bundle and regarded these posts as relevant to this charge.

In light of the above, the panel was satisfied that Miss Ellis had shared one or more posts relating to immigrants on her Facebook profile. Therefore, on the balance of probabilities, the panel found Charge 2 proved.

Charge 3

"That you, a registered nurse:

3. Wrote comments on Facebook regarding immigrants and/or ethnic minorities.”

This charge is found proved.

In reaching this decision, the panel took into account the oral evidence of Ms Kelly Chesham, the screenshots of the Facebook comments contained within the exhibit bundle, the investigation meeting summary notes, Miss Ellis’ reflective account, and the email correspondence sent during the Trust investigation process.

The panel had regard to the Facebook comments made by Miss Ellis where in response to someone stating, *‘I wonder which ethnicity tops the charts for knife wielding’*, Miss Ellis commented that:

‘Black and ethnic minority. Something needs to be done and quick.

And,

‘It was an illegal immigrant who stabbed those kids on mi6 watch list as well fucking watch list what a load of bollocks they all need to be sent back to where they came from but no, they’re allowed to invade our streets’

Furthermore, the panel had regard to another Facebook comment made by Miss Ellis where in response to someone stating, *‘Exactly, but they (illegal, immigrants, or any other culture) claiming benefits that we’re paying for, have more rights than us’*, Miss Ellis commented that:

‘I know it boils my piss’

The panel noted that the comments were attributable to Miss Ellis’ Facebook account and were made in response to or as part of ongoing Facebook conversations. The panel was satisfied that the comments were made by Miss Ellis. In reaching this conclusion, the panel had regard to the investigation meeting summary notes in which Miss Ellis accepted

ownership of the Facebook profile and did not dispute making the comments relied upon by the NMC.

The panel further noted that the comments formed part of wider Facebook conversations concerning immigrants and ethnic minorities. In particular, the panel considered the comments referring to “*black and ethnic minority*” and “*illegal immigrants*” in the context of criminality. The panel was satisfied that these comments related to immigrants and/or ethnic minorities.

In light of the above, the panel was satisfied that Miss Ellis wrote comments on Facebook regarding immigrants and/or ethnic minorities. Therefore, on the balance of probabilities, the panel found Charge 3 proved.

Charge 4

“That you, a registered nurse:

4. Your actions as set out in charges 1 to 3 were inappropriate and/or offensive.”

This charge is found proved.

In reaching this decision, the panel took into account its findings in relation to charges 1, 2 and 3. The panel also considered the oral evidence of Ms Kelly Chesham, the screenshots of the Facebook posts and comments, Miss Ellis’ reflective account, the investigation meeting summary notes, the Trust social media policy, and the relevant Trust values and professional standards relied upon as evidence by the NMC.

The panel had regard to the Facebook posts and comments made by Miss Ellis as found proved in Charges 1,2 and 3 and as outlined above.

The panel next had regard to Ms Kelly Chesham’s witness statement dated 7 March 2025 in which:

'I am unable to confirm which of Tracy's Facebook posts are the most serious as I find them all very offensive. I am unable to choose one because each one shocks me as much as the last one. Tracy's thoughts/views were not acceptable or appropriate.'

The panel further had regard to the social media policy of the Trust contained within the Exhibit Bundle which stated that:

'Inappropriate use of social media by staff

Inappropriate use of social media, for example making insulting or defamatory statements on social networking sites about MYTT, its employees, patients, partners or any other stakeholders could result in serious complaints or legal claims being made against both MYTT and individual employees.

A breach of this policy could be regarded as either an act of misconduct or gross misconduct, depending on the seriousness and the effects of the breach. If an employee has breached this policy the Trust will follow the necessary procedures.'

The panel also had regard to Miss Ellis' reflective account in which she stated that:

'I am providing this reflective statement as a response to a complaint made to the NMC. The complaint is regarding my posts on Facebook. After reading the complaint and my posts I now fully understand why they would cause offence and I am deeply upset and extremely sorry for my actions. I certainly did not intent to offend or upset anybody and I fully regret my posts.'

The panel noted that within her reflective accounts Miss Ellis accepted that *"I am ashamed and upset of my online conduct which was both unprofessional and inappropriate."*

The panel considered the evidence of Ms Chesham, including her concerns regarding the nature and content of the Facebook posts and comments. The panel found Ms Chesham's evidence to be credible and reliable.

The panel determined that the posts and comments relating to immigrants and ethnic minorities were inappropriate and offensive. The panel acknowledged that individuals are entitled to hold and express political views, including views regarding immigration policy. However, the panel considered that the language and tone used by Miss Ellis went beyond political discussion.

The panel noted in particular the comments referring to "*black and ethnic minority*" individuals and comments made in the context of the Stockport incident. The panel considered the posts and comments which included linking immigrants and ethnic minorities with criminality, and comments suggesting that individuals should "*go back to where they came from*". The panel considered that this sentiment suggests that Miss Ellis' views were that all migrants within the country present a risk and have no proper place in the country. The panel determined that these comments amounted to sweeping and discriminatory statements regarding immigrants and ethnic minorities.

The panel acknowledged the wider political climate and ongoing public discussion regarding immigration at the relevant time. However, the panel determined that this did not justify the nature, language or tone of the posts and comments made by Miss Ellis.

In light of the above, the panel determined that the actions set out in Charges 1 to 3 were inappropriate and offensive. Therefore, on the balance of probabilities, the panel found Charge 4 proved.

Definitions and Guidance

Before making its determination on charges 5, 6a and 6b, the panel considered it necessary to set out the relevant definitions and guidance relied upon by the NMC in relation to racism and racially motivated conduct.

The panel had regard to Section 9(1) of the Equality Act 2010, which provides that race includes colour, nationality, and ethnic or national origins. The panel also considered the NMC guidance entitled “*Particular features of misconduct charging*” and “*FTP-2EPRE – Racially motivated misconduct*”.

The panel noted the guidance that racially motivated misconduct may arise where the actions or behaviour of a registered professional demonstrate an underlying hostility or discriminatory attitude relating to race.

The panel further noted that:

‘When deciding whether an act is “racially motivated” it is likely to be helpful to consider the following questions:

- (a) Did the act in question have a purpose behind it which at least in significant part is referable to race? and;*
- (b) Was the act done in a way showing hostility or a discriminatory attitude to the relevant racial group?’*

The panel applied the above definitions and guidance when considering charges 5, 6a and 6b.

Charge 5

“That you, a registered nurse:

- 5. Your actions as set out in charges 1 and/or 2 and/or 3 were racist.”

This charge is found proved.

In reaching this decision, the panel took into account its findings in relation to charges 1, 2, 3 and 4. The panel also applied the definitions and guidance set out above in relation to race and racially motivated conduct.

The panel noted that the posts and comments made by Miss Ellis repeatedly referred to immigrants and individuals from ethnic minorities. The panel considered the comments made in relation to criminality, immigration, and individuals being sent “*go back to where they came from*”. The panel determined that these comments and posts related to race, nationality, ethnic origin and national origin within the meaning of section 9(1) of the Equality Act 2010.

The panel also had regard to its finding in charge 4 that the posts and comments were inappropriate and offensive. In light of its findings on charges 1 to 4 and having applied the relevant statutory definition and NMC guidance, the panel determined that the posts and comments made by Miss Ellis were racist.

In light of the above, the panel determined that the actions set out in Charges 1 to 3 were racist. Therefore, on the balance of probabilities, the panel found Charge 5 proved.

Charge 6a

“That you, a registered nurse:

6. Your actions as set out in charges 1 and/or 2 and/or 3 were racially motivated in that:

a. You sought to cause offence to immigrants and/or ethnic minorities.”

This charge is found proved.

In reaching this decision, the panel took into account its findings in relation to charges 1, 2, 3, 4 and 5. The panel also applied the definitions and guidance set out above in relation to racially motivated conduct.

The panel also had regard to Miss Ellis' reflective account in which she stated that:

'I am providing this reflective statement as a response to a complaint made to the NMC. The complaint is regarding my posts on Facebook. After reading the complaint and my posts I now fully understand why they would cause offence and I am deeply upset and extremely sorry for my actions. I certainly did not intent to offend or upset anybody and I fully regret my posts.'

The panel noted that within her reflective account Miss Ellis stated that she did not intend or mean to upset or offend people. The panel carefully considered this explanation. The panel also acknowledged that Miss Ellis did not attend the hearing and therefore the panel was unable to fully explore the context behind these posts and comments from her directly.

The panel further had regard to the Investigation Meeting notes in which it was stated that:

'KC- Said that TE had agreed in her statement that these posts had been shared by her and asked if there was anything else TE needed to add.

TE- Said no, she didn't think so.

KC- Explained that we were now going to explore the facts of the mitigation. Asked TE about Post 1- was there was a reason why she felt this post was appropriate to share on social media.

TE- Didn't think, she did not think.'

However, the panel determined that it must consider the nature, tone and content of the posts and comments together with the evidence before it. The panel noted that Miss Ellis repeatedly posted and commented on Facebook regarding immigrants and ethnic

minorities over a period of approximately two years. The panel considered that this was not an isolated incident or a single impulsive comment. The panel noted that Miss Ellis actively created her own posts in relation to this material and continued to comment within these conversations.

The panel noted that Miss Ellis made comments in response to Facebook discussions and engaged in repeated exchanges over a prolonged period of approximately two years. The panel considered that the comments and posts were not isolated in nature. The panel also noted that Miss Ellis repeated sentiments that such individuals needed to “*go back to where they came from*” on more than one occasion.

The panel also considered the platform upon which the comments were made. The panel noted that Facebook is a public social media platform with the potential for wide circulation and engagement. The panel noted that Miss Ellis told the investigators that her Facebook account was private to the general public. However, the panel determined that as set out in the social media policy of the Trust no post on Facebook can be guaranteed as private and by making a post on her Facebook account Miss Ellis could not guarantee the privacy of such posts. Indeed, it was clear from the referral that her posts had been read and had caused offence to the complainant.

The panel considered that by posting such comments on Facebook, Miss Ellis exposed those comments to a wider audience, including individuals from ethnic minority backgrounds and immigrants who may reasonably be caused offence by them.

The panel further considered that Miss Ellis actively engaged with and responded to comments made by others. The panel noted that she continued conversations, sought validation from others engaging in the exchanges, and repeated similar established racist rhetoric such as (“*send them back to where they came from*”; “*invading our streets*”) which suggests that people from different races are not welcomed, across multiple posts and comments over a prolonged period. The panel determined that this demonstrated a level of persistence which in itself indicated an intention to offend.

The panel acknowledged that political discussion regarding immigration is not, of itself, improper. However, the panel determined that the language and tone used by Miss Ellis went far beyond legitimate political debate regarding immigration policy. The panel considered that the comments and posts contained consistent themes of offensive discriminatory stereotypes and hostile language directed towards immigrants and ethnic minorities.

The panel noted that in the absence of Miss Ellis from the hearing the panel had to rely upon the evidence before it when considering her intention in making these posts and comments. The panel acknowledged that from the documentary evidence that Miss Ellis had maintained that she did not think when posting on Facebook and did not intend to offend people. However, the nature of the comments, including their racist rhetoric, the period of time over which the comments were made and her perpetuation of the offensive content are inconsistent with a lack of intention to offend.

In light of the above, the panel determined that Miss Ellis sought to cause offence to immigrants and/or ethnic minorities. Therefore, on the balance of probabilities, the panel found Charge 6a proved.

Charge 6b

“That you, a registered nurse:

6. Your actions as set out in charges 1 and/or 2 and/or 3 were racially motivated in that:

b. You sought to incite hatred towards immigrants and/or ethnic minorities.”

This charge is found proved.

In reaching this decision, the panel took into account its findings in relation to charges 1, 2, 3, 4, 5 and 6a. The panel also applied the statutory definitions and NMC guidance relating to racially motivated conduct.

The panel considered the repeated nature of Miss Ellis' Facebook activity over a period of approximately two years. The panel noted that Miss Ellis did not simply repost material passively, but actively engaged in conversations, wrote comments, responded to other users and contributed to ongoing conversations relating to immigrants and ethnic minorities which were racist.

The panel had particular regard to the language used by Miss Ellis throughout the posts and comments. The panel noted references to immigrants "*invading our streets*" and "*these immigrants are all armed and riot police are sent in its time this government grew a pair and sent them back to where they came from and quick*"; this language is extreme and violent in tone and is designed to raise the temperature in relation to this particular issue.

The panel also had regard to further repeated comments linking immigrants and ethnic minorities with violent crime and criminality, comments suggesting that people should go "*back to where they came from*"; suggest that ethnic minorities are not welcome due to their race. Also, comments referring to "*black and ethnic minority*" individuals in a derogatory and stereotypical context. The panel noted that these comments suggest that all immigrants are a threat and the use of this language was liable to incite hatred.

The panel acknowledged that Miss Ellis did not attend the hearing and therefore it was unable to test or explore her explanations further and understand the context behind her posts and comments. However, the panel considered the evidence before it, including the persistent nature of the conduct, the tone and content of the posts and comments, and Miss Ellis' continued engagement in such discussions over a significant period of time. The panel also considered that a number of the posts and comments relied upon assumptions and misinformation regarding immigrants and ethnic minorities. The panel

noted that Miss Ellis shared and commented upon material linking ethnicity and immigration status with criminal conduct without any objective evidence. The panel determined that such conduct was capable of encouraging and reinforcing hostility and hatred towards immigrants and ethnic minorities.

The panel further considered the cumulative effect of Miss Ellis' postings. The panel noted that the comments and posts were made repeatedly over a prolonged period and were not isolated incidents. The panel determined that Miss Ellis' repeated engagement with these posts and continuation were designed to incite hatred towards immigrants and ethnic minorities.

The panel also considered that Facebook is a public platform capable of broad dissemination even if it was shared on Miss Ellis' private account. The panel determined that by sharing and commenting upon these posts, Miss Ellis contributed to the spread of discriminatory and hostile narratives relating to immigrants and ethnic minorities.

The panel determined that the posts and comments were made with a view to inciting hatred towards immigrants and ethnic minorities.

In light of the above, the panel determined that Miss Ellis sought to incite hatred towards immigrants and/or ethnic minorities. Therefore, on the balance of probabilities, the panel found Charge 6b 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 Miss Ellis' 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, Miss Ellis' fitness to practise is currently impaired as a result of that 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.*'

Submissions on misconduct

The panel heard submissions from Ms Etemadi, on behalf of the NMC, in relation to misconduct.

Ms Etemadi invited the panel to find that the facts found proved amounted to misconduct. Ms Etemadi referred the panel to the provisions of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code) she considered relevant. Ms Etemadi submitted that Miss Ellis' conduct breached paragraphs 1.1, 1.3, 3.4, 7.3, 9.3, 17.1, 20, 20.1, 20.2, 20.3, 20.5, 20.7, 20.8 and 20.10 of the Code.

Ms Etemadi submitted that Miss Ellis' conduct represented a serious departure from the standards expected of a registered nurse. She submitted that the posts and comments made by Miss Ellis were discriminatory, racially offensive, aggressive in tone and incompatible with the fundamental values of the nursing profession, namely compassion,

dignity, kindness and respect for others. Ms Etemadi submitted that the language used by Miss Ellis was objectively racist in nature and demonstrated hostility towards ethnic minorities and immigrants.

Ms Etemadi referred the panel to the NMC guidance on using social media responsibly and submitted that Miss Ellis' conduct amounted to inciting hatred and discrimination through digital communication. Ms Etemadi submitted that nurses hold positions of trust within society and are expected to communicate responsibly at all times, including on social media platforms. She submitted that Miss Ellis' conduct undermined trust and confidence in the profession and would cause members of the public, particularly those from ethnic minority backgrounds, to feel unsafe and unable to trust Miss Ellis' ability to provide fair and unbiased care.

Ms Etemadi submitted that the conduct was not isolated or momentary in nature. Rather, the posts and comments were made over an extended period of time and demonstrated a continuing pattern of behaviour. She submitted that Miss Ellis actively instigated and perpetuated offensive discussions online and that the conduct should be considered cumulatively rather than as isolated incidents.

Ms Etemadi further submitted that the Miss Ellis' behaviour engaged the NMC guidance relating to racially motivated misconduct. Ms Etemadi submitted that Miss Ellis' use of offensive and racially charged language, together with repeated comments linking ethnic minorities and immigrants to criminality and social harm, clearly demonstrated racially motivated misconduct.

Ms Etemadi submitted that Miss Ellis' conduct breached fundamental tenets of the nursing profession. She submitted that nurses work within diverse clinical environments and multicultural teams and are expected to treat all individuals fairly, kindly and without discrimination. Ms Etemadi submitted that Miss Ellis' conduct had the potential to undermine professional relationships within the workplace and could discourage colleagues or patients from raising concerns or engaging openly with her.

Ms Etemadi referred the panel to the evidence of Ms Kelly Chesham and submitted that Miss Ellis' conduct created concerns regarding patient safety, public confidence and professional standards. She submitted that the views expressed by Miss Ellis appeared deep seated in nature and that there remained a continuing concern that such discriminatory attitudes could consciously or unconsciously affect Miss Ellis' interactions with patients, colleagues and members of the public.

In conclusion, Ms Etemadi submitted that Miss Ellis' conduct fell seriously short of the standards expected of a registered nurse and amounted to serious professional misconduct.

Submissions on impairment

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

Ms Etemadi submitted that Miss Ellis' fitness to practise is currently impaired by reason of her misconduct. Ms Etemadi referred the panel to the guidance in Grant and submitted that limbs a, b and c in Dame Janet Smith's formulation (referred to below) were engaged in this case.

In relation to the first limb, Ms Etemadi submitted that Ms Ellis had acted in the past, and remained liable in the future to act, so as to place patients at an unwarranted risk of harm. Ms Etemadi submitted that the strongest evidence in this regard came from Ms Chesham, who expressed concerns that Miss Ellis' deep seated views and discriminatory attitudes created a risk that patient safety could be compromised. Ms Etemadi submitted that there had been a thorough and detailed investigation into the concerns. She submitted that it

was only more recently during the investigation that Ms Ellis had acknowledged that the posts were offensive.

Ms Etemadi further submitted that Ms Ellis had in the past brought, and remained liable in the future to bring, the nursing profession into disrepute. She submitted that the conduct found proved went directly against the core values of the nursing profession, including compassion, dignity, kindness and respect for others. Ms Etemadi submitted that the posts and comments were discriminatory, offensive, aggressive and inflammatory in tone and would have made ethnic minorities and individuals from differing racial backgrounds feel unwelcome and excluded.

Ms Etemadi submitted that what was lacking throughout Ms Ellis's reflective pieces was any meaningful understanding or acknowledgment as to why the posts were racist, why they were offensive, why they would be offensive to the people who were the subject matter of the posts, and why posting and engaging with such harmful material and discourse was damaging.

Ms Etemadi submitted that during the internal investigation Ms Ellis had maintained that her views would not change and that these were deep seated beliefs. Ms Etemadi submitted that Ms Ellis's response to the concerns appeared to focus on simply not posting such material publicly rather than addressing the underlying discriminatory attitudes and issues.

Ms Etemadi submitted that there was nothing within the reflective pieces to suggest that Ms Ellis no longer held such views or had moved away from holding such views. She submitted that the risk of such views still being held and interfering with patient safety remained present.

Ms Etemadi submitted that the risk was that, as a result of such ingrained views which prejudiced certain members of the community, Ms Ellis may consciously or unconsciously

treat patients differently and that this could impact upon her ability to practise safely and uphold proper professional standards.

Ms Etemadi submitted that there had been no real insight demonstrated into Ms Ellis's behaviour. She referred to Ms Chesham's evidence that Ms Ellis had been visibly upset during one of their conversations, however Ms Etemadi submitted that Ms Ellis had not been able to attribute that upset to an understanding of the impact of her actions.

Ms Etemadi submitted that there had been no remediation. She submitted that Ms Ellis had held such views and posted racist and offensive material despite having undertaken equality, diversity and inclusion training which covered racism, discrimination and the need to intervene in racist situations.

Ms Etemadi submitted that Ms Ellis was aware of the social media policy, although she had not reviewed it. Ms Etemadi referred to Ms Chesham's evidence that even without reference to any policy, the posts were utterly unprofessional and should never have been posted. Ms Etemadi submitted that the training undertaken by Ms Ellis had consisted only of a one to one session. She submitted that Ms Ellis had not undertaken any further training, reflection, reading or education on the relevant topics. Ms Etemadi submitted, for example, that Ms Ellis had not undertaken any reading into the subject matter which would place her in a position to understand how she may have conflated legitimate political or social concerns surrounding immigration policy with racism and prejudice.

Ms Etemadi submitted that there was no evidence that Ms Ellis had moved away from making sweeping statements about ethnic minorities and immigrants, or that she had moved away from linking ethnic minorities to criminality. Ms Etemadi submitted that reference had been made to colleagues, however no attempts had been made by Ms Ellis to apologise to them through the NMC or by way of written apology.

Ms Etemadi submitted that there was no evidence that Ms Ellis's attitude had changed in any meaningful way since the allegations were brought to light and that no real steps had

been taken to change, or begin to change, those attitudes. Ms Etemadi submitted that for those reasons Ms Ellis's fitness to practise was currently impaired on public protection grounds.

Ms Etemadi further submitted that Ms Ellis's fitness to practise was also impaired on public interest grounds.

Ms Etemadi submitted that there was a public interest in a finding of impairment being made in order to declare and uphold proper standards of conduct and behaviour. She submitted that such conduct was likely to undermine the NMC's professional standards and public confidence in the profession.

Ms Etemadi submitted that members of the public would be concerned to hear that a registered nurse had repeatedly posted racist and offensive material and engaged in offensive discussions online. She submitted that such conduct was not in line with the professional standards expected of nurses. Ms Etemadi submitted that such conduct severely damages and undermines public confidence in the nursing profession and the NMC as regulator.

In conclusion, Ms Etemadi invited the panel to consider Miss Ellis' fitness to practise impaired on both public protection and public interest grounds.

The panel accepted the advice of the legal assessor which included reference to the case of *CHRE v NMC and Grant* 2011 EWHC 927 (Admin).

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 Miss Ellis' actions did fall significantly short of the standards expected of a registered nurse, and that Miss Ellis' actions amounted to a breach of the Code. Specifically:

'1.1 treat people with kindness, respect and compassion

20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

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

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

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

20.7 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

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

The panel also had regard to the NMC Guidance on using social media responsibly which was updated in 2025. The panel only had sight of the Guidance dated 2025 but noted that the Guidance on this was available since 2013.

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was satisfied that the misconduct in this case was serious, persistent and deeply concerning.

The panel determined that this case involved a course of conduct over a prolonged period of approximately two years. The panel considered that Miss Ellis repeatedly engaged in, perpetuated and endorsed racist and discriminatory rhetoric through comments and posts on Facebook. The panel determined that this was not a singular lapse of judgment, momentary frustration, or isolated inappropriate comment. Rather, Miss Ellis actively participated in repeated discussions using inflammatory and offensive language relating to immigrants and ethnic minorities.

The panel acknowledged that individuals are entitled to hold personal and political views, including views relating to immigration policy. However, the panel determined that the conduct in this case went significantly beyond the expression of political opinion. The panel considered that references to immigrants "*invading our streets*", comments suggesting individuals should "*go back to where they came from*", and repeated associations between immigrants and criminality were discriminatory, racially offensive and capable of inciting hatred.

The panel considered that Miss Ellis repeatedly perpetuated such views over an extended period of time and demonstrated little appreciation of the seriousness of that conduct. The panel determined that the conduct reflected attitudes fundamentally incompatible with the professional values expected of a registered nurse.

The panel considered that nurses occupy a position of privilege and trust within society. Registered nurses are entrusted with the care of vulnerable patients from diverse

backgrounds and are expected to uphold values of kindness, dignity, inclusion, compassion and respect for all individuals. The panel determined that Miss Ellis' conduct fundamentally undermined those core professional values.

The panel also considered the wider impact such conduct could have within a multicultural healthcare environment. The panel had regard to Ms Chesham's witness statement in which it was stated that:

'When I first initially discussed the matter with Tracy, she said that she knew she should not have shared and written the Facebook posts. Tracy said that she still stood by her thoughts and opinions and said that she could not change them. Tracy was unable to see that the posts could have caused harm to people. For example, Tracy works in a multicultural team so if her colleagues read the posts then they may have felt reluctant to challenge Tracy's practice or advocate for patients. They may have also potentially found Tracy to be intimidating because she held such views. Tracy did say that in hindsight, she should not have shared or written the posts at all.'

And,

'The NMC asked me whether Tracy would have been required to provide care to people with the same background/ethnicity/circumstances as the people referred to within the screenshots. Within her role, Tracy cares for patients from all different backgrounds so this is a possibility. Tracy did say throughout the investigation that her views would not ever affect the care that she provides to patients. There was also no evidence to suggest that this had happened, as there had not been any previous complaints/concerns or negative feedback about Tracy during her employment with the Trust, including discrimination. However, the potential risk would be that Tracy's views could interfere with her care, and she may not act in the patient's best interests.'

The panel accepted the evidence of Ms Chesham, that all colleagues, not only those targeted by Miss Ellis' posts and comments, may feel intimidated, reluctant to challenge practice concerns, or hesitant to advocate effectively for patients if exposed to discriminatory views expressed by a colleague. The panel determined that such conduct had the potential to undermine professional working relationships, challenge culture, and patient advocacy within clinical settings.

The panel further considered that Miss Ellis' conduct had the potential to undermine public confidence in the nursing profession and the NMC as regulator. The public are entitled to expect that registered nurses will treat individuals fairly and without discrimination irrespective of race, ethnicity or nationality. The panel determined that members of the public would be deeply concerned to learn that a registered nurse had repeatedly engaged in racist and discriminatory commentary in a public forum over a prolonged period of time.

The panel determined that the misconduct in this case was particularly serious as the charges found proved represented a course of conduct. Based on its findings of fact, the panel determined that Ms Ellis had actively posted, commented upon and engaged with racist and offensive material over a sustained period of time. The panel considered that the conduct was inappropriate, offensive, racist, sought to cause offence and incite hatred.

The panel determined that the repeated nature of the conduct significantly aggravated its seriousness. The panel considered that the posts and comments perpetuated harmful stereotypes regarding ethnic minorities and immigrants and were capable of causing offence and distress to members of the public, colleagues and patients. The panel further determined that such behaviour was fundamentally incompatible with the professional values expected of a registered nurse, including respect, inclusivity and non-discriminatory practice.

Taking the conduct cumulatively, the panel concluded that Ms Ellis's actions amounted to a serious departure from the standards expected of a registered nurse and amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Miss Ellis' 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.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health, safety and wellbeing 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 proper professional standards.

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 limbs a, b and c of Grant were engaged in this case.

In relation to limb a, the panel determined that Miss Ellis' misconduct had the potential to place colleagues and patients at unwarranted risk of harm. The panel accepted the evidence of Ms Chesham, that Miss Ellis worked within a multicultural team and that colleagues who belonged to ethnic minority groups may feel reluctant to challenge Miss Ellis' practice or advocate effectively for patients if exposed to discriminatory views

expressed by a colleague. The panel considered that colleagues may potentially find Miss Ellis intimidating because of the views she had expressed.

The panel considered that this had the potential to undermine culture, teamwork and patient advocacy within clinical settings. The panel determined that if colleagues felt unable to challenge concerns or advocate for patients because of fear or intimidation arising from discriminatory attitudes, there was a potential risk to patient safety.

The panel further accepted Ms Chesham's evidence that Miss Ellis' views could potentially interfere with her care and impact upon her ability to act in patients' best interests. Whilst the panel acknowledged that there was no evidence of patient harm before it, the panel determined that the potential risk arising from Miss Ellis' attitudes and conduct remained significant. Miss Ellis' lack of insight and recognition of how such deep-seated attitudinal issues could impact on her interactions with patients and colleagues.

The panel had regard to the Investigation Meeting notes which stated that:

'KC- Asked how her views affected delivery of patient care.

TE- Said it didn't, she treated everybody the same. She's had prisoners, scum of the earth, from prisons, rapists, paedophiles, TE treated them exactly the same , no different. Treat everybody the same, we could ask anyone. TE could get references , anything we need.

NL- Explained that TE's patient care wasn't the question.

TE- Agreed and said she had broken policy. But it was one of the reasons why TE was suspended, it was a bit annoying to be fair. TE said she got what she had done but they suspended her because they thought she couldn't care for patients properly. Which made her cross, because they know damn well that she wouldn't

treat anybody any differently. That is one of the reasons why TE had been suspended as well.'

In relation to limb b, the panel determined that Miss Ellis' misconduct had brought the profession into disrepute and remained liable to do so in the future. The panel considered that members of the public would be deeply concerned to learn that a registered nurse had repeatedly engaged in racist and discriminatory language and views on Facebook over a prolonged period of time.

The panel determined that nurses occupy positions of privilege and trust within society. Registered nurses care for vulnerable individuals from diverse communities and are expected to uphold values of kindness, compassion, fairness, dignity and inclusion. The panel considered that Miss Ellis' conduct fundamentally undermined those values and seriously damaged the reputation of the nursing profession and that of the Trust and NHS. The panel further determined that public confidence in the profession and the NMC as regulator would be seriously undermined if conduct of this nature were not regarded as deplorable.

In relation to limb c, the panel determined that Miss Ellis had breached fundamental tenets of the nursing profession, including treating individuals with dignity, kindness, compassion and respect. The panel considered that the repeated racist and discriminatory conduct demonstrated attitudes fundamentally incompatible with the standards expected of a registered nurse.

The panel considered insight and acknowledged that there was some evidence of developing insight during the course of the investigation. The panel noted that Miss Ellis had accepted that she should not have posted such comments publicly and had expressed regret for her actions. The panel had regard to Nurse, midwife, nursing associate context form which stated that:

'I fully regret everything I was wrong and I can fully understand why, on reflection I can see how my actions were perceived and the reason why my actions caused offence, this is not who I am.'

The panel also had regard to the NMC FtP reflective account form which stated that:

'Regrettably I wasn't thinking and I am deeply sorry to those who I did offend, I feel extremely upset and ashamed of my actions...'

The panel also acknowledged that Miss Ellis informed the NMC that she had undertaken some training during the course of the investigation this being such as:

'One to one coaching session with the diversity and inclusion manager; one to one coaching session with a senior NMC registrant; one to one coaching session with the head of safeguarding; Level 3 safeguarding training; reference to character references/testimonials and patient feedback; documentary watched called 'Go back to where you came from'; the article read 'The Truth about Asylum' and her reflections'

With the exception of Miss Ellis' reflective account, none of the other materials had been forwarded to the NMC and did not form part of the evidence before the panel.

On the basis of the evidence the panel had seen the panel determined that Miss Ellis' insight remained limited, superficial and lacking in depth. The panel considered that Miss Ellis largely framed the concerns as arising because others were offended by her comments rather than demonstrating a genuine understanding of why the comments themselves were discriminatory, inappropriate, unprofessional and offensive.

The panel determined that Miss Ellis had failed to demonstrate sufficient understanding of the wider impact her conduct may have upon colleagues, patients, public confidence and the reputation of the profession.

The panel was not satisfied that Miss Ellis had demonstrated meaningful reflection upon the racist and inflammatory nature of the language used or the impact such conduct may have within a professional healthcare environment. The panel considered that Miss Ellis had not demonstrated a genuine appreciation of why her conduct was capable of intimidating colleagues, undermining patient advocacy, or damaging trust in the profession.

The panel accepted that Miss Ellis had closed her Facebook account immediately when she was referred and undertaken some training. However, the panel determined that these steps amounted only to limited remediation. The panel was not provided with persuasive evidence of meaningful reflection, attitudinal change, strengthened professional understanding or developed insight sufficient to address the concerns identified.

The panel considered that discriminatory attitudes and behaviours of this nature are capable of remediation in principle. However, the panel determined that where views appear deeply held and sustained over a prolonged period of time, meaningful remediation would require significant reflection, attitudinal development and demonstrable insight over time.

The panel considered that Miss Ellis had not demonstrated that level of remediation. The panel noted the absence of reflective material demonstrating meaningful learning or evidence showing that Miss Ellis had genuinely addressed the discriminatory attitudes underpinning her conduct. Miss Ellis had chosen not to attend at this hearing and in those circumstances the panel has to make a judgment based only on the documentary material it had received.

The panel accepted that Miss Ellis is unlikely to repeat such conduct of posting and commenting on Facebook under her own name. However, the panel was not satisfied that she had sufficiently addressed the underlying deep-seated attitudinal issues which gave rise to the misconduct.

The panel considered that there was limited evidence before it demonstrating that Miss Ellis had moved away from the deep-seated attitudinal issues expressed throughout the misconduct. The panel determined that Miss Ellis had not demonstrated sufficient understanding of the potential impact such attitudes may have upon colleagues, patients and the wider public.

The panel considered that the misconduct occurred repeatedly over a prolonged period of time and reflected deeply concerning discriminatory attitudinal issues. In light of the limited insight, limited remediation and ongoing attitudinal concerns identified, the panel determined that there remains a risk of repetition. The panel therefore concluded that Miss Ellis' fitness to practise is currently impaired by reason of her misconduct.

The panel determined that a finding of current impairment is necessary on the grounds of public protection. The panel considered that Miss Ellis' conduct had the potential to create an intimidating environment for colleagues from ethnic minority backgrounds working within multicultural healthcare settings.

The panel accepted the evidence of Ms Chesham that colleagues may feel reluctant to challenge Miss Ellis' practice or advocate effectively for patients if exposed to discriminatory views expressed by a colleague. The panel determined that this had the potential to undermine professional challenge culture, teamwork and patient advocacy within clinical environments.

The panel also accepted the evidence that Miss Ellis' deep-seated attitudinal issues could potentially interfere with her care and impact upon her ability to act in patients' best interests. It is particularly concerning that in the Trust Investigatory interview about the allegations regarding her language, Miss Ellis would choose to describe some patients as '*scum of the earth*'. This language is offensive, unprofessional and inappropriate and further highlights her lack of insight on the impact of her language and how this might impact on her practice. Whilst the panel acknowledged that there was no evidence of

patient harm before it, the panel determined that the potential risk arising from Miss Ellis' attitudes and conduct remained significant.

The panel considered that Miss Ellis had demonstrated limited insight and limited remediation. The panel was not satisfied that she had sufficiently addressed the underlying discriminatory attitudes and behaviours which gave rise to the misconduct. The panel determined that there remains a risk of repetition, particularly in circumstances where Miss Ellis had failed to demonstrate meaningful reflection upon the impact her conduct may have on colleagues, patients and the wider public. Accordingly, the panel determined that a finding of current impairment is necessary on public protection grounds.

The panel also determined that a finding of current impairment is required in the wider public interest.

The panel considered that Miss Ellis' conduct represented a serious departure from the fundamental tenets of the nursing profession, including treating individuals with kindness, dignity, compassion, fairness and respect. The panel determined that nurses occupy positions of privilege and trust within society and are expected to uphold professional standards both within and outside the workplace.

The panel considered that members of the public would be deeply concerned to learn that a registered nurse had repeatedly engaged in racist and discriminatory conversations on Facebook over a prolonged period of time. The panel determined that such conduct seriously undermines the reputation of the profession and public confidence in registered nurses. The panel further determined that public confidence in the nursing profession and the NMC as regulator would be seriously undermined if a finding of current impairment were not made in this case. The panel therefore concluded that a finding of current impairment is necessary to uphold proper professional standards and maintain public confidence in the nursing profession and the NMC as regulator.

Having regard to all of the above, the panel was satisfied that Miss Ellis' fitness to practise is currently impaired on both public protection and public interest grounds.

Sanction

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

The panel accepted the advice of the legal assessor.

Submissions on sanction

Ms Etemadi submitted that the NMC's position was that a striking off order was the only appropriate and proportionate sanction in this case. She referred the panel to the NMC's Sanctions Guidance and reminded the panel that the purpose of imposing a sanction is not to punish the registrant, but to protect the public, maintain public confidence in the profession and uphold proper professional standards and conduct.

Ms Etemadi submitted that any sanction imposed must be proportionate and should represent the least restrictive sanction capable of addressing the concerns identified by the panel. She reminded the panel that sanctions should be considered in ascending order of seriousness, beginning with the least restrictive outcome.

Ms Etemadi invited the panel to consider the aggravating and mitigating factors in this case. In respect of aggravating features, she submitted that there had been deliberate breaches of the Code and the NMC Social Media Guidance. She submitted that the

misconduct represented a pattern of behaviour over a prolonged period of approximately two years and was not an isolated incident or momentary lapse of judgment.

Ms Etemadi further submitted that Miss Ellis had failed to attend the hearing or meaningfully engage with the Fitness to Practise process without good reason. She submitted that there remained limited insight, no meaningful remediation and no evidence of any significant attempt to address the deep seated attitudinal concerns identified by the panel. She submitted that Miss Ellis' reflections were superficial in nature and failed to demonstrate any real understanding of why the conduct was racist, offensive or harmful.

Ms Etemadi submitted that whilst no direct patient harm had been identified, the absence of actual harm was less significant than the clear potential risk of harm arising from Miss Ellis' conduct and underlying attitudes. She submitted that the misconduct created a real risk to colleagues, patients and public confidence in the profession.

In relation to mitigating factors, Ms Etemadi acknowledged that Miss Ellis had no previous regulatory findings and referred to Ms Chesham's evidence that there had been no recorded complaints regarding Miss Ellis' clinical practice.

Ms Etemadi submitted that taking no further action or imposing a caution order would be wholly inappropriate given the seriousness of the misconduct, particularly where the misconduct involved racist and discriminatory behaviour. She submitted that a conditions of practice order would also be inappropriate as the concerns identified were attitudinal in nature and not capable of being addressed through retraining, supervision or conditions on clinical practice.

In respect of a suspension order, Ms Etemadi submitted that there was no evidence that Miss Ellis had taken any meaningful steps to address the concerns or demonstrate genuine change. She submitted that there was no evidence of remediation, no evidence of any attempt to address the underlying discriminatory attitudes and no evidence Miss Ellis would use a period of suspension constructively. She submitted that it would not be

appropriate to use suspension as a means of giving Miss Ellis a final opportunity to engage or develop insight where she had failed to engage appropriately throughout the proceedings.

Accordingly, Ms Etemadi submitted that the only appropriate and proportionate sanction in this case was a striking off order.

Decision and reasons on sanction

Having found Miss Ellis' 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 (as set out in the guidance and provided further commentary on its reasoning below):

- conduct which deliberately or recklessly puts people receiving care at risk of suffering harm;
- a pattern of misconduct over a period of time;
- failure to attend hearings, or to engage in the Fitness to Practise (FtP) process, without good reason;
- absence of or limited insight; and
- failure to work collaboratively with colleagues.

The panel determined that Miss Ellis' conduct was reckless. The panel considered that whilst there was no evidence of actual patient harm, its findings at the misconduct and impairment stage identified a real risk to patient safety and colleagues. The panel determined that Miss Ellis' conduct had the potential to undermine both the trust of her colleagues and patient confidence in the care they may receive. The panel considered its

previous findings that colleagues may feel intimidated or reluctant to challenge Miss Ellis' practice because of the discriminatory and racist views expressed within the posts and comments found proved. The panel therefore concluded that her conduct recklessly placed people at risk of harm.

The panel considered that the posts and comments were made over a sustained period of time and on Facebook. The panel noted that Miss Ellis accepted during the Trust investigation that she was aware of professional expectations relating to social media use. The panel therefore concluded that the misconduct represented a serious departure from the standards expected of a registered nurse.

The panel determined that there was a pattern of misconduct over a prolonged period of time. The panel noted that the misconduct occurred over approximately two years and involved repeated posts, comments and interactions which demonstrated offensive and inappropriate language and deep-seated discriminatory attitudes. The panel concluded that the conduct was not isolated or momentary in nature but represented repeated behaviour over time.

The panel also considered Miss Ellis' limited engagement with the regulatory process to be an aggravating feature. The panel acknowledged that Miss Ellis engaged with certain parts of the process, including participation during the Trust investigation and the submission of a Case Management Form. However, the panel noted that Miss Ellis chose not to attend the hearing and did not provide any recent reflection in relation to the charges to demonstrate further developing insight and remediation that would have assisted the panel.

The panel found that Miss Ellis demonstrated limited insight into her misconduct. The panel considered that whilst Miss Ellis had acknowledged that the posts and comments were inappropriate and accepted that offence may have been caused, she had not demonstrated a sufficient understanding of the racist and discriminatory nature of the conduct, nor the impact such behaviour could have on colleagues, patients, the wider public and the reputation of the profession. The panel determined that her reflections

remained superficial and did not demonstrate meaningful remediation or a developed appreciation of the seriousness of the concerns.

The panel also considered that Miss Ellis' misconduct could undermine collaborative working relationships with colleagues. The panel recalled its earlier findings that colleagues who became aware of Miss Ellis' views may feel intimidated, unwilling to challenge poor practice, or reluctant to advocate effectively for patients in a clinical setting. The panel considered that this created a real risk to safe and effective teamwork within a healthcare environment and was fundamentally incompatible with the professional standards expected of a registered nurse.

The panel also took into account the following mitigating features (as set out in the guidance and provided further commentary on its reasoning below):

- early admission of the facts;
- apologies to anyone affected;
- some efforts to prevent similar behaviour occurring again; and
- some reflective accounts and evidence of limited training.

The panel acknowledged that Miss Ellis made early admissions in relation to some aspects of the charges. The panel noted that Miss Ellis accepted that the posts were hers, accepted that they were inappropriate and admitted charges 1 to 4 at an early stage. The panel also took into account that Miss Ellis deleted her Facebook account following the concerns being raised.

The panel considered that Miss Ellis had offered some apologies within her reflective account. The panel noted that Miss Ellis expressed regret for any offence caused and acknowledged that the conduct could have caused harm to colleagues and undermined confidence in the NHS. However, the panel determined that the apologies were limited in nature and lacked a full acknowledgment of the racist and deep-seated discriminatory impact of her behaviour.

The panel accepted that Miss Ellis had taken some limited steps to prevent similar behaviour from occurring again, including deleting her Facebook account. The panel also noted references within her reflective material to training and reflection undertaken following the incidents. However, the panel noted that there was limited evidence before it demonstrating meaningful remediation, developed insight, or sustained efforts to address the deep-seated attitudinal concerns identified within this case.

The panel first considered whether to take no further action. The panel determined that taking no further action would be wholly inappropriate and disproportionate in light of the seriousness of the misconduct found proved. The panel recalled its findings that Miss Ellis' conduct involved racist, discriminatory and offensive behaviour over a prolonged period of time and that her actions had the potential to undermine patient safety, public confidence in the profession and professional standards. The panel determined that no further action would fail to address the public protection concerns identified and would not maintain confidence in the nursing profession or uphold proper professional standards.

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 determined that this case was fundamentally incompatible with the circumstances in which a caution order may be appropriate. The panel considered that the misconduct was neither isolated nor at the lower end of the spectrum. Rather, it involved repeated racist and discriminatory posts and comments over an extended period of approximately two years. The panel concluded that the concerns identified deep-seated

attitudinal issues and a significant departure from the fundamental tenets of the profession. The panel further determined that Miss Ellis had demonstrated only limited insight and no meaningful remediation. In those circumstances, the panel concluded that a caution order would not adequately address the seriousness of the misconduct, protect the public interest, or maintain public confidence in the profession and the regulatory process.

The panel next considered whether to place a conditions of practice on Miss Ellis' 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 not clinical in nature but instead arose from deep-seated attitudinal concerns relating to racist and discriminatory behaviour. The panel considered that there were no identifiable areas of clinical practice capable of retraining or restriction through conditions of practice.

The panel also determined that there was insufficient evidence before it to demonstrate a willingness on Miss Ellis' part to fully engage with meaningful remediation. The panel noted that Miss Ellis had undertaken only limited reflective work and limited training (the panel noted that no certificates of training have been provided, the panel also has not seen evidence of how the training has impacted Miss Ellis' outlook or developing insight). As such she has not demonstrated a sufficient understanding of the racist and discriminatory nature of her conduct or the wider impact such behaviour may have on colleagues, patients and public confidence in the profession. The panel concluded that no workable, measurable and proportionate conditions could be formulated which would adequately address the attitudinal concerns identified or sufficiently protect the public interest.

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 Miss Ellis 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 Miss Ellis' lack of engagement, limited insight, limited remorse for the people her conduct affected, together with insufficient evidence of training and development, the panel considered that there is no realistic possibility that she would address the concerns to such a level where she could return to practise safely.

The panel noted that despite the seriousness of the allegations, Miss Ellis had not attended the hearing and had not provided any meaningful evidence demonstrating a genuine commitment to remediation or a developed understanding of the seriousness of her conduct. The panel determined that Miss Ellis had not used the opportunities already available to her during the regulatory process to meaningfully address the concerns identified. The panel considered that her reflections remained superficial and largely focused on the consequences for herself rather than the impact of her conduct on colleagues, patients, the wider public and the profession.

The panel further determined that Miss Ellis continued to minimise aspects of her conduct and had not demonstrated any meaningful acknowledgment of the racist and deep-seated discriminatory language and attitudes undermining the misconduct found proved. The panel recalled its findings that there remained no evidence demonstrating that Miss Ellis had moved away from the deep-seated discriminatory attitudes expressed within the posts and comments found proved. The panel therefore concluded that there was no realistic prospect that a period of suspension would lead to sufficient remediation, insight or strengthening of practice so as to adequately address the concerns identified.

The panel also considered that it would be inappropriate to use a suspension order as a means of giving Miss Ellis a further opportunity to engage with the regulatory process where she had not meaningfully done so to date. The panel determined that there was no evidence before it demonstrating a genuine motivation or commitment on Miss Ellis' part to address the concerns identified or restore public confidence in the profession.

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 concluded that the misconduct in this case was exceptionally serious. The panel recalled its findings that Miss Ellis engaged in repeated racist, inappropriate and offensive conduct over a prolonged period of time on Facebook which sought to incite hatred and offence. The panel determined that the conduct was fundamentally incompatible with the standards expected of a registered nurse and represented a serious breach of the fundamental tenets of the profession, including the obligations to treat people with kindness, dignity, respect and without discrimination.

The panel considered that fully informed members of the public would be extremely concerned if a registered nurse who had engaged in such conduct, and who had demonstrated only limited insight and no 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 Miss Ellis' conduct was fundamentally incompatible with remaining on the register.

Miss Ellis' actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Miss Ellis' actions were serious and to allow her 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 Miss Ellis' actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, 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.

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 Miss Ellis' own interests until the striking-off sanction takes effect.

Submissions on interim order

The panel took account of the submissions made by Ms Etemadi. 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. Not to 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 Miss Ellis is sent the decision of this hearing in writing.

This will be confirmed to Miss Ellis in writing.

That concludes this determination.