

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

**Substantive Hearing**

**Monday 20 October 2025 – Tuesday 28 October 2025  
Tuesday 26 May 2026 – Wednesday 27 May 2026**

Virtual Hearing

**Name of Registrant:** Sean Fergus McMullan

**NMC PIN:** 1311866S

**Part(s) of the register:** Registered Nurse – Sub Part 1  
Adult Nursing – (September 2017)

**Relevant Location:** Mid and East Antrim

**Type of case:** Misconduct

**Panel members:** Serene Rollins (Chair, Lay member)  
Richard Curtin (Registrant member)  
Barry Greene (Lay member)

**Legal Assessor:** Peter Jennings (20 – 28 October 2025)  
Oliver Wise (26 – 27 May 2026)

**Hearings Coordinator:** Monsur Ali

**Nursing and Midwifery Council:** Represented by Selda Krasniqi, Case Presenter

**Mr McMullan:** Present and represented by Emer Terris-Smyth,  
instructed by the Royal College of Nursing (RCN)

**Facts proved:** Charges 1, 2, 3, 4 and 5

**Fitness to practise:** **Impaired**

**Sanction:** **Suspension order (12 months)**

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

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

At the outset of the hearing, Ms Terris-Smyth, on your behalf, made an application for part of the proceedings to be held in private. The basis of this application was that a proper exploration of your case would involve reference to material of an explicit and sensitive nature. In addition, there may be discussion relating to your health. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Krasniqi, on behalf of the Nursing and Midwifery Council (NMC), submitted that hearings are ordinarily held in public. However, where private or sensitive matters arise, the panel has the discretion to move into private session as and when such issues are raised. In this case, the information concerned is relevant to the charges and would typically be discussed in public. Nonetheless, any discussion relating to your health should take place in private.

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

The panel carefully considered the application to hold parts of the hearing in private. It accepted that while hearings are generally held in public, it has the discretion to sit in private when necessary to protect the privacy of a registrant or others.

The panel determined that any discussions or communications relating to the sending or receiving of images of [PRIVATE] should be heard in private. The panel considered this information to be of a sensitive nature and concluded that preserving your privacy outweighed the public interest in holding those parts of the hearing in public. The panel also noted that these matters are not directly concerned with any of the charges faced by you. Accordingly, it was satisfied that hearing this evidence in private was justified.

The panel further decided that any matters relating to your mental health should also be heard in private, in order to protect your right to confidentiality and personal privacy, and that this also outweighed the general public interest in open hearings.

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

The panel heard an application from Ms Krasniqi to amend the wording of the charges.

Ms Krasniqi submitted that the proposed amendments were intended to provide greater clarity and to ensure that the charges accurately reflected the evidence before the panel. She stated that the amendments would not cause any prejudice or injustice to you, and that they were necessary for the fair and proper presentation of the case.

Ms Krasniqi also applied to delete charge 3 which relates to a failure to disclose a conflict of interest. She submitted that the NMC did not have sufficient evidence to support it and that the substance of the misconduct alleged was contained in the other charges.

Ms Terris-Smyth indicated that she did not object to the proposed amendments.

In addition, the panel noted that some charges may benefit from being reworded. The proposed amendments were as follows:

“That you, a registered nurse:

1. Between 24 October 2020 and 17 April 2021, breached professional boundaries with Patient A in that you:
  - a) engaged in communication with Patient A on Grindr, social media website.

- b) sent messages ~~of a sexual nature~~ to Patient A on Grindr, social media website in which you stated:
  - i) “Hope you’ve managed to pee since I took that catheter out” or words to that effect.
  - ii) “Thought you were getting a little excited” or words to that effect.
  - iii) “Haha wee semi going on” or words to that effect.

2. Your conduct in charges 1a and/or 1b was sexually motivated in that ~~they were~~ **it was** in pursuit of sexual gratification **and/or a future sexual relationship**.

3. Between 24 October 2020 and 17 April 2021, failed to disclose a conflict of interest in respect of Patient A namely, **the nature of the interactions which had taken place between you and Patient A.**

~~a) the nature of your previous connection with Patient A.~~

~~4. Incorrectly stated that Patient A had been sending the messages Patient A received between 24 October 2020 and 17 April 2021 to themselves during:~~

~~a) The investigation meeting conducted by the Northern Health and Social Care Trust (the Trust) on 10 August 2021~~

~~b) The disciplinary appeal hearing conducted by the Trust on 2 March 2022~~

4. **During:**

**a) the investigation meeting conducted by the Northern Health and Social Care Trust (the Trust) on 10 August 2021;**

**b) the disciplinary appeal hearing conducted by the Trust on 2 March 2022;**

**incorrectly stated that the messages, apparently sent by you, which Patient A received between 24 October 2020 and April 2021, had been sent by Patient A and/or someone else.**

5. Your conduct in charge 4 was dishonest in that you

a) knew that you gave false information at

- i) The investigation meeting conducted by the Trust on 10 August 2021;
- ii) The disciplinary appeal hearing conducted by the Trust on 2 March 2022;

b) Intended to mislead staff members at charges 5a(i) and (ii) that Patient A had sent the messages Patient A received between 24 October 2020 and 17 April 2021 to themselves when in fact you had sent them.

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

The panel considered the application carefully. In relation to charge 3, the panel noted the NMC’s submission that it may be difficult to establish precisely when the conflict of interest in respect of Patient A arose. The panel, however bore in mind its duty to ensure that the charges properly reflect the mischief alleged. It accepted that the remaining allegations, which include sexual motivation and dishonesty, are already of a serious nature. However, the panel also noted that there was evidence suggesting that, at a certain point, you ought to have recognised the existence of a potential conflict of interest and taken appropriate action.

The panel therefore decided that charge 3 should remain for its consideration. As this is not a new charge, the panel was satisfied that no prejudice would be caused to you.

Having reviewed the remaining amendments, the panel was satisfied that the proposed changes provided improved clarity and more accurately reflected the evidence. The panel was satisfied that the proposed changes could be made without injustice. The panel therefore made amendments to the charges accordingly.

### **Details of charges [as amended]**

That you, a registered nurse:

1. Between 24 October 2020 and April 2021, breached professional boundaries with Patient A in that you:

- a) engaged in communication with Patient A on Grindr, social media website;
- b) sent messages to Patient A on Grindr, social media website, in which you stated
  - i) “Hope you’ve managed to pee since I took that catheter out” or words to that effect;
  - ii) “Thought you were getting a little excited” or words to that effect;
  - iii) “Haha wee semi going on” or words to that effect.

2. Your conduct in charges 1a and/or 1b was sexually motivated in that it was in pursuit of sexual gratification and/or a future sexual relationship.

3. Between 24 October 2020 and April 2021, failed to disclose a conflict of interest in respect of Patient A, namely the nature of the interactions which had taken place between you and Patient A.

4. During:

- a) the investigation meeting conducted by the Northern Health and Social Care Trust (the Trust) on 10 August 2021;

b) the disciplinary appeal hearing conducted by the Trust on 2 March 2022;

incorrectly stated that the messages, apparently sent by you, which Patient A received between 24 October 2020 and April 2021, had been sent by Patient A and/or someone else.

5. Your conduct in charge 4 was dishonest in that you:

a) knew that you gave false information at

i) the investigation meeting conducted by the Trust on 10 August 2021;

ii) the disciplinary appeal hearing conducted by the Trust on 2 March 2022;

b) intended to mislead staff members at charges 5a(i) and (ii) that Patient A and/or someone else had sent the messages Patient A received between 24 October 2020 and April 2021 when in fact you had sent them.

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

You made no admission to the charges.

## **Background**

You were referred to the NMC by Northern Health & Social Care Trust (the Trust).

The Trust stated that on 24 October 2020, you were employed as a Band 5 Nurse in the Emergency Department (ED) of the Hospital. On that date Patient A presented at the ED with right sided weakness and loss of bladder control. Consequently, a urinary catheter was inserted by a member of staff on duty during his admission. You commenced a night shift at 20:00 that evening at which time Patient A was still in the department. Following a

decision to discharge Patient A you removed his urinary catheter prior to him leaving. Patient A stated that you sought and received consent to do this and that throughout your conduct was professional.

Patient A reported that he had known you approximately four years earlier, having met on one occasion for a date arranged via Instagram. This followed earlier exchanges on Grindr. He stated that although you met once, there was no physical intimacy.

It is alleged that, following this ED attendance and during your shift on 24–25 October 2020, you sent Patient A a message on Grindr asking if he had arrived home safely. These messages are said to have escalated in tone and become sexually suggestive. It is alleged that you suggested that Patient A appeared to have become aroused during the removal of the catheter, implying he had a partial erection.

Patient A reported that he responded by saying the messages were inappropriate, after which you blocked him. However, Patient A stated that he was able to take a screenshot of the messages before being blocked.

Immediately before these messages in the chat history was an image of [PRIVATE], which Patient A alleged had been sent previously by you in June 2020 from the same anonymous account.

Patient A subsequently attended the ED on two further occasions. The first was on 2 November 2020. He alleged that shortly after this visit, he received another message on Grindr which read, *'Hey, what's up?'* Patient A responded, *'Are you serious?'* He stated that the Grindr profile used the username *'SM,'* corresponding to your initials, and displayed your photograph.

The second subsequent attendance occurred on 17 April 2021, following an overdose. Patient A stated that by this stage he was anxious about encountering you again and told ambulance staff that he did not wish to be taken to the same ED. However, due to his

condition and slurred speech, it is unclear whether this was understood. On that occasion, it is alleged that you were responsible for triaging patients, including Patient A.

Patient A alleged that shortly after this third visit, he again received messages via Grindr from a new account which he believed had been created by you. He stated that the new profile again used your name and photograph. Patient A said he replied by calling the sender a '*predator*,' after which he was immediately blocked and therefore unable to take any screenshots. These events form the basis of Allegations 1 to 3.

Following these alleged incidents, Patient A made a formal complaint to the hospital in July 2021. A disciplinary meeting was held on 10 August 2021, during which you were questioned about the messages, the photograph of [PRIVATE], and the care provided to Patient A. It is alleged that during this meeting, you confirmed that the photograph was of you, but stated that it had not been sent by you to Patient A. You are said to have had limited recollection of the messages.

While the internal investigation was ongoing, you were suspended from clinical duties in early July 2021 and redeployed to a non-patient-facing role. You were dismissed from your post on 6 January 2022.

An appeal hearing took place on 2 March 2022, during which the panel again considered the allegations, the care provided to Patient A, and the messages exchanged. It is alleged that you continued to maintain that you did not send the messages and that Patient A may have fabricated the messages. However, neither you nor your representative put this version of events to Patient A during questioning.

Approximately one week before the appeal hearing, you sent an email stating that you had reported the matter to the Police Service of Northern Ireland (PSNI), claiming to be the victim of cybercrime and alleging that someone had impersonated you online.

This matter was subsequently referred to the NMC by your employer on 6 January 2022.

## Decision and reasons on facts

In reaching its decisions on the facts, the panel took into account all the oral and documentary evidence in this case, including that provided by you, together with the submissions made by Ms Krasniqi and those by Ms Terris-Smyth.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged. The panel bore in mind that there were no previous regulatory findings against you. It also bore in mind that the seriousness of the allegation or its inherent improbability may mean that the facts should be examined more critically before the panel concludes that the allegation has indeed been established on the balance of probabilities.

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

- Witness 1: Patient A (the complainant).
- Ms Sharon Love: A Registered Nurse employed by the Trust at the time as a Falls Prevention Coordinator and was tasked with carrying out the local investigation.
- Ms Elizabeth Graham: Employed by the Trust as The Assistant Director for Nursing Education and was tasked with being the Appeals Officer.

The panel also heard evidence from you under affirmation.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor who advised it on the burden and standard of proof and on the legal principles which would guide its approach.

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

### **Charge 1a**

That you, a registered nurse:

Between 24 October 2020 and April 2021, breached professional boundaries with Patient A in that you:

- a) engaged in communication with Patient A on Grindr, social media website

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

The panel carefully considered all the evidence before it in relation to charge 1. It acknowledged that the messages sent on 25 October 2020 came from an anonymous account and it accepted the evidence that, in contrast to some other platform, it was possible to create an account on Grindr without any verification of one's identity. There was therefore nothing definitive linking the online profile to you. The panel also took into account that, with the exception [PRIVATE] sent in June 2020, the messages have only times and not dates.

However, the content of the communication demonstrated knowledge that only a few people were likely to possess. In particular, the message referring to Patient A's admission to hospital, the inquiry as to whether he got home, the insertion and removal of his catheter, and the statement '*Hope you've managed to pee since I took that catheter out*' (or words to that effect), indicated specialist knowledge of the care and treatment provided

to Patient A. In the panel's view, a member of the public would not necessarily know that following the removal of a catheter there may be difficulty in urinating.

These messages were sent from an anonymous account from which the [PRIVATE] had been sent a few months before. Also, while the panel heard no specific evidence as to the distance between the hospital and Patient A's home, the increasing distances on the screenshot are apparently consistent with Patient A's evidence that the messages began while he was traveling home after the hospital attendance.

The panel bore in mind that Patient A's evidence contained what appeared to be errors. His witness statement to the NMC and his oral evidence were to the effect that he received further messages in November 2020 from an account with your profile and photograph, whereas you produced evidence, supported by a bank statement showing a payment to the hairdresser, that the photograph in that profile was not taken until May 2021. However, Patient A's initial statement and telephone call to the Trust appeared to be that those messages were after the April 2021 hospital attendance, and the panel has borne in mind that he may have been mistaken in his later NMC witness statement recorded in 2023. Additionally, Patient A said that he took a screenshot of the 25 October messages at his mother's suggestion after they became inappropriate, whilst screenshots themselves record that they were taken at more than one time following messages that day. The panel was, however, of the view that these discrepancies may be consistent with mistake and it did not find Patient A to be an essentially untruthful witness.

In the panel's view there are in principle three possibilities: that the messages were sent by you, that they were fabricated by Patient A, and that they were sent by an unidentified third party.

Your earlier contact with Patient A on Grindr and subsequently on Instagram had resulted in a single date on which you both said that no intimate contact took place and that the relationship was not taken further. There was no suggestion that you parted on bad terms which would have given a motive for a malicious false accusation. If Patient A had

fabricated these messages himself, he would have had to create an anonymous account on Grindr, [PRIVATE], and send it to himself, and then done nothing for four months until he met you by chance at the hospital. The panel noted that even if Patient A had contrived a false illness, which has not been suggested, it would still be a matter of chance that he encountered you at the hospital. As the messages show that they were sent to Patient A from an account which was at a changing distance from him, he would apparently have had to be using two accounts on different devices, at a distance of many miles, which suggests that he may have needed an accomplice.

In the panel's judgement this would have involved a very considerable amount of effort on Patient A's part to fabricate a false allegation against you when there is no evidence that he bore you any ill will. The panel regards this as improbable in the extreme.

With regard to the possibility that the messages were sent by some unidentified third party, in the light of content of the messages and their timing, in the panel's view that would have to be someone connected with Patient A's attendance at the hospital. Again, the messages on 25 October 2020 were sent from the same anonymous account from which [PRIVATE] had been sent in June 2020, that would mean that someone had obtained the photograph and sent it to Patient A in June and had then built on that by sending further messages in October in the immediate aftermath of the patient's attendance at the hospital. This would again have involved somebody unidentified going to unusual and in the panel's view improbable lengths to implicate you, for reasons that have also not been identified.

The panel heard evidence that, although staff were not permitted to keep their telephones with them on shift, you did so in order to carry out clinical duties, such as accessing the British National Formulary (BNF). You told the panel that you did not use your telephone to respond to personal messages while on duty. However, the panel was not persuaded by this explanation. It considered it likely that someone who had their personal telephone on them during shifts would be tempted to send or respond to personal notifications.

The content of the messages is consistent with their being sent by the nurse who had removed the patient's catheter and also with the sender being someone who had had previous contact with the patient on a dating platform. The timing is also at least apparently consistent with its being sent by the treating nurse. In addition, the panel noted that, even if you sent [PRIVATE] to a number of people, this would presumably have been with some sort of view to beginning or resuming a relationship, and therefore, the fact that the messages of 25 October were sent from the same Grindr account as that photograph would be consistent with a wish on your part to resume a connection with Patient A, whereas any motive on the part of the patient or of a third person to fabricate the messages is in the panel's view speculative. The panel has borne in mind that in the beginning these messages were innocuous, merely inquiring whether the patient had got home, but that would be consistent with the way one might initiate such a conversation.

The panel also noted that the date on the photograph [PRIVATE] is Monday 15 June, and that this date must therefore be either 2020 or some earlier year; 15 June 2021 was not a Monday.

The panel is therefore satisfied on the balance of probabilities that these messages were sent by you. It regards this as very much more probable than that they were sent by the patient or a third party.

The panel determined that, even though the first few messages were not objectionable in themselves, the act of communicating with the patient through a social media platform which you described as primarily used for "*hookup*" was a clear breach of professional boundaries. The panel determined that, as a registered professional, you should have recognised that using such a platform to contact a patient you had recently treated was entirely inappropriate and demonstrated a clear lapse in professional judgment.

With regard to messages allegedly sent in November 2020, as the panel has already stated it finds that it is more likely that those messages were in fact sent after the photograph came into existence in May 2021, which would be consistent with Patient A's

initial account to the Trust. As those messages were in themselves not objectionable, the panel has not thought it necessary to amend the charges to extend the dates to include May 2021.

With regard to the messages that Patient A says were sent in May 2021 but of which he did not obtain screenshots, in the light of the panel's view that the patient's evidence in relation to the messages other than October ones has become confused, and the absence of any supporting or corroborative evidence, the panel is not persuaded on the balance of probabilities that you sent those messages.

Accordingly, charge 1a is found proved but in relation to the messages in October 2020 alone.

### **Charge 1b**

That you, a registered nurse:

Between October 2024 and April 2025, breached professional boundaries with Patient A in that you:

- b) sent messages to Patient A on Grindr, social media website, in which you stated
  - i) "Hope you've managed to pee since I took that catheter out" or words to that effect;
  - ii) "Thought you were getting a little excited" or words to that effect;
  - iii) "Haha wee semi going on" or words to that effect.

**This charge is found proved.**

For the reasons the panel has already stated in relation to charge 1a, the panel is satisfied that you sent these messages and in the circumstances, this was a breach of professional boundaries.

The panel was satisfied that this charge is found proved.

## **Charge 2**

That you, a registered nurse:

Your conduct in charges 1a and/or 1b was sexually motivated in that it was in pursuit of sexual gratification and/or a future sexual relationship.

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

In reaching its decision on whether your conduct was sexually motivated, the panel considered the content of the messages, the context in which they were sent, and the platform used for the communication.

The panel noted that the messages you sent to Patient A included phrases such as ‘*wee semi*’ and ‘*getting a little excited*,’ which clearly suggested sexual arousal. These messages were sent via Grindr, a gay dating platform which you yourself described as being used for “*hookups*”. Patient A was someone with whom you had previously had communication on that platform and the two of you had met for a date. The messages sent following the hospital attendance in October 2020 were sent from the same account from which a [PRIVATE] had been sent previously. The panel considered that this context was highly relevant to understanding your state of mind.

The panel was not satisfied that your messages on 25 October 2020 were sent for the purpose of immediate sexual gratification.

The panel was of the view that the first few messages on 25 October 2020, such as to your inquiry as to whether Patient A had got home, did not on their own have any sexual implications. It was however, satisfied that your motive in resuming contact with Patient A

on Grindr was to pursue a potential sexual relationship with Patient A in the future. Sending the messages from an account on which you had earlier sent a picture [PRIVATE] and the use of language with sexual undertones supported this interpretation. Accordingly, with regard to charge 2 in respect of charge 1a on the balance of probabilities, the panel determined that your reason for communicating with Patient A was in pursuit of a future sexual relationship, and therefore your conduct was sexually motivated.

With regard to charge 2 in respect of charge 1b, while the panel accepted that some of the earlier messages may have been more casual or light-hearted, it found that the later ones, particularly those corresponding to charges 1b)ii and 1b)iii, were sexually motivated in that they were sent in pursuit of a future sexual relationship.

The panel therefore found this charge proved.

### **Charge 3**

That you, a registered nurse:

Between 24 October 2020 and April 2021, failed to disclose a conflict of interest in respect of Patient A, namely the nature of the interactions which had taken place between you and Patient A.

**This charge is found proved.**

In reaching its decision on this charge, the panel carefully considered all the evidence before it.

The panel found that you had sent images of [PRIVATE] a to Patient A approximately four months before you provided treatment to him. After sending those images, you did not hear anything further from Patient A. When you encountered him on 24 October 2020, you

had previously exchanged brief messages on social media and been on a single date around two years earlier.

During Patient A's attendance in October 2020, you were asked to remove his catheter. The panel accepted that you did not recognise his name at first and that you only realised who he was when you saw him. You proceeded to obtain his consent in a professional manner, and Patient A raised no objection to you carrying out the procedure. The panel considered that you had to make a decision on the spur of the moment as to whether to carry out the procedure or escalate the matter to a senior colleague. Given the limited nature of your previous contact and the circumstances at the time, the panel was not persuaded that this created a conflict of interest which you were obliged to disclose.

With regard to the subsequent encounter in November 2020, you stated that you had no recollection of seeing Patient A. However, the panel accepted Patient A's evidence that you did see him briefly in the hospital and exchanged a few words. There was no suggestion that you were expecting to treat him, and no clinical care was provided by you on that occasion. The panel again concluded that this did not give rise to a conflict of interest requiring disclosure.

The panel considered that the position in April 2021 was different. Following the October attendance, you had sent messages to Patient A via Grindr, which the panel found were sent in pursuit of a future sexual relationship. Patient A declined your advances and told you that the messages were inappropriate. When you encountered Patient A again in April 2021, you were responsible for triaging him. At that time, Patient A was in a very vulnerable state, having been brought to the hospital following an attempt to take his own life.

In the panel's judgment, this was a situation in which you should have informed your employer or a senior colleague that you had previously had personal contact with Patient A. You were not required to disclose the details of that contact, only to make them aware that a prior interaction existed which might make it inappropriate for you to be involved in

his care. Your failure to do so amounted to a failure to disclose a conflict of interest that should have been reported.

On the balance of probabilities, the panel therefore found charge 3 proved, but only in relation to the attendance in April 2021.

#### **Charge 4a**

That you, a registered nurse:

During:

- a) the investigation meeting conducted by the Northern Health and Social Care Trust (the Trust) on 10 August 2021;

incorrectly stated that the messages, apparently sent by you, which Patient A received between 24 October 2020 and April 2021, had been sent by Patient A and/or someone else.

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

The panel considered the evidence relating to the investigation meeting conducted by the Trust on 10 August 2021. During that meeting, when asked who else could have forwarded the messages containing such specific details, you initially replied that you did not know and then requested an adjournment.

Following the adjournment, you stated that you would never have used the word 'aye,' which appeared in one of the messages. You went on to say that you believed Patient A may have created a fake account and sent the messages to himself from that account. You explained that fake or anonymous accounts are commonly set up on such platforms, and you did not know who the account actually belonged to.

The panel accepted that the record of the interview, while not verbatim, was substantially accurate. You were provided with a copy of the record and given the opportunity to correct any inaccuracies, but you made no amendments to this part of the record. The panel therefore found that you did state during that meeting that the messages in question had been sent by Patient A or someone else.

In light of the panel's earlier findings under charge 1, it was satisfied that this statement was incorrect. On that basis, the panel found charge 4a proved.

#### **Charge 4b**

That you, a registered nurse:

During:

b) the disciplinary appeal hearing conducted by the Trust on 2 March 2022;

incorrectly stated that the messages, apparently sent by you, which Patient A received between 24 October 2020 and April 2021, had been sent by Patient A and/or someone else.

**This charge is found proved.**

With regard to the disciplinary appeal hearing conducted by the Trust on 2 March 2022, the panel accepted the evidence of Ms Graham, who stated that during the hearing you repeatedly claimed that Patient A had sent the messages to himself. You also suggested that Patient A had created an anonymous profile and then messaged himself in order to implicate you.

The panel took into account the letter from the Trust to you dated 16 May 2022, confirming the outcome of the appeal hearing. That letter recorded that you had sought to explain the

messages by suggesting that Patient A had created the profile and sent the messages to himself. The panel found that this account was consistent with the evidence given by Ms Graham.

Accordingly, the panel was satisfied that during the disciplinary appeal hearing you stated that the messages had been sent by Patient A and/or someone else. In light of its findings under charge 1, the panel was satisfied that this statement was also incorrect.

The panel therefore found charge 4b proved.

### **Charge 5**

That you, a registered nurse:

Your conduct in charge 4 was dishonest in that you:

- a) knew that you gave false information at
  - i) the investigation meeting conducted by the Trust on 10 August 2021;
  - ii) the disciplinary appeal hearing conducted by the Trust on 2 March 2022;

b) intended to mislead staff members at charges 5a(i) and (ii) that Patient A and/or someone else had sent the messages Patient A received between 24 October 2020 and April 2021 when in fact you had sent them.

**These charges are found proved in their entirety.**

The panel first considered whether you knew that you gave false information during the investigation meeting on 10 August 2021 and the disciplinary appeal hearing on 2 March 2022.

The panel accepted that the circumstances of the investigation meeting on 10 August 2021 were less than ideal. Because of the Trust's approach to COVID-19 restrictions and

its wish to maintain confidentiality, you were not provided with written documents or screenshots in advance. You were shown copies during the meeting but were not given your own copies to review. The panel accepted Ms Love's evidence that, with hindsight, she would have managed the meeting differently. However, the panel found that following Patient A's attendance in October 2020, you sent him messages with a view to pursuing a future sexual relationship. Your own evidence confirmed that you knew it was Patient A who had made the complaint, even if you did not know all of the details.

In the panel's judgment, while you may have made some minor errors at the investigation meeting due to confusion, forgetfulness, or the pressured circumstances, you must have known that your statement denying that you sent the messages, and suggesting that they were sent by Patient A or someone else, was not true. The panel therefore found proved that you knowingly gave false information at the investigation meeting on 10 August 2021.

Between that meeting and the disciplinary appeal hearing on 2 March 2022, you had a further seven months to reflect on your position and to take advice. At the appeal hearing, you again maintained that the messages had been sent by Patient A or someone else. The panel found that by this time you knew that this was untrue and that you yourself had sent the messages. Accordingly, the panel found that you knowingly gave false information at both the investigation meeting and the disciplinary appeal hearing.

The panel was satisfied that, in making those false statements, you intended to mislead members of staff, specifically, the managers and other participants at the meetings, into believing that Patient A or a third party had sent the messages, when in fact you knew that you had done so. The panel therefore found that you acted with the intention of diverting blame away from yourself and towards others.

Having established your state of mind at the time of both the investigation meeting and the disciplinary appeal hearing, the panel then considered whether your conduct in making those untrue statements was dishonest by the standards of ordinary decent people. The panel was satisfied that it was.

In light of its earlier findings, the panel concluded that you knew all along that you had sent the messages but nevertheless stated that you either could not recall doing so or that someone else was responsible. This, in the panel's view, was knowingly dishonest conduct.

The panel therefore found charges 5a and 5b proved.

### **Interim order**

The panel of its own volition considered whether an interim order is required in the specific circumstances of this case until a formal decision can be made with regard to your fitness to practise. 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 is in your own interests.

The panel heard and accepted the advice of the legal assessor as to its powers and the matters to which it should have regard.

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

The panel invited representations from the parties, but none were made.

The panel carefully reviewed the evidence before it and bore in mind that this is a risk assessment.

The panel was satisfied that in the circumstances of this case; an interim order is not necessary for the protection of the public.

While the matters the panel has found proved are significant, it noted that the risk to public protection in this matter is minimal. There are no clinical concerns, and the incident in

question involved inappropriate behaviour towards a patient with whom you had a previous encounter.

The panel is also not satisfied that an order is otherwise in the public interest. While the panel acknowledged that there are questions regarding your honesty and integrity, particularly in relation to attempts to mislead your employer and management, it bore in mind that the threshold for making an order in the public interest alone is a high one. It was not persuaded that this high threshold is met in this case.

Taking all factors into account, the panel determined that an interim order is not required on the grounds of public protection, nor is it necessary in the wider public interest.

That concludes this determination.

The hearing resumed on 26 May 2026

### **Fitness to practise**

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether your fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise safely and professionally.

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

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the

facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, your fitness to practise is currently impaired as a result of that misconduct.

### **Submissions on misconduct**

Ms Krasniqi invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code) in making its decision.

Ms Krasniqi submitted that the facts found proved are serious and amount to misconduct. She submitted that your actions breached the professional standards expected of a registered nurse under the Code, particularly the duty to uphold the reputation of the profession and maintain appropriate professional boundaries.

Ms Krasniqi submitted that charges 1 to 3 related to the sexually motivated messages exchanged with Patient A and your failure to disclose that Patient A was already known to you. Ms Krasniqi submitted that this conduct breached the requirement to treat patients in a way that does not take advantage of their vulnerability or cause them upset or distress.

Ms Krasniqi further submitted that nurses are required to remain objective and maintain clear professional boundaries at all times, including with former patients. She submitted that your conduct fell seriously below the standards expected of a registered professional and represented a significant departure from proper professional behaviour.

In relation to charges 4 and 5, Ms Krasniqi submitted that you acted dishonestly during the Trust's investigation meeting in August 2021 and the disciplinary appeal hearing in March 2022. She submitted that you knowingly provided false information by attempting to blame Patient A, or another person, for the messages sent on the Grindr application. She submitted that this conduct breached the requirement to act with honesty and integrity at all times.

Ms Terris-Smyth, made no submissions against a finding of misconduct. She accepted that the charges found proved were serious and involved important professional standards expected of a registered nurse.

### **Submissions on impairment**

Ms Krasniqi 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 case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Krasniqi submitted that your fitness to practise is currently impaired. She referred the panel to the relevant guidance and the factors set out in *CHRE v NMC and Grant*, including whether your conduct placed patients at risk of harm, brought the profession into disrepute, breached fundamental tenets of the profession, and involved dishonesty.

Ms Krasniqi submitted that Patient A suffered emotional harm as a result of your actions. She said the evidence demonstrated that Patient A felt anxious about attending the ED because of the possibility of encountering you again following the messages that had been exchanged.

Ms Krasniqi further submitted that your conduct would undermine public confidence in the profession and bring the nursing profession into disrepute. Ms Krasniqi submitted that pursuing sexually motivated communication with a vulnerable patient was a serious breach of professional boundaries and one of the fundamental tenets of nursing practice.

Ms Krasniqi submitted that there was limited evidence of insight, reflection, or remediation. Although you had provided reflective material, she submitted that you continued to deny the inappropriate behaviour and showed limited understanding of the impact your actions

could have had on Patient A, the profession, and public confidence in nursing. In those circumstances, she submitted that there remains a risk of repetition and that your fitness to practise is currently impaired.

Ms Terris-Smyth submitted that the main issue for the panel was not the seriousness of the findings themselves, but whether your fitness to practise is currently impaired. She reminded the panel that impairment does not automatically follow simply because serious misconduct has been found proved.

Ms Terris-Smyth referred the panel to the legal principles set out in *CHRE v NMC and Grant and Ronald Jack Cohen v General Medical Council* [2008] EWHC 581 (Admin). She submitted that the panel should consider whether there is a current risk to patients, public confidence, or professional standards, and whether the concerns are capable of being addressed and are unlikely to be repeated in the future.

Ms Terris-Smyth also submitted that you accept the findings made by the panel are serious and that they involve issues relating to professional boundaries, integrity, and public confidence in the profession. She said you recognise the importance of maintaining proper professional standards at all times.

Ms Terris-Smyth referred the panel to the reflective pieces you provided. She accepted that you continue to maintain your position regarding the allegations, but submitted that you nevertheless recognise the seriousness of the panel's findings and the importance of acting with integrity and maintaining professional boundaries.

Ms Terris-Smyth submitted that there is no evidence before the panel of any repetition of the conduct found proved. She also reminded the panel that there had been no other regulatory, disciplinary, or professional concerns throughout your nursing career apart from these matters.

Ms Terris-Smyth further submitted that, although you have not worked as a nurse since your dismissal in January 2022, you have obtained alternative employment and progressed professionally within the same organisation. She said you had moved from the role of multi-site manager to area manager and had also been selected for an 11-month leadership course. She submitted that this demonstrated continuing professional development and responsibility.

Ms Terris-Smyth accepted that the panel may consider your insight to be limited, particularly as you maintain your position regarding the allegations. However, she submitted that limited insight is not the same as having no insight at all. She said you have engaged with the proceedings throughout, provided reflective material, and shown a willingness to undertake further reflection and training before any future return to nursing. She invited the panel to conclude that your fitness to practise is not currently impaired.

The panel accepted the advice of the legal assessor.

### **Decision and reasons on misconduct**

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel was of the view that your actions did fall significantly short of the standards expected of a registered nurse, and that your actions amounted to a breach of the Code. Specifically:

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

*To achieve this, you must:*

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

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

*20.6 stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that the facts found proved were serious and amounted to misconduct.

The panel determined that the messages sent to Patient A were inappropriate, sexually motivated, and crossed clear professional boundaries. The panel was satisfied that your actions were for your own personal interest and not in the interests of Patient A. This was particularly significant and potentially harmful to Patient A, when in April 2021, he attended the A&E department in a very vulnerable state.

In relation to charge 3, the panel carefully considered whether your failure to disclose a conflict of interest amounted to misconduct. This charge was found to apply only to the incident in April 2021, when Patient A attended hospital after taking an overdose and was in a particularly vulnerable state. The panel was of the view that, in those circumstances, you should have informed your employer or another member of staff that Patient A was known to you, and it would be inappropriate for you to triage him.

The panel determined that your failure to disclose the conflict of interest created a risk that your assessment and care of Patient A may not have been fully objective. The panel was also of the view that your conduct could have increased Patient A's anxiety at a time when he was emotionally vulnerable. The panel considered that a patient in those circumstances should be able to trust that their care would be professional, objective, and free from any personal conflict.

The panel further determined that your dishonest conduct during the internal investigations was misconduct. The panel found that you provided false information by attempting to blame Patient A, or another person, for the messages exchanged. The panel concluded that your conduct breached fundamental professional standards relating to honesty, integrity, professional boundaries, and the treatment of a vulnerable patient.

The panel found that your actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

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

The panel next went on to decide if as a result of the misconduct, your fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the NMC guidance on *'Impairment'* (reference: DMA-1, last updated: 28 January 2026).

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. At 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.'*

A 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) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel determined that all four limbs are engaged.

The panel was of the view that, in the past, your conduct placed Patient A at an unwarranted risk of harm. Patient A was already in a highly vulnerable emotional state when he attended hospital in April 2021 after taking an overdose. The panel determined that your failure to disclose the conflict of interest created a risk that your assessment and care may not have been fully objective.

The panel further determined that your conduct breached fundamental tenets of the nursing profession and brought the profession into disrepute. Your conduct involved inappropriate and sexually motivated communication with a patient, as well as dishonesty during the internal investigations.

The panel carefully considered your reflective statements and accepted that there was some evidence of developing insight. The panel noted that your more recent reflective piece showed a greater awareness of professional standards. However, the panel was of the view that your insight remained limited.

You are entitled to maintain your denial of the allegations after the panel determined the facts against you. However, the panel determined that, even while maintaining your position, you should still have been able to reflect meaningfully on the impact that such behaviour could have on patients, the public, and the reputation of the profession. The panel was particularly concerned that there was a lack of focus on how such conduct may impact patients.

The panel recognised that there had been no previous regulatory concerns in your nursing career and that the testimonials provided spoke positively about your character and work history. The panel accepted that some aspects of your misconduct may be remediable through further reflection, training, and professional development. However, the panel determined that there was currently insufficient evidence to show that the concerns had been fully remedied.

In light of the limited insight, lack of full remediation, and absence of meaningful reflection on the impact of your conduct, the panel concluded that there remains a real risk of repetition and a continuing risk of harm to the public. 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

and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a finding of impairment on public interest grounds is required because the public confidence in the nursing profession and in the regulatory process would be seriously undermined if current impairment is not found as the panel has already found that your misconduct was sexually motivated, involved dishonesty and breached the fundamental tenets of the nursing profession. The panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds your fitness to practise impaired on the grounds of public interest.

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

### **Sanction**

The panel has considered this case very carefully and has decided to make a suspension order for a period of 12 months. The effect of this order is that the NMC register will show that your registration has been suspended.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC.

### **Submissions on sanction**

Ms Krasniqi submitted that the panel should consider the sanctions available in order of seriousness and impose the least restrictive sanction that would still maintain public confidence and uphold professional standards. Ms Krasniqi submitted that there were

significant aggravating features in this case, including your limited insight and your abuse of a position of trust whilst acting as a nurse.

Ms Krasniqi further submitted that this case involved both dishonesty and sexual misconduct, which are identified in the SG as serious concerns. She submitted that your dishonesty took place in a professional setting during hospital investigation meetings and disciplinary proceedings between August 2021 and March 2022.

Ms Krasniqi submitted that there was little evidence of remorse, remediation, or meaningful insight because, although you are entitled to deny the allegations, your reflective pieces continued to maintain that the allegations were untrue.

Ms Krasniqi submitted that the panel should consider whether there was a realistic prospect that you would develop sufficient insight and strengthen your practice during a period of suspension. She submitted that there was limited evidence of training, reflection, or remediation in relation to professional boundaries and dishonesty. Ms Krasniqi submitted that the panel should consider the overall seriousness and gravity of the case as a whole. In those circumstances, she invited the panel to impose a striking-off order.

Ms Terris-Smyth submitted that the purpose of a sanction is not to punish you, but to protect the public and maintain confidence in the profession. She submitted that the panel should consider the available sanctions in order, starting with the least restrictive option. Ms Terris-Smyth accepted that a caution order may not be appropriate given the seriousness of the findings, but she invited the panel to consider that there had been no repetition of the conduct and no previous regulatory or disciplinary concerns during your nursing career.

Ms Terris-Smyth further submitted that the panel should consider whether a conditions of practice order could address the concerns identified in this case. She submitted that conditions could potentially be put in place relating to professional boundaries, conduct training, and reflective work. However, she acknowledged that, if the panel considered

conditions to be insufficient, it could then consider whether a suspension order would be more appropriate.

Ms Terris-Smyth submitted that a suspension order of up to 12 months would be sufficient to reflect the seriousness of the findings, protect the public, and maintain public confidence in the profession. She submitted that there was a realistic prospect that, during a period of suspension, you would develop further insight and strengthen your practice.

Ms Terris-Smyth also submitted that you had continued to work responsibly in other positions of trust outside nursing. In those circumstances, she submitted that a striking-off order would be disproportionate and invited the panel to impose the least restrictive sanction necessary.

The panel accepted the advice of the legal assessor.

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

Having found your fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. 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 panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Limited insight into your misconduct
- Conduct which put Patient A at risk of suffering harm. However, the panel concluded that it was not a premeditated intent to cause harm but a set of unwise decisions that led to the potential harm to the patient.

The panel determined that when Patient A attended hospital in April 2021, you should have recognised the professional boundary concerns and stepped away from triaging him. The panel was of the view that your failure to do so was a poor and unwise decision which was likely to have increased Patient A's anxiety and created a risk that your assessment of Patient A may not have been fully objective. However, the panel accepted that this was a decision taken in the moment. The panel did not find that you had acted at this point in a cynical or pre-planned way in order to pursue a further relationship with Patient A.

The panel also took into account the following mitigating features:

- Although your conduct in charge 1 was in pursuit of sexual gratification, you did not intend or expect that Patient A would feel uncomfortable as a result, as you were both users of both Grindr and previously had a date.
- Your failure to disclose a conflict of interest was, as explained above, a decision taken in the moment. You were not expecting to see Patient A in the hospital.
- In relation to the dishonesty aspect of the charge, this was after you were pressed by the interviewer to provide an explanation as to who could have sent the messages, at which point you said it could have been Patient A.

The panel carefully considered all of the evidence before it. This case involved an exchange between two young men who had previously communicated on "*Grindr*", which you described as a dating application commonly used for hookups. The panel accepted that the conduct took place within that context. You and Patient A had previously been on a single date which had not evolved into a continuing relationship but ended amicably. The panel was of the view that there was no evidence of a pattern of predatory behaviour towards patients generally, and the concerns related only to Patient A. The panel determined that this case was more about a serious lack of professionalism, poor judgement, and a series of unwise decisions, rather than any planned or malicious intention to harm Patient A.

The panel considered the dishonesty findings carefully. The panel determined that the conduct was at the lower end of the spectrum of dishonesty cases. The dishonest explanation was given during the investigation after you were repeatedly asked to provide an alternative explanation as to how the October 2020 messages had been sent to Patient A. The panel accepted that this was not your initial response and there was no personal gain involved. The dishonesty did not arise in the course of clinical treatment and there was no evidence of deep-seated dishonesty or wider attitudinal concerns.

The panel first considered whether to take no action but concluded that this would be inappropriate given the seriousness of the misconduct found proved. The panel determined that taking no action would fail to protect the public and would not maintain public confidence in the profession.

The panel next considered a caution order. The panel noted that a caution order is appropriate where the case is at the lower end of the spectrum and where the behaviour is unlikely to be repeated. Although the panel accepted that there had been no repetition of the behaviour, it concluded that the misconduct in this case was too serious for a caution order. The panel was of the view that a caution order would not sufficiently address the professional boundary concerns, the sexual motivation findings, and the dishonesty finding.

The panel next considered whether placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel determined that the placing of conditions on your registration would not adequately address the seriousness of this case and would not protect the public.

The panel then went on to consider whether a suspension order would be an appropriate sanction.

In the panel's judgement, the misconduct, while serious, was not fundamentally incompatible with remaining on the NMC register. The panel accepted that there was no evidence of predatory behaviour, no evidence of repeated conduct since the incidents, and no evidence that you posed an ongoing significant risk to the public if you were able to develop proper insight and remediation. The panel was also mindful that you had expressed a wish to return to nursing in the future.

The panel considered the NMC guidance relating to cases involving dishonesty (reference: SAN-4), specifically:

*'Generally, the forms of dishonesty which are most likely to require consideration of striking-off will involve (but are not limited to):*

- *deliberately breaching the professional duty of candour by covering up when things have gone wrong, especially if this could cause harm to people receiving care*
- *misuse of power*
- *personal or financial gain from a breach of trust*
- *direct risk to people receiving care*
- *premeditated, systematic or longstanding deception.*

*Dishonest conduct will generally be less serious in cases of:*

- *one-off incidents*
- *spontaneous conduct*
- *no direct personal gain*
- *incidents outside professional practice.'*

After considering the gravity of dishonesty in your case, in accordance with this guidance, the panel determined that the dishonesty was at the lower end of the spectrum.

The panel was of the view that your misconduct arose from a lack of professionalism, and a series of poor and unwise decisions. The panel considered that your insight remained

limited. The panel noted that despite the passage of time, there had only been limited progress in your reflective work. However, the panel considered that a suspension order would provide you with sufficient time to reflect properly on your actions, strengthen your insight, and demonstrate remediation.

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*
- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

The panel carefully considered whether a striking-off order was necessary. The panel acknowledged the seriousness of the findings, particularly the professional boundary breaches, sexual motivation, and dishonesty. However, the panel concluded that a striking-off order would be disproportionate in the circumstances of this case. The panel was satisfied that this was not a case involving predatory behaviour, deliberate exploitation, or deep-seated attitudinal concerns. The panel determined that the least restrictive sanction capable of protecting the public and maintaining confidence in the profession was a suspension order.

The panel concluded that a suspension order for a period of 12 months was the appropriate and proportionate sanction. The panel determined that a lengthy period of suspension was necessary to reflect the seriousness of the misconduct and to send a clear message to the profession and the public about the standards expected of a registered nurse. The panel considered that any shorter period would not sufficiently mark the seriousness of the misconduct.

The panel noted that this order will inevitably have a significant impact on you. However, the panel concluded that this is outweighed by the need to protect the public, maintain confidence in the nursing profession, and uphold proper professional standards.

At the end of the period of suspension, the order will be reviewed by another panel. The reviewing panel may revoke the order, extend the order, replace it with another sanction, or make any other order available to it.

Any future reviewing panel would be assisted by the following:

- Your attendance at the review hearing.
- Evidence of training in professional boundaries, including how you would apply that learning in practice.
- A detailed reflective piece demonstrating your developing insight, remediation, and understanding of the impact of your behaviour on patients and on the reputation of the nursing profession.
- Evidence that you understand the importance of maintaining professional boundaries and acting appropriately where conflicts of interest may arise
- Up to date testimonials.

This decision will be confirmed to you in writing.

### **Interim order**

As the substantive suspension order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or is in your own interests until the substantive suspension order takes effect.

## **Submissions on interim order**

The panel took account of the submissions made by Ms Krasniqi. She submitted that an interim suspension order is necessary to cover the period until the substantive suspension order comes into effect having regard to the panel's findings. She submitted that if you appeal the decision of the panel, then you would be able to practise without restrictions until the appeal process is finished and this can take up to 18 months. She therefore invited the panel to impose an order for a period of 18 months to cover the whole of the appeal period.

Ms Terris-Smyth opposed the application. She submitted that you have been out of nursing since 2022 and do not intend to return to practice until the end of the appeal period, and there is consequently no risk to the public. She therefore invited the panel not to impose an interim order.

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.

The panel concluded that the only suitable interim order would be a suspension order, as to do otherwise would be incompatible with its earlier findings. The interim suspension order will be for a period of 18 months to cover the appeal period and any appeal.

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

That concludes this determination.