

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

**Substantive Hearing
Monday, 18 May 2026 – Friday, 22 May 2026**

Virtual Hearing

Name of Registrant: **Brendan James Phair**

NMC PIN: 19E0007C

Part(s) of the register: Nurses part of the register Sub part 1 RN3:
Mental health nurse, level 1 (2 May 2019)

Relevant Location: Manchester

Type of case: Misconduct

Panel members: Paul Grant (Chair, lay member)
Alison Thomson (Registrant member)
Emily Coffey (Lay member)

Legal Assessor: Nigel Mitchell

Hearings Coordinator: Samara Baboolal

Nursing and Midwifery Council: Represented by Iwona Boesche, Case Presenter

Mr Phair: Present and represented by Tope Adeyemi,
counsel instructed by the Royal College of
Nursing (RCN)

Facts proved: Charges 1, 2, 3a) 3b)

Facts not proved: N/A

Fitness to practise: Impaired

Sanction: **Suspension order (4 months)**

Interim order:

N/A

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

At the outset of the hearing, Ms Boesche, on behalf of the Nursing and Midwifery Council (NMC), made a request that this case be held partly in private. She made the application on the basis that your case is linked to an ongoing third-party investigation into the hospital where the allegations took place. She submitted that an anonymisation of the hospital where the allegations took place, and any reference to the [PRIVATE] should be heard in private and redacted from public documentations, in order to protect any third-party investigations from prejudice. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Adeyemi, on your behalf, remained neutral in respect of this application. She submitted that you are not aware of any investigation, and you are not currently being investigated.

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 determined to go into private session in connection with reference to the name of the hospital and the [PRIVATE], as and when such issues are raised, in order to protect any third-party investigations into the hospital from prejudice.

Details of charge

'That you, a Registered Nurse:

1. On 2 May 2022, requested that Colleague A and/or Colleague B record that they had conducted observations which they had not conducted.

[PROVED BY WAY OF ADMISSION]

2. Your action at 1 above was dishonest in that you knew you were attempting to have a false record of observations created. **[PROVED BY WAY OF ADMISSION]**
3. On 13 May 2022:
 - a) Said 'fuck off' or words to that effect, to Patient 1 **[PROVED BY WAY OF ADMISSION]**
 - b) Pretended to throw a stapler at Patient 1 **[PROVED BY WAY OF ADMISSION]**

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

Background

The NMC was informed by the Trust that, between March and June 2022, an undercover reporter had taken footage within [PRIVATE], a specialist centre caring for adults with severe psychiatric illnesses, where patients have been detained for their own safety or the safety of others. This footage raised concerns about the treatment of patients and the fitness to practise of staff and was [PRIVATE] on 28 September 2022.

The video footage shows that you are directing two healthcare support workers to sign patients' observation charts when they had not conducted the observations signed for.

The NMC was also informed by the Trust that on 13 May 2022 you said "fuck off" to a patient through the window of the staff office, where the patient was gesturing at you, and you made a movement as if to throw a stapler at the patient.

Decision and reasons on facts

At the outset of the hearing, the panel heard from Ms Adeyemi, on your behalf, who informed the panel that you made full admissions to all of the charges.

The panel therefore finds charges 1, 2, and 3 proved in their entirety, by way of your admissions.

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

- Eric Oliver: Senior support worker at [PRIVATE] at the time of the incidents.

Fitness to practise

Before making its decision on your fitness to practise, the panel heard live evidence from two character witnesses called on your behalf.

- Adam Hardaker: Colleague at your current place of employment
- Russell Davies: Colleague at your former place of employment

The panel also heard evidence from you under oath.

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether your fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise safely and effectively without restriction.

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

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, your fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a '*word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.*'

Ms Boesche invited the panel to take the view that the facts found proved amount to misconduct. Ms Boesche stated that she agreed with the specific parts of the NMC Code of Conduct which you had identified as being breached as a result of your conduct.

Ms Boesche submitted that the charges found proved are very serious and involve dishonest conduct. She submitted that your actions in the charges found proved, including swearing, pretending to throw an object, and dishonesty, amounts to serious misconduct.

Ms Adeyemi, on your behalf, submitted that you consistently accept that your conduct fell far below the high standards expected of you, and you have identified the parts of the Code which you believe have been breached by your conduct.

Ms Adeyemi submitted that you accept that dishonesty is very serious.

Ms Adeyemi submitted that your conduct in charge 3, while regrettable, was not so serious as to amount to misconduct. She submitted that you meant this as a “*joke towards a patient that [you] had rapport with and whom [you] respected*”.

Ms Adeyemi submitted that this was a single incident that occurred on one single date. She submitted that your colleagues, in their live evidence, told the panel that you are not an individual with a history of using foul language or swearing at patients and colleagues. She submitted that you treat people with respect. She submitted that there is no pattern of behaviour in this respect.

Submissions on impairment

Ms Boesche 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 Boesche submitted that the four limbs of Grant are engaged. She submitted that your practice is currently impaired. She submitted that your conduct did put patients receiving care at risk of harm, as you had colleagues record observations as completed when they had not been, and you swore at a patient and pretended to throw a stapler at them. She submitted that you brought the profession into disrepute, as your actions were [PRIVATE], and “*did in fact shock the public*”.

Ms Boesche submitted that your conduct breached fundamental tenets of the nursing profession. She submitted that you acted dishonestly by instructing others to sign the observation sheets when you knew that observations had not been duly completed.

Ms Boesche submitted that, despite your reflection, you have sought to minimise your dishonesty by stating that you and your colleagues did in fact conduct some observations, and that you simply did not recall. Ms Boesche submitted that it cannot be said that this dishonest conduct is highly unlikely to be repeated, and you are therefore liable, in her submission, to behave dishonestly again in the future.

Ms Boesche submitted that a finding of impairment is necessary on the ground of public interest. She submitted that your dishonesty was not a single isolated incident, and on one day there were two incidents. She submitted that, however, it is a matter for the panel to consider very carefully whether you have fully addressed the issues and whether an impairment finding is required to maintain public confidence in the nursing profession, and professional standards.

Ms Adeyemi submitted that your practice is not impaired.

Ms Adeyemi submitted that you admitted to all the allegations from the outset. She submitted that you have never sought to minimise your conduct, and you have only provided an explanation and context. She submitted that you apologised to Mr Oliver, and nothing that he said was disputed.

Ms Adeyemi submitted that you may have had compassion fatigue and burn-out, which caused your standards to drop. She submitted that you accept that your conduct was unacceptable, and you have described what you should have done, namely, to escalate any concerns relating to staffing with senior colleagues.

Ms Adeyemi submitted that you have built on your insight. She submitted that you have demonstrated an understanding of the Code of Conduct, and explained why you believe you deviated from the standards, and why the standards are important. You have identified the impact that your conduct would have had on your junior colleagues in particular, setting out the poor example that you gave them, and how that could have

influenced their behaviour. You have also identified the impact of your behaviour on service users.

Ms Adeyemi submitted that Mr Hardaker told the panel that you are leading by example, modelling good practice, and being someone that people can look up to, find respectful, and view as a good colleague.

Ms Adeyemi submitted that you have remediated the concerns through extensive training and reading in areas directly relevant to the allegations. You focussed on professionalism, professional boundaries, record keeping, and fostering good practice in the workplace.

Ms Adeyemi invited the panel to find that you are 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:

‘1.1 treat people with kindness, respect and compassion

1.2 make sure you deliver the fundamentals of care effectively

8.5 work with colleagues to preserve the safety of those receiving care

10.1 complete records at the time or as soon as possible after an event, recording if the notes are written some time after the event

- 10.3 *complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements*

- 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*
- 20.6 *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. It considered whether each charge amounted to misconduct.

Charge 1) and Charge 2)

The panel was of the view that your conduct in charge 1 and charge 2 amounted to misconduct. Your dishonesty in this charge took place in the course of your professional practice and put patients at an unwarranted risk of harm, as you had not properly conducted observations. The panel took into account that, whilst the conduct was confined to one day, this was not a single incident of dishonesty, in that it occurred twice. Further, the conduct in this charge involved pressuring your junior colleagues to participate in the dishonesty. The panel was of the view that your actions in this charge fell significantly short of the standards expected of a nurse.

Charge 3a) and 3b)

The panel acknowledged that this was an isolated incident of behaviour, and accepted that you had a familiar and good relationship with the patient. It took into account that you have made admissions that this behaviour was inappropriate, and that you have expressed remorse. However, the panel determined that, whilst your conduct in relation to this charge is not as serious as the conduct described in charges 1 and 2, it is still sufficiently serious to amount to misconduct. Your conduct in this charge was a breach of professional boundaries. Telling a patient to “*fuck off*” and pretending to throw something at them, whether joking or not, is conduct which falls far short of the professional standards expected of a registered nurse in charge of a ward.

The panel also took into account that it does not know what the impact of this conduct was on the patient; whether they thought this was a joke or whether it affected them negatively. The panel acknowledged that there was no real threat to the patient, as you made the throwing action behind reinforced glass, however it took into account that this was a vulnerable mental health patient and such an action had a potential to have a negative impact.

In light of all the above, the panel found that your actions in charges 1, 2 and 3 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:28/01/2026) 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. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

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

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

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

- 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 was satisfied that all four limbs of the Grant test, in relation to the question of *'in the past'*, are engaged. The panel finds that patients were put at risk of harm as a result of your misconduct. You dishonestly requested that your colleagues record that observations had been carried out, when you knew they had not been. This meant that observations were not being conducted, and thereby put patients at risk of harm. You used foul language, telling a vulnerable mental health patient to *"fuck off"*, and pretended to throw a stapler at them, which put the patient at a risk of emotional harm.

Your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute, especially in light of your actions being [PRIVATE]. You acted dishonestly by pressuring your junior colleagues to sign that observations were conducted when you knew they had not been.

In determining whether the Grant test is engaged in relation to the question of *'liable in the future'*, the panel considered whether the misconduct is easily remediable. In respect of charges 1 and 2, the panel noted that while dishonesty is generally viewed as being more difficult to remediate than many other types of misconduct, each case has to be considered on its own merit. In this case, the panel concluded that your dishonesty was potentially remediable. The panel was also satisfied that the conduct in charge 3 was remediable.

The panel considered whether you have remediated the concerns. It took into account that you have demonstrated in-depth insight and genuine remorse for your conduct. You have deeply reflected on your actions, including providing reflections on the breaches of the Code of Conduct. You have demonstrated what you have learned from reading and further relevant training, and outlined clearly what you would do differently in the future. The panel took into account that you have been very candid and open around the seriousness of your conduct, and recognised its potential impact on patients, colleagues, the public, and the nursing profession. Through your representative, you provided an apology to Mr Oliver for your conduct when he gave his oral evidence.

The panel also took into account that you have continued to work in a complex and challenging social care setting for over three years without further incident. It acknowledged that Mr Hardaker spoke very highly of your performance in his written and oral evidence, and provided the panel with clear examples of how you treat residents with respect and care. He spoke highly of the accuracy and effectiveness of your record keeping, which he has shared with colleagues as an exemplar of good practice. He noted that you have been open and honest with your current employer from the outset, about these proceedings.

The panel took into account that Mr Davis, in his oral evidence, spoke highly of your ability as a nurse and your good practice in relation to your employment prior to the incidents in question. Mr Oliver, in his oral evidence, said that, due to staff shortages, staff working at the hospital were forced to perform multiple jobs at once, and in your own evidence you outlined that you were feeling burnt-out and overwhelmed and had repeatedly raised concerns regarding the work environment with your manager.

The panel noted that it has been four years since the incidents took place, and there is no evidence to suggest that you have repeated the conduct. The panel was satisfied that it is highly unlikely that there will be a repetition of the misconduct set out in charges 1, 2 and 3. As such, it determined that a finding of impairment is not necessary on the ground of public protection.

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

In considering this question, the panel was mindful that the misconduct set out in charges 1 and 2 took place on a single day and concluded that these actions were not indicative of any deep-seated attitudinal concerns, but rather a limited, albeit serious, departure from the standards expected of you. However, these factors must be weighed against the fact that your dishonesty had the potential to put patients at a risk of harm and involved pressuring two junior colleagues to participate in dishonest conduct. Taking all of these factors and the NMC guidance DMA-1 into account, the panel determined that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore finds your fitness to practise impaired on the grounds of public interest in relation to your misconduct as set out in charges 1 and 2.

In relation to charge 3, the panel determined that, whilst serious, this conduct was isolated and less serious than the misconduct described in charges 1 and 2. Therefore, the panel concluded that the misconduct in charge 3 did not warrant a finding of impairment on public interest grounds.

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

Sanction

The panel decided to make a suspension order for a period of 4 months. The effect of this order is that the NMC register will show that your registration has been suspended.

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

Submissions on sanction

Ms Boesche informed the panel that in the Notice of Hearing, the NMC had advised you that it would seek the imposition of a striking off order if the panel found your fitness to practise currently impaired. She submitted that this remains the NMC's position due to the seriousness of the case and the seriousness of the potential impact on the perception of the public.

Ms Boesche submitted that the following aggravating factors are present in this case:

- Dishonesty
- Pressuring junior colleagues to engage in dishonest conduct

Ms Boesche submitted that taking no further action would be inappropriate in light of the seriousness of your misconduct. She submitted that a caution order would not be appropriate and proportionate in light of the circumstances of this case and the seriousness of the misconduct.

Ms Boesche submitted that a conditions of practice order would be neither appropriate nor proportionate, as there are no workable conditions which can be formulated to address the concerns in this case. She submitted that there are no identifiable areas of your practice which are in need of assessment or retraining.

Ms Boesche submitted that public confidence in the nursing profession would not be maintained unless a sanction which restricts you from working were imposed. She submitted that the seriousness of the dishonesty in this case is at the “*higher end*” of the spectrum as it involved other members of staff and posed a serious risk to patients.

Ms Boesche invited the panel to consider a substantive order which prevents you from working, and referred the panel to the NMC Guidance SAN-3 on deciding between suspension orders and strike off orders.

Ms Adeyemi submitted that you have provided significant insight and remediation into your misconduct. She submitted that you made admissions to all of the allegations, referred yourself to the NMC, and engaged with the proceedings. Ms Adeyemi also noted that your misconduct occurred whilst you were working in a challenging work environment.

Ms Adeyemi submitted that you are working effectively in a demanding healthcare setting, demonstrating high standards in the many skills expected of a nurse.

Ms Adeyemi submitted that taking no further action or imposing a caution order of one year would be the most appropriate and proportionate action in this case. She submitted that the circumstances of your case can be considered as “*exceptional*”. She submitted that the misconduct occurred on the same day and was a one-off incident. She submitted that your remediation is extensive and is clearly embedded in your work over the last three years. She submitted that your colleagues have provided, in oral evidence, positive testimonials speaking to your good practice as a nurse.

Ms Adeyemi submitted that a conditions of practice order would not be appropriate in this case, given the findings of the panel.

Ms Adeyemi submitted that a suspension order is not appropriate. She submitted that you are able to practise safely without concern, and that the impairment found in this case is not in the interest of public protection.

Ms Adeyemi submitted that a striking off order is the most serious sanction, and would not be appropriate in light of the panel's findings at the impairment stage. She submitted that there is extensive evidence of your professional skills and the high regard in which you are held by your colleagues. She submitted that such an order would be highly disproportionate.

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. 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 considered that the following aggravating factors are present in this case:

- Dishonesty in the course of your professional practice
- Dishonesty that had the potential to put patients at a risk of harm
- Misuse of power, in that you pressured junior colleagues to engage in dishonest conduct.

The panel found that the following mitigating features are present in this case:

- Dishonesty was confined to a single day
- Very good insight
- Demonstrated genuine remorse
- Extensive and relevant CPD, training, and reflection

- Worked continuously in a challenging and complex clinical environment with vulnerable clients for over three years since the incident in question, without further concerns
- Evidence of a difficult working environment at the time of the incidents

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case and the dishonesty element. Whilst the panel noted your creditworthy and successful efforts to remediate your misconduct, it did not consider there to be exceptional circumstances in this case, such as to warrant taking no further action. The panel determined that it would be neither proportionate nor in the public interest to take no further action.

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

'A caution is only appropriate if the Committee has decided there's no risk to the public or to people using services that requires the professional's practice to be restricted. This means the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'

The panel acknowledged Ms Adeyemi's submissions that a caution order was appropriate and proportionate in this case. However, it took into account the NMC Guidance on Sanctions, including that relating to sanctions for the highest risk cases. The panel determined that, whilst many of the factors set out in the Sanctions Guidance on caution orders (SAN-2B) were applicable, your misconduct was not at the lower end of the spectrum. The panel was mindful that your remediation, while notable, did not reduce the seriousness of the dishonesty in this case. The panel therefore determined that a sanction that does not restrict your practise would not mark the seriousness of the dishonesty found proved, and would not meet the public interest.

The panel next considered whether placing conditions of practice on your registration would be appropriate. The panel is mindful that any conditions imposed must be relevant, proportionate, workable and measurable. The panel had regard to the NMC Guidance on ‘*Conditions of practice order*’ (Reference: SAN-2c Last Updated: 28/01/2026) and had regard to the following factors:

- *‘no evidence of deep-seated personality or attitudinal problems*
- *people using services will not be put at risk either directly or indirectly as a result of the conditions.’*

The panel took into account that it did not find impairment on public protection grounds, and the misconduct in the charges found proved are not linked to your clinical practice. It noted that the impairment in this case has been found solely on the basis of the need to maintain public confidence. Given the absence of any residual concerns regarding your ability to practise safely and effectively, the panel determined that there are no relevant, proportionate, workable or measurable conditions that could be formulated, given its findings.

Furthermore, the panel concluded that the placing of conditions on your registration would not adequately mark the seriousness of your dishonesty and would not meet 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:

- *‘what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.’*

The panel acknowledged that you have used the significant period of time since the incidents to remediate and meaningfully reflect on your misconduct. You have expressed genuine remorse and apologised to those impacted by your actions.

The panel took into account that you have been working in a challenging and complex clinical setting for the past three years without any further incidents of the kind found proved. The panel also took into account the positive testimonials which speak to your merit. Mr Hardaker, in his oral evidence, said that you are considered a top performer in record keeping, and that you are a leader in the care group. He spoke to your abilities, in that you were a major contributor to the positive performance noted in the most recent CQC inspection, where the service was rated ‘Good’ overall, with two areas judged to be ‘Outstanding’. He also said that you are an overall great asset in a health and social care setting. Mr Davis, in his oral evidence, said that even after the charges against you became known, you were still held in high esteem by your former colleagues.

In an email dated 30 January 2026, Mr Hardaker spoke to your stellar performance and stated:

'Brendan Phair: Why he stands out

- *Outstanding community engagement support across multiple people*
- *Strong understanding of PBS, anxiety triggers, and choice*
- *Documentation consistently:*
 - *Narrative*
 - *Reflective*
 - *Outcome-focused*
- *Excellent financial safeguarding records*
- *Clear evidence of encouragement, not just outcomes*

Impact

- *People remain active, settled, and socially connected*
- *Care plans are clearly "alive" in practice'*

The panel also took into account an email dated 4 February 2025, from your previous team manager, Katie Lyne, who stated:

'...your name is continually coming back in positive feedback. Your team currently feel very supported and happy to have you on board the team! You have made a positive impact on your colleagues who enjoy working alongside you.'

The panel carefully considered Ms Boesche's submissions that the NMC is seeking a striking off order. However, the panel took into account that there has been a significant period of time since the incidents that you have utilised to remediate the misconduct. You have engaged with your regulator and these proceedings, and provided evidence that you have learned from your misconduct and are now able to practise safely and effectively.

Taking account of all the information before it, and of the mitigation provided, the panel concluded that a strike off would be disproportionate. The panel also took into account the public interest in allowing an otherwise competent nurse, against whom there has been a finding of misconduct, to return to practice. The panel determined that it is not in the public interest to strike off a nurse who has worked hard to remediate and address the concerns,

and who has exhibited genuine remorse. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive and disproportionate in your case to impose a striking-off order.

In reaching this decision, the panel noted that the dishonesty in this case, while not at the lowest end of the spectrum, is not on the highest end of the spectrum either. It also took into account that there is no risk to the public if you were allowed to return to practise in the future.

In light of all the above, the panel was satisfied that in this case, the misconduct was not fundamentally incompatible with you remaining on the register.

Balancing all of these factors, the panel has concluded that a suspension order would be the appropriate and proportionate sanction. It was satisfied that a period of suspension would meet the public interest and mark the seriousness of the conduct, namely your dishonesty, while allowing you to return to safe practise in the future.

The panel noted the hardship such an order will inevitably cause you. However, this is outweighed by the public interest in this case.

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

The panel determined that a suspension order for a period of four months was appropriate in this case to mark the seriousness of the misconduct.

Having found that your fitness to practise is currently impaired, the panel bore in mind that it determined there were no public protection concerns arising from its decision. In this respect it found your fitness to practise impaired on the grounds of public interest.

In accordance with Article 29 (8A) of the Order the panel may exercise its discretionary power and determine that a review of the substantive order is not necessary.

The panel noted that it made the suspension order having found your fitness to practise currently impaired solely in the public interest. The panel was satisfied that the suspension order will satisfy the public interest in this case and will maintain public confidence in the profession(s) as well as the NMC as the regulator. Further, the suspension order will declare and uphold proper professional standards. Accordingly, the current suspension order will expire, without review, at the end of its four-month period.

This will be confirmed to you in writing.

Interim order

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

Submissions on interim order

Ms Boesche submitted that an interim suspension order for a period of 18 months is appropriate and proportionate. She submitted that an interim suspension order would meet the public interest during any period of appeal, including the mandatory 28-day appeal period.

Ms Adeyemi submitted that an interim suspension order is not necessary in this case. She submitted that there are no public protection concerns in this case, and an interim order should only be imposed where it is necessary. She submitted that your practice has not been suspended since the incidents. She invited the panel to make no order.

The panel accepted the advice of the legal assessor, who reminded the panel that an interim order must be necessary and not merely desirable.

Decision and reasons on interim order

The panel was not satisfied that an interim order is necessary in this case and did not accept the NMC's application for an interim order.

The panel determined that there is no risk to the public if you were to practise during any period of appeal. You have made substantial efforts to remediate the concerns, and you have been practising without restrictions in a clinical setting for three years. The panel noted that the guidance on imposing interim orders states that the threshold for imposing an interim order solely on the grounds of public interest is high. The panel determined that, given the circumstances of this case, it did not fall into the category of cases warranting the imposition of an interim order solely on public interest grounds.

As such, the panel was satisfied that public confidence in the nursing profession would not be seriously undermined if you were allowed to practise without restrictions during the mandatory appeal period.

That concludes this determination.