

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

**Substantive Hearing
Wednesday, 21 October 2026 – Tuesday, 27 October 2026**

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

Name of Registrant:	Alex James Nicol
NMC PIN:	22B1221E
Part(s) of the register:	Sub part 1 RNMH: Mental health nurse, level 1 - 19 October 2023 Nursing associates' part of the register NAR: Nursing associate - 13 March 2022
Relevant Location:	Central and North West London
Type of case:	Misconduct/ Conviction
Panel members:	Paul O'Connor (Chair, lay member) Mandy Tyson (Registrant member) Clare Taggart (Lay member)
Legal Assessor:	Nicholas Baldock
Hearings Coordinator:	Isabella Payne
Nursing and Midwifery Council:	Represented by Alice Hands, Case Presenter
Mr Nicol:	Not present and unrepresented at this hearing
Facts proved:	Charge 1, 2, 3 and 4
Fitness to practise:	Impaired
Sanction:	Striking-off Order
Interim Order:	Interim suspension order (18 months)
Final outcome:	FTP impaired – striking off order

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mr Nicol was not in attendance and that the Notice of Hearing letter had been sent to Mr Nicol's registered email address by secure email on 13 October 2026.

Ms Hands, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules). Although the notice of the hearing had not been sent with 28 days' notice or more, Ms Hands invited the panel to consider Rule 11(2)(b) as recently amended. It states that there may be shorter service if the panel considers that it is in the public interest to so order. Ms Hands invited the panel to exercise its discretion and proceed with short notice as it is in the public interest given that these are very serious charges.

Ms Hands submitted that Mr Nicol has not engaged since June 2024. Ms Hands submitted that although formal notice was not sent giving 28 days' notice, the NMC have given informal notice via email and telephone on 2 June 2026, 30 June 2026, 3 September 2026, 8 September 2026 and 5 October 2026. Ms Hands submitted that although there had been limited engagement with the NMC regarding these proceedings, Mr Nicol had confirmed his contact information on 17 June 2024.

Ms Hands invited the panel to consider that given Mr Nicol's lack of engagement, there is no reason to assume that had the notice been formally served with more than 28 days' notice Mr Nicol would have attended. Accordingly, Ms Hands invited the panel to proceed with the hearing.

The panel accepted the advice of the legal assessor.

The panel took into account that Notice of Hearing had been informally provided in time. Mr Nicol had details of the allegation, the time, dates and venue of the hearing. The two NMC witnesses had been scheduled to attend the hearing on the hearing dates. Mr Nicol had not engaged with the NMC for some time and the panel concluded that, even with 28 days' notice, he would be unlikely to attend. Any

adjournment would therefore be futile and cause serious inconvenience. In addition, the panel took into account that as recently as 5 October 2026 the NMC telephoned Mr Nicol. When Mr Nicol realised that it was the NMC calling he immediately ended the call. The panel took the view that this demonstrated that Mr Nicol was actively avoiding engagement in this process.

In the light of all the information available the panel is satisfied that it is fair to continue with this hearing.

Decision and reasons on proceeding in the absence of Mr Nicol

The panel next considered whether it should proceed in the absence of Mr Nicol. It had regard to Rule 21 and heard the submissions of Ms Hands who invited the panel to continue in the absence of Mr Nicol.

Ms Hands submitted that there had been no engagement with the NMC by Mr Nicol since June 2024 in relation to these proceedings and, as a consequence, there was no reason to believe that an adjournment would secure his attendance on some future occasion. Furthermore, she submitted that two witnesses in senior positions within the NHS had been secured for these hearing dates and adjourning the hearing may risk losing their attendance and further compromise their recollection of the misconduct.

Ms Hands submitted that when considering fairness to Mr Nicol, the panel should consider that Mr Nicol was represented up until April 2026. She submitted that within this period Mr Nicol had not utilised his representation to ask for advice or request an adjournment. Furthermore, Ms Hands invited the panel to consider that Mr Nicol had the opportunity to appoint a representative to attend the hearing in his absence but had chosen not to do so.

It is the submission of the NMC that it is fair, appropriate and proportionate to proceed in the absence of Mr Nicol.

The panel accepted the advice of the legal assessor.

The panel decided to proceed in the absence of Mr Nicol. In reaching this decision, the panel considered the submissions of Ms Hands and the advice of the legal assessor who reminded the panel of the case of *Elizabeth Davies -v- Health Care Professions Council* [2016] EWHC 1593.

It has had particular regard to the factors set out in the decision of *R v Jones and General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- There was no application for an adjournment made by Mr Nicol;
- Mr Nicol has not engaged with the NMC since 2024 and has not responded to any of the communication attempts made by the NMC regarding this hearing;
- Mr Nicol has a duty to comply and engage with his regulator;
- There is no reason to suppose that adjourning would secure his attendance at some future date;
- Two witnesses are scheduled to attend this hearing and not proceeding may inconvenience the witnesses and their availability to give evidence;
- Further delay may have an adverse effect on the ability of witnesses to accurately recall events;
- Mr Nicol may currently be working within a public service setting and as such may pose a public safety risk;
- The charges relate to events that occurred in 2024 and there is a necessity to hear this case on grounds of both public interest and public protection; and
- There is a strong public interest in the expeditious disposal of the case.

There may be some disadvantage to Mr Nicol in proceeding in his absence. Although the evidence upon which the NMC relies will have been sent to him at his registered email address, he has made no response to the allegations. He will not

be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on his own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, any limited disadvantage is the consequence of Mr Nicol's decisions to absent himself from the hearing, waive his rights to attend, and/or be represented, and to not provide evidence or make submissions on his own behalf.

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

Details of charge

That you, a registered nurse:

1. On 1 May 2024 hit Patient X
2. On 1 May 2024 failed to record in the Incident Form that you had hit Patient X.
3. Your omission at Charge 2 was dishonest in that you sought to conceal that you had hit Patient X.

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

Background

The NMC received a referral on 10 June 2024 from Central and North West London NHS Trust raising concerns about Alex Nicol who was a Band 5 Registered Mental Health Nurse on a mental health unit.

The referral raised concerns that on 1 May 2024, a Patient reported that Mr Nicol had punched her in the face during a restraint. The restraint was said to have been necessitated by the Patient's attempt to abscond from the Ward.

The Patient attempted to abscond from the Ward using a name badge she had seized from a staff member. When Mr Nicol responded to the incident in support of another staff member to prevent the Patient from absconding, the Patient grabbed Mr Nicol's lanyard. The Patient reported later the same day that she had been assaulted by Mr Nicol in the course of the incident and repeated her allegation on the day following the incident. In the CCTV that was viewed during a local investigation, it was evident that Mr Nicol had hit the Patient in her head.

Mr Nicol completed an incident form on 1 May 2024 and described that Patient X had grabbed his key card and scratched his neck, but failed to report that he had hit Patient X. During a local investigation that took place following the incident, Mr Nicol stated he was remorseful for hitting the patient but felt it was inappropriate for him to report this element of the incident, as another member of staff would have been more objective.

The incident occurred while Mr Nicol was working his notice period. He left the Trust on the 24 May 2024.

The incident was reported to the police by Patient X on 1 May 2024 and subsequently referred by the Trust to the local authority adult safeguarding team.

Submissions, decision and reasons on charge 1

Charge 1

"On 1 May 2024 hit Patient X"

At the outset of the hearing, Ms Hands informed the panel that Mr Nicol had made full admissions to charge number 1 and referred to his formal response to the NMC charges.

As to reliance on that formal admission, Ms Hands invited the panel to take into account the CCTV evidence and the admissions made by Mr Nicol, with particular regard to an interview that took place with Witness 1 on 23 May 2024 shortly after the incident happened.

The panel accepted the advice of the legal assessor

The panel had sight of the CCTV footage evidence showing the incident that took place on 1 May 2024 which showed Mr Nicol hitting Patient X in the head.

The panel had regard to the exhibit bundle which includes records of an internal investigation and reflective statements given by Mr Nicol following the incident.

During a local investigation on 23 May 2023 with Witness 1, when Mr Nicol was asked what happened regarding the incident with Patient X, the report stated:

“(Mr Nicol) replied the patient pulled the lanyard of another staff. He wanted to stop the patient. He regrets, he said he lost control at that moment. The patient scratched him when pulling the lanyard. It is a terrible mistake, never happened before, he would like to apologise to the patient.”

In a reflective statement given by Mr Nicol on 3 July 2024, Mr Nicol stated:

“I unfortunately lost control due to feeling overwhelmed and, in a fight, or flight response and struck (Patient X) in the jaw. It was a momentary and instinctive loss of control that has never happened before, and which I truly regret.”

The panel therefore finds charge number 1 proved in its entirety.

Submissions, decision and reasons on charges 2 and 3

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Ms Hands on behalf of the NMC.

The panel has drawn no adverse inference from the non-attendance of Mr Nicol

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

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

- Witness 1: Deputy Director of Nursing and Investigating Officer for the incident
- Witness 2: Borough Director who commissioned the investigation into the incident.

Ms Hands made submissions on behalf of the NMC. She invited the panel to consider the oral evidence from Witness 1 and Witness 2 as reliable and consistent with the evidence brought before it. She submitted that although the panel does not have any oral evidence from Mr Nicol, it does have his interview and reflective accounts.

With regard to charge 2, Ms Hands submitted that on 1 May 2024, Mr Nicol failed to record that he hit Patient X. She submitted that, although Mr Nicol denied the charge in his response to the charges, he acknowledged in his reflective account on 3 July 2024 that he had not recorded that he had hit the Patient. Ms Hands submitted that this was consistent with the oral evidence of the witnesses and the evidence before the panel.

Ms Hands submitted that on an incident report form dated 1 May 2025, Mr Nicol reported that an incident had taken place and that he was scratched by Patient X, but failed to record that he had hit Patient X. She submitted that when Mr Nicol was asked on the incident report form whether there were any injuries sustained during the restraint Mr Nicol had written 'No'.

Ms Hands submitted that the panel had heard from Witness 1 and Witness 2 in their oral evidence that Mr Nicol should have known to record an assault on a Patient and that nurses are required to report all incidents regardless of whether they were involved in them. She further submitted that Witness 2 stated in his oral evidence that staff receive training on how to complete the incident report forms and that Mr Nicol had worked at the Trust for a reasonable amount of time, and therefore should have known how to complete them correctly.

She therefore invited the panel to find charge 2 found proved based on facts.

With regard to charge 3, Ms Hands submitted that Mr Nicol's omission at charge 2 was dishonest and that he sought to conceal his misconduct. Ms Hands made reference to the case of *Ivey v Genting Casinos (UK) Ltd t/a Crockfords* [2017] UKSC 67 and invited the panel to consider that by the standards of ordinary, decent people, Mr Nicol's conduct was dishonest.

Ms Hands submitted that in Mr Nicol's reflective statement from 3 July 2024, he stated that he felt it was improper for him to fill out the incident report form and that it was not his intention to be dishonest. However, Ms Hand's further submitted that in an email from Nurse E on 8 May 2024, Mr Nicol had informed Nurse E that he had not punched Patient X and that Mr Nicol was the only one that got hurt.

Ms Hands drew the panel's attention to the evidence of Witness 1, who stated that a manager was capable of going back into a Datix form to retrospectively edit it, but Mr Nicol had not asked for a manager to do so. She further submitted that the Witness 2 said in his oral evidence that the Trust's management only became aware of the assault because Patient X had raised it and not because Mr Nicol had reported it.

Ms Hands submitted that Mr Nicol's actions are a breach of duty of candour and also constitutes dishonesty. She referred the panel to section 14 of the code that states:

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

To achieve this, you must:

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

14.2 explain fully and promptly what has happened, including the likely effects, and apologise to the person affected and, where appropriate, their advocate, family or carers

14.3 document all these events formally and take further action (escalate) if appropriate so they can be dealt with quickly

Ms Hands invited the panel to find that Mr Nicol did have a dishonest state of mind and did not correctly document the incident. She therefore invited the panel to consider that on the basis that an ordinary and decent person would find Mr Nicol actions dishonest, that charge 3 be found proved.

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

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

Charge 2

“On 1 May 2024 failed to record in the Incident Form that you had hit Patient X.”

This charge is found proved.

In reaching its decision, the panel took into account the oral evidence from both the witnesses. The panel found both the witnesses to be reliable, credible and consistent with the evidence before it.

The panel had regard to the incident report form completed by Mr Nicol on 1 May 2024. It considered that there was no evidence at all of Mr Nicol having reported the assault that he carried out on Patient X in the incident report form. It further noted that in his subsequent reflective statements he accepted that he had not included any reference to this assault in the incident report form.

The panel therefore concluded that this charge be found proved based on facts.

Charge 3

“Your omission at Charge 2 was dishonest in that you sought to conceal that you had hit Patient X”

This charge is found proved.

In reaching this decision, the panel took into account the oral evidence from both the witnesses. The panel found the witnesses to be reliable, credible and their accounts to be consistent with the evidence before it.

The panel considered that Mr Nicol was aware of his responsibility as a registered nurse to appropriately report the assault upon Patient X within the incident report. The panel had regard to his reflective statement from 3 July 2024, in which Mr Nicol stated:

“I did not mention the strike as I felt it improper to do so regarding myself as another staff could have also done a report and been much more objective”

However, the panel considered that as Mr Nicol did not raise the assault with another member of staff to complete the report, it was more likely than not that he had intended to conceal it.

The panel also considered an email from Nurse E on 8 May 2024 regarding a conversation that Nurse E had with Mr Nicol on the evening of 1 May 2024. This conversation followed a telephone call to Nurse E from Patient X’s solicitor, also on 1 May 2024, alleging an assault upon Patient X. The email stated:

“...After that call I discussed this with the staff AN (Mr Nicol), he informed me that he didn’t punched anyone he is the only one got injured by the Patient (Patient X).”

The panel noted that it was only after Mr Nicol had been shown the CCTV footage the following day that he admitted that he had hit Patient X, and therefore the panel considered that this further supported the view that Mr Nicol had sought to conceal the incident.

The panel considered that as a registered nurse it would be reasonable to assume that Mr Nicol would have been aware of the seriousness of the allegation and the requirement to report it. It considered that he had chosen to conceal it.

Given the evidence before it, the panel therefore determined that by the standards of ordinary and decent people, Mr Nicol’s actions were dishonest and found charged 3 proved.

Application to submit a further conviction charge

The NMC made an application to submit a further charge.

Details of charge

That you, a registered nurse:

4. On the 18 November 2025 at Westminster Magistrates Court were convicted of one count of assault by beating Patient X on 1 May 2024 contrary to Section 39 Criminal Justice Act 1988.

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

Ms Hands submitted that she had been instructed by the NMC to bring this charge before the panel once it had concluded on facts for Mr Nicol's misconduct charges. She submitted that bringing the charge in at this stage would prevent any bias at the fact finding stage of the charges relating to Mr Nicol's misconduct.

The panel considered the time allocated to this hearing, the time consideration of this extra charge would likely take, and the fact that the conviction is related to the misconduct charges already considered. The panel was satisfied that it was fair, proportionate and relevant to allow this charge to be submitted and dealt with accordingly.

Decision and reasons on service of Notice of Hearing

The panel was informed that the Notice of Hearing letter had been sent to Mr Nicol's registered email address by secure email on 15 September 2026.

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

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the conviction, the time, dates and venue of the hearing and, amongst other things, information about Mr Nicol's right to attend, be represented and call evidence, as well as the panel's power to proceed in his absence.

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

Decision and reasons on proceeding in the absence of Mr Nicol

The panel next considered whether it should proceed in the absence of Mr Nicol. It had regard to Rule 21 and heard the submissions of Ms Hands who invited the panel to continue in the absence of Mr Nicol.

Ms Hands submitted that, for the same reasons as previously stated when considering proceeding in absence when addressing Mr Nicol's misconduct, that it would be fair, proportionate and appropriate to proceed in his absence when addressing his conviction.

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised '*with the utmost care and caution*'.

The panel has decided to proceed in the absence of Mr Nicol. In reaching this decision, the panel has considered the submissions of Ms Hands, and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties.

The panel reminded itself of the reasons for which it concluded it was fair to proceed in the absence of Mr Nicol when dealing with his misconduct charges. It also took into account the fact that Mr Nicol has been given full notice in respect of this additional charge. For the same reasons as with the misconduct charges and additionally given the full notice of this charge, the panel decided it would be fair to proceed in his absence when dealing with his conviction.

The panel will draw no adverse inference from Mr Nicol's absence in its findings of fact.

Submissions, decision and reasons on charge 4

In reaching its decisions on the disputed facts, the panel took into account all the documentary evidence in this case together with the submissions made by Ms Hands on behalf of the NMC.

The panel has drawn no adverse inference from the non-attendance of Mr Nicol

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.

Ms Hands invited the panel to be guided by rule 31 of the NMC Fitness to Practice legislation, which states:

(2) Where a registrant has been convicted of a criminal offence –

(a) a copy of the certificate of conviction, certified by a competent officer of a Court in the United Kingdom (or, in Scotland, an extract conviction) shall be conclusive proof of the conviction; and

(b) the findings of fact upon which the conviction is based shall be admissible as proof of those facts.

Ms Hands invited the panel to consider that the conviction has been certified, and that the conviction certificate is conclusive proof of the conviction upon which to find charge 4 proved.

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

Charge 4

“On the 18 November 2025 at Westminster Magistrates Court were convicted of one count of assault by beating Patient X on 1 May 2024 contrary to Section 39 Criminal Justice Act 1988”

This charge is found proved.

The charge concerns Mr Nicol's conviction and, having been provided with a copy of the certificate of conviction, the panel finds that the facts are found proved in accordance with Rule 31 (2) and (3).

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 at charges 1, 2 and 3 amount to misconduct and, if so, whether Mr Nicol's fitness to practise is currently impaired by reason of such misconduct and/ or his conviction. 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 at charges 1,2 and 3 amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the

panel must decide whether, in all the circumstances, Mr Nicol's fitness to practise is currently impaired as a result of that misconduct and/ or conviction.

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 Hands invited the panel to take the view that the facts found proved at Charges 1, 2 and 3 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 Hands identified the specific, relevant standards by reference to which Mr Nicol's actions amounted to misconduct.

Ms Hands submitted that Mr Nicol's conduct breached the core principles underpinning safe and professional care. She submitted that adherence to these principles is essential to maintaining public confidence in the profession and ensuring public protection. She further noted that Mr Nicol had acknowledged, through his admissions, that he had breached the NMC code.

Ms Hands reminded the panel that the facts of the conviction are directly related to the misconduct and give further information relating to it. She submitted that the police report created on 28 October 2024 gives a detailed account of the police findings after they visited the ward on 1 May 2024. The report stated that when the police visited the ward the staff did not appear to be aware that there had been an assault on the patient. Having viewed the CCTV footage, the police described in the report that Mr Nicol 'punched' Patient X in the head, that Mr Nicol appeared angry and that Patient X had said, "did you see him punch me in the face". The report also said that Mr Nicol had called Patient X a 'Junkie', and that Patient X was visibly upset by the incident.

Ms Hands submitted that Mr Nicol received a custodial sentence for 10 weeks suspended for 12 months. She noted that the impact on Patient X, who was already undergoing treatment and thus vulnerable, was that they were subsequently hesitant in receiving treatment from healthcare professionals. Ms Hands submitted that Patient X had self-harmed shortly following the incident out of fear of further assault from Mr Nicol. She submitted that this incident has been a fundamental breach of trust and should be treated as very serious.

Ms Hands therefore submitted that Mr Nicol's actions in Charges 1, 2 and 3 do amount to serious misconduct.

Submissions on impairment

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

Ms Hands invited the panel to find Mr Nicol's fitness to practice impaired on all three grounds of public protection, public interest and public confidence in upholding professional standards in nursing. She invited the panel to consider the case of *Cohen v General Medical Council* [2008] EWHC 581 (Admin) when considering if Mr Nicol's fitness to practice is impaired.

Ms Hands submitted that Mr Nicol's misconduct creates a risk to both public safety and the public's confidence in the nursing profession. She submitted that as well as the public risk that charges 1 and 4 pose, charges 2 and 3 also pose a risk to public safety. Ms Hands submitted that the hospital only became aware of the assault after Patient X had reported it. Subsequently this may have had an impact on her treatment had the hospital not been aware of the assault. Ms Hands submitted this falls far below the standards expected of a registered nurse.

Ms Hands invited the panel to consider the relevant contextual factors leading up to the incident. She submitted that Mr Nicol had said that it was a busy shift and this was supported by a colleague on shift on the day of the incident. However, Ms Hands submitted that Witness 1 had stated in his oral evidence that it was not unusual for that ward to experience challenging periods and therefore that does not explain or excuse Mr Nicol's behaviour. She submitted that Mr Nicol is a risk to the public if he cannot be relied upon as a nurse during challenging periods.

Ms Hands reminded the panel of the evidence before it, which included a reflective piece in which Mr Nicol stated he was aware he did not preserve safety. It also included findings from an internal investigation which included a report stating that Patient X had self-harmed as a direct result of being assaulted. Ms Hands reminded the panel of the oral evidence provided by Witness 2 who stated that Patient X was already in restraint and posed no risk at the time of the assault, and Witness 1 who stated it was the worst assault they had seen in their 30 years working on similar wards, and it appeared unprovoked.

Ms Hands submitted that the seriousness of the incident is reflected in the actions taken by the employer following the incident and Mr Nicol's subsequent conviction. Ms Hands submitted that in Charge 3, Mr Nicol made a deliberate attempt to conceal his actions and had the assault not been reported by Patient X, the Trust may never have been aware of it. Furthermore, she submitted that following the incident, Witness 1 had stated that Mr Nicol would not share the details of his next employer.

Ms Hands submitted that when considering Mr Nicol's mindset at the time of the incident, in his reflective account he stated that it was a one-off event and due to poor judgement, and he provided examples of how he would handle the situation differently should it reoccur. However, Ms Hands submitted that this was written in July 2024 and that Mr Nicol stated that he had no intention of working in a ward or practising restraint again. Ms Hands submitted that there is also evidence of theoretical training and some positive testimonials from colleagues. However, Ms Hands invited the panel to consider that there has been no evidence that Mr Nicol has put his theoretical learning into practice. Furthermore, she submitted that some of the testimonials from colleagues are not dated and make no indication as to the

capacity in which they worked with Mr Nicol. She further submitted that not all the theoretical training completed by Mr Nicol was relevant in remediating his misconduct.

Ms Hands submitted that when considering whether Mr Nicol has deep seated attitudinal issues, it should be noted that Mr Nicol had broken the fundamental principles of the NMC code. These include the need to treat others fairly, openness, integrity, honesty, compassion and putting the needs of people receiving care first. Ms Hands submitted that deep seated attitudinal issues are difficult to address and change is not always possible.

It is therefore the submission of the NMC that Mr Nicol's misconduct and conviction are at the top end of the scale of seriousness. Ms Hands invited the panel to find that his fitness to practice is impaired on all three grounds of public protection, public interest and public confidence.

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

Decision and reasons on misconduct

When determining whether the facts found on Charges 1, 2 and 3 proved amount to misconduct, the panel had regard to the terms of the Code.

The panel was of the view that Mr Nicol's actions did fall significantly short of the standards expected of a registered nurse, and that they 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

1.5 respect and uphold people's human rights

2.6 recognise when people are anxious or in distress and respond compassionately and politely

8.2 maintain effective communication with colleagues

8.4 work with colleagues to evaluate the quality of your work and that of the team

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

8.6 share information to identify and reduce risk

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

10.2 identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need

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

10.4 attribute any entries you make in any paper or electronic records to yourself, making sure they are clearly written, dated and timed, and do not include unnecessary abbreviations, jargon or speculation

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

- 14.2 explain fully and promptly what has happened, including the likely effects, and apologise to the person affected and, where appropriate, their advocate, family or carers*
- 14.3 document all these events formally and take further action (escalate) if appropriate so they can be dealt with quickly*
- 15.3 take account of your own safety, the safety of others and the availability of other options for providing care*
- 16.3 tell someone in authority at the first reasonable opportunity if you experience problems that may prevent you working within the Code or other national standards, taking prompt action to tackle the causes of concern if you can*
- 17.1 take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse*
- 17.3 have knowledge of and keep to the relevant laws and policies about protecting and caring for vulnerable people*
- 19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place*
- 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*
- 20.4 keep to the laws of the country in which you are practising*

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

20.6 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 20.7 make sure you do not express your personal beliefs (including political, religious or moral beliefs) to people in an inappropriate way

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view, in regard to Charge 1, together with the facts as set out in the conviction and accompanying reports, that the seriousness of Mr Nicol's misconduct is at the top end of the scale. It placed considerable weight on the fact that Mr Nicol punched a vulnerable patient who was in restraint. The panel further noted the police record that stated that Mr Nicol was visibly angry and used a derogatory term towards Patient X during the incident. Further, the panel took into account that the police report indicated that Patient X was physically and emotionally harmed by the assault. The report said Patient X had complained about pain to her head, was briefly seen by one of the staff nurses and assessed by a doctor, given some paracetamol, and was clearly upset by the whole incident.

In sentencing Mr Nicol, the court recognised the significant impact on Patient X, as her trust was broken whilst undergoing treatment and that she is hesitant to use mental health support services. The panel determined that this charge amounted to serious misconduct.

Regarding Charge 2, the panel considered that Mr Nicol's failure to appropriately record the incident was a breach of the Code. It considered that Mr Nicol was under a duty to report the incident, as confirmed by Witness 1, and knew it was his responsibility to record the assault within the incident report form. The panel

considered that one of the purposes of an incident report form is to highlight events that are relevant to the safe and effective care of patients, and to identify potential risks and learn from them. It further considered that by not completing the form honestly and accurately, Mr Nicol hindered that process and exposed Patient X to a risk of further harm in the aftermath of the incident. This is because by omitting details of the assault on Patient X, he failed to alert the other staff to the possibility that Patient X may be suffering ongoing physical or emotional harm. The panel considered that in the absence of the CCTV footage, Patient X's allegations may have been dismissed given the absence of an accurate record of the incident and assault, thereby creating further risks of harm to Patient X. The panel considered that Charge 2 amounted to serious misconduct and posed a risk to public protection.

In regard to Charge 3, the panel was of the view that Mr Nicol was aware he lost control of his behaviour and that his assault required accurate reporting. It considered that Mr Nicol only admitted to having assaulted Patient X once he saw the CCTV, having previously denied the allegation. It further considered that Mr Nicol stated that another member of staff 'could' have reported the assault, but there was no evidence to suggest that Mr Nicol took steps to ensure another member of staff had reported it, after he knew he had not. The panel was of the view that this was a deliberate attempt to conceal his actions and that, had Patient X not reported the assault, the Trust would not have been aware of it. Given that Patient X is vulnerable and required specialist mental and physical health care, which may have been undermined by the assault alone, the panel considered Mr Nicol's dishonesty in seeking to conceal the assault, amounted to serious misconduct.

The panel found that Mr Nicol's actions at Charges 1, 2 and 3 did fall seriously short of the conduct and standards expected of a nurse and amounted to serious misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct and/ or conviction, Mr Nicol's fitness to practise is currently impaired.

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

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

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

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

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

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

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ 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 finds that Patient X was put at risk and was caused unwarranted physical and emotional harm as a result of Mr Nicol's misconduct at charges 1,2 and 3. Mr Nicol's misconduct had breached the fundamental tenets of the nursing profession and brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious. In reaching this conclusion, the panel took into account the NMC's guidance on dishonesty charges and the professional duty of candour, 'FTP-2A iii'. The conviction was part and parcel of that misconduct and provided the panel with important details in relation to it, and which it took into account in coming to its conclusions.

The panel carefully considered the evidence before it in determining whether or not Mr Nicol has taken steps to strengthen his practice. The panel took into account the additional training Mr Nicol has undertaken, the reflective piece written by Mr Nicol and the positive testimonials from his colleagues.

However, the panel noted that the testimonials provided by colleagues were not dated and made little reference to the capacity in which they knew Mr Nicol or over what period. The panel considered that this made it difficult to find reassurance about Mr Nicol's current fitness to practise. It noted that referees spoke about the

incident being out of character but could not know whether they had the same knowledge of the details of the assault as this panel. Overall, the panel were therefore unable to place any significant weight on the testimonials provided.

The panel further considered that Mr Nicol's reflective statement lacked depth and genuine insight into the reasons for his significant departure from expected standards, especially in relation to the unpredictable way in which he became violent towards Patient X and acted dishonestly in trying to conceal his actions. It considered Mr Nicol's suggestion that his behaviour was a consequence of the challenging environment on the ward to be unsatisfactory. This was because the panel was told that it was an environment that he was trained to work in and had experienced. The panel was told that the conditions of this ward environment were not abnormal and that he was working as part of a team and had opportunities to speak up, ask for help, and if necessary, remove himself from the situation. The panel noted Mr Nicol had escalated and sought support earlier in the day, however he felt there was no substantial support or remedy offered and thus was feeling targeted and harassed. Mr Nicol did not remove himself from the situation. On the contrary, when Patient X tried to abscond from the ward and once other members of staff were managing the restraint of Patient X, he chose to remain involved. The panel was of the view that there was a significant risk that Mr Nicol would repeat his behaviour if faced with similar professional challenges. It considered that he had not offered sufficient insight into what triggered his violent conduct against a restrained patient and what led him to try to conceal this conduct from other staff.

The panel considered that Mr Nicol's conviction and the facts surrounding it have brought the nursing profession into disrepute. It was of the view that Mr Nicol behaved in a way that put Patient X at direct risk of harm when he was supposed to be protecting and supporting a vulnerable patient. The panel further considered that Mr Nicol's actions had a direct impact on Patient X and their family's trust in the service and therefore their willingness to access health services in the future.

The panel considered that Mr Nicol had breached the fundamental tenets of the nursing profession in that he did not practise safely or effectively, intentionally sought to conceal his misconduct, and was dishonest. The panel noted that Mr Nicol refers

to his lack of reporting as an oversight and a misunderstanding rather than recognising it as a deliberate attempt to conceal the assault. The panel considered that Mr Nicol lacked insight into his failings and seriously undermined Patient X's account of the assault. The panel was of the view that because Mr Nicol stated that his failure to accurately report the assault was not intentional, he does not appear to appreciate the importance of the duty to complete an incident report form accurately and has not fully taken responsibility for his failure to do so. As a result, the panel determined that he is a risk to public safety and may be liable to repeat matters.

Regarding insight, the panel has found Mr Nicol to have been dishonest, and that due to his failure to provide an accurate account of why he did not accurately report the assault, he is at significant risk of repeating behaviour of the kind found proved. It also considered that Mr Nicol's reasoning for his behaviour does not in any way excuse the assault. It took the view that nurses are exposed to patients of varied physical and mental health wards, may face challenging periods and that nurses should always continue to uphold professional standards regardless of these challenging periods.

When considering the case of *Cohen v GMC*, the panel next considered whether Mr Nicol's misconduct was remediable. It considered that his lack of insight into his dishonesty suggests he has deep seated attitudinal issues. While dishonesty is difficult but potentially capable of being remediated, his lack of engagement with the NMC and these proceedings gave the panel no confidence that these attitudinal issues had been addressed. It further considered that there is no evidence from the last two years that suggest Mr Nicol has developed further insight or strengthened his practice.

The panel considered that there is no reliable explanation as to why Mr Nicol assaulted Patient X in his reflections or in the evidence. It further considered that Mr Nicol has voluntarily absented himself and foregone an opportunity to provide the panel with evidence of his mindset at the time of the assault or any subsequently developed insight. It therefore concluded that Mr Nicol's misconduct, as found proved, and in particular his dishonesty had not been remediated.

The panel is of the view that there is a risk of repetition based on the lack of in-depth and genuine reflection into his dishonesty and the lack of evidence of any meaningful remediation. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

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.

The panel determined that a finding of impairment on public interest grounds is required because Mr Nicol's misconduct charges found proved, and underlined by his conviction, have brought the nursing profession into disrepute.

In addition, 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 Mr Nicol's fitness to practise impaired on the grounds of public interest.

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

Sanction

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

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

The panel accepted the advice of the legal assessor.

Submissions on sanction

Ms Hands informed the panel that in the Notices of the Hearing, dated 15 September 2026 and 13 October 2026, the NMC had advised Mr Nicol that it would seek the imposition of a strike-off order if it found Mr Nicol's fitness to practise currently impaired. Ms Hands took the panel through a brief summary of the panel's findings of misconduct and impairment.

Ms Hands reminded the panel that it should find the least restrictive sanction and balance this with the need for public protection and taking into account the mitigating and aggravating factors.

Ms Hands reminded the panel that Mr Nicol holds a criminal conviction and received a 10 week custodial sentence suspended for 12 months. That sentence remains in place until 16 December 2026. Ms Hands referred the panel to the relevant case law of *Fleishmann v General Dental Council* [2005] EWHC 87 and *PSA v GDC & Patel* [2024] EWHC 243 (Admin). She submitted that case law does not dictate that suspension falls away as an available sanction just because a criminal sentence has been "completed" nor that the date of completion of a sentence necessarily limit the period of suspension. Ms Hands further submitted that the overarching requirement remains to impose a sanction which is proportionate and only that which is necessary to maintain public confidence.

Ms Hands reminded the panel that Patient X was both physically and emotionally harmed by Mr Nicol's actions in circumstances where they were supposed to be protected and supported. She further submitted that Mr Nicol's actions were dishonest and violent and he has lacked depth and genuine insight into the significant departure from the standards expected of him as a registered nurse.

Ms Hands submitted that Mr Nicol has demonstrated deep seated attitudinal concerns, he does not fully appreciate his duty as a nurse and has not taken full responsibility for his failings. She therefore submits that he is liable to repeat matters and poses a significant risk to public safety.

Ms Hands invited the panel to consider that Mr Nicol does not possess the ability nor the attitude to practise safely and remain on the register.

Ms Hands reminded the panel that Patient X's ability to access the service has been affected by Mr Nicol's actions and Mr Nicol's conduct has therefore had a direct impact on public confidence in the profession.

Ms Hands invited the panel to consider that honesty is at the forefront of the nursing profession. Ms Hands referred the panel to the case of *Hassan v General Optical Council* [2013] EWHC 1887, and submitted that most findings of dishonesty result in a sanction of suspension or strike-off. Ms Hands submitted that public confidence in the profession will be undermined if a strike-off is not imposed.

Ms Hands invited the panel to balance the serious allegations against the necessity of protecting people receiving care. She further invited the panel to consider that Mr Nicol was dishonest as found by the panel, and this element of the assault did not feature appropriately in his reflections. Ms Hands submitted that the seriousness of the misconduct charges found proved, the conviction, the vulnerability of Patient X and the breaches of the Code, are fundamentally incompatible with Mr Nicol remaining on the register.

Ms Hands submitted that there is no evidence to suggest that there is a realistic prospect that Mr Nicol is capable of gaining insight or strengthening his practice through a suspension order, highlighted by Mr Nicol's lack of engagement with the proceedings and his regulator.

Ms Hands submitted that the NMC considers that the only mitigating factor is that Mr Nicol has admitted Charge 1.

Ms Hands invited the panel to consider that a strike-off is the only sanction that would protect the public, uphold professional standards and maintain public confidence in the nursing profession.

Decision and reasons on sanction

Having found Mr Nicol's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- The abuse of a position of trust that Mr Nicol held;
- Mr Nicol's conduct harmed Patient X physically and emotionally and his denial of the assault placed them at risk of suffering further harm;
- Mr Nicol's conduct entailed numerous and serious breaches of the Code;
- Mr Nicol displayed a continuing pattern of misconduct throughout the incident and in the aftermath;
- Mr Nicol's limited insight into some of the concerns and no insight into others;
- Mr Nicol's failure to attend this hearing, or to engage in the Fitness to Practise (FtP) process, without good reason, further prevented the panel from appraising all relevant evidence;
- Mr Nicol's absence of or limited insight;
- The vulnerability of Patient X who was receiving care for mental health issues;
- That Mr Nicol's behaviour and dishonesty following the assault was calculated in that he denied the assault until shown unequivocal CCTV evidence;
- There was a failure to work collaboratively with colleagues with in that Mr Nicol's failed to confirm whether a colleague had reported his conduct;
- Mr Nicol remains subject to a suspended custodial sentence until 16 December 2026.

The panel also took into account the following mitigating features:

- Mr Nicol made an early admission of the facts albeit after he had sight of the CCTV;

- That the ward was experiencing a challenging period and he was a relatively newly qualified registered nurse managing the shift at the time;
- Mr Nicol had offered to apologise to Patient X, but this offer was rejected during the internal investigation;
- Mr Nicol has made reference in his reflective piece as to how his actions may have affected his colleagues, patients and the nursing profession;
- Mr Nicol noted in his reflective piece how he would intent to handle the situation, as he understood it, differently;
- Mr Nicol did make reference to the parts of the Code that he considered that he had breached.

The panel noted that there was some evidence of training courses that Mr Nicol had undertaken. However, it considered that not all of these training courses were relevant, noting that some may have been mandatory Trust training courses that need to be completed as a part of continued professional development. It also noted that the details provided about these courses said little about what Mr Nicol had learned from them, whether he had applied that learning and whether they were targeted at the areas of concern.

The panel further noted that Mr Nicol had completed a physical intervention course, specifically exploring violence and restraint, it was also noted that this was completed prior to the assault. Therefore, Mr Nicol's capacity to be informed and guided by such training was felt to be questionable by the panel.

The panel considered that this gave little reassurance in terms of the need to address the main concerns about his practise in light of the incident – loss of control, violent conduct, and dishonesty.

The panel also noted that Mr Nicol had submitted some positive testimonials from colleagues, but it was unable to attach much weight to them. The panel further noted that Mr Nicol was experiencing a challenging period and he was a relatively newly qualified registered nurse managing the shift at the time. However, the panel considered that nurses must uphold professional standards at all times regardless of professional or personal pressures. It considered that this sometimes involves a

need to remove oneself from a stressful situation to ensure that care is delivered in a safe and effective way, which Mr Nicol had not done.

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

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

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

The panel considered that Mr Nicol’s actions were not at the lower end of the spectrum, and it found that there is a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict Mr Nicol’s practice would not protect the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether to place a conditions of practice order on Mr Nicol’s registration. In considering whether conditions of practice are appropriate, the panel had regard to the factors set out in the NMC Guidance on ‘Conditions of practice order’ (Reference: SAN-2c Last Updated: 28/01/2026). Having found that Mr Nicol has stopped engaging with these proceedings and his regulator since 2024, that there is no evidence of strengthened practice or developed insight, and having regard to the nature and seriousness of Mr Nicol’s conduct, the panel determined that a conditions of practice order would not be appropriate in the circumstances. The panel considered that there are no relevant, proportionate, workable or measurable conditions that could be formulated to protect patients from the risks it has identified and to uphold professional standards.

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

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

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

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

Whilst the panel acknowledged that some of the risks identified could be managed by Mr Nicol being temporarily removed from the Register, it considered that it would

not be sufficient to uphold public confidence in the profession and maintain professional standards due to the seriousness and nature of the facts found proved. Given Mr Nicol's lack of engagement and limited insight, together with no evidence of strengthened practice or professional development within the last two years, the panel considered that there is no realistic possibility that he would address the concerns to such a level whereby he could return to practise safely following a period of suspension.

The panel considered that Mr Nicol's deep seated attitudinal issues and dishonesty would be very difficult to remediate. The panel considered that it has no evidence before it to suggest that Mr Nicol has developed any insight into his failings in this respect or his dishonesty and it was not convinced that any restrictions imposed on his practise would have a positive impact such as to allow him to return to safe and unrestricted practise.

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

In considering a striking-off order, the panel had regard to the NMC Guidance on '*Sanctions for the highest risk cases*' (Reference SAN-4 Last Updated: 28/01/2026).

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

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

The panel placed considerable weight on the fact that Mr Nicol intentionally sought to conceal his assault and had Patient X not reported it, the Trust may not have been aware of it. The panel placed further weight on the fact that, following the incident, Mr Nicol did not provide the Trust with any information about his future employer which would have been important when considering public protection and within the public interest. The panel determined that due to Mr Nicol's lack of meaningful insight into his failings and dishonesty, lack of recent engagement with these proceedings or his regulator, and taking into account the NMC's objectives, foremost of which is public protection, the most balanced and proportionate sanction is a strike-off.

Mr Nicol's actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with him remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mr Nicol's actions were serious and to allow him to continue practising would not protect the public and would undermine public confidence in the profession and in the NMC as a regulatory body.

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

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

This will be confirmed to Mr Nicol in writing.

Submissions on interim order

The panel took account of the submissions made by Ms Hands. She took the panel through a brief summary of its findings on sanction.

Ms Hands submitted that the interim order proposed must be proportionate and balanced against the need for public protection. Ms Hands submitted that, given the lack of remediation and insight, there was a risk of repetition.

Ms Hands invited the panel to find that given the aggravating factors that led to the sanction, and that there is a risk to people receiving care and to the public, Mr Nicol should not be allowed to return to practice during the appeal period.

Ms Hands invited the panel to impose an interim period of suspension which could be up to 18 months.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order.

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

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

That concludes this determination.