Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Tuesday, 14 April – Thursday 23 April 2026
Tuesday, 27 October – Thursday 29 October 2026

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

Name of Registrant:	Mr Rupesh Patel
NMC PIN:	13A2424E
Part(s) of the register:	Nurses part of the register Sub part 1 RNA: Adult nurse, level 1 (26 April 2014)
Relevant Location:	Essex
Type of case:	Misconduct and Conviction
Panel members:	Peter Fish (Chair, Lay member) Elaine Whitton (Registrant member) Graham Woodham (Lay member)
Legal Assessor:	Attracta Wilson (14 April – 22 April 2026) Nigel Ingram (23 April 2026) John Bassett (27-29 October 2026)
Hearings Coordinator:	Peaches Osibamowo (14 – 20 April and 22-23 April 2026) Dilay Bekteshi (21 April 2026) Shazmeen Uddin (27-29 October 2026)
Nursing and Midwifery Council:	Represented by Rob Benzynie, Case Presenter
Mr Patel:	Present and unrepresented at this hearing
Facts proved:	**Charges 1a, 1d, 2a, 2b, 2c, 3a, 3b, 3c, 3d, 4, 5, 6ai, 6aii, 6aiii, 6b, 6c, 6d and 7a, 7b, 7c and 7d.**
Facts not proved:	**Charges 1b and 1c**
Fitness to practise:	**Impaired**

Sanction:	**Striking off order**
Interim order:	**Interim suspension order (18 months)**
Final outcome:	**FTP impaired- striking off order**

Details of charge

That you, a registered nurse: Whilst working at Orwell Care Home ("the Orwell"):

1. On 6 September 2022:
    a. Attended work when you were not fit/became unfit to carry out your duties as a nurse safely, in that you attended work/remained at work whilst under the influence of alcohol;
    b. Had with you a drinking vessel/bottle which contained alcohol;
    c. Consumed alcohol during the shift;
    d. Acted in an intimidating manner towards Ms Shaw in that you said "Look at you, who do you think you are?" or words to that effect.

Whilst working at Melford Court:

2. On the night shift of 19 September 2022 to 20 September 2022:
    a. Attended work when you were not fit/became unfit to carry out your duties as a nurse safely, in that you attended work/remained at work whilst under the influence of alcohol;
    b. Had with you a drinking vessel/bottle which contained alcohol;
    c. Consumed alcohol during the shift.

Whilst working at The Oaks Nursing Home ("the Oaks"):

3. On the night shift of 12 November 2022 to 13 November 2022, you said to Colleague B that:
    a. You were going to "hunt you down and kill you", or words to that effect;
    b. "I was coming for you", or words to that effect;

c. “I was going to kill your whole family, you, your Mrs, kids, Mum, all of them. But now I’ve met you, I love you. I was going to find out where you live”, or words to that effect;
d. “I would have done it, I’m psycho” or words to that effect.

4. Your actions at any one or more charges at 3(a) to 3(d) had the purpose of creating an intimidating and/or hostile environment for Colleague B.

5. On the night shift of 12 November 2022 to 13 November 2022, you attended work when you were not fit/became unfit to carry out your duties as a nurse safely, in that you attended work/remained at work whilst under the influence of alcohol.

6. On 13 November 2022 you:
a. Did not administer early morning medications to:
i. Resident E;
ii. Resident F;
iii. Resident G.
b. Did not administer insulin to Resident E;
c. Administered Lansoprazole to Resident H without giving fluids to take it with;
d. Did not administer Resident I’s PEG feed at 0600 hours when it was due.

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

Decision and reasons on application to admit the local statements of Ms Rebecca Canham and Ms Alisha Randles as hearsay evidence relating to charge 2

The panel heard an application made by Mr Benzynie under Rule 31 of the Nursing and Midwifery Council (Fitness to Practice) Rules 2004 (‘the Rules’) to allow the admission of the local statements of Ms Canham and Ms Randles, into evidence. He

submitted that these 2 local statements were adduced by Ms Amanda Atkins in the course of the local investigation into the allegations at charge 2.

Mr Benzynie submitted that Ms Canham and Ms Randles were healthcare assistants who were approached to make statements to the NMC, however, neither of these witnesses had an obligation to adhere to the NMC Code or give evidence at an NMC hearing. He submitted that the witnesses decided not to give written statements to the NMC, therefore, the only available statements are their local statements. Mr Benzynie submitted that the panel should allow the application to admit both local statements into evidence.

Mr Benzynie submitted that the local statement of Ms Canham provides context as to the what took place on 19 September and the contemporaneous local statement was made on 20 September. He submitted that the evidence of Ms Canham is not sole and decisive and it is corroborated by the written statement of Ms Sophie Nash, who will be giving oral evidence at this hearing.

Mr Benzynie submitted that it would be fair and relevant for this local statement to be allowed into evidence. He submitted that the panel may decide what weight to place upon this statement if it is allowed into evidence.

Mr Benzynie submitted that the email from Ms Randles is not signed or dated and you are not identified by name as the subject of the email, however, her name is at the top of the page. He submitted that the panel may consider this exhibit as hearsay evidence on a much weaker ground and he conceded that the email could be said to be vague. He submitted that this exhibit provides limited details about what took place even though it refers to the date 19 September 2022.

You made no specific submissions and left it to the panel to make a decision regarding the application.

The panel heard and accepted the advice of the legal assessor on the issues it should take into consideration in respect of this application. This included that Rule 31 provides that, so far as it is ‘fair and relevant’, a panel may accept evidence in a

range of forms and circumstances, whether or not it is admissible in civil proceedings.

The panel considered the application in regard to the local statements of Ms Canham and Ms Randles.

The panel considered that both statements were directly relevant to the allegations at charge 2, as they provided a contemporaneous record of the events.

The panel therefore proceeded to consider fairness and noted that fairness means fairness to the NMC and to you.

The panel acknowledged that the charges are very serious and potentially career limiting to you. However, this was also weighed against the public interest in issues of this seriousness being explored fully with the benefit of all relevant evidence, without compromising the fairness of the hearing.

The panel considered that these regulatory proceedings have been ongoing since 2022 and it is important that this case is considered expeditiously, therefore an adjournment to secure the attendance of Ms Canham and Ms Randles would not be proportionate, particularly as there is corroborating evidence from Ms Nash, and an adjournment is likely to cause further delay with no guarantee that it would secure the attendance of either witness at a future date.

The panel noted that the evidence of both witnesses was given in the context of a local investigation and that the statements are contemporaneous to the incident addressed in relation to charge 2. The panel decided that the statements are not sole and decisive in relation to the charges as the panel has a witness statement and will hear oral evidence from Ms Nash, who was also present on the night shift referred to in the charges.

The panel was satisfied that both local statements are capable of being tested to some extent because the person who obtained the statements, Ms Atkins, will be giving oral evidence and you will have an opportunity to test Ms Atkin’s evidence.

The panel considered the reasons why the witnesses Ms Canham and Ms Randles cannot give oral evidence at this hearing. The panel accepted that the NMC has taken reasonable steps to try and secure written witness statements and oral evidence from Ms Canham and Ms Randles, however, they did not provide statements as requested and the panel noted they were under no obligation to do so. The panel accepted that there is no reason to suspect that there was any fabrication in the contents of the local statements.

In all the circumstances, the panel considered that the statements from Ms Canham and Ms Randles are both relevant to charge 2 and it is fair to admit them as hearsay evidence but that it would give what it deemed appropriate weight once it had heard and evaluated all the evidence before it.

Decision and reasons on application to admit the local statement of Ms Rebecca Rose and the written witness statement of Ms Sarah Cole

Mr Benzynie dealt first with the local statement of Ms Rose dated 23 September 2022 which was sent to Ms Atkins who was investigating the matters in relation to the allegations against you. He submitted that the panel have had sight of evidence from a number of healthcare assistants which was adduced by Ms Atkins, and the local statement of Ms Rose is the final local statement that was exhibited by Ms Atkins. He submitted that this local statement completes the picture regarding the events of 19 September 2022 providing additional context regarding timings of the shift.

Mr Benzynie submitted that Ms Rose did not make a statement to the NMC, therefore, this email is the only evidence that is available from her.

Mr Benzynie asked that the email from Ms Rose be admitted as hearsay evidence.

Mr Benzynie submitted that his second hearsay application is in relation to the evidence of Ms Cole. He made an application under Rule 19 to go into private upon any reference to Ms Cole's [PRIVATE], which is considered below.

The panel also heard an application made by Mr Benzynie under Rule 31 to allow the written statement of Ms Cole into evidence. Ms Cole was not present at this hearing even though the NMC had made sufficient efforts to secure the attendance of this witness at this hearing by notifying her of the hearing on 17 June 2025, and following up with chaser emails regarding her non engagement.

[PRIVATE].

Mr Benzynie submitted that the evidence of Ms Cole is not sole and decisive as it is corroborated by the evidence from Ms Vivian Edrosa who will be giving oral evidence at this hearing.

You did not make any specific submissions in relation to this application.

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included that Rule 31 provides that, so far as it is 'fair and relevant', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings.

The panel first considered the application to admit the email from Ms Rose. It noted that Ms Rose was a healthcare assistant who was on shift during the shift in question, therefore she gave an account regarding the events of the night shift and the panel considered that her email was directly relevant to the allegations in charge 2.

The panel decided that this contemporaneous evidence was collected during the course of a local investigation and there is no reason to believe that it may have been fabricated.

The panel determined that the email is not the sole and decisive evidence in relation to charge 2 as the panel have heard oral evidence from Ms Atkins and Ms Nash, and had the benefit of the local statements from Ms Canham, Ms Bartosinska, Ms

Randles and Ms Steed, in relation to this charge. The panel noted that the local statements of Ms Bartosinska and Ms Steed had been admitted in evidence as hearsay at your request and with the agreement of Mr Benzynie. Ms Rose's email was considered to be of value in helping the panel understand the other evidence available in relation to charge 2.

The panel accepted that Ms Rose is not a registered nurse and has not given a witness statement to the NMC. It found no reason to believe that adjourning the hearing would secure her attendance and took into account an adjournment would cause further delay.

The panel noted that over 3 years have elapsed since the events giving rise to these charges and considered that it is in the public interest to not delay proceedings any further.

The panel acknowledged that the charges are serious and have the potential to be career limiting. The panel balanced this against the public interest in a proper investigation.

In considering the issue of fairness to both you and the NMC, the panel noted that whilst you would not have the opportunity to examine Ms Rose's evidence, there is other relevant evidence that you and the panel have heard and have had an opportunity to test.

In light of this, the panel decided that Ms Rose's statement is relevant and it would be fair to admit it as hearsay evidence to have the full picture of the events on the shift in question and to achieve a balance of all the local statements that are available. It determined that it would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it.

The panel next considered the written statement of Ms Cole. The evidence is directly relevant to charges 3-6 which are very serious charges. The panel considered that it must balance fairness to you against fairness to the NMC.

The panel considered whether you would be disadvantaged by the change in the NMC's position of moving from reliance upon the oral evidence of Ms Cole to that of allowing her written statement into evidence as hearsay.

The panel noted that you had been provided with a copy of Ms Cole's statement and that you are aware of the contents of her evidence.

The panel accepted that the NMC had made reasonable attempts to secure the attendance of Ms Cole at this hearing. [PRIVATE]. Therefore, it decided that there is a good reason for her non attendance at this hearing and there would be no advantage in adjourning the hearing to seek her attendance as this would likely not secure her attendance and cause a delay in the proceedings.

The panel noted that Ms Cole is a registered nurse and was the clinical lead with professional responsibilities at the time of the incident. There is no evidence to suggest that her evidence was fabricated.

In her statement and exhibit Ms Cole gives evidence which is relevant in relation to charges 3-6. Charges 3 and 4 relate to allegations of intimidating behaviour in relation to a registered nurse colleague during the night shift 12-13 November 2022. Charge 5 relates to an allegation that you were unfit to carry out duties due to being under the influence of alcohol; and charge 6 relates to allegations of failures in relation to medication administration. The panel determined that Ms Coles' written statement is not the sole and decisive evidence in relation to any of those charges.

In relation to charges 3 and 4, the panel has a witness statement from Mr Anthony Hardy. In relation to charge 5, the panel has a witness statement from Ms Edrosa who was present with Ms Cole during the events covered in Ms Cole's witness statement. In relation to Charge 6, although there are no contemporaneous clinical records in relation to the administration of medication, Ms Edrosa was present and received information directly from the residents in relation to these matters. Ms Edrosa is a registered nurse and Mr Hardy was a registered nurse at the time, and both of them will be available to give evidence and be cross examined during the

hearing. Accordingly, the panel concluded that the evidence of Ms Cole in relation to each of charges 3-6 can be tested against other available evidence.

In all the circumstances, the panel was of the view that the written statement of Ms Cole is relevant and that it would be fair to accept it into evidence. The panel determined that it would give what it deemed appropriate weight to Ms Cole's written statement once the panel had heard and evaluated all the evidence before it.

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

Whilst making a hearsay application to admit the written statement of Ms Cole, Mr Benzynie made a request that this case be held partly in private on the basis that proper exploration of your case involves references to the [PRIVATE] of Ms Cole. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

You did not object to this application to the extent that any reference to Ms Cole's [PRIVATE] should be heard in private.

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

The panel determined to go into private session in connection with Ms Cole's [PRIVATE] as and when such issues are raised in order to protect her privacy.

Background

The charges arose whilst you were working in three different care homes, Orwell Care Home ('The Orwell'), Melford Court ('Melford') and The Oaks Nursing Home ('The Oaks'), as an agency nurse working through the agencies Ace24 and Swift.

It is firstly alleged that on a day shift a on 6 September 2022 at The Orwell you were seen to be swaying on your feet whilst at work and there was a strong smell of alcohol noted in a bottle which belonged to you. You were subsequently asked to leave and it is alleged that you used language and conduct which was intimidating to a colleague.

It is then alleged on a night shift on 19-20 September 2022 at Melford you were observed to be acting in a manner which suggested that you were under the influence of alcohol and that on this occasion you were seen to be drinking from a bottle which it is alleged smelt of vodka and Red Bull.

Finally, it is alleged that on a night shift on 12-13 November 2022 at The Oaks you were observed acting in a manner which suggested that you were under the influence of alcohol. On this particular shift it is alleged that you failed to administer medications to a number of residents when they were due. It is further alleged that on that shift your conduct and language was intimidating and hostile to a colleague.

Decision and reasons on facts

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 Mr Benzynie on behalf of the NMC and by you.

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:

- Ms Shaw: Health and Safety Advisor at the Priory Group at the time of the incident

- Ms Atkins: Registered Manager at Melford Court Nursing Home at the time of the incident

- Ms Nash: Care Assistant at Melford Court Nursing Home at the time of the incident

- Ms Edrosa: Registered Nurse at The Oaks Care Home at the time of the incident

- Mr Hardy: Registered Nurse at The Oaks Care Home at the time of the incident

The panel also heard evidence from you under oath.

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 both the NMC and you.

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

Charge 1(a)

That you, a registered nurse:

Whilst working at Orwell Care Home ("the Orwell"):

1. On 6 September 2022:

a. Attended work when you were not fit/became unfit to carry out your duties as a nurse safely, in that you attended work/remained at work whilst under the influence of alcohol;

This charge is found proved.

The panel took into account Ms Shaw's witness statement, exhibits and oral evidence. It considered the NMC witness statement of Ms Shaw, which states:

…He was wobbling around, unsteady on his feet and looked a bit dazed. It seemed like the top half of his body was not coordinating with the bottom. I remember his arms seeming long and heavy and he was swaying around. He was talking but not really making much sense. I was observing him rather than engaging in a conversation with him as I was in the lounge with residents, so my focus was more on them…

…Rupesh was smiling and laughing to himself…

I did not smell alcohol on Rupesh during this time. We were not physically that close to one another, approximately five-plus metres apart.

I could not smell alcohol on Rupesh at this time, just a strong smell of alcohol from the bottle, but I would not say the room smelt of alcohol.
…
I did not notice anything about Rupesh's speech during the conversation in the manager's office that suggested he was under the influence of alcohol, it was more his mannerisms. If you are a professional nurse, I do not think you would be speaking that aggressively to someone if you were not under the influence of something.''

It had regard to her local statement dated 7 September 2022, which states:

“I received a call from Rachel Kilpatrick Operations Director at 15:20 hours to advise that there was a situation on the site that she would need me to assist with. Rachel advised over the phone that the nurse in charge had been suspected to be drinking alcohol and that in the absence of a manager I would be needed to assist in having the nurse removed from the home.”

“*Donna Mayes (Housekeeper) came into the manager’s office where I was working with the suspected bottle, there was a small amount of yellow/brown liquid in the bottom. I smelt the bottle and there was a distinct smell of whisky. I was concerned about the nurse being around residents and staff so I went to stand in the hallway/lounge where he was to ensure no contact with residents was made. At this time he asked what I was doing and I explained I was here to complete a health and safety support visit at the home. I witnessed him be unsteady on his feet and he was laughing/smiling to himself.*

..he was acting in an irrational manner.”

Ms Shaw was on site solely to carry out a health and safety audit. She was not a registered nurse and was not involved in the management of the home. She received the call from the Operations Director at 15:20 because there was no senior manager on site, and she was asked to assist ‘*in having the nurse removed from the Home.’* She described the environment as ‘*chaotic’*, said she was unable to complete the audit, and that she sat with the maintenance staff.

In oral evidence, in response to panel questions about what made her think you had been drinking alcohol, Ms Shaw said: *‘first the phone call, being advised that something had happened, then it was the behaviour. I don’t know Mr Patel so I don’t know all his behaviour. I don’t know him as a person. For me it was the phone call of being notified.’*

You denied that you were wobbling and looking dazed. When asked whether you had been smiling and laughing to yourself, you did not recall this, but stated that it may have been that you had an interaction with a resident, then walked away and smiled.

The panel considered the totality of the evidence. It balanced Ms Shaw's evidence against your denial of the charge. It noted that Ms Shaw provided a contemporaneous record which describes your behaviour and mannerisms at the time which are consistent with you being under the influence of alcohol.

The panel also noted the evidence of Ms Shaw in her local statement where she said that she had warned you that '*due to the circumstances that he should not drive his vehicle and said if he did we would need to contact the police.*' She went on to report that Donna, the housekeeper, had seen you drive away in your partner's car and so called the police.

It considered that Ms Shaw's evidence overall was generally consistent and the panel placed particular weight on her contemporaneous local statement.

In all the circumstances the panel is satisfied that on the balance of probabilities this charge is found proved.

Charge 1(b)

1. On 6 September 2022:

    b. Had with you a drinking vessel/bottle which contained alcohol;

This charge is NOT found proved.

The panel took into account the NMC witness statement of Ms Shaw, which states:

> *"Rupesh agreed that the bottle was his. When I told him that there was suspected alcohol in it and that he had to leave, he disputed that the bottle contained alcohol. Donna and I told Rupesh that the liquid in the bottle smelt like whiskey and asked him a few times what was in the bottle. He denied that it was alcohol and said it was Red Bull."*

The panel took into account Ms Shaw's local statement dated 7 September 2022, which states:

> *"Donna explained that there is a bottle with suspected alcohol in. I advised in this situation we are going to presume this is his bottle which he responded 'you do not need to presume that is my bottle'. Donna asked what the liquid in the bottle and gave Rapesh the bottle to smell. He replied that he thought the liquid was Red Bull and repeatedly said 'I don't know'. He then said can I drink this and attempted to drink the liquid."*

The panel noted that in her oral evidence Ms Shaw described the odour as '*alcoholic fermented fruit*'.

You accepted that the bottle was yours, but you dispute bringing it to your shift on 6 September 2022. You stated that you had worked a number of shifts at the Home over the previous few days and that you had left the bottle at the Home on a previous shift. You also dispute that it contained alcohol and state that it contained Red Bull.

The panel considered contemporaneous evidence to be generally more reliable than oral evidence, particularly where memory may have faded over time.

The panel interpreted the charge as meaning that you had with you on the shift in question a bottle containing alcohol. The panel noted that whilst you accepted the bottle is yours, you said you had left it on a previous shift. The panel noted that there is no evidence from other witnesses that you had the bottle with you on this particular shift. Ms Shaw's evidence was that she did not know how the bottle had come into the office. She believed it was found by an unidentified person when they went to wash the bottle and passed it to the housekeeper. In the circumstances whilst the panel accepted the evidence of Ms Shaw that the bottle smelt of alcohol, and that it was your bottle, it could not be satisfied that you had this bottle with you on the shift in question.

Accordingly, the panel finds that the NMC has not satisfied the burden of proof in relation to this charge.

Charge 1(c)

1. On 6 September 2022:
    c. Consumed alcohol during the shift;

This charge is found NOT proved.

The panel took into account Ms Shaw's witness statement, exhibits and oral evidence. The panel took into account her local statement dated 7 September 2022 which states:

> "*Donna Mayes (Housekeeper) came into the manager's office where I was working with the suspected bottle, there was a small amount of yellow/brown liquid in the bottom. I smelt the bottle and there was a distinct smell of whisky."*

It noted Ms Shaw's NMC witness statement, which states:

> *'Donna, Rupesh and I were sat down in a triangle; Rupesh near the window, Donna to his left, and I was to his right. Donna was sat at the manager's desk and I was sat in a chair to the side. I was approximately three metres from Rupesh. I could not smell alcohol on Rupesh at this time., just a strong smell of alcohol from the bottle, but I would not say the room smelt of alcohol.*
> *…*
> *I did not witness Rupesh drinking from the bottle suspected to contain alcohol at any point on 6 September 2022. I did not witness Rupesh taking any illegal substances on 6 September 2022."*

The panel noted that Ms Shaw's oral evidence was clear: she did not see you drinking any alcohol and did not smell alcohol on you. Although she described

behaviour which the panel has found to be consistent with being under the influence of alcohol, this does not in itself establish that you had consumed alcohol during the shift.

The panel noted its earlier finding in relation to charge 1a. However, the panel also concluded that there was no evidence, contemporaneous or otherwise, that you consumed alcohol during the shift.

Accordingly, the panel finds this charge not proved.

Charge 1(d)

1. On 6 September 2022:
    d. Acted in an intimidating manner towards Colleague A in that you said "Look at you, who do you think you are?" or words to that effect. Whilst working at Melford Court:

This charge is found proved.

When considering this charge, the panel took into account the dictionary definition of intimidating: "*Intimidating means causing fear, frightening in a way that makes the recipient less confident."*

The panel had regard to Ms Shaw's NMC witness statement, which states:

> *'He was a big man and I am a small female. I personally did not feel safe in that space as being in a room with an intimidating male would naturally make me feel unsafe…*
>
> *Rupesh's body language was very intimidating which was understandable as he was being accused and people can become defensive. He was looking at me saying, "Look at you, who do you think you are?" Rupesh's tone was aggressive, very direct. I felt like at any time it could have turned bad. He was*

repetitive, I did not know what to say, I just wanted to get him out of the building. In the moment, adrenaline was high. I do not want to say I was scared but I wanted to leave the situation, get in my car, it was too much. Rupesh was standing up, then sitting down, and repeating the same thing.'

The panel also considered Ms Shaw's local statement dated 7 September 2022, which states:

'He was acting in an irrational manner…He was then starting to clearly become irritated and said to me 'Why are you sat there guarding my bottle? Who do you think you are?' I explained that the bottle was being confiscated for investigation purposes. As I felt the situation could start to escalate further I wanted to ensure he left the site immediately. I explained to him that there is suspected alcohol in his drinking bottle and that we would no longer need him at The Orwell and asked that he left the site immediately. I explained that due to the circumstances that he should not drive his vehicle and if he did we would need to contact the police…

…

When I escorted Rupesh to the front door, he said, "Look at you" and "Who do you think you are?" His tone was aggressive and the longer he was in the building and realised what was happening, the more aggressive he seemed to get. He kept repeating himself saying, "This is so sad". His comments confused me. I did not feel good but I was happy at that point that he was outside the building and I could close the door on him, it was a relief.'

In oral evidence to the panel, in response to your cross examination, Ms Shaw said '*as you left you turned to me and said "who do you think you are?"' and closed the door*. In response, you said you disagreed with Ms Shaw, and said you left peacefully. Ms Shaw responded '*you left peacefully, but your words were not peaceful.'* When asked by Mr Benzynie why she did not want to stay in the environment she replied '*it was very outside my comfort zone. I was thrust into an experience that I had no control over and I did not feel safe.'*

The panel took into account that you denied the charge. However, it determined that there is consistent documentary and oral evidence from Ms Shaw, including her contemporaneous local statement and her NMC witness statement that you acted in an intimidating manner towards her in that you said *'look at you who do you think you are'* or words to that effect.

Accordingly, the panel found this charge proved on the balance of probabilities.

Charge 2(a)

2. On the night shift of 19 September 2022 to 20 September 2022:
    a. Attended work when you were not fit/became unfit to carry out your duties as a nurse safely, in that you attended work/remained at work whilst under the influence of alcohol;

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Ms Nash, who was present during the night shift and gave direct evidence. It also considered the evidence of Ms Atkins who, as the manager at the time, collected statements for a local investigation from five healthcare assistants, but was not present on the night shift herself. The healthcare assistants on duty at the time of the incident were: Ms Rebecca Canham, Ms Anna Bartosinska, Ms Sophie Nash, Ms Alisha Randles and Ms Rebecca Rose. The panel also had a local statement from Ms Kim Steed, the deputy manager.

The panel considered the sequence of events given by Ms Nash in her NMC witness statement:

At 20:00 (start of shift): '*We had handover at 20:00 for which Rupesh was present. At this time, there was nothing untoward about his behaviour; he introduced himself as Rupesh and as the nurse in charge, and we got on with our jobs*.'

At approximately 21:30: *'I witnessed Rupesh in the upstairs hallway stumbling back and forth, knocking into walls. He was giggling as if it was funny that he was stumbling. I was in the same hallway when I witnessed this.'*

Ms Nash goes on to state in her NMC witness statement that:

> '*Rupesh asked me to help him unlock the downstairs medicine room. I think he could not find the right key, so I showed him but he was not able to get the key in the lock, he was missing the key hole each time. I was stood next to Rupesh as he tried to unlock the door, about a metre away from him. I think he dropped the keys and after this, asked me to unlock the door.*
>
> *I have seen drunk people fumbling with keys at a door, so it stuck in my mind that Rupesh might be intoxicated. I did not smell alcohol on Rupesh at that point. I am not one for getting in people's personal space, so was not able to smell his breath, his behaviour just did not seem quite right in my mind. In my experience, the medicines room door was not difficult to unlock.'*

This evidence was consistent with the contemporaneous local statement which Ms Nash provided. The panel also took note of the local statements of Ms Canham, Ms Bartosinska, Ms Randles and Ms Rose which were contemporaneous records collected by Ms Atkins as part of her local investigation. The panel noted that the accounts of all of the care assistants, with the exception of Ms Bartosinska were consistent with the evidence of Ms Nash.

These local statements support that you behaved erratically, stumbled into the walls and slurred your words. The panel noted that, although this was hearsay and the statements were prepared for a local investigation, they were contemporaneous and consistent with Ms Nash's documentary and oral evidence.

The panel also took into account the local statement of Ms Bartosinska, who gave a different account and stated that you did not appear to be drunk. However, noting the consistency between Ms Nash's evidence which was supported by the hearsay

evidence of a number of care assistants the panel, on the balance of probabilities, preferred the evidence of Ms Nash.

The panel further considered Ms Steed's local statement, in which she indicated that she had no evidence of any behaviour suggesting that you were under the influence of any substance. However, the panel noted that Ms Steed only saw you after 07:00 in the morning and was not in a position to comment on your behaviour earlier in the shift. It further noted from Ms Rose's local statement that '*he then seemed to go back how he was and ''sober'' up as the morning went on.'*

You denied this allegation. You said you were coherent and '*absolutely fine*' and '*in really good spirits'*. In response to Ms Nash's evidence regarding your difficulty with keys when trying to unlock the downstairs medicine room, you explained that there were three large bunches of keys and two trolleys, and that you were not familiar with the set-up and therefore were not able to find the right key. Therefore, you asked for help from one of the healthcare assistants. You also said you could have been holding medicine pots and the keys, which you said might explain why you struggled.

The panel noted the consistent evidence from contemporaneous statements, including that of Ms Nash, who gave direct evidence. The local statements of four care assistants, provided contemporaneously in a local investigation, supported Ms Nash's account. The panel found this evidence compelling and preferred it to your evidence. The panel found that the behaviour that you displayed was consistent with being under the influence of alcohol.

The panel therefore found the charge proved, namely that you became unfit to carry out your duties as a nurse safely, in that you remained at work whilst under the influence of alcohol.

Charge 2(b)

2. On the night shift of 19 September 2022 to 20 September 2022:
    b. Had with you a drinking vessel/bottle which contained alcohol;

This charge is found proved.

The panel took into account Ms Nash's witness statement, which states:

> *At this point I made the decision to smell Rupesh's drink which was in a clear bottle with a pink lid. The liquid in the bottle was a sort of light brown colour. The bottle was in the upstairs lounge on a small round table with the handover sheet. I noticed that the handover sheet was wet, so smelt it and it smelt like vodka. I then unscrewed the lid of the bottle and smelt the liquid and thought it was definitely vodka with Red Bull. I drink Red Bull myself, so know what it smells like. I do not drink vodka but know what it smells like from my teenage years, it has a very distinct smell, I know what it smells like and I know what vodka and Red Bull smell like together.*
>
> *This was the first time that I had smelt Rupesh's bottle on the shift. I did it because I needed to answer the questions I had in my head. I could not accuse someone of being drunk unless there was physical evidence. Rupesh's stumbling about and red eyes could have been due to him working too many night shifts but when I smelt the bottle, I thought that I needed to do something about it.*
>
> *I know that the bottle belonged to Rupesh as I had seen him drinking from it around five or six times earlier in the shift. I cannot recall specific times at which I had witnessed this as I was floating between floors, so it could have been any time. On the occasions I saw Rupesh drinking from the bottle, the liquid in it was the same light brown colour. I had not seen anyone else with a similar bottle.*
>
> *I did not ask Rupesh whether the bottle belonged to him, I had just seen him drinking from it earlier in the shift and I had not seen anyone else drinking from it that night…*

After smelling the bottle, I called Deputy Manager Kim Steed ("Kim"). Kim was due to be working at Melford Court that morning which is why I called her. I told her that she needed to come in earlier to take over from Rupesh...."

In her oral evidence, Ms Nash said that she smelt the handover sheets first and then the drink in the bottle. She was clear that she smelt alcohol in the bottle and stated that it smelt like vodka.

In her local statement, both Ms Canham said she smelt the handover sheets, which '*smelled of vodka with a sweet smell like a Red Bull.*' In her local Statement, Ms Rose said she smelt the handover sheet and *'it smelt of vodka.'* Ms Steed did not smell the bottle, but did smell the handover sheet, and her evidence was that she could not smell alcohol, but could smell '*a sweet smell of an energy drink of some sort.'*

You accepted that you had a bottle, but disputed that it contained alcohol, stating that you were drinking energy drinks throughout the night. The panel determined that Ms Nash was consistent in both her documentary and oral evidence, and that her account was supported by the evidence, albeit hearsay, of the care assistants. The panel therefore preferred Ms Nash's evidence over your account.

The panel therefore found charge 2(b) proved on the balance of probabilities.

Charge 2(c)

2. On the night shift of 19 September 2022 to 20 September 2022:
    c. Consumed alcohol during the shift.

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Ms Nash. In her witness statement, she states:

‘I know that the bottle belonged to Rupesh as I had seen him drinking from it around five or six times earlier in the shift. I cannot recall specific times at which I had witnessed this as I was floating between floors, so it could have been any time. On the occasions I saw Rupesh drinking from the bottle, the liquid in it was the same light brown colour. I had not seen anyone else with a similar bottle.

I did not ask Rupesh whether the bottle belonged to him, I had just seen him drinking from it earlier in the shift and I had not seen anyone else drinking from it that night. I do not think I asked Rupesh what was in the bottle and I did not ask him specifically whether the bottle contained vodka and Red Bull. I am not one for confrontation, so did not want to cause a scene.’

In her local statement dated 22 September 2022, she also refers to smelling your drink, which was in a clear bottle with a pink top, and states that she could smell vodka and Red Bull.

You denied the charge. You accepted that it was your bottle but said it contained only Red Bull. In other oral evidence you stated that you drank energy drinks straight from the can. You stated ‘*I would drink it straight out of the can I would not put it in a bottle it is only a couple of sips’.*

The panel preferred the clear and consistent evidence of Ms Nash, which it found to be credible and reliable. Her account was supported by both her contemporaneous local statement and her subsequent NMC witness statement, and was consistent with her physical description of the bottle and its contents.

The panel therefore found allegation 2(c) proved on the balance of probabilities.

Charge 3(a), 3(b), 3(c) and 3(d)

3. On the night shift of 12 November 2022 to 13 November 2022, you said to Mr Hardy that:

a. You were going to “hunt you down and kill you”, or words to that effect;
b. “I was coming for you”, or words to that effect;
c. “I was going to kill your whole family, you, your Mrs, kids, Mum, all of them. But now I’ve met you, I love you. I was going to find out where you live”, or words to that effect;
d. “I would have done it, I’m psycho” or words to that effect.

This charge is found proved in its entirety.

In respect of charge 3(a), the panel took into account the evidence of Mr Hardy. In his witness statement, Mr Hardy states:

> ‘*Pesh said that Kirsty had told him something about me that made him want to hunt me down and kill me.*
> *…*
> *At approximately 2:00 Pesh came over to me in the dining room on Emerald Unit and asked if I was ok and told me to forget what he had said earlier about me being a cunt. I said I was fine but Pesh continued to repeat himself several times telling me to forget what he said earlier. He then left the unit.*’

The panel also considered Mr Hardy’s local statement dated 13 November 2022, which states: *“Upon entering the Peacock unit office for a neuro observations form for one of our residents, the Nurse in charge of Peacock Unit began asking me if I knew a carer at another home…that made him want to hunt me down “kill you” on my first shift here (the Oaks*).*”* The panel noted that the nurse in charge of the Peacock unit was Mr Patel.

In his oral evidence, Mr Hardy stated that he was confused as to why you would have made this statement. He explained that he regarded it as a legitimate risk to himself and his family and that he reported the matter to the police.

In respect of charge 3(b), the panel also considered Mr Hardy's local statement, which states: *'…made him want to hunt me down "kill you" on my first shift here (the Oaks), I was coming for you, but then I met you and found you to be a nice guy and couldn't do that.'* The panel determined that Mr Hardy's local statement was largely consistent with his NMC witness statement.

In respect of charges 3(c) and 3(d), Mr Hardy states in his witness statement:

> '*Whilst Pesh and I were checking the CDs in the clinical room on Peacock he told me that when he found out he was going to work with me he planned on hunting me down and killing me and my entire family. He told me he would have done it and that he could find out where I lived and kill me, my wife, my kids, all of them. When Pesh said this he appeared agitated and aggressive. He repeatedly told me he would have done it and referred to himself as a "psycho". He then abruptly switched tones and affectionately said "but not that I've met you, I actually love you.'*

In his local statement, Mr Hardy states:

> *'03:20 – While transferring controlled drugs to new books: "I was going to kill your whole family, you, yours Mrs, kids, Mum, all of them. But now I've met you, I love you. I was going to find out where you live", "I would have done it, I'm psycho"…'*

You indicated that you may have said something relating to previous events involving Mr Hardy, but did not accept using the words set out in the charges. You accepted that you went back to Mr Hardy later in the shift to speak to him.

The panel considered that this supports the conclusion that words to the effect of those alleged were said to Mr Hardy. The panel noted that Mr Hardy was adamant that the words in charges 3(a)–3(d) were used towards him.

Taking into account both the contemporaneous local statements, the subsequent witness statements and oral evidence, the panel was satisfied that charge 3 is proved on the balance of probabilities.

Charge 4)

> 4. Your actions at any one or more charges at 3(a) to 3(d) had the purpose of creating an intimidating and/or hostile environment for Mr Hardy.

This charge is found proved.

In reaching this decision, the panel took into account your oral evidence and the oral and written evidence of Mr Hardy.

The panel considered the words in charges 3(a) to 3(d). It found that you initially spoke to Mr Hardy at the Peacock unit near the coffee machine at an early stage in the shift, then went over to speak to Mr Hardy on the Emerald unit at around 02.00 and then spoke to him again in the medicines room from around 03.00.

The panel have evidence from Mr Hardy's local contemporaneous statement dated 12 November 2022 which states:

> *'3.20 – while transferring controlled drugs to new books ''I was going to kill your whole family, you, your Mrs, kids, Mum, all of them. But now I've met you, I love you. I was going to find out where you live'', ''I would have done it, I'm psycho'' Repeated another two times.'*

Mr Hardy's evidence was that he was initially confused about why you had spoken to him in that way but became increasingly anxious to the extent that he reported the incident to the police.

In his witness statement Mr Hardy said *'it was just me and Pesh in the room and what he was saying made me feel very concerned. I remember physically shaking at*

one point and I felt very anxious. I didn't know whether he was making genuine threats or whether it was just an intimidation tactic.'

In oral evidence, when asked how he felt about the words he said that he '*felt quite intimidated and shocked'.* When asked what your demeanour was towards him, he stated '*quite disrespectful, quite agitated and quite aggressive…the more I thought about it, the more I thought there might be a legitimate risk to my family and I thought it had to be reported'.*

In your oral evidence, under cross examination, Mr Benzynie asked if you '*used expletives and were hostile towards Mr Hardy'*. You asked '*when'* and Mr Benzynie said *'on 12 and 13 November 2022'*. You responded '*no I just think he needed to know his actions'.*

The panel considered that the content of what you said at 03:20, and your response in cross examination, indicated that you had formed an intention to confront Mr Hardy about matters relating to him which you believed had occurred prior to that shift. It also found that the language you used and your behaviour was aggressive, intimidating and hostile. In the circumstances, the panel considered that it has been proved that your actions in charge 3 had the purpose of creating an intimidating and/or hostile environment.

Accordingly, on the balance of probabilities, this charge is found proved.

Charge 5)

> 5. On the night shift of 12 November 2022 to 13 November 2022, you attended work when you were not fit/became unfit to carry out your duties as a nurse safely, in that you attended work/remained at work whilst under the influence of alcohol.

This charge is found proved.

In reaching this decision, the panel took into account your oral evidence, the oral and written evidence of Ms Edrosa, the oral and written evidence of Mr Hardy and the hearsay written statement of Ms Cole.

The panel considered the contemporaneous statements and the oral evidence of Mr Hardy that your behaviour appeared to be normal at the start of the shift but that you displayed increasingly erratic verbal and physical behaviour, consistent with being under the influence of alcohol as the shift progressed.

Mr Hardy stated that your behaviour was '*not normal. He was rambling and repeating himself a lot and appeared disorientated. He was wobbly on his feet and staggering a bit'*. This position was consistent with his oral evidence when he stated that you '*did not seem to be particularly aware of his surroundings…his mannerisms were not what he expected of someone who was acting normally.'* In his oral evidence Mr Hardy also described you as *'stumbling around being dismissive.'*

In her written statement, Ms Edrosa stated that upon entering the medicines room in the morning there was a smell of alcohol. She stated that:

> *'I did not at any time on 13 November 2022, ask Pesh whether he had been drinking alcohol while on shift; however, I suspected that he was under the influence of alcohol. I felt this way because of the way he was talking and how his eyes looked. His speech was slurred and he was swaying. I've known Pesh from a previous job and I have never seen him this way before. His eyes were glassy. I have seen drunk people before and it looks like they are sleepy, or they cannot keep their eyes open, and that is how Pesh looked.'*

The panel found that this was consistent with the contemporaneous local statement that Ms Edrosa made which states that *'his speech was a bit slurred and he was swaying'*. She also stated in her written statement that you were '*all over the place during handover and could not remember which residents he was talking about'* which is consistent with her local statement in which she stated that during handover you could not remember which patient you were talking about. This was consistent with Ms Edrosa's oral evidence. When Mr Benzynie asked what happened at handover she

stated that you '*couldn't remember which patient you were talking about, I've worked with him before and he does not handover like that. It was not him'.*

The panel also had sight of the written statement of Ms Cole which was admitted as hearsay evidence which stated that you '*appeared unsteady on his feet'* and that she could '*smell alcohol'* upon entering the medicines room. The panel noted from her local statement, the strength of Ms Cole's conviction that you were under the influence of alcohol in that after you were sent home she said '*I was then made aware that he was driving and called the police at 08:27 to alert them of a suspected drink driver.'*

In your oral evidence you denied that you were under the influence of alcohol and you stated that you were exhausted, had worked four long days and then a night shift, but you said that you were fit for duty. You also suggested that the alcohol smell in the medicines room may have been alcohol gel. You also denied that you gave a handover at the end of the shift.

Given the consistency of the witness evidence, the contemporaneous documents and the oral evidence, the panel prefers the evidence of Mr Hardy and Ms Edrosa, which was supported by the hearsay evidence of Ms Cole, to your evidence.

Further, the panel found it not plausible that the smell in the medicines room was alcohol gel. It noted that registered nurses would be able to identify the smell of alcohol gel. Further, the panel did not consider your behaviour consistent with exhaustion, given the weight of the consistent evidence and the descriptions of your behaviour.

In light of this, the panel concluded that on the balance of probabilities that you became unfit to carry out your duties as a nurse in that you remained at work whilst under the influence of alcohol on the night shift of 12-13 November 2022. Accordingly, the panel finds charge 5 proved.

Charge 6(a)

6. On 13 November 2022 you:
    a. Did not administer early morning medications to:

i. Resident E;
ii. Resident F;
iii. Resident G.

This charge is found proved.

In reaching this decision, the panel took into account your oral evidence and the oral and written evidence of Ms Edrosa. It noted that there are no medication records to assist the panel.

The panel noted the written statement of Mr Hardy where he stated:

> *'I went looking for pesh to witness the CD administration at a few minutes past 07:00 and found him outside the cinema on Peacock unit. Pesh asked what I was doing there and when I explained I was there for the CD administration he told me it wasn't 07:00 yet. I replied it was not 07:10 and he said ''shit, really? I haven't started the meds yet'' which means he hadn't administered any of the medication due at 06:00 and the 07:00 medication was delayed'.*

The panel then considered the witness statement of Ms Edrosa who stated that Residents E, F and G all told her that they had not received their early morning medication. This was consistent with her local contemporaneous statement. She stated that the residents all had capacity and in light of this information she proceeded to administer the drugs that were due to Residents E, F and G, although she could not recall exactly which medications were due.

The panel noted that Ms Cole's written statement, admitted as hearsay evidence, is consistent with the evidence of Mr Hardy and Ms Edrosa.

You stated that you were in the process of administering the medication when you were asked to stop and leave the building, before completing the medication round. In oral evidence you stated you may have been late in starting the medication round as you may have been distracted. You said '*things happen in nursing homes'.*

Under cross examination, Mr Benzynie suggested that you started the medication round late and your response was that it was *'not late, there is no actual time, it doesn't work like that, it is not late as long as they have their medication'.*

Whilst the panel did not have sight of the clinical records, given that Ms Edrosa's statement confirms that in her professional judgement she went on to administer medication to Residents E, F and G, the panel is satisfied that you had not administered the medication as prescribed.

The panel accepted that you had had been asked to stop the medication round and leave the building. However, given the evidence of Mr Hardy and Ms Edrosa it was satisfied that the drugs should have been administered before you were asked to stop the medication round.

In light of this, the panel determined that on the balance of probabilities, this charge is found proved in relation to Residents E, F and G.

Charge 6(b)

6. On 13 November 2022 you:
    b. Did not administer insulin to Resident E;

This charge is found proved.

In reaching this decision, the panel took into account your oral evidence, the oral and written evidence of Ms Edrosa and the written hearsay evidence of Ms Cole.

The panel referred to Ms Edrosa's local statement in which she stated that upon starting her shift *'Resident E said that the night nurse (Pesh) just took her blood sugar reading but did not go back to administer her insulin'.* This is consistent with Ms Edrosa's written statement in which she stated that '*Resident E had capacity and said she had not received her early morning medication or her insulin, I believe I administered them to her.'* This is further corroborated by the written and local

statements of Ms Cole who recorded that Resident E had complained that she had not received her early morning medication or insulin.

You did not specifically address the question of insulin administration in your evidence although you deny the charge.

The panel is satisfied from the consistent evidence of Ms Edrosa which is supported by the statement of Ms Cole, which was admitted as hearsay, that it is more likely than not that Resident E did not receive her insulin.

Therefore, on the balance of probabilities, this charge is found proved.

Charge 6c)

6. On 13 November 2022 you:
    c. Administered Lansoprazole to Resident H without giving fluids to take it with;

This charge is found proved.

In reaching this decision, the panel took into account your oral evidence and the oral and written evidence of Ms Edrosa.

In her local statement dated 13 November 2022, Ms Edrosa stated that '*Resident H told me that she was not very happy with the night nurse (Pesh) as he ''shoved the tablet in her mouth without giving her fluids to take with''.* This is consistent with Ms Edrosa's written statement which states:

> *" Resident H ("Resident H") told me that the night nurse had shoved her tablet in her mouth without giving her fluids to take it with. Resident H had capacity at the time. She has recently been diagnosed with Parkinson's dementia but still has capacity to make independent decisions."*

You did not specifically address this charge in your evidence although you deny the charge.

Given the clear and consistent evidence of Ms Edrosa, the panel was satisfied that you administered Lansoprazole to Resident H without giving them fluids to take it with.

In light of this, on the balance of probabilities, the panel found this charge proved.

Charge 6d)

6. On 13 November 2022 you:
    d. Did not administer Resident I's PEG feed at 0600 hours when it was due.

This charge is found proved.

In reaching this decision, the panel took into account your oral evidence and the oral and written evidence of Ms Edrosa.

The panel had regard to Ms Edrosa's local contemporaneous statement dated 13 November 2022 which states:

> *'Resident I's PEG feed not been administered, it should be administered at 06:00 hours'.*

Ms Edrosa's written statement states that:

> '*As far as I remember, night staff would put up Resident I's PEG feed at 07:00; however, when I went to see her, a feed had not been put up. The machine was turned off and a bottle of feed was not attached to the machine. Depending on the instructions from the dietician, Resident I's PEG feed would run for anywhere between eight and 10 hours.'*

The panel considered that both statements indicate that the PEG feed was not administered when it should have been. Although the witness statement states that the time for the administration was 07:00, the panel accepted that the contemporaneous document refers to a time of 06:00, which was likely to be more accurate than the recollection in the written statement several years after the incident.

The panel made further reference to Ms Edrosa's written statement which states that:

> '*From what I remember, I spoke to the deputy manager at the time about what I had seen. I think this was Lisa Wheelan who is a registered nurse. The decision was then made for the PEG feed to be put up'*

You did not address this charge specifically in your evidence but you denied the charge.

Accordingly, on the balance of probabilities, this charge is found proved.

Submissions on an application for joinder of charge 7

After handing down its decision on the facts, the panel heard an application made by Mr Benzynie under Rule 29 of the Rules to join charge 7 to charges 1-6 that it has already decided.

Mr Benzynie referred the panel to rule 29(2).

Mr Benzynie made the application on the ground that the allegations in charge 7 flow naturally from the incident on 13 November 2022. He submitted that the matter in charge 7 relates to alcohol and the panel has already determined the facts of charges 1, 2 and 5 which also refer to alcohol.

Mr Benzynie submitted that it is fair to consider all 7 charges at the same time when the panel make its decision on misconduct and impairment.

You objected to this application as you submitted the incident described in charge 7 took place approximately 3 hours later, therefore there is an insufficient connection to charges found proved and this additional charge.

The panel accepted the advice of the legal assessor.

The panel considered Mr Benzynie's application under 29(2) in respect of the additional charge. Having looked at the nature of the charge and the exhibit bundle, the panel were satisfied that the new allegation is of a similar kind to charges 1-6 which were found proved, in that it is an allegation relating to the use of alcohol.

The panel considered that you were made aware of the new allegation at the same time as the original charges.

The panel accepted the application and joined charge 7 to the schedule of charges to be considered in this hearing.

Decision and reasons on charge 7

7. You were convicted on 15 November 2023 at Colchester Magistrates' Court of the following offences:

    a. Driving a motor vehicle when alcohol level above the limit;

    b. Failing to report an accident when you were the driver of a vehicle;

    Use a motor vehicle/trailer in a condition likely to cause danger or injury;

    d. Failing to stop after an accident when you were the driver of a vehicle.

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

This charge is found proved.

Charge 7 concerns your conviction of offences that occurred on 13 November 2022 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 in charged 1 to 6 amount to misconduct and, if so, whether your fitness to practise is currently impaired by reason of misconduct and/or by reason of your conviction as set out in charge 7. 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 determined whether any of the facts found proved in charges 1 to 6 amounted to misconduct. Secondly, if any of the facts found proved amounted to misconduct, the panel must decide whether, in all the circumstances, your fitness to practise is currently impaired as a result of that misconduct and/or by reason of your conviction as set out in charge 7.

Submissions on misconduct

In his written and oral submissions on behalf of the NMC, Mr Benzynie invited the panel to take the view that the facts found proved, including your conviction, amount to misconduct. He submitted that the panel should have regard to the terms of 'The

Code: Professional standards of practice and behaviour for nurses and midwives (2015)' ("the Code") in making its decision.

Mr Benzynie identified the specific, relevant standards where he submitted your actions amounted to misconduct.

Mr Benzynie set out the NMC's view of the appropriate sections of the Code relating to each of the charges.

Mr Benzynie submitted that your actions fell significantly short of the standards expected of a registered nurse, and that your actions amounted to a breach of the Code as set out in his submissions. He submitted that it was for the panel to decide whether to consider each of the proven charges individually or to consider them cumulatively. It was his submission that on either approach, the panel should find that the charges found proved amounted to misconduct.

Having been informed of your right to give evidence at this stage, you informed the panel that you did not intend to do so. Furthermore, you had no submissions to make on whether the charges found proved amounted to misconduct.

Submissions on impairment

Mr Benzynie 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. He took the panel to the NMC Guidance on 'Impairment' (Reference: DMA-1 Last Updated 28/01/2026) in which the following is stated:

"A key focus of our fitness to practise process is deciding whether or not a professional's fitness to practise is currently impaired. We do this by assessing whether the professional would pose a risk to public safety, the public's confidence in their profession or professional standards if they were permitted to practise without restrictions. 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."

Mr Benzynie submitted that nurses occupy a position of privilege and trust in society and are expected at all times to be professional. He submitted that patients and their families must be able to trust nurses with their lives and the lives of their loved ones. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

Mr Benzynie submitted that the panel is likely to consider the judgment of Mrs *Justice Cox in the case of CHRE v NMC and Grant.*

Mr Benzynie also submitted that the panel will also have regard to the principles set out in the case of *(Ronald Jack) Cohen v General Medical Council* [2008] EWHC 581 (Admin), and whether the concerns identified in your nursing practice are capable of remediation, whether they have been remedied and whether there was a risk of repetition of a similar kind at some point in the future. He submitted that in considering those issues, the panel may have regard to the nature and extent of the misconduct and consider whether there is evidence of insight and remorse.

Mr Benzynie submitted that reliance is placed on the DNA Report published on 8 October 2024, where the results demonstrate excessive consumption of alcohol during the period between approximately middle of June to the middle of September 2024. He made it clear that no reliance was placed by the NMC on the possible use

by you of other substances in the same period and invited the panel to put any such matters out of their mind. For the avoidance of doubt, the panel confirms that it has done so.

Mr Benzynie submitted that you are currently and remain impaired based on the charges found proved, the further evidence of excessive alcohol use in the DNA Report and the pattern of your behaviour between September and November 2022.

You made no formal submissions on the issue of impairment but agreed to answer questions from the panel in order that it might gain further clarity on the issue. In summary, you told the panel:

- In the period referred to in the DNA Report, you were not working and had gone out with friends on a number of occasions. On those occasions you all drank a lot of alcohol.
- You are currently working as a carer [PRIVATE].
- Subsequent to receiving the certificates contained in the Registrant's Response Bundle, you have not undergone any further training. You stated that you *"do not have anyone to put me on the online courses".*
- You have given thought to the charges that have been found proved but still deny that you acted as alleged in them. When asked if you had learnt anything from this experience you said *"I still disagree with everything, I probably would not handle it any different".*

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments.

Decision and reasons 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.'*

When determining whether the facts found proved amount to misconduct, the panel had regard to the relevant sections 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 Treat people as individuals and uphold their dignity***

To achieve this, you must:

1.1 treat people with kindness, respect and compassion

1.2 make sure you deliver the fundamentals of care effectively

1.3 make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay

13 Recognise and work within the limits of your competence

To achieve this, you must:

13.4 take account of your own personal safety as well as the safety of people in your care

16 Act without delay if you believe that there is a risk to patient safety or public protection

To achieve this, you must:

16.5 not obstruct, intimidate, victimise or in any way hinder a colleague, member of staff…

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

To achieve this, you must:

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

19.4 take all reasonable precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public

20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

20.2 act with … 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

25 Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the health and care system

To achieve this, you must:

25.1 identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, charges 1a, 2 and 5 relate to you being unfit to work due to being under the influence of alcohol. The panel was satisfied that this put people in your care at serious risk of harm and therefore it found this to be a serious misconduct.

Further to this, charges 1d, 3 and 4 relate to you acting in an aggressive and intimidating manner towards your colleagues. The panel determined that this falls well below the standards expected of a registrant. The panel noted the context related to the aggressive and intimidating behaviour in that it occurred when you were under the influence of alcohol. The panel was satisfied that this amounts to serious misconduct.

Charge 6 relates to delays and your failure to administer medication properly or at all to three residents and your failure to administer the PEG feed to a fourth resident. The panel was satisfied that this failure was not a mere oversight and that the cause of this was you being under the influence of alcohol as found in charge 5. The panel has accepted the evidence of Mr Hardy that, when he questioned why the morning medications had not been administered, it was apparent you were unaware of the time. The panel concluded that this was due to you being under the influence of alcohol, something that was underlined by the evidence of Ms Cole that she was so concerned about you driving from the care home that she reported you to the police. The panel was of the view that these were serious professional omissions which put the health of the people in your care at risk, and therefore amount to serious misconduct.

In relation to charge 7, although it is not necessary to find that this charge amounts to misconduct, the panel noted nevertheless that the conviction does mean that you were in breach of section 20.4 of the NMC Code.

The panel found that your actions did fall seriously short of the conduct and standards expected of a nurse and both individually and cumulatively the proven charges in charges 1 to 6 amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct and/or your conviction, 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 and to maintain professional boundaries. People receiving care 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 the people in their care's and the public's trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in reaching its decision. In paragraph 74, she said:

> *'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence*

in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

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

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

a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*

b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

d) *…'*

The panel found that people in your care were put at risk of harm as a result of your misconduct. When a nurse attends for duty under the influence of alcohol, or becomes unfit during the course of a shift due to the consumption of alcohol, there is an obvious risk of harm to those within their care, particularly when they are the sole registered nurse on duty. Similarly, when a registered nurse acts in an intimidating

and hostile manner to colleagues, this has the potential to adversely impact upon the care that is provided to those within their care.

Furthermore, the panel is in no doubt that your misconduct and conviction breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

In looking to the future, the panel had regard to the NMC's Guidance on Insight and Strengthened Practice FTP-16 (last updated 14/04/2021) together with FTP-16a, FTP-16b and FTP-16c. The Guidance reiterates the principles set out in *Cohen v General Medical Council* [2008] EWHC 581 (Admin).

Regarding insight, the panel considered that it had heard nothing to suggest you have any insight into your actions. It noted that you do not accept that you have done anything wrong, or that any concerns need to be addressed, notwithstanding the findings made. The panel noted that it is still possible to show insight, even without acceptance of the findings. However, there was no evidence of any reflection into the matters which were the subject of the proceedings or their effect on others.

You have provided a number of certificates related to training that had been completed between 23 September to 12 October 2022. The certificates related largely to mandatory training and were not accompanied by any reflections upon learning or how such training might impact future practice. There was no evidence of any recent learning or professional development. You said that this was because *"training wise, I have got nobody to put me on online courses"*. The panel was of the view that no steps had been taken to strengthen your practice.

Although the panel noted that your conduct may be capable of being remediated, your approach and failure to recognise the seriousness of your conduct and conviction, suggests there may be a deep-seated attitudinal issue which would be difficult to remediate.

In any event, there is nothing before the panel to suggest you have taken any meaningful steps to remediate your conduct or to strengthen your practice.

The panel also took into account that there appeared to be a pattern of conduct of being under the influence of alcohol at work which had taken place on 3 separate occasions at 3 separate care homes between September and November 2022.

In these circumstances the panel cannot conclude that it is highly unlikely that your conduct will be repeated in the future. Indeed, the panel noted that from the further evidence before it, you were involved in excessive drinking 2 years after these allegations, which you have accepted. This only goes to underline that there remains a risk that, in the future, you might once again attend for work while under the influence of alcohol, or consume alcohol during the course of a shift.

The panel therefore determined that a finding of current impairment is necessary for the protection of the public.

The panel bore in mind that the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and people in the care of registrants, 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 as the concerns in this case are wide-ranging, relating to being under the influence of alcohol. It noted that the actions took place on multiple occasions, in 3 different settings, and was not that of an isolated incident. The panel further noted that you have not demonstrated any insight or any remorse or remediation into your actions. It took into account that at the time of these incidents, you were a nurse in charge.

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. It was of the view

that if an ordinary member of the pubic was informed that you were allowed to practise unrestricted, following the findings in this case, their confidence in the nursing profession and the NMC as its regulator would be seriously undermined. Therefore, the panel was satisfied that your fitness to practise is impaired on the grounds of public interest.

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

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

Before proceeding with his submissions on sanction, Mr Benzynie made a request that, should you refer to matters of a personal nature when making your submissions, the hearing should be held in private when any such matters were raised. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

You indicated that you supported the application.

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 matters of a personal nature as and when such issues are raised in order to maintain your confidentiality.

Sanction

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

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had regard to the NMC Guidance on *'The purpose and approach to sanctions'* (Reference SAN-1 Last updated: 28/01/2026), *'The sanctions available'* (Reference: SAN-2 Last Updated: 28/01/2026) and *'Deciding between suspension and strike off'* (Reference SAN-3 Last Updated: 28/01/2026).

The panel accepted the advice of the legal assessor.

Submissions on sanction

Mr Benzynie informed the panel that in the Notice of Hearing, dated 16 March 2026, the NMC had advised you that it would seek the imposition of a striking off order if it found your fitness to practise currently impaired.

Mr Benzynie took the panel through the NMC Guidance and submitted that the appropriate and proportionate sanction in this case is a striking off order.

Mr Benzynie submitted that your actions placed residents and people in your care at serious risk of harm. He submitted that you did not demonstrate any insight or remediation.

Mr Benzynie submitted that your actions placed the public at serious risk of harm by drink driving.

Mr Benzynie submitted that there were multiple occasions where you had attended work whilst under the influence of alcohol and there is a pattern of behaviour demonstrated.

Mr Benzynie submitted that your actions were also intimidating towards your colleagues.

Therefore, Mr Benzynie submitted that a striking off is the most appropriate and proportionate order.

You told the panel that you are currently caring for [PRIVATE]. Although you are not currently practising as a nurse due to being suspended, you stated that you are using your nursing skills in this role.

You told the panel that you have completed various training courses in the past and that your knowledge of nursing practice is still good. In the past, you have acted as the manager of care homes in the absence of the actual managers.

You also told the panel that the people that you have cared for in the past and others you have worked for have nothing but good things to say about you.

You explained to the panel that due to your current suspension, you are [PRIVATE]. You also referred to [PRIVATE].

You expressed to the panel that it would be very disappointing if you were to be struck off the NMC register.

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 took into account the following aggravating features:

- Conduct which deliberately or recklessly put people receiving care at risk of suffering harm
- Deliberately breaching the Code

- A pattern of serious misconduct over a period of time, involving three different occasions at three different care homes
- Actions which may demonstrate a deep-seated attitudinal issue
- Absence of insight, remorse or remediation into your actions
- Deliberately drinking at or attending work whilst unfit, putting people in your care at risk of harm
- Having been requested to leave work because you were unfit due to alcohol consumption you then committed an offence of driving whilst under the influence of alcohol which put members of the public at risk
- You had no regard to your actions and how they may have put others at risk

The panel was not able to identify any mitigating features in this case, although it took into account that you did attend the whole of the hearing and engaged with the NMC process to a certain extent.

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 your actions were not at the lower end of the spectrum, and it has already found that, were you permitted to practise without restriction, there would be a risk to people receiving care and to public safety. The panel therefore determined that a sanction that does not restrict your 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 your 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). This is not a case where there are identifiable areas of your practice that are in need of assessment or retraining. Furthermore, as already stated the panel considers that your conduct is indicative of deep-seated attitudinal issues and your continued failure to recognise the seriousness of your conduct leads the panel to conclude that, assuming appropriate conditions could be formulated it is unlikely you would comply with them. As such and having regard to the nature and seriousness of your 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 and to uphold professional standards.

The panel went on to consider whether a suspension order was 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.'*

The panel has carefully considered the circumstances where the NMC Guidance suggests a suspension order might be the appropriate sanction. Whilst the panel acknowledged that the risks identified might temporarily be managed by you being removed from the Register for a period of up to a year, 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 your absence of insight, lack of remorse and accountability, together with no evidence of recent and relevant training and development, the panel considered that there is no realistic possibility that you would address the concerns to such a level where you could return to practise safely. While you have attended the hearing, the panel considers that you have shown no meaningful insight into the concerns that gave rise to the proceedings and it has no confidence that you would reflect upon your conduct or develop any meaningful insight during a period of suspension.

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

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 noted that your action put numerous people in your care at a serious risk of harm. It noted that there was a pattern of behaviour over a period of time. The behaviour portrays a range of serious misconduct. In particular, the concerns in your case related to three different occasions which took place in three different care homes, the last occasion being compounded by you committing a criminal offence on leaving the care home.

Consequently, in the panel's view, the first question is answered in the affirmative and the second question in the negative.

Regarding the third and fourth questions, the panel has already noted that you have not demonstrated any insight or any reflection into your actions which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards.

Having carefully considered what you told the panel, including your continued denial that you acted as alleged in the proven charges, the panel was not satisfied that there is a realistic prospect that, after suspension, you will have gained insight and strengthened your practice such that the risk of harm to anyone within your care you currently pose will have reduced.

In these circumstances, in the panel's view, the third and fourth questions are also answered in the negative.

Your actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with you remaining on the register. The panel was of the view that the findings in this particular case demonstrate that your actions were serious and to allow you 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 your actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct yourself, the panel has concluded that nothing short of this would be sufficient in this case.

The panel recognised 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 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 you in writing.

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. 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 striking-off sanction takes effect.

Submissions on interim order

The panel took account of the submissions made by Mr Benzynie. He submitted that it is necessary to protect the public and the public interest. Mr Benzynie submitted that it would be inconsistent with the decision made, if the panel did not impose an interim order.

You had no representations to make.

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

Decision and reasons on interim order

The panel determined that an interim order was necessary for the protection of the public and otherwise in the public interest.

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

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

That concludes this determination.