Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Tuesday, 8 September 2026

Virtual Meeting

Name of Registrant:	**David Allister Bradley**
NMC PIN:	84I0002N
Part(s) of the register:	Registered Nurse – Sub Part 1 RN1: Adult nurse, level 1 – September 1996 Registered Nurse – Sub Part 2 RN7: General nurse, level 2 – October 1986
Relevant Location:	Antrim, Northern Ireland
Type of case:	Conviction
Panel members:	Michelle Lee (Chair, registrant member) Genevieve Nwanze (Registrant member) Caroline Ross (Lay member)
Legal Assessor:	Neil Fielding
Hearings Coordinator:	Clara Federizo
Consensual Panel Determination:	Accepted
Facts proved by admission:	Charge 1
Facts not proved:	None
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Mr Bradley's registered email address by secure email on 29 July 2026.

Further, the panel noted that the Notice of Meeting was also sent to Mr Bradley's representative at the Royal College of Nursing (RCN) on the same date as above.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, date and the fact that this meeting was heard virtually.

In the light of all of the information available, the panel was satisfied that Mr Bradley has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Details of charge

'That you, a Registered Nurse,

1) *On 17 December 2024 at the Magistrates Court were convicted of common assault contrary to section 42 of Offences Against the Person Act 1861.*

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

Consensual Panel Determination

At the outset of this meeting, the panel was made aware that a provisional agreement of a Consensual Panel Determination (CPD) had been reached with regard to this case between the Nursing and Midwifery Council (NMC) and Mr Bradley.

The agreement, which was put before the panel, sets out Mr Bradley's full admissions to the facts alleged in the charge, that his actions amounted to misconduct, and that his fitness to practise is currently impaired by reason of conviction. It is further stated in the agreement that an appropriate sanction in this case would be a striking off order.

The panel has considered the provisional CPD agreement reached by the parties.

That provisional CPD agreement reads as follows:

> *'The Nursing & Midwifery Council ("**the NMC**") and Mr David Allister Bradley, PIN 84I0002N ("**the Parties**") agree as follows:*
>
> *1. Mr Bradley is content for his case to be dealt with by way of a CPD meeting.*
>
> *2. Mr Bradley understands that if the panel wishes to make amendments to the provisional agreement that are not agreed by Mr Bradley, the panel will refer the matter to a substantive hearing.*
>
> ***The charge***
>
> *3. Mr Bradley admits the following charges:*
>
> *That you, a registered nurse,*
>
> *1) On 17 December 2024 at the Magistrates Court were convicted of common assault contrary to section 42 of Offences Against the Person Act 1861.*
>
> *AND in light of the above, your fitness to practise is impaired by reason of your*

conviction.

The Facts

4. Mr Bradley appears on the register of nurses, midwives and nursing associates maintained by the NMC as a registered nurse. Mr Bradley first entered the register on 26 October 1986 following qualification as a Level 2 General Nurse, and on 7 September 1996 his further qualification as a Level 1 Adult Nurse was recorded on the register.

*5. Mr Bradley was referred to the NMC on 25 April 2024 by Northern Health & Social Care Trust ("**the Referrer**")*

6. Mr Bradley was employed by the Referrer from 1997 on the Intensive Care Unit at the Antrim Area Hospital, first as a Band 5 Staff Nurse, and later from 8 February 2016, as an Assistant Clinical Charge Nurse, a post from which Mr Bradley retired on 1 April 2024.

*7. The Referrer reported an incident that took place on shift on 13 December 2023 at approximately 2pm and involved a female colleague (**Person A**) Person A alleged that while stood on a foot stool accessing medication from the drug cupboard in the clinical room, Mr Bradley pulled down her scrub trousers. The incident was captured on CCTV and reported to the Lead Nurse for ICU on 18 December 2023.*

8. The CCTV footage shows Mr Bradley attempting to pull down Person A's trousers despite her pulling them up as he doing this. The footage does not show Person A's thighs or bottom were exposed during the incident.

9. The Referrer conducted an internal investigation, which determined that Mr Bradley actions on the 13 December 2023 constituted gross misconduct. However, no disciplinary hearing could take place, as Mr Bradley retired on 1 April 2024.

10. Mr Bradley was interviewed as part of the local investigation on the 19 February 2024. He stated that he could not recall much about the incident and described his interaction with Person A as banter. He also disclosed that he struggles on a personal level during the months of November and December following the deaths of his father and sister.

*11. The incident was also reported to the Police Service of Northern Ireland ('**PSNI**'), who investigated and reported their findings to the Public Prosecution Service ('**PPS**'). As part of the investigation, Mr Bradley was interviewed by police on 19 April 2024. He referred to the incident as a 'bit of banter' and admitted he had poked Person A's ribs to begin with, to startle her. He accepted putting his hands on her knees but denied that he pulled down her trousers and that his intentions were sexual.*

12. On 19 May 2024, the PPS directed the matter for prosecution for the offence of sexual assault.

13. On 3 October 2024, Mr Bradley was convicted at Ballymena Magistrates' Court of sexual assault contrary to Article 7(1) of the Sexual Offences (Northern Ireland) Order 2008.

14. Mr Bradley appealed against the conviction. As a result of this appeal, the sexual assault conviction was quashed and Mr Bradley was found guilty of a lesser/alternative charge of common assault, contrary to section 42 of Offences Against the Person Act 1861. Mr Bradley was ordered to pay £500 compensation and received a 4-month prison sentence suspended for a period of 12 months.

Criminal conviction

15. The Nursing and Midwifery Council (Fitness to Practise) Rules 2004 at Rule 3(2) state that where a registrant has been convicted of a criminal offence –

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

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

16. The certificate of conviction dated 23 October 2024 from the PPS confirms that on 2 July 2024, Mr Bradley pleaded not guilty and that on 3 October 2024, Mr Bradley was later convicted of sexual assault contrary to Article 7(1) of the Sexual Offences (Northern Ireland) Order 2008.

17. That conviction was appealed.

18. The certificate of conviction dated 25 February 2025 from PPS confirms that upon the hearing of the said appeal on 17 December 2024, the appeal was allowed, the original conviction was quashed, and Mr Bradley was found guilty of a lesser/alternative charge of common assault contrary to section 42 of the Offences Against the Person Act 1861. Mr Bradley received a 4-month sentence suspended for 1 year.

Impairment

19. The parties agree that Mr Bradley's fitness to practise is currently impaired by reason of his conviction on public protection and public interest grounds.

20. The NMC's guidance (DMA-1) explains that impairment is not defined in legislation but is a matter for the Fitness to Practise Committee to decide. The question that will help decide whether a professional's fitness to practise is impaired is;

'Can the professional on our register practise as a nurse, midwife or nursing associate safely and effectively without restriction? '

21. If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.
22. Answering this question involves a consideration of both the risk to public safety and to the public's confidence in the profession and/or professional standards.

23. The parties agree that consideration of the nature of the concern involves looking at the factors set out by Dame Janet Smith in her Fifth Report from Shipman, approved in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) by Cox J;

a) Has [Mr Bradley] 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 [Mr Bradley] in the past brought and/or is liable in the future to bring the professions into disrepute; and/or

c) Has [Mr Bradley] in the past breached and/or is liable in the future to breach one of the fundamental tenets of the professions; and/or

d) Has [Mr Bradley] in the past acted dishonestly and/or is liable to act dishonestly in the future?

24. The parties agree that limbs a, b and c are engaged in this case.

<u>Limb (a)</u>

25. Healthcare professionals are expected to exercise self-control, sound judgement and professionalism at all times, particularly when they are on duty and are responsible for patients. Unlawfully assaulting a female colleague while on duty raises concerns about Mr Bradley's ability to maintain appropriate

professional boundaries. All healthcare professionals should be able to work in an environment free from such behaviour as this in turn has the potential to put patients at risk of unwarranted harm. Although the immediate harm was to Person A, such behaviour has the potential to create a poor working environment and may affect the safety of people receiving care.

26. Person A describes in her local statement, feeling shocked before returning to her patient. Further, although she initially felt 'ok' just after the incident and was continuing to go to work, when she was interviewed as part of the local investigation on 12 February 2024 she was on sick leave and described feeling stressed, run down, had constant anxiety and was not eating properly. Staff absence and shortages also create a risk to patient safety by potentially reducing the quality of care received.

<u>Limb (b)</u>

27. A criminal conviction for common assault, particularly where it involves a female colleague while on duty, falls significantly below the standards expected of a registered nurse. Members of the public are entitled to expect that healthcare professionals will behave with integrity, restraint and respect for others. Mr Bradley's conviction undermines public confidence in the profession and risks damaging the reputation of nurses and midwives as safe and trustworthy professionals. Therefore, Mr Bradley's conduct has brought the profession into disrepute and would be considered deplorable by his fellow practitioners and members of the public.

<u>Limb (c)</u>

*28. All nurses are bound to abide by 'The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates' (**'The Code'**) Mr Bradley's actions against his female colleague and the conviction resulting from this behaviour breached fundamental tenets of the nursing profession in that he failed to practise effectively and failed to be a model of integrity, promoting professionalism at all times.*

29. The Parties agree that the following provisions of the Code have been breached in this case:

1.Treat people as individuals and uphold their dignity
To achieve this, you must:
***1.1** Treat people with kindness, respect and compassion*

8.Work co-operatively
To achieve this, you must:
***8.2** Maintain effective communication with colleagues*

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*
***20.4** keep to the laws of the country in which you are practising*
***20.5** treat people in a way that does not take advantage of their vulnerability or cause them upset or distress*

Public Protection

30. Impairment is a forward-thinking exercise that looks at the risk the registrant's practice poses in the future.

31. In considering the question of whether Mr Bradley's fitness to practise is currently impaired, the parties have considered the approach of Silber J in the case of Cohen v General Medical Council [2008] EWHC 581 (Admin) in which the court set out three matters which it described as being 'highly relevant' to the determination of the question of current impairment;

a) Whether the conduct that led to the charge(s) is easily remediable.
b) Whether it has been remedied.
c) Whether it is highly unlikely to be repeated.

32. In considering the first question of whether the conduct that led to the charge is easily remediable, the panel is referred to the NMC Guidance entitled 'Can the concern by addressed?' at FTP-16. This stipulates:

'Examples of conduct which may not be possible to address, and where steps such as training courses or supervision at work are unlikely to address the concerns include:

• criminal convictions for ***specified offences*** *or convictions that led to custodial sentences'*

33. Although Mr Bradley's conviction does not fall under the list of specified offences within the NMC's guidance, it is a conviction which led to the imposition of suspended custodial sentence. As such the parties agree that the conviction in this case is inherently serious and as such it may not be possible to address the concerns with steps such as supervision at work or training courses.

34. In considering the second question, although Mr Bradley completed an e learning course on professional boundaries dated 8 January 2025 and provided a reflection piece also dated January 2025 in which he show some level of insight by accepting the conviction, taking full responsibility for his actions and how his behaviour breached the Code while also apologising to Person A. He does not demonstrate an understanding of any risk of harm to patients presented by his behaviour or any damage to public confidence in the profession that his conviction could present.

35. In considering the third question, the nature of the conviction and the facts upon which it is based are suggestive of a deep seated attitudinal issue particularly when regard is had to the fact a final warning was given by the Referrer to Mr Bradley in 2021 for allegations he failed to conduct himself to the standards expected of a registered nurse employed by the Referrer as shown in Annex A. These allegations included Mr Bradley kicking a female member of SLT

staff on the bottom on the 31 May 2020, sending text messages of a personal nature to a female staff nurse's personal mobile phone, making inappropriate comments in the workplace and questioning her inappropriately about her personal circumstances. The warning expired in June 2023 and the incident upon which the conviction is based occurred only six months later. Mr Bradley's conviction and the incidents which formed the final warning given to him by the Referrer are similar in nature in that they involve unprofessional behaviour towards female colleagues.

36. Having regard to this pattern of behaviour, it is highly likely Mr Bradley will repeat this behaviour despite the insight shown and the single training course undertaken by him.

37. A finding of impairment is necessary on public interest grounds.

Public interest

38. The parties agree that a finding of impairment is also necessary on public interest grounds.

39. In Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) at paragraph 74 Cox J commented that:

"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."

40. Consideration of the public interest therefore requires the Fitness to Practise Committee to decide whether a finding of impairment is needed to uphold proper

professional standards and conduct and/or to maintain public confidence in the profession.

41. In upholding proper professional standards and conduct and maintaining public confidence in the profession, the Fitness to Practise Committee will need to consider whether the concern is easy to put right. A concern which hasn't been put right is therefore likely to require a finding of impairment to uphold professional standards.

42. There is a public interest in the finding of impairment being made in this case to declare and uphold proper standards of conduct and behaviour, and to maintain public confidence in the profession and the NMC as its regulator. The public would expect the NMC to ensure that those on its register maintain the required standards of professionalism.

43. A finding of impairment based on public confidence or maintaining professional standards is more likely to occur in cases where the conduct breaches a fundamental tenet of the profession as set out in the Code. The NMC's guidance at DMA-1 provides examples of the types of conduct where a finding of impairment on this basis is likely to be required including:

• Committing specified criminal offences and other criminal offences that create risks to public confidence and professional standards

44. Mr Bradley's conduct towards a female colleague while on duty resulted in a criminal conviction for which a suspended period of imprisonment was imposed. His behaviour fell far short of the standards the public would expect of a professional caring for them, and as such public confidence in the professions has been seriously undermined. A finding of impairment is therefore required to maintain public confidence in the profession and professional standards by marking Mr Bradley's conduct as wholly unacceptable offending behaviour for a registered nurse.

Sanction

45. Mr Bradley accepts that the appropriate sanction in this case is a Striking Off Order.

46. The parties have considered the NMC's Sanction Guidance, bearing in mind that it provides guidance, not firm rules. The purpose of sanction is not to be punitive; however, in order to address the public interest including protecting the public, maintaining confidence in the profession, and upholding proper standards of conduct and behaviour, sanctions may have a punitive effect.

47. The aggravating factors in this case are as follows;

• Conduct which recklessly put people receiving care at risk of harm.
• Mr Bradley was in a senior position to Person A.
• Mr Bradley received a suspended custodial sentence until December 2025.

• Relevant previous disciplinary findings in that the incident upon which the conviction is based took place six months after the expiry of a final warning issued to Mr Bradley for similar inappropriate/unprofessional behaviour towards other female colleagues.

48. The mitigating factors in this case are as follows:

• There is evidence of insight demonstrated by Mr Bradley including an apology to Person A.
• Mr Bradley has undertaken a training course in the area of professional boundaries.

49. Taking no further action would not be appropriate as it would not address the public protection concerns identified. The offence for which Mr Bradley was convicted

remains serious and took place while he was on duty as a registered nurse. Taking no further action would therefore not reflect the seriousness of the conviction and public confidence in the professions and professional standards would not be maintained.

50. A caution is the least serious sanction and is only appropriate if it has been decided that there is no risk to the public or to patients, requiring Mr Bradley's practise to be restricted meaning the case is at the lower end of the spectrum. Due to the seriousness of Mr Bradley's conviction which resulted in a suspended period of imprisonment, it cannot be said that this case is at the lower end of the spectrum. Mr Bradley was also given a final warning for similar unprofessional behaviour towards female colleagues in 2021. Such factors mean that it cannot be said that there is no risk to the public and patients. In such circumstances, a caution order is also not appropriate.

51. There are no relevant, workable, measurable or proportionate conditions that could be formulated to address the nature of the incident which led to Mr Bradley's conviction. As such a conditions of practice order would not be sufficient to protect patients

52. While imposing a suspension order would temporarily protect the public it is not considered an appropriate sanction. The basis of the impairment in this case is fundamentally incompatible with Mr Bradley continuing to be a registered professional and a temporary suspension would not be sufficient to satisfy the overarching objective of protecting the public.

53. The NMC guidance entitled 'Suspension order' at SAN-2d provides a nonexhaustive 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.

54. Although the nature of the conviction is at the most serious end of the spectrum and what went wrong is so serious that public confidence and professional standards could not be maintained if he were able to continue practising without being restricted, he has not shown a level of meaningful insight that evidences a realistic possibility he will address the concerns and return to practice. Mr Bradley has not demonstrated an understanding of any risk of harm to patients presented by his behaviour or any damage to public confidence in the profession that his conviction could present. Further, the incident on which the conviction is based occurred only 6 months after a final warning was issued to Mr Bradley for similar inappropriate/unprofessional behaviour towards other female colleagues which demonstrates a pattern of similar behaviour. Having regard to this aggravating factor, the seriousness of the conviction and the level of insight shown, it is not considered realistically possible that he can address the concerns during a period of temporary suspension.

55. The NMC guidance entitled 'Striking-off order' at SAN-2e suggests that before imposing this sanction the following factors should be considered:

• 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 reflections 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?

56. The behaviour which forms Mr Bradley's conviction represents a significant departure from the standards expected of a registered nurse and is fundamentally incompatible with him remaining on the register.

57. NMC guidance on considering sanctions for the highest risk cases at SAN-4 gives specific guidance on sanctions for cases involving criminal convictions. As a general rule, a registered professional should not be permitted to start practising again, if at all, until they have completed a sentence for a serious offence (Council for the Regulation of Health Care Professionals v [1] General Dental Council and [2] Fleischmann [2005] EWHC 87 [QB]).

58. Although Mr Bradley's sentence expired in December 2025, the circumstances of this case come before the mechanical application of the principle in Fleischmann. A conviction for assaulting a female colleague particularly in the manner described and which lead to the imposition of a custodial sentence albeit a suspended sentence, clearly raises fundamental questions about the registrant's professionalism.

59. The incident had a significant impact on Person A. She describes feeling stressed, run down, having constant anxiety and not eating properly following the incident. This caused her to contact her GP and commence medication to help her sleep. Person A later left the unit to move to another hospital and felt sad this was the situation. There is clear evidence the incident caused Person A significant distress.

60. The previous disciplinary findings in 2021 and behaviour resulting in the criminal convictions also suggest attitudinal issues and a pattern of unprofessional behaviour towards female colleagues.

61. Although Mr Bradley has shown limited insight and undertaken a single online training course in professional boundaries, the nature of the behaviour which led to the conviction means that there is no amount of reflection which could keep members of the public safe, maintain public confidence in the profession and uphold professional standards.

62. In light of the above, a Striking Off Order is the appropriate sanction in this case.

Comments from the Referrer

63. The NMC contacted the Referrer by email on the 3 June 2026 seeking any comments they might have about the proposed agreement. The Referrer confirmed on 5 June 2026 that they had 'no comments' in respect of the proposed agreement.

Interim order

64. Any sanction imposed by the panel will not come into immediate effect but only after the expiry of 28 days beginning with the date on which the notice of order is sent to Mr Bradley or after any appeal is resolved if one is lodged. An interim order is

required to cover any potential appeal period.

65. An interim suspension order for a period of 18 months is necessary for the protection of the public and is otherwise in the public interest for the reasons identified above and would be consistent with the sanction imposed by the panel.

The Parties understand that this provisional agreement cannot bind a panel, and that the final decision on findings impairment and sanction is a matter for the panel. The Parties understand that, in the event that a panel does not agree with this provisional agreement, the admissions to the charges and the agreed statemen t of facts set out above, may be placed before a differently constituted panel that is determining the allegation, provided that it would be relevant and fair to do so.'

Here ends the provisional CPD agreement between the NMC and Mr Bradley. The provisional CPD agreement was signed by Mr Bradley and the NMC on 7 and 15 July 2026.

Decision and reasons on the CPD

The panel decided to accept the CPD.

The panel heard and accepted the legal assessor's advice. He referred the panel to the 'NMC Sanctions Guidance' (SG) and to the 'NMC's guidance on Consensual Panel Determinations'. He reminded the panel that they could accept, amend or outright reject the provisional CPD agreement reached between the NMC and Mr Bradley. Further, the panel should consider whether the provisional CPD agreement would be in the public interest. This means that the outcome must ensure an appropriate level of public protection, maintain public confidence in the professions and the regulatory body, and declare and uphold proper standards of conduct and behaviour.

The panel noted that Mr Bradley admitted the facts of the charges in light of his conviction on 3 October 2024 of sexual assault contrary to Article 7(1) of the Sexual

Offences (Northern Ireland) Order 2008. Accordingly, the panel was satisfied that the charges are found proved by way of Mr Bradley admissions as set out in the signed provisional CPD agreement.

Decision and reasons on impairment

The panel then went on to consider whether Mr Bradley's fitness to practise is currently impaired. Whilst acknowledging the agreement between the NMC and Mr Bradley, the panel has exercised its own independent judgement in reaching its decision on impairment.

The panel determined that Mr Bradley's conduct towards a female colleague in the clinical environment, including attempting to pull down her trousers, was humiliating, deplorable and represented a significant departure from the standards expected of a registered nurse. The panel considered that his conduct demonstrated a serious failure to maintain appropriate professional boundaries and to treat a colleague with kindness, dignity and respect. The panel was satisfied that the conduct caused psychological harm to the colleague, who experienced anxiety and stress, and his conduct contributed to an unsafe working environment, particularly in circumstances where there was a power imbalance.

In this regard, the panel endorsed paragraphs 19 to 29 of the provisional CPD agreement.

The panel then considered whether Mr Bradley's fitness to practise is currently impaired by reason of his conviction.

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

The panel determined that Mr Bradley's fitness to practise is currently impaired on public protection grounds. The panel found that limbs (a), (b) and (c) of the test in the case of *Grant* were engaged. It considered that Mr Bradley's conduct caused actual

psychological harm to his female colleague and created a real risk of harm through its contribution to an unsafe working environment. The panel noted that Mr Bradley's conviction for common assault, arising from his conduct towards a female colleague, fell significantly below the standards expected of a registered nurse and had brought the profession into disrepute. The panel also found that his conduct breached fundamental tenets of the nursing profession, including the requirements to treat people with kindness, dignity and respect and to maintain appropriate professional standards and boundaries.

The panel endorsed the breaches of the Code identified in the provisional CPD agreement at paragraph 29.

The panel considered whether Mr Bradley's conduct had been remediated and whether it was highly unlikely to be repeated. The panel took account of the professional boundaries training undertaken by Mr Bradley and the reflection he had provided. However, the panel considered that his insight remained incomplete. In particular, the panel noted that he had initially regarded his behaviour as *"banter"* and had not demonstrated a sufficient understanding of the impact of his conduct on his colleague, the implications for public safety, or the wider impact on public confidence in the nursing profession. The panel was therefore not satisfied that the training undertaken was sufficient to address the concerns.

The panel placed significant weight on the fact that the conduct leading to the conviction occurred only 6 months after a serious final warning expired for similar behaviour towards female colleagues. The panel considered this history demonstrated a pattern of behaviour and raised concerns regarding the likelihood of repetition.

The panel acknowledged the mitigation arising from Mr Bradley's reflection, the insight he had demonstrated and the professional boundaries course he had completed. However, it considered that these matters did not sufficiently address the seriousness of his conduct, the previous warning for similar behaviour and his incomplete insight. Therefore, the panel determined that there was a significant risk of repetition.

The panel also determined that Mr Bradley's fitness to practise is currently impaired on public interest grounds. The panel considered that his conduct represented a serious departure from the standards expected of a registered nurse and that a finding of impairment was necessary to uphold proper professional standards and maintain public confidence in the nursing profession and the NMC as its regulator. The conviction and the circumstances giving rise to it required the panel to mark the conduct as unacceptable and to maintain public confidence in the standards expected of registered nurses.

In this respect the panel endorsed paragraphs 30 to 44 of the provisional CPD agreement.

Decision and reasons on sanction

Having found Mr Bradley's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences.

The panel heard and accepted the advice of the legal assessor and had careful regard to the Sanctions Guidance (SG). The decision on sanction is a matter for the panel independently exercising its own judgement.

In this regard, the panel endorsed paragraphs 47 and 48 of the provisional CPD agreement.

The panel took into account the following aggravating features:

- Conduct which recklessly put people receiving care at risk of harm.
- Mr Bradley was in a senior position to Person A.
- Mr Bradley received a suspended custodial sentence until December 2025.
- Relevant previous disciplinary findings in that the incident upon which the conviction is based took place six months after the expiry of a final warning

issued to Mr Bradley for similar inappropriate/unprofessional behaviour towards other female colleagues.

The panel also took into account the following mitigating features:

- There is evidence of insight demonstrated by Mr Bradley including an apology to Person A.
- Mr Bradley has undertaken a training course in the area of professional boundaries.

The panel first considered whether it would be sufficient to take no action. It concluded that this would be inappropriate given the seriousness of Mr Bradley's conduct, the risk to public protection and the need to uphold public confidence in the profession. The panel determined that taking no further action would be neither proportionate nor in the public interest.

The panel then considered whether a caution order would be appropriate. It had regard to the SG, which states that a caution order may be appropriate where "the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again." The panel concluded that Mr Bradley's conduct was not at the lower end of the spectrum. The conviction for common assault, the psychological harm caused to Person A, the risk to the clinical environment and the history of similar behaviour demonstrated that the concerns were too serious to be addressed by an order which did not restrict Mr Bradley's practice. The panel therefore determined that a caution order would be neither appropriate nor sufficient to protect the public or maintain confidence in the profession.

The panel next considered whether conditions of practice would provide a sufficient and appropriate response. It considered whether any practical and workable conditions could be formulated to address the concerns. The panel noted that Mr Bradley had taken some steps towards remediation, including completing a professional boundaries course. However, it had already found that his insight was incomplete and that the concerns were not capable of being adequately addressed through retraining alone.

The panel considered that the concerns related to Mr Bradley's conduct and attitude towards professional boundaries and colleagues and were not matters that could simply be addressed through additional training or supervision. It concluded that there were no relevant, practical or workable conditions which could adequately address the seriousness of the concerns or provide sufficient protection to the public.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- *In cases where the only issue relates to the nurse or midwife's health, there is a risk to patient safety if they were allowed to continue to practise even with conditions; and*
- *In cases where the only issue relates to the nurse or midwife's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.*

The panel concluded that these factors were not present in Mr Bradley's case. It was satisfied that Mr Bradley's conduct represented a significant departure from the standards expected of a registered nurse and involved a serious breach of fundamental professional standards. It also concluded that such conduct would be considered deplorable by colleagues and fellow practitioners.

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

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

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

The panel determined that the answer to each of these questions was yes. Mr Bradley's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with him remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mr Bradley's actions were serious and to allow him to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

The panel also considered that the conduct leading to the conviction occurred only 6 months after the expiry of a final warning for similar behaviour towards other colleagues. The panel considered that this demonstrated a pattern of behaviour which had not been adequately addressed, despite Mr Bradley having previously been subject to disciplinary proceedings and having had an opportunity to reflect upon his conduct.

The panel was not satisfied that the concerns had been sufficiently remediated. While it gave weight to Mr Bradley's apology, his limited insight and the professional boundaries course he had undertaken, these mitigating factors did not outweigh the seriousness of the conduct, the psychological harm caused to Person A, the risk to public protection, the previous disciplinary history and the pattern of similar behaviour.

The panel concluded that allowing Mr Bradley to remain on the register would undermine public confidence in the nursing profession and in the NMC as its regulator. It considered that his conduct was fundamentally incompatible with continued registration and that a lesser sanction would fail adequately to mark the seriousness of his behaviour or protect the public.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel agreed with the CPD that the appropriate and proportionate

sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Mr Bradley's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct himself, the panel has concluded that nothing short of this would be sufficient in this case.

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

Decision and reasons on interim order

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 Mr Bradley's own interest. The panel heard and accepted the advice of the legal assessor.

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interests. The panel had regard to the serious nature of Mr Bradley's conduct, the public protection risks and public interest identified and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel agreed with the CPD that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months to allow time for the appeal process to conclude if an appeal were made.

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

That concludes this determination.