

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

**Substantive Hearing
Tuesday, 15 September 2026 – Wednesday, 23 September 2026**

Virtual Hearing

Name of Registrant:	Natalie Croarkin
NMC PIN	12G1146E
Part(s) of the register:	Registered Nurse – Sub Part 1 Mental Health Nursing (RNMH) - 10 April 2013
Relevant Location:	Lancashire
Type of case:	Misconduct
Panel members:	Robert Pragnell (Chair, lay member) Aries Maximus Ogbuokiri (Registrant member) Kevin Connolly (Lay member)
Legal Assessor:	Kenneth Hamer (15-18, 22-23 September 2026) Graeme Henderson (21 September 2026)
Hearings Coordinator:	Yvonne Temah
Nursing and Midwifery Council:	Represented by Teri Howell, Case Presenter
Ms Croarkin:	Not present and unrepresented
Facts proved:	Charges 1(a)i, 1(a)ii, 1(a)iii, 3(a), 3(b), 3(c)i, 3(c)ii, 4(a) (in respect of charges 3(a), 3(b), 3(c)i and 3(c)ii), 4(b) (in respect of charges 3(a), 3(b), 3(c)i and 3(c)ii), 5 (in respect of the following dates: 20 June 2015 - 7 November 2015, 17 January 2016, 1 March 2016 - 24 March 2016)
Facts not proved:	Charges 1(a)iv, 2, 3(d)
Fitness to practise:	Impaired
Sanction:	Striking-off order

Interim order:

Interim suspension order (18-months)

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Ms Croarkin was not in attendance, and that the Notice of Hearing letter had been sent to her registered email address by secure email on 17 August 2026.

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

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegations, the time and dates of the hearing, instructions on how to attend virtually and, amongst other things, information about Ms Croarkin's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

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

Decision and reasons on proceeding in the absence of Ms Croarkin

The panel next considered whether it should proceed in the absence of Ms Croarkin. It had regard to Rule 21 and heard the submissions of Ms Howell, who invited the panel to continue in the absence of Ms Croarkin under Rule 21(2). She referred the panel to the detailed registrant response bundle provided by Ms Croarkin.

Ms Howell submitted that Ms Croarkin was clearly aware of the proceedings and had communicated with the NMC confirming that she would not attend. She noted that Ms Croarkin had nevertheless provided a 64-page bundle containing her response to the

allegations, references, character evidence, and training records. Ms Howell therefore submitted that Ms Croarkin would not be prejudiced by the hearing proceeding in her absence.

Ms Howell further submitted that proceeding in Ms Croarkin's absence was necessary in the interests of proportionality and expedition, as the allegations dated back to 2015 and had already been under investigation for a significant period. She also noted that two witnesses were scheduled to give evidence and that there was no indication that an adjournment would secure Ms Croarkin's attendance or produce further evidence or witnesses.

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

The panel considered the email sent to Ms Croarkin on 8 September 2026 by the case coordinator and a response email from Ms Croarkin to the case coordinator on 11 September 2026 stating:

*'Please find attached information for my upcoming hearing.
As highlighted within my agreed removal evidence form [PRIVATE] are
preventing me from being able to attend.
Thankyou
Natalie croarkin (civ)'*

The panel also noted that Ms Croarkin provided the case coordinator with a detailed registrant response bundle with her email dated 11 September 2026. Ms Croarkin did not reply to the question to proceed in her absence and did not provide any documentation with regard to her said '[PRIVATE]' that prevented her from attending this hearing.

The panel further noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be

exercised ‘*with the utmost care and caution*’ as referred to in the case of *R v Jones (Anthony William)*_(No.2) [2002] UKHL 5.

The panel decided to proceed in the absence of Ms Croarkin. In reaching this decision, the panel considered the submissions of Ms Howell, the email from Ms Croarkin, and the advice of the legal assessor. It had regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the interests of fairness to all parties. It noted that:

- No application for an adjournment has been made by Ms Croarkin;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- Two witnesses are due to give live evidence;
- Not proceeding may inconvenience the witnesses, their employer(s) and, for those involved in clinical practice, the clients who need their professional services;
- The charges relate to events that occurred in 2015;
- Further delay may have an adverse effect on the ability of witnesses to accurately recall events; and
- There is a strong public interest in the expeditious disposal of the case.

The panel was satisfied that Ms Croarkin was aware of the hearing, had been given the opportunity to attend and had communicated her reasons for not attending. The panel considered that Ms Croarkin had voluntarily chosen not to attend and that there was no indication that she wanted to delay the proceedings.

The panel also noted that Ms Croarkin had continued to engage with the proceedings, had received the hearing papers in good time, responded to communications and provided her documents by the deadline. It considered that proceeding in her absence would not cause her any significant disadvantage.

The panel took into account that there were two witnesses available to give evidence and that the allegations dated back to 2015. It considered that further delay was not justified in the circumstances.

The panel therefore decided that it was fair and appropriate to proceed with the hearing in Ms Croarkin's absence.

Decision and reasons on application for hearing Patient A's evidence partly in private

Ms Howell made an application for any matter relating to Patient A's health and any other related sensitive matters, which may be explored in the course of her evidence, to be held in private. She noted that Patient A's may refer to her mental health, medical treatment and medical records, as well as details concerning her private relationship with Ms Croarkin. The application was made pursuant to Rule 19 of the Rules.

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 accepted the advice of the legal assessor.

The panel determined to hold Patient A's evidence in private in so far as it pertained to her medical records and treatment in order to protect her privacy.

Details of charge as amended

That you, a registered nurse:

1. In or around 2015

- a) Entered into a romantic and/or sexual relationship with Patient A in that you:
[PROVED]
 - i. Arranged to meet Patient A in a social setting following Patient A's discharge **[PROVED]**
 - ii. Stayed over at Patient A's house **[PROVED]**
 - iii. Told Patient A that you were developing inappropriate feelings for her **[PROVED]**
 - iv. Kissed Patient A once on the ward in the bathroom **[NOT PROVED]**
- 2. In or around December 2021, deleted photographs of you and Patient A from Patient A's phone. **[NOT PROVED]**
- 3. In relation to an investigation in 2022:
 - a) Lied about how you met Patient A and the extent of your relationship with Patient A **[PROVED]**
 - b) Initially denied to having been at Patient A's house **[PROVED]**
 - c) Provided contradicting account of events, in that you:
 - i. Initially stated that Patient A was an 'acquaintance' but later accepted being friends **[PROVED]**
 - ii. Denied having had contact with Patient A after 2015 but later admitted to clinical contact **[PROVED]**
 - d) Influenced Patient A to lie about how you met and the extent of your relationship **[NOT PROVED]**
- 4. Your actions at charges 2 and/or 3a and/or 3b and/or 3c and/or 3d were
 - a) Intended to conceal your relationship with Patient A **[PROVED in respect of Charges 3(a), 3(b), 3(c)i and 3(c)ii]**
 - b) Dishonest **[PROVED in respect of Charges 3(a), 3(b), 3(c)i and 3(c)ii]**

5. Between 2015 and 2019, as detailed in Schedule A, accessed Patient A's medical records without a clinical reason to do so. **[PROVED in respect of the following dates: between 20 June 2015 - 7 November 2015, 17 January 2016, from 1 March 2016 - 24 March 2016]**

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

SCHEDULE A

Between 20 June 2015 – 7 November 2015	There were 16 days within this time frame where the Registrant accessed Patient A's clinical records
From 17 November 2015 – 17 December 2015	The Registrant accessed Patient A's record on seven days when Patient A was admitted to a different ward
17 January 2016	The Registrant accessed Patient A's records whilst she was in the community
From 1 March 2016 – 24 March 2016	Patient A was admitted to Burnley General Hospital and the Registrant accessed Patient A's records over seven days
2 December 2018	
23 March 2019	

Background

The charges arose whilst Ms Croarkin was employed as a registered nurse at the Lancaster and Southern Cumbria NHS Foundation Trust (the Trust) following a disclosure by Patient B concerning a previous relationship between Ms Croarkin and Patient A. The

matter was investigated internally by the Trust and subsequently referred to the NMC on 17 November 2022.

The charges concerned allegations that, in or around 2015, Ms Croarkin entered into a romantic/sexual relationship with Patient A. The allegations included Ms Croarkin arranging to meet Patient A socially following discharge, staying at Patient A's home, telling Patient A that she was developing inappropriate feelings for her and kissing Patient A while on the ward.

It was alleged that in December 2021, Ms Croarkin deleted photographs of herself and Patient A from Patient A's phone and subsequently gave misleading or contradictory accounts during investigations completed by her employer about how she knew Patient A and the nature and extent of their relationship. It was alleged that these actions were intended to conceal the relationship.

A further charge alleged that, between 2015 and 2019, Ms Croarkin accessed Patient A's medical records without a clinical reason for doing so.

Following investigations by Ms Croarkin's employer, a disciplinary hearing was reconvened on 6 October 2022.

Decision and reasons on application to admit unredacted photos

On day two of the hearing, Ms Howell made an application to admit unredacted photos into evidence. This application was made pursuant to Rule 31 of the Rules.

Ms Howell submitted that the photographs relating to Patient A had formed part of the investigation from the outset and had been available for a significant period. She submitted that there had been no challenge to their authenticity.

Ms Howell acknowledged that the photographs had limited evidential value but submitted that they were relevant to the context of the case and helped to confirm the nature of the relationship between Ms Croarkin and Patient A.

Ms Howell submitted that admitting the photographs would cause no prejudice to Ms Croarkin, as she had been aware of them for a significant period and had an opportunity to respond to them. Ms Howell therefore invited the panel to admit the photographs and determine what weight, if any, should be attached to them.

The panel accepted the advice of the legal assessor.

The Panel considered Ms Howell's application to admit the photographs. It acknowledged that the photographs would have previously been available and seen by Ms Croarkin and that Ms Croarkin referred to photographs in her submissions received in response to the bundle. However, the panel was concerned that seemingly since the Case Examiner stage, the photographs were redacted. There was no explanation as to at what point or why the photographs had been redacted and it was uncertain as to when or if an unredacted bundle had been served on Ms Croarkin at an earlier stage.

Ms Croarkin had chosen not to attend the hearing, and the panel was satisfied that she had made that decision, in part, based on her assessment of the material that had been served and that she reasonably would have believed was what the NMC sought to rely. On that basis, the panel found that Ms Croarkin would likely not have dealt with the photographs in detail in her written submissions. Further, if the photographs were to be admitted, Ms Croarkin would not now be able to explain or challenge them or any evidence provided by any witness relating to them.

Having regard to fairness to Ms Croarkin, the panel concluded that admitting the photographs at that stage would be unfair, particularly noting the length of time that the NMC had to prepare its case and that it was unable to explain why it had redacted the photographs in the final bundle. The panel therefore rejected the application to admit the

photographs and decided to proceed on the basis of the bundle that had been served on Ms Croarkin.

Decision and reason on application to amend schedule A in respect of Charge 5

On day two of the hearing, the panel heard an application from Ms Howell to amend the dates in the charging schedule to correct typographical errors as follows:

SCHEDULE A

From 17 November 2016 **2015** – 17
December 2016 **2015**

The Registrant accessed Patient A's record on seven days when Patient A was admitted to a different ward

~~7~~ **17** January 2016

The Registrant accessed Patient A's records whilst she was in the community

Ms Howell submitted that the amendments would not materially alter the case. The documentary evidence, including the access report, clearly established the relevant dates and had been available to Ms Howell and the panel for some time. She therefore submitted that there would be no prejudice to Ms Croarkin and that the panel had the power to allow the amendments before making its determination. The application was made pursuant to Rule 28.

The panel accepted advice of the legal assessor.

The panel considered the proposed amendments and agreed that they were typographical errors. It noted that the error had been carried into Ms Feather's witness statement, where the incorrect dates appeared at paragraphs 36 and 37 and had subsequently been repeated in the documentation.

The panel was satisfied that the amendments were appropriate and agreed to allow the amendments to the dates.

Decision and reasons on application to admit the Trust's 2015 Code of Conduct

On day three of the hearing, Ms Howell made an application to admit 2015 Code of Conduct from the Trust into evidence. This application was made pursuant to Rule 31 of the Rules. She submitted that the 2015 Trust policy on professional relationships with service users should be admitted, clarifying the policy requirements that applied to Ms Croarkin at the relevant time.

Ms Howell submitted that the wording of the 2015 and 2019 policies was materially the same, including the provisions concerning relationships between Trust employees and service users, the definition of a personal relationship, responsibilities where such relationships arise, and vulnerable adults.

Ms Howell submitted that the policy was relevant because it confirmed the obligations that applied to Ms Croarkin in 2015, and that there had been no change to those obligations by the time of the later investigation. She therefore submitted that admitting the policy would cause no prejudice to Ms Croarkin and was proportionate, as it was primarily intended to clarify an issue that had arisen during Ms Feather's evidence.

Ms Howell confirmed that a copy of the policy had been sent to Ms Croarkin the previous evening, together with a statement exhibiting the document. No response or objection had been received from Ms Croarkin. She therefore invited the panel to admit the policy.

The panel accepted the advice of the legal assessor.

The panel considered the relevance and fairness of admitting the 2015 policy. It noted that it had been confirmed that the relevant wording was materially the same as the 2019 policy already in evidence, with the main difference being the numbering.

The panel was satisfied that admitting the document would not be unfair to Ms Croarkin as the substantive provisions had already been disclosed to her through the 2019 policy. It

also considered the document relevant because it was the policy in existence at the time of the alleged events and had been used as the framework for the Trust's investigation.

The panel therefore decided to admit the 2015 policy into evidence, while noting that the weight and relevance of the document to the individual charges would be considered when making its findings.

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 Ms Howell on behalf of the NMC.

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 accepted the advice of the legal assessor who referred the panel to Rule 30 of the Rules and to the case of *Byrne v. General Medical Council* [2021] EWHC 2237 (Admin).

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

- Witness 1: Rachel Feather, Service Manager at the Trust.
- Witness 2: Patient A

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

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

Charge 1(a)

That you, a registered nurse:

In or around 2015:

a) Entered into a romantic and/or sexual relationship with Patient A in that you:

This charge is found proved.

In reaching this decision, the panel took into account Patient A's oral evidence, photo of Patient A and Ms Croarkin and the following extract from Ms Feather's witness statement:

'two days after Patient A's discharge, Patient A stated that they met up with each other and exchanged telephone numbers, Patient A described the relationship as romantic and sexual'

The panel first considered whether a relationship existed between Ms Croarkin and Patient A. It was satisfied that a relationship between Ms Croarkin and Patient A commenced in May 2015, after Patient A was discharged.

The panel took into account Ms Croarkin's evidence that she had continued to meet Patient A after her discharge and that they had social interactions, including staying overnight at Patient A's home. It was not persuaded by Ms Croarkin's explanations that this was merely a friendship or that Patient A was just an acquaintance. The panel found that it was more likely than not that Ms Croarkin would have been aware of Patient A's

feelings towards her. It was persuaded by Patient A's evidence that the relationship was romantic and that her feelings were reciprocated by Ms Croarkin.

The panel also considered Patient A's evidence that the relationship became sexual. However, it was not satisfied that there was sufficient cogent evidence to persuade it of this. It considered the photograph of Ms Croarkin and Patient A together in what appeared to be a bedroom. Taking at its highest, the panel found that the photograph was indicative of the closeness of their relationship. It was mindful that Patient A's evidence that the relationship was intimate, but it was not satisfied that it had been substantiated that the relationship was sexual. Patient A's evidence was not corroborated by any documentation. Although she describes her relationship as sexual, no further evidence was elicited explaining what she meant.

The panel therefore found the romantic relationship aspect of the charge proved but was not satisfied that the sexual aspect had been proved.

Accordingly, the panel was satisfied, on the balance of probabilities, that the allegation was proved and found charge 1(a) proved in relation to the romantic relationship, but not the sexual aspect.

Charge 1(a)i

That you, a registered nurse:

In or around 2025:

- a) Entered into a romantic and/or sexual relationship with Patient A in that you:*
 - i. Arranged to meet Patient A in a social setting following Patient A's discharge*

This charge is found proved.

In reaching this decision, the panel took into account the following extract from Ms Croarkin's statement from the Trust investigation:

'I accept that I arranged to meet Patient A following her discharge from the ward. I cannot now confirm the precise date of this meeting. My intention at the time was to explain to Patient A that we could no longer maintain a friendship. I now recognise that arranging such a meeting was inappropriate. I should have sought further professional guidance and support rather than attempting to manage the situation myself.'... 'I recognise now that this did not justify meeting her socially.'

The panel noted that Ms Croarkin admitted that, following Patient A's discharge, she had arranged to meet Patient A in social settings. It also noted that Ms Croarkin had described these meetings as inappropriate.

The panel was satisfied that the meetings occurred and that they formed part of what was a romantic relationship between Ms Croarkin and Patient A. It therefore found, on the balance of probabilities, that Ms Croarkin had arranged to meet Patient A in a social setting following her discharge and found charge 1(a)i proved.

Charge 1(a)ii

That you, a registered nurse:

In or around 2025:

- a) Entered into a romantic and/or sexual relationship with Patient A in that you:*
 - ii. Stayed over at Patient A's house*

This charge is found proved.

In reaching this decision, the panel took into account the following extract from Ms Croarkin's statement from the Trust investigation:

'I have stayed overnight with Patient A at her house, her grandad was away'

And the following extract from Ms Croarkin's response bundle:

'I accept that I stayed overnight at Patient A's grandfather's house.'

The panel noted that Ms Croarkin accepted that she had stayed overnight at Patient A's house following her discharge.

The panel was satisfied that the overnight stay formed part of the relationship between Ms Croarkin and Patient A, which it found was romantic in nature.

Accordingly, on the balance of probabilities, the panel found that the allegation was proved and found charge 1(a)ii proved.

Charge 1(a)iii

That you, a registered nurse:

In or around 2025:

- a) Entered into a romantic and/or sexual relationship with Patient A in that you:*
 - iii. Told Patient A that you were developing inappropriate feelings for her*

This charge is found proved.

In reaching this decision, the panel took into account the following extract from Patient A's witness statement:

'Later that week she started saying she that she was developing inappropriate feelings for someone and I said oh right She said it was me and I said me too.'

The panel accepted that, early in the relationship, Ms Croarkin told Patient A that she was developing inappropriate feelings for her.

The panel noted that Patient A provided this account in her second witness statement dated 29 May 2022 and had repeated it in her oral evidence. When questioned, Patient A was clear and consistent on this point. The panel considered that Ms Croarkin telling Patient A that she was developing inappropriate feelings was consistent with, and supportive of, its finding that the relationship was romantic in nature.

Accordingly, the panel was satisfied, on the balance of probabilities, that the allegation was proved and found Charge 1(a)iii proved.

Charge 1(a)iv

That you, a registered nurse:

In or around 2025:

a) Entered into a romantic and/or sexual relationship with Patient A in that you:

iv. Kissed Patient A once on the ward in the bathroom

This charge is found NOT proved.

In reaching this decision, the panel took into account Patient A's witness statement and oral evidence. It noted that Patient A said in her interview on 9 April 2022 and confirmed in her oral evidence to the panel that the kiss was *"100 percent initiated by me"*.

The panel was therefore not satisfied, on the balance of probabilities, that Ms Croarkin had kissed Patient A as alleged and found Charge 1(a)iv not proved.

Charge 2

That you, a registered nurse:

- 2. In or around December 2021, deleted photographs of you and Patient A from Patient A's phone*

This charge is found NOT proved.

In reaching this decision, the panel took into account Patient A's oral evidence and witness statement.

The panel considered charge 2 to be a specific allegation requiring evidence that Ms Croarkin met Patient A on an unspecified date in December 2021 and that on that occasion, she had taken possession of Patient A's phone and deleted the photographs. The charge was clearly based on the account of this meeting provided by Patient A in her second witness statement. However, in her oral evidence, Patient A did not provide the same narrative account and when questioned, her answers about the events in December 2021 were inconsistent.

The panel found no evidence capable of supporting the charge. It noted that, in her oral evidence, Patient A was clear that she had deleted the photographs herself at Ms Croarkin's request. When asked whether she had met Ms Croarkin in December 2021, she stated she could not remember and then that she may have done so. Patient A then provided conflicting evidence about the deletion of the photographs.

The panel also noted the absence of any digital forensic evidence, eyewitness evidence, messages or admission by Ms Croarkin. Having considered the evidence as a whole, the panel was not satisfied that the charge was proved on the balance of probabilities.

Accordingly, the panel was not satisfied, on the balance of probabilities, that the allegation was proved and found Charge 2 not proved.

Charge 3(a)

That you, a registered nurse:

In relation to an investigation in 2022:

- a) Lied about how you met Patient A and the extent of your relationship with Patient A*

This charge is found proved.

In reaching this decision, the panel took into account evidence from Patient A, the following extract from the NMC bundle:

'I first met patient A at a church event in 2014/2015.

.....

...we met at a church event we talked and became friends we would regularly contact each other through texts if attending events etc'

And the following extract from Ms Croarkin's response bundle:

'I accept that I provided contradictory information when describing Patient A initially as an acquaintance and subsequently as a friend.

...

I do not rely upon [PRIVATE] as an excuse for giving an inaccurate response. I accept responsibility for the fact that my answer was inaccurate.

However, I believe these circumstances are relevant context when considering whether the inaccurate response was deliberate and whether I intended to mislead the investigation.

I maintain that it was not my intention to deliberately mislead the investigation.'

The panel, having considered all the evidence, accepted Patient A's evidence. It noted that Ms Croarkin repeated her account of where she met Patient A at the investigation meeting in January 2022 and continued to maintain that she had known Patient A prior to her admission in May 2015.

However, based on Patient A's evidence, the panel was satisfied that Ms Croarkin's account was untrue and that she had intentionally lied about how she first met Patient A.

The panel noted that Ms Croarkin's account of the nature and extent of her relationship with Patient A differed from her first statement and continued to change as further evidence emerged. Ms Croarkin initially described Patient A as merely an acquaintance, but later accepted that they were friends, had contact, met socially and spent time alone. The panel considered that this represented a significant difference from Ms Croarkin's initial account and that she had understated the nature and extent of her relationship with Patient A.

The panel considered Ms Croarkin's explanation that she had misunderstood the questions asked during the Trust investigation and that the inconsistencies were a consequence of the passage of time on her recollection. It also took into account that she had been asked to include her contact with Patient A in a clinical context, which she expected the Trust to already have documented. However, the panel did not consider this adequately explained the extent of the inconsistencies, particularly as Ms Croarkin had been specifically asked about her relationship with Patient A and her clinical contact with her.

The panel also considered that Ms Croarkin had initially denied having been to Patient A's home but later acknowledged that she had attended the house and stayed overnight. The panel considered Ms Croarkin's personal circumstances at the time, as outlined in her bundle. It noted that Ms Croarkin had been represented during the Trust investigation and had not raised any difficulty in understanding or responding to the questions at the time.

Taking the evidence as a whole, the panel was satisfied that Ms Croarkin's earlier accounts had deliberately understated the nature and extent of her relationship with Patient A and that she had intentionally misled the investigation. It therefore found, on the balance of probabilities, charge 3(a) proved.

Charge 3(b)

That you, a registered nurse:

In relation to an investigation in 2022:

b) Initially denied to having been at Patient A's house

This charge is found proved.

In reaching this decision, the panel took into account Ms Croarkin's response bundle. It accepted that Ms Croarkin initially denied visiting Patient A's home but later accepted that she had visited her and stayed overnight.

Accordingly, the panel was satisfied, on the balance of probabilities, that the allegation was proved based on Ms Croarkin's admission and found charge 3(b) proved.

Charge 3(c)i

That you, a registered nurse:

In relation to an investigation in 2022:

- c) *Provided contradicting account of events, in that you:*
 - i. *Initially stated that Patient A was an 'acquaintance' but later accepted being friends*

This charge is found proved.

In reaching this decision, the panel took into account the following extract from the NMC bundle:

'...I did use the word acquaintance which is how I felt that at the time.'

'...reflecting on it I can see it was more than that and I did enjoy her company.'

'I could have been a bit more upfront about the nature of the relationship'

'we had a friendship'

And the following from Ms Croarkin's response bundle:

'I accept that I provided contradictory information when describing Patient A initially as an acquaintance and subsequently as a friend.'

The panel noted that Ms Croarkin initially described Patient A as an acquaintance and said she did not consider the relationship to be a friendship but later accepted that she had understated the nature and extent of the relationship.

The panel also took into account Ms Croarkin's later admissions in her response bundle, where she accepted that she had provided contradictory information and had not been as open.

Accordingly, the panel was satisfied, on the balance of probabilities, that the allegation was proved and found charge 3(c)i proved.

Charge 3(c)ii

That you, a registered nurse:

In relation to an investigation in 2022:

- c) Provided contradicting account of events, in that you:*
 - ii. Denied having had contact with Patient A after 2015 but later admitted to clinical contact*

This charge is found proved.

In reaching this decision, the panel took into account notes from the Trust's investigation meeting. The panel noted Ms Croarkin's explanation in relation to the allegation but considered that, on the factual evidence, she had admitted having clinical contact with Patient A.

The panel was satisfied, on the balance of probabilities, that the allegation was proved and found charge 3(c)ii proved.

Charge 3(d)

That you, a registered nurse:

In relation to an investigation in 2022:

- d) Influenced Patient A to lie about how you met and the extent of your relationship*

This charge is found NOT proved.

In reaching this decision, the panel took into account the NMC bundle and Ms Croarkin's response bundle.

It considered all the evidence from the beginning of the relationship in 2015 through to the investigation in 2022. It was satisfied that there had been an agreement at the start of the relationship to maintain a particular account of how Ms Croarkin and Patient A had met. The panel was mindful of the potential power imbalance between Ms Croarkin and Patient A at the time but noted there was no evidence to suggest that Patient A lacked capacity to make her own decisions. The panel was mindful that Patient A was a vulnerable person but found that she had agreed to the account in order to pursue the relationship.

The panel considered the allegation that, after the relationship had ended, Ms Croarkin contacted Patient A to persuade her to maintain the agreed account during the investigation. It noted that Patient A maintained this account in her second interview, including that Ms Croarkin had met previously. However, in her oral evidence, Patient A departed from this account and gave different versions about whether there had been a meeting or telephone contact.

In light of these inconsistencies, and Ms Croarkin's consistent denial of having had contact with Patient A during this period, the panel was not satisfied, on the balance of probabilities, that Ms Croarkin had influenced Patient A during the investigation. It therefore found charge 3(d) not proved.

Charge 4(a)

That you, a registered nurse:

4. *Your actions at charges 2 and/or 3a and/or 3b and/or 3c and/or 3d were*
 - a) *Intended to conceal your relationship with Patient A*

This charge is found proved in respect of Charges 3(a), 3(b), 3(c)i 3(c)ii, but NOT proved in respect of Charges 2 and 3(d).

In reaching this decision, the panel took into account its reason given in charges 3(a), 3(b), 3(c)i and 3(c)ii. It was satisfied that Ms Croarkin initially denied having visited Patient A's home but later accepted that she had visited and stayed overnight.

The panel considered Ms Croarkin's explanation that she had forgotten about the visit. However, it was satisfied that she had deliberately failed to disclose the visit because she was seeking to conceal the nature and extent of her relationship with Patient A, which she knew was inappropriate and could lead to further investigation or consequences at work.

Accordingly, the panel was satisfied, on the balance of probabilities, that the allegation was proved and found charge 4(a) proved in respect of Charges 3(a), 3(b), 3(c)i 3(c)ii, but not proved in respect of charges 2 and 3(d).

Charge 4(b)

That you, a registered nurse:

4. *Your actions at charges 2 and/or 3a and/or 3b and/or 3c and/or 3d were*
 - b) *Dishonest*

This charge is found proved in respect of charges 3(a), 3(b), 3(c)i 3(c)ii, but NOT proved in respect of charges 2 and 3(d).

In reaching this decision, the panel took into account its reason given in charges 3(a), 3(b), 3(c)i and 3(c)ii. It was satisfied that Ms Croarkin was dishonest in that she:

- Initially denied that she had visited Patient A's home
- Lied about how she met Patient A and extent of the relationship

- Denied having had contact with Patient A but later admitted to having had clinical contact
- Initially stated that Patient A was an acquaintance but later accepted being friends

The panel also had regard to the case of *Ivey v. Genting Casinos (UK) Ltd v. Crockfords* [2018] AC 391, with regards to dishonesty:

‘When dishonesty is in question the fact-finding Tribunal must first ascertain (subjectively) the actual state of the individual's knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest.’

The panel considered that Ms Croarkin knew the information she was providing was untrue and that she intended to mislead the investigation.

Applying the objective test, as referenced in the case of *Ivey v. Genting Casinos (UK) Ltd v. Crockfords* [2018] AC 391, the panel considered that an ordinary, reasonable person would regard Ms Croarkin's conduct as dishonest.

Accordingly, the panel was satisfied, on the balance of probabilities, that the allegation was proved and found charge 4(b) proved in respect of charges 3(a), 3(b), 3(c)i 3(c)ii and not proved in respect of charges 2 and 3(d).

Charge 5

That you, a registered nurse:

5. *Between 2015 and 2019, as detailed in Schedule A, accessed Patient A's medical records without a clinical reason to do so.*

*'Between 20 June
2015 – 7 November
2015*

*There were 16 days within
this time frame where the
Registrant accessed Patient
A's clinical records*

*From 17 November
2015 – 17 December
2015*

*The Registrant accessed
Patient A's record on seven
days when Patient A was
admitted to a different ward*

17 January 2016

*The Registrant accessed
Patient A's records whilst
she was in the community*

*From 1 March 2016 –
24 March 2016*

*Patient A was admitted to
Burnley General Hospital
and the Registrant
accessed Patient A's
records over seven days*

*2 December 2018
23 March 2019'*

This charge is found proved in respect of the following dates: between 20 June 2015 - 7 November 2015, 17 January 2016, from 1 March 2016 - 24 March 2016.

In reaching this decision, the panel took into account Ms Feather's oral evidence and following extract from Ms Croarkin's interview by the Trust:

'I have accessed the notes to use as a tool to formulate further care plans. I recognise that I should not have done this as it violates information governance'

'I was looking to take information and I was looking for curiosity to see if she was ok as well'

And the following from Ms Croarkin's response bundle:

'I recognise the seriousness of the matters that I do accept, particularly my decision to access Patient A's clinical records without sufficient professional justification and my failure to maintain appropriate professional boundaries'

In relation to Ms Croarkin accessing Patient A's records between 20 June 2015 – 7 November 2015, the panel noted that, during this period, Patient A was living in the community and Ms Croarkin had no clinical reason to access Patient A's records.

The panel also took into account Ms Croarkin's admission that she had accessed Patient A's clinical records without a clinical or professional justification. This period also coincided with the relationship between Ms Croarkin and Patient A.

The panel was therefore satisfied that the access to Patient A's records during this period was inappropriate and found this part of charge 5 proved.

In relation to Ms Croarkin accessing Patient A's records from 17 November 2015 – 17 December 2015, the panel noted that Patient A was in hospital during this period and that Ms Croarkin was working on an adjoining ward.

The panel considered that, given the location of Ms Croarkin's work and the adjoining wards, there could have been a legitimate clinical reason for her to access Patient A's records. It was therefore not satisfied, that the accessing of records during this period was inappropriate and found this part of charge 5 not proved.

In relation to Ms Croarkin accessing Patient A's records on 17 January 2016, the panel noted that Patient A was living in the community at this time and that Ms Croarkin had no clinical reason to access Patient A's records.

The panel also took into account Ms Croarkin's admission that she had accessed Patient A's clinical records without a clinical or professional justification. It was therefore satisfied that the access was inappropriate and found this part of charge 5 proved.

In relation to Ms Croarkin accessing Patient A's records from 1 March 2016 – 24 March 2016, the panel noted that Ms Croarkin was not working at Burnley Hospital during this period and had no clinical involvement with Patient A.

The panel was satisfied that there was no clinical justification for Ms Croarkin to access Patient A's records during this period. It therefore found the access was inappropriate and found this part of Charge 5 proved.

In relation to Ms Croarkin accessing Patient A's records on 2 December 2018, the panel considered the evidence about Ms Croarkin's location and work arrangements on this date and was not satisfied that it could establish that she had no clinical reason to access Patient A's records.

The panel therefore could not be satisfied that the access was inappropriate and found this part of charge 5 not proved.

In relation to Ms Croarkin accessing Patient A's records on 23 March 2019, the panel considered the evidence about Ms Croarkin's work location and the circumstances on 23 March 2019. The panel was not satisfied that it could establish that she had no clinical reason to access Patient A's records on that date.

The panel therefore found that the access could not be shown to have been inappropriate and found this part of charge 5 not proved.

Accordingly, the panel was satisfied, on the balance of probabilities, that the allegation was proved and found charge 5 proved in respect of the following dates: between 20 June 2015 - 7 November 2015, 17 January 2016, from 1 March 2016 - 24 March 2016. And not proved in respect of the following dates: from 17 November 2015 – 17 December 2015, 2 December 2018 and 23 March 2019.

Fitness to practise

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

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

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

Submissions on misconduct

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (No. 2) [2000] 1 AC 311* which defines misconduct as a 'word of general effect,

involving some act or omission which falls short of what would be proper in the circumstances.'

Ms Howell submitted that the findings made by the panel amounted to misconduct. She submitted that Ms Croarkin's actions and omissions fell seriously short of the standards expected of a registered nurse and represented a significant departure from the standards set out in the NMC Code.

Ms Howell relied upon the following paragraphs of the 2015 NMC Code:

- 1 *Treat people as individuals and uphold their dignity*
- 2 *Listen to people and respond to their preferences and concerns*
- 3 *Make sure that people's physical, social and psychological needs are assessed and responded to*
- 4 *Act in the best interests of people at all times*
- 5 *Respect people's right to privacy and confidentiality*
- 6 *Always practise in line with the best available evidence*
- 8 *Work co-operatively*
- 10 *Keep clear and accurate records relevant to your practice*
- 13 *Recognise and work within the limits of your competence*
- 14 *Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place*
- 16 *Act without delay if you believe that there is a risk to patient safety or public protection*
- 19 *Be aware of, and reduce as far as possible, any potential for harm associated with your practice*
- 20 *Uphold the reputation of your profession at all times*

23 Cooperate with all investigations and audits

Ms Howell submitted that entering into a romantic relationship with Patient A, who was a vulnerable service user, represented a serious breach of professional boundaries. Ms Howell relied on Patient A's evidence regarding the impact of the relationship and its ending, including the effect on her willingness to engage with health and social care services. Ms Howell also relied on the inappropriate access to Patient A's clinical records, submitting that this breached Patient A's rights to privacy and confidentiality.

Ms Howell further submitted that Ms Croarkin's failure to be open during the investigation, including providing changing accounts about the nature and extent of her relationship with Patient A, amounted to further breaches of the Code. She submitted that the dishonesty and failure to cooperate with the investigation were significant factors when assessing seriousness.

In relation to aggravating features, Ms Howell identified a number of factors including the abuse of a position of trust, the vulnerability of Patient A, deliberate breaches of the Code, the duration of the misconduct, the pattern of inappropriate access to records, dishonesty and the limited engagement with the hearing. Ms Howell accepted there were mitigating features, including the passage of time, Ms Croarkin's professional history, references and training records in her response bundle, but submitted that these did not outweigh the seriousness of Ms Croarkin's misconduct.

Ms Howell submitted that, taken together, the number and nature of the breaches, together with the aggravating features, demonstrated conduct that fell seriously below the standards expected of a registered nurse and therefore amounted to misconduct.

Submissions on impairment

Ms Howell addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body.

Ms Howell referred the panel to the NMC's guidance on impairment (DMA-1) that states:

'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.'

She submitted that Ms Croarkin's fitness to practise was currently impaired by reason of her misconduct.

Ms Howell accepted that there were no concerns about Ms Croarkin's general clinical ability and that she had provided positive references about her work. However, Ms Howell submitted that Ms Croarkin's reflection did not demonstrate sufficient insight into what had gone wrong or how she would prevent similar concerns in the future.

Ms Howell submitted that the dishonesty was particularly difficult to remediate. Ms Croarkin had not provided a full and open explanation about why the relationship developed or why she misled the investigation. Ms Howell further submitted that Ms Croarkin's reflection on accessing Patient A's records was limited. Although Ms Croarkin accepted that she should not have accessed the records without clinical justification, she had not properly considered the impact this had on Patient A or why she had done so.

Ms Howell relied on Ms Croarkin's continued denial that the relationship was romantic and the findings that she had misled the investigation. She submitted that Ms Croarkin's limited engagement with the hearing meant that the panel had been unable to fully assess her insight and remediation.

Ms Howell submitted that the findings remained relevant to public protection and maintaining confidence in the nursing profession. She submitted that, until Ms Croarkin had demonstrated sufficient insight and remediation, there remained concerns about whether similar issues could arise in the future.

The panel accepted the advice of the legal assessor.

Decision and reasons on sharing determination on facts with Ms Croarkin

Prior to making its decision on misconduct and impairment, the panel considered that Ms Croarkin should be provided with a copy of the determination on facts. It considered that Ms Croarkin should have the opportunity to consider the findings and make any further submissions within the time allowed and/or to attend the remainder of the hearing if she wishes.

The panel therefore directed that a copy of the determination on facts be provided to Ms Croarkin to her registered email address by secure email before the panel resumed its consideration of misconduct and impairment.

Decision and reasons on misconduct

The panel confirmed that Ms Croarkin had been sent a copy of the determination on facts and been invited to make submissions. Ms Croarkin had not responded.

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

The panel was of the view that Ms Croarkin's actions did fall significantly short of the standards expected of a registered nurse, and that her actions amounted to a breach of the Code. Specifically, the panel considered the following paragraphs of particular relevance:

2015 NMC Code

'5 *Respect people's right to privacy and confidentiality*

To achieve this, you must:

5.1 respect a person's right to privacy in all aspects of their care

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 honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment

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

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct.

The panel considered the standards clearly set out the conduct expected of a registered nurse, including the importance of maintaining appropriate professional boundaries and behaving professionally. It considered that the conduct found proved represented a serious departure from those standards.

The panel considered Ms Croarkin's conduct in the context of its findings rather than treating each matter in isolation. It was satisfied that the combination of Ms Croarkin's conduct, her dishonesty together with the nature and extent of her relationship with Patient A demonstrated actions which fell seriously short of the conduct and standards expected of a registered nurse and amounted to misconduct.

Decision and reasons on impairment

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

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 28 January 2026, which states:

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

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

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* [2011] EWHC 927 (Admin) in reaching its decision. In paragraph 74, she said:

'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only

whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

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

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

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) has in the past acted dishonestly and/or is liable to act dishonestly in the future*

The panel considered that all four limbs were engaged. It considered the impact of Ms Croarkin's conduct on Patient A. The panel noted Patient A's evidence that the conduct had caused her significant harm in that it had taken her several years to trust another healthcare professional, despite her own awareness of her difficulties. The panel

considered this when assessing the seriousness of Ms Croarkin's conduct and whether she had demonstrated sufficient insight into its impact.

The panel considered Ms Croarkin's insight and the evidence she had provided in relation to the charges. It recognised that Ms Croarkin accepted some elements of her conduct and had taken some steps to strengthen her practice. The panel considered that this demonstrated some insight, but it was concerned that Ms Croarkin's insight did not extend sufficiently to understanding the impact of her dishonesty and accessing Patient A's records on Patient A.

The panel also considered the fact that Ms Croarkin had not accepted how she and Patient A first met or fully accepted the nature and extent of her relationship with Patient A. It considered that this, together with the limited reflection on her dishonesty and the reasons for her conduct, meant that her insight remained incomplete. The panel was therefore unable to conclude that the underlying concerns had been fully addressed or that there was no risk of similar conduct occurring again.

The panel took into account the passage of time and the absence of evidence of similar concerns during Ms Croarkin's subsequent nursing practice. It also considered the positive testimonials, training and other evidence relating to her professional practice. However, although these factors were relevant and demonstrated positive aspects of Ms Croarkin's subsequent practice, the panel did not consider that they were sufficient to overcome its concerns about the lack of full insight and remediation.

The panel considered that Ms Croarkin's conduct breached the fundamental tenets of the nursing profession and also brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to her conduct extremely serious.

The panel therefore concluded that there remain a risk of repetition and that Ms Croarkin's fitness to practise is impaired on public protection grounds.

The panel bore in mind that the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and wellbeing of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a finding of impairment on public interest grounds is required because of the seriousness of Ms Croarkin's conduct, including the inappropriate relationship with Patient A, the inappropriate access to Patient A's records and the dishonesty during the investigation. It considered that the nature of Ms Croarkin's conduct was such that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds Ms Croarkin's fitness to practise impaired on the grounds of public interest.

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

Sanction

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

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

Submissions on sanction

Ms Howell invited the panel to impose a striking-off order in this case.

Ms Howell then addressed the panel on the aggravating and mitigating features of the case. She submitted that the aggravating features of the case included an abuse of a position of trust, dishonesty, inappropriate access to Patient A's medical records, breach of professional boundaries and lack of sufficient insight.

Ms Howell submitted that Ms Croarkin's dishonesty was particularly serious as it was not a one-off incident. It involved Ms Croarkin concealing the nature and extent of her relationship with Patient A and misleading the investigation. Ms Howell also noted that Ms Croarkin had had several years to reflect on her conduct but had not developed sufficient insight, particularly in relation to her dishonesty.

Ms Howell submitted that imposing a no further action or a caution order would not reflect the seriousness of the panel's findings. She submitted that a conditions of practice order would not be workable because the concerns related to a relationship outside clinical practice and access to Patient A's records, which could not be effectively monitored. Ms Howell also submitted that a suspension order would not address Ms Croarkin's lack of insight, given the significant period of time already available for her to reflect and strengthen her practice.

Ms Howell therefore submitted that a striking off order was the appropriate sanction. Ms Howell relied on the seriousness of the panel's findings, Patient A's vulnerability, the breach of professional boundaries, inappropriate access to confidential records and Ms Croarkin's lack of sufficient insight. She submitted that the panel's findings raised fundamental concerns about Ms Croarkin's professionalism and that public confidence in the profession would not be maintained without her removal from the register.

Ms Howell acknowledged the impact of a striking-off order on Ms Croarkin but submitted that this was outweighed by the need to protect the public, maintain public confidence and uphold professional standards.

The panel accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found Ms Croarkin'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 had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

Throughout its deliberations, the panel had regard to the principle of proportionality and balanced Ms Croarkin's interest against the public interest.

The panel has taken into account its earlier determinations on the facts and on impairment, the SG and the NMC Code and the submissions of Ms Howell.

The panel found the following aggravating factors:

- Patient A was a vulnerable person for whom Ms Croarkin had a duty of care. Ms Croarkin was fully aware of Patient A's diagnosis, [PRIVATE]. Despite this knowledge, Ms Croarkin met with Patient A socially and formed a romantic relationship. The panel found this to be a significant and serious breach of trust.
- Patient A had a [PRIVATE], and notes completed by Ms Croarkin during the first admission, when she met Patient A, recorded a [PRIVATE]. In her testimony to the panel, Patient A gave evidence that they had, in agreement with Ms Croarkin, concealed their relationship and, in doing so, had intentionally misled healthcare professionals charged with assessing her wellbeing, including during a period when she was distressed as a consequence of the end of the relationship with Ms Croarkin. Further, Patient A stated that she had subsequently been reluctant to

seek professional help, was mistrustful of health care professionals, and was concerned about the security of her clinical records.

- Ms Croarkin clearly knew the relationship was incompatible with her role as a nurse and, early in the relationship, agreed to a cover story to prevent its discovery or explain it in a way that would avoid her being held accountable for her decisions. This was found to be an intentional breach of the Code.
- The misconduct found was not limited to the relationship. After Ms Croarkin terminated contact with Patient A, she engaged in actions partly motivated by her ongoing attempts to conceal her conduct, namely accessing Patient A's clinical files. Further, Ms Croarkin, failed to disclose the nature or scope of her relationship when questioned in 2021 and 2022. The limited acknowledgement or admission of fact was piecemeal and provided only when challenged or when evidence was provided that she could not refute.
- While there is some insight into why the relationship with Patient A was inappropriate, it is limited and largely recent. Ms Croarkin had an opportunity to reflect on her inappropriate conduct from the end of the relationship and the start of the investigation in 2021/2022 and provide to the investigation meeting a full and accurate account of how she met Patient A and the extent of their relationship. Ms Croarkin's recent insight continues to lack any demonstration of the effect of her actions on Patient A or to demonstrate a clear understanding of patient safety, the extent of risk of harm she created or the impact on Patient A. Ms Croarkin did not acknowledge the wider implications of her conduct for trust or public confidence.
- Ms Croarkin's conduct demonstrated a degree of premeditation in that she created a false narrative with Patient A to explain their relationship and persisting with that narrative in 2021 and 2022.

The panel also found the following mitigating factors:

- Ms Croarkin noted that the relationship occurred in 2015, while Ms Croarkin was in her preceptorship, and that, notwithstanding issues linked to this matter, there is no evidence of similar incidents; Ms Croarkin appears to have progressed in her career and practice, securing promotions and providing references and endorsements. Since the 2022 investigation, she has continued her professional development.
- The panel noted Ms Croarkin's submissions about her personal circumstances and [PRIVATE] from 2021. [PRIVATE]
- [PRIVATE]

Panel's approach to sanction

Having taken the above into account, the panel proceeded to consider the available sanctions in turn. In doing so, it was mindful of the proven facts of the case, particularly the findings relating to dishonesty.

The panel did not consider the dishonesty to be a separate aggravating factor. However, it was satisfied that, during the Trust investigation, Ms Croarkin had chosen to misrepresent the nature and extent of her relationship with Patient A and, on occasions, had lied when faced with difficult questions.

The panel considered each sanction in ascending order of seriousness starting with the least restrictive.

No Action

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.

Caution order

The panel then considered the imposition of a caution order. It had regard to the SG, in particular SAN-2b:

‘A caution order is only appropriate if the Fitness to Practise Committee has decided there’s no risk to the public or to patients requiring the nurse, midwife or nursing associate’s practice to be restricted, meaning the case is at the lower end of the spectrum of impaired fitness to practise, however the Fitness to Practise committee wants to mark that the behaviour was unacceptable and must not happen again.

Because a caution order doesn’t affect a nurse, midwife or nursing associate’s right to practise, the Committee will always need to ask itself if its decision about the nurse, midwife or nursing associate’s fitness to practise indicated any risk to patient safety.’

The panel determined that, due to the seriousness of Ms Croarkin’s case, and the public protection issues identified, an order that does not restrict her practice would not be appropriate in the circumstances. It considered that Ms Croarkin’s misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

Conditions of practice order

The panel next considered whether placing conditions of practice on Ms Croarkin’s registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be relevant, proportionate, measurable and workable. It had regard to the SG, in particular SAN-2c:

'If there are no appropriate and workable conditions, the Committee should then consider whether suspension would be more appropriate'

The panel determined that no workable or measurable conditions could be formulated which would address the nature of Ms Croarkin's misconduct.

Further, the panel considered that the imposition of a conditions of practice order would not mark the seriousness of Ms Croarkin's misconduct and would be insufficient to maintain public confidence in the profession or to promote and maintain standards for members of the profession.

Suspension order

The panel then went on to consider whether a suspension order on Ms Croarkin's registration would be an appropriate and proportionate sanction. It took into account the seriousness of Ms Croarkin's conduct the aggravating factors and the lack of sufficient insight and evidence of remediation.

The panel acknowledged that a suspension order has a deterrent effect and can be used as a signal to the registrant, the profession, and to the public about what is regarded as unacceptable conduct.

The panel took account of the following paragraphs of the SG, in particular SAN-2d, which indicate circumstances in which it may be appropriate to impose a sanction of suspension:

- *'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 SAN-2d to weigh up before imposing a suspension, and 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 recognised that Ms Croarkin’s conduct was serious and involved dishonesty, breach of professional boundaries and incomplete insight, and that a sanction was required to mark the seriousness of her conduct, maintain public confidence and uphold the standards expected of the nursing profession. It was satisfied Ms Croarkin’s misconduct was fundamentally incompatible with remaining on the register.

The panel was not satisfied that there was sufficient acknowledgement of the conduct found proved or recognition of its implications for vulnerable people. In particular, it remained concerned about Ms Croarkin’s limited insight into the impact of her conduct on Patient A, her professional boundaries and the dishonesty identified by the panel.

The panel also considered the public interest. It was concerned about the impact that the conduct had on public confidence in the profession, particularly given the relationship with a vulnerable service user, the breach of professional boundaries and the subsequent attempts to conceal or minimise the nature and extent of the relationship.

The panel further considered that the public interest concerns in this case extended beyond the risk of repetition alone. The panel was required to consider not only public protection, but also the need to maintain public confidence in the profession and to uphold proper professional standards.

Taking all these matters together, the panel concluded that a suspension order would be insufficient to maintain public confidence in the profession and uphold proper professional standards. It therefore decided not to impose a suspension order.

Striking-off order

In considering a striking-off order, the panel had regard to the SG, in particular the SAN-2e regarding cases relating to striking-off:

‘This sanction is likely to be appropriate if the professional’s actions are fundamentally incompatible with being a registered professional. Before imposing this sanction, the Committee should consider:

[...]

- *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 also had regard to the following considerations as set out in the NMC Guidance on the types of case that are most likely to result in a striking-off order:

- *Cases involving dishonesty or a breach of the professional duty of candour*
- *Abuse of ... vulnerable adult*
- *...causing harm to people receiving care, or putting them at serious risk of harm*

The panel considered that, when questioned during the investigation in 2021 and 2022, Ms Croarkin did not fully disclose the nature or extent of their relationship. Ms Croarkin's admissions were piecemeal and were made when she was challenged or presented with evidence she could not refute.

The panel considered that there was a degree of premeditation in creating a false account with Patient A about how they had met and maintaining that account during the investigation. It considered this added to the seriousness of Ms Croarkin's dishonesty.

The panel took into account the passage of time, Ms Croarkin's training and her subsequent professional practice. However, it was not satisfied that there had been sufficient development in insight or remediation and did not consider that a period of suspension would result in the necessary change.

The panel considered the vulnerability of Patient A, the breach of professional boundaries, inappropriate access to confidential records and dishonesty during the investigation. It concluded that the seriousness of the conduct raised fundamental concerns about Ms Croarkin's professionalism and that a lesser sanction would not adequately address the concerns or maintain public confidence.

The panel determined that the combination of the serious misconduct found proved, the abuse of professional trust and the involvement of a vulnerable patient raised serious

questions about Ms Croarkin's professionalism and rendered her continued registration fundamentally incompatible with the standards expected of a registered nurse.

The panel also concluded that allowing Ms Croarkin to remain on the register would undermine public confidence in the profession and in the regulatory process. The panel considered that the concerns arising from Ms Croarkin's conduct engaged the wider public interest because honesty is a fundamental professional value, and public confidence in the profession would be undermined if such conduct was not appropriately marked by the regulatory process. Balancing all the circumstances of Ms Croarkin's case, the panel determined that a striking-off order is the only sanction capable of adequately protecting the public, maintaining public confidence in the nursing profession and upholding proper professional standards.

The panel concluded that nothing short of a striking-off order 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 a clear message to the public and the profession regarding the standards of behaviour expected of a registered nurse.

This will be confirmed to Ms Croarkin 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 Ms Howell. She invited the panel to impose an interim suspension order for a period of 18 months on the grounds of public protection and public interest. She submitted that the interim order is necessary for the same reasons that the panel had found your fitness to practise impaired.

Ms Howell submitted that although the striking-off order is going to come into effect in 28 days, that is only if no appeal is lodged. She set out that you have the right to appeal against the panel's decision, and if that were the case, then 18 months would cover any period of the matter being resolved.

The panel accepted the advice of the legal assessor who referred the panel to the case of *Hindle v NMC [2025] EWHC 373* (Admin).

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. In its determination, the panel was of the view that there was continued risk of repetition by Ms Croarkin. It had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The present case concerns a striking-off order whereas in the *Hindle* case the panel imposed a substantive sanction of six-month suspension. Moreover, the panel has in the present case determined that there are limited insight and risk of repetition and the need to protect the public against such a risk.

The panel has borne in mind the severity of the potential impact on Ms Croarkin of an interim suspension order, but for the reasons stated this is outweighed by the need to protect the public and maintain public confidence in the nursing profession.

The panel concluded that an interim suspension order would be appropriate and 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 potential appeal period.

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

That concludes this determination.