

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

**Substantive Order Review Hearing
Friday, 18 September 2026**

Virtual Hearing

Name of Registrant:	James Campbell Murray
NMC PIN:	99J0144S
Part(s) of the register:	Registered Nurse – (Sub Part 1) Adult Nurse - 30 September 2002
Relevant Location:	Fife
Type of case:	Misconduct
Panel members:	Richard Youds (Chair, Lay member) Victoria Head (Registrant member) Catherine Beckett (Lay member)
Legal Assessor:	Nicholas Baldock
Hearings Coordinator:	Monowara Begum
Nursing and Midwifery Council:	Represented by John Burke, Case Presenter
Mr Murray:	Present and represented by Jennifer McPhee, Anderson Strathern
Order being reviewed:	Suspension order (6 months)
Fitness to practise:	Not Impaired
Outcome:	Order to lapse upon expiry in accordance with Article 30(1), namely 2 October 2026

Decision and reasons on review of the substantive order

The panel decided to allow the order to lapse upon expiry.

This will come into effect at the end of 2 October 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order originally imposed for a period of six months by a Fitness to Practise Committee panel on 4 March 2026.

The current order is due to expire at the end of 2 October 2026.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved by way of admission which resulted in the imposition of the substantive order were as follows:

Details of charge

That you, a registered nurse:

- 1) *On 22 July 2022 in respect of Colleague A:*
 - a) *Shouted to Colleague A on the ward.*
 - b) *Said "What's the fucking point" or words to that effect.*
 - c) *Said "So why not fucking say that" or words to that effect.*
 - d) *Stuck two fingers up at Colleague A.*
- 2) *On 22 July 2022 in conversation concerning Colleague A said:*
 - a) *"For fuck's sake, it's not my fault she's so fucking miserable" or words to that effect.*
 - b) *She's a Band 6 and only took the job so she could do her prescription course and she can't even fucking do that."*
 - c) *"If you've got a fucking problem, don't go behind my back, just say it to my fucking face" or words to that effect.*

3) [...]

4) On 22 July 2022 engaged in conversation about sexual tendencies and children, and said “if they can bleed, they can breed” or words to that effect.

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

The original panel determined the following with regard to impairment:

‘The panel determined that limb a) was not engaged in this case as patients were not placed at unwarranted risk of harm. However, it found that limbs b) and c) were engaged as your conduct as found proved constituted a fundamental breach of the tenets of the nursing profession and therefore brought its reputation into disrepute.

When considering insight and remediation, the panel was satisfied that the misconduct in this case is capable of being addressed. Therefore, the panel carefully considered the evidence before it in determining whether or not you have taken steps to strengthen your practice. The panel took into account your reflective pieces, the references provided on your behalf, the courses you have undertaken, and the fact that you have been practising without restrictions for over three years and there has been no record of any concerns since the last incident. The panel found that whilst you have accepted that your behaviour amounts to misconduct, it found that your insight has developed since the original concerns arose (following your dismissal) and appears to have developed further during the course of these proceedings. However, it was not satisfied that your insight is complete or fully developed.

Whilst you did give some details about your impending regulatory hearing to your current employer you did not furnish them with the full details of the allegation relating to charge 4 at the time of your interview

and did not give a clear explanation for this failure when questioned during these proceedings. This suggested to the panel that even at that stage you were evasive and failing to take responsibility for your actions (for whatever reasons).

The following extracts from your oral evidence were relevant to the panel's consideration as set out below:

"...In the process of having that joke, it was overheard and miscrewed [sic] or misinterpreted by the two colleagues that were present with us."

"...I think Nick had started talking about it and then I, you know, we were, we were teasing each other with stupid answers."

"No, neither I neither myself nor Nick were the for were the authors of this. We didn't make this particular joke up. We were repeating the joke or interpreting the joke..."

In your oral evidence and in your reflections provided earlier in these proceedings you referred back to the purportedly humorous intent of the comments regarding children, that it was not a joke you made up yourselves, suggested your colleagues misinterpreted your intention and sought to divert responsibility for what occurred towards your colleague. This demonstrated to the panel that you still do not fully accept your responsibility for this conduct or fully appreciate the abhorrent nature of the comments and their potential impact on others.

The panel noted that your reflective piece received on the 2 March 2026 focused on how you feel about the sexualised comments but did not detail your reflections on how or why this incident had occurred.

In considering the risk of repetition, the panel acknowledged that you had a long period of practice without incident (prior to these events) and there have been no reports of similar concerns since the incident. The evidence, therefore, did not appear to support any attitudinal concerns.

You have demonstrated remorse and undertaken some relevant training. The panel therefore considered that the risk of repetition is relatively low. However, given the matters the panel refer to above, the panel was not satisfied that the risk is so low as to suggest repetition would be highly unlikely, particularly in circumstances where you may be under stress. Accordingly, it found that there remains a risk of repetition. However, the panel did not conclude that the risk to public protection was sufficient to require a finding of impairment on that ground.

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

The panel determined that a finding of impairment on the public interest ground is required because of the range of highly inappropriate behaviour on the day in question which included sexualised comments concerning children and therefore involved a very serious breach of professional boundaries and fundamental tenets of the profession. It was of the view that a fully informed member of the public would be significantly shocked and concerned and would expect a regulatory finding to mark the behaviour as unacceptable. Consequently, public confidence would be undermined if a finding of current impairment was not made. Even taking into account your developing insight and remediation, the panel concluded that a finding of impairment is necessary to maintain public confidence in the nursing profession and to uphold proper professional standards.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired on the grounds of public interest.'

The original panel determined the following with regard to sanction:

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

- *‘no evidence of deep-seated personality or attitudinal problems*
- *identifiable areas of the professional’s practice in need of assessment and/or retraining*
- *competence cases where there is a realistic likelihood that the concerns about their practice can be resolved*
- *potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*
- *insight into any health problems, alongside willingness to abide by conditions relating to a medical condition, treatment and supervision*
- *people using services will not be put at risk either directly or indirectly as a result of the conditions*
- *conditions can be created that can be monitored and assessed.’*

The panel also had regard to the NMC Guidance on ‘Conditions of practice order’ (Reference: SAN-1 Last Updated: 28/01/2026):

‘Where the Committee has found impairment to uphold public confidence and professional standards, it is unlikely that a conditions of practice order will be an appropriate sanction. This is because conditions of practice are intended to allow a professional to practise safely while they strengthen their practice. However in cases where the impairment relates only to upholding standards or public confidence, the panel has already found that there are no concerns about the professional’s clinical practice. As such, conditions are unlikely to have any impact on the

professional's practice or upholding public confidence and professional standards.'

The panel is of the view that there are no relevant, proportionate, workable or measurable conditions that could be formulated, given the nature of the charges in this case. The panel noted Ms McPhee's submissions but was of the view that the proposed conditions would not be measurable and in any event a conditions of practice order is not suitable to address the public interest concerns in this case, in accordance with the NMC's guidance. The misconduct identified in this case did not arise from a lack of clinical competence but from a lapse in professional judgment and boundaries. The panel was not satisfied that placing of conditions on your registration would adequately address the seriousness of this case.

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

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

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

- 'the charges found proved are at the most serious end of the spectrum and call into question the professional's suitability to continue practising, either currently or at all*

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

The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with you remaining on the register.

The panel went on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be unnecessary and disproportionate. This is because these matters are capable of being remediated, you have taken steps towards remediating them and prior to these concerns had a long career without previous regulatory issues. The panel also had in mind, that where it is not outweighed by other factors there is a public interest in retaining competent and skilled nurses within the profession. The panel therefore considered that a period of suspension would adequately reflect the seriousness of its findings whilst allowing you the time to complete the remaining remediation necessary for you to return to practice. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.'

Decision and reasons on current impairment

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as the ability of a professional on our register to practise as a nurse, midwife or nursing associate safely and effectively without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle, your bundle, your reflective account and the evidence you gave under oath. It has taken account of the submissions made by Mr Burke on behalf of the NMC and Ms McPhee on your behalf.

Mr Burke submitted that you have complied with the previous panel's suggestions of what would assist a future panel. He told the panel that taking into account your reflective piece dated, 18 September 2026, as well as your oral evidence, the NMC take the position that there is nothing further to contest at this stage, and therefore support the expiry of this order, whilst stating it is ultimately up to the panel to make the decision.

Ms McPhee submitted that your fitness to practise is no longer currently impaired. She invited the panel to make no further substantive order and to permit the existing suspension order to expire at the end of the current term without extension or replacement or variation, and to allow you to return to practise as a registered nurse.

Ms McPhee told the panel that if it considers that a residual finding of impairment remains solely on the wider public interest grounds, even then no further restrictive order is required, and the existing suspension order be allowed to expire. She submitted that if the panel finds there is some further risk, then the panel should replace the current suspension order with either a caution order or a conditions of practice order. She suggested the following conditions:

- within one month of commencing a post, you identify and meet with a workplace or line manager or mentor, at least monthly and keep a written record of each meeting, signed by both;
- you maintain a reflective record of any particularly difficult professional conversations in which situations of pressure arise and provide those to the NMC no less than 14 days before any review;
- you provide a report from your line manager to the NMC no less than 14 days before any review.

Ms McPhee referred the panel to the cases of *Dhoorah v Nursing and Midwifery Council* [2020] EWHC 3556 (Admin) and *Habib Khan v General Pharmaceutical Council* [2016] UKSC 64.

Ms McPhee referred the panel to your detailed reflective piece, your targeted learning and online training certificates, namely, '*Child Protection*' dated 27 June 2026 and '*Dignity at Work*' dated 1 September 2026.

Ms McPhee submitted that there has been no misconduct in the period from the events of 22 July 2022 to date.

Ms McPhee told the panel, that in relation to your current impairment, you have been accountable, have been reflective, have taken ownership and have under today's cross-examination said what you would do differently and how you would advise and mentor others in a similar position as you.

Ms McPhee told the panel that the previous panel found you impaired on public interest grounds only. She submitted that a fair and properly informed member of the public who knew the whole history, including the complete remediation and the real-world evidence from the suspension period, would not lose confidence in the nursing profession, if there were no further sanction.

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

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether your fitness to practise remains impaired.

The panel carefully considered all the new information placed before it. This included your registrant bundle, online learning certificates for '*Child Protection*' dated 27 June 2026 and '*Dignity at Work*' dated 1 September 2026, your manager's testimonial, your list of reading and professional development, your reflective piece, and the oral evidence you gave under oath at this hearing.

The panel also noted that the original panel had found that your insight was developing. Today's panel was satisfied that you had used the period of suspension constructively. You reflected on the concerns found proved at the original hearing and took practical steps to strengthen your practice. The panel accepted that your insight has developed significantly, particularly in relation to the comments made in charge 4 including safeguarding. You now understand that the way you speak and behave at work can affect colleagues, people receiving care, visitors, and the wider public. You also understand that poor behaviour in the workplace can damage public trust in nurses and in the nursing profession.

The panel took into account your reflective piece. It showed that you had thought carefully about what happened, why it happened, and what needed to change. You accepted responsibility for your actions and showed remorse. You also recognised that even if you did not intend to cause harm, your behaviour could still have caused distress, worry, or concern to others. The panel considered this to be a meaningful shift in your understanding, because you were able to look beyond your own intention and focus on the possible effect on others.

The panel noted that you had identified some of the reasons behind your previous conduct. You explained that you now take time to pause, think, and consider how your words or actions may be received before you respond. The panel considered this important because it demonstrated that you had identified practical ways to prevent similar

behaviour in the future. It also noted that you had shown remorse and apologised for the direct and potential impact on colleagues and anyone witnessing your behaviour, and the impact on the reputation of the profession.

In considering whether you had taken steps to strengthen your practice, the panel took into account the training and reading you had completed. You provided certificates for two relevant online courses and were able to explain what you had learned from them. You also explained how that learning would affect your practice going forward. The panel noted that there may still be room for further learning, but it was satisfied that the work you had completed was relevant to the concerns and showed a genuine effort to improve.

The panel placed weight on the evidence that you had been open about your position and that it showed a positive response to feedback from the original panel about their concern of a lack of transparency. You told your new manager about the regulatory proceedings immediately after the original substantive hearing in March 2026. It considered this to be a positive step because it showed honesty and a willingness to be accountable. The testimonial from your new manager was balanced. It referred to positive matters, but also to areas where concerns had arisen and how they had been addressed. The panel noted that, despite raising two concerns, your manager states that there was no evidence to suggest why you should not go back to your role as a registered nurse at the care home.

The panel considered the two workplace incidents mentioned in the testimonial, including the hoist incident and the incident involving a visitor at the home. It was satisfied that these were not a repeat of the original concerns. It accepted that you had reflected on both incidents and had responded to them in a calm and sensible way. This helped the panel to understand how you now deal with difficult or unexpected situations in practice.

In your oral evidence, the panel found that you answered questions carefully and consistently. You took time before answering, which showed that you were thinking about your responses rather than reacting quickly. When similar questions were put to you, your answers remained consistent. The panel found that your answers showed a genuine understanding of the concerns, the progress you have made, and the changes you have put in place.

The panel also noted how you responded when challenged. You remained calm and receptive, including during cross-examination. You were able to explain how you now manage difficult situations and how you monitor your own reactions. This was important because the original concerns involved your behaviour in stressful or sensitive situations. The panel accepted that the proceedings have had a significant effect on you and that you are determined not to be in a similar position again.

The panel was satisfied that you now have a clearer understanding of professional boundaries. It recognised that, because of what happened in the past, you have been careful to keep professional and personal relationships with colleagues entirely separate. The panel agreed that this is appropriate and shows that you understand the need to behave professionally and protect public confidence in the profession. Whilst the panel recognises the need for that, the panel hopes that in due course, as your confidence grows, you will be able to be a little more relaxed in that regard, while still maintaining professionalism.

The panel was also satisfied that you have shown openness, honesty, and a willingness to keep learning. You described your development as a continuing journey and said that you will keep reflecting, monitoring yourself, and learning each day. The panel accepted that you have taken steps, with support, to manage your emotional responses to stressful situations and to notice when your stress levels may affect how you come across to others.

The panel reminded itself that it can never say with absolute certainty that conduct will never be repeated. You also accepted this. The original panel had determined that you were liable to repeat matters of the kind found proved. The original panel did not find a deep-seated attitudinal concern. Today's panel received new information, including your written reflection, training, reading, testimonials, oral evidence, and evidence that there had been no repetition of the original conduct since July 2022. Taking all of this together, the panel was satisfied that the concerns have been addressed, that you are now not liable to repeat matters of the kind found proved.

The panel also bore in mind that its main role is to protect patients and the wider public interest. This includes maintaining confidence in the nursing profession and upholding

proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is not required.

For these reasons, the panel finds that, although your fitness to practise was impaired at the time of the incidents, given all of the above, your fitness to practise is not currently impaired.

The panel could not identify any remaining areas that needed to be addressed and was satisfied that it was appropriate to allow the suspension order to lapse.

In accordance with Article 30(1), the substantive suspension order will lapse upon expiry, namely the end of 2 October 2026.

This will be confirmed to you in writing.

That concludes this determination.