Nursing and Midwifery Council

Fitness to Practise Committee

Substantive Hearing
Tuesday 1 September 2026 – Friday 11 September 2026

Virtual Hearing

Name of Registrant:	**Mr Anish Babu Thananki**
NMC PIN:	23C1835O
Part(s) of the register:	Nurses part of the register Sub part 1 RNA: Adult nurse, level 1 (22 March 2023)
Relevant Location:	Bristol
Type of case:	Misconduct
Panel members:	John Henry Millar (Chair, Lay member) Anne Sharpe (Registrant member) Jane Malcolm (Lay member)
Legal Assessor:	Charlene Bernard
Hearings Coordinator:	Maya Khan
Nursing and Midwifery Council:	Represented by Matthew Kewley, Case Presenter
Mr Thananki:	Present and not represented, (supported by Madhavi who cross examined Colleague B)
No evidence offered in respect of charge 3:	Offered no evidence
Facts proved:	1, 2, 4a, 4b, 4c, 4d, 5a, 5b, 5d
Facts not proved:	5c
Fitness to practise:	**Impaired**
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Details of charge

That you, a registered nurse:

1) Did not accurately record your employment history in that you omitted details of previous job roles and employers.

2) Your conduct at Charge 1 was dishonest in that you knowingly concealed information regarding your employment history in order to secure employment at University Hospital Bristol NHS Foundation Trust.

3) On an unknown date slapped Colleague A.

4) On an unknown date in November 2022, breached professional boundaries in that you:

    a) Asked Colleague B about their marital status

    b) Asked Colleague B about whether they were living with partners pre marriage

    c) Said the scars in Colleague B's ears were impairing her beauty and she should have them done or words to that effect

    d) Said that Colleague B was "tempting" you or words to that affect.

5) Your conduct at charges 4a and/or 4b and/or 4c and/or 4d was:

    a) Unwanted by Colleague B

    b) Of a sexual nature

    c) Intended to violate Colleague B's dignity and/or create an intimidating, hostile, degrading, humiliating or offensive environment for Colleague B.

    d) Had the effect of violating Colleague B's dignity and/or creating and intimidating, hostile, degrading, humiliating or offensive environment for Colleague B.

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

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

The panel, of its own volition, proposed to hold parts of the hearing in private on the basis that proper exploration of your case may involve matters relating to your personal life and health.

Mr Kewley accepted that it was appropriate to make an application to hold parts of the hearing in private as there may be reference to your personal life and health. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

You supported this application.

The panel accepted the advice of the legal assessor.

The panel bore in mind that the starting point is that these hearings should be conducted in public. However, it decided that those parts of the hearing that referred to your private life or health matters would be held in private in order to protect your privacy.

The panel noted that you are not represented at today's hearing and therefore explained that it would take appropriate measures to ensure fairness throughout the proceedings.

Background

On 3 November 2023, the NMC received a referral from the University Hospital Bristol and Western NHS Foundation Trust (the Trust). You joined the Trust around August 2022. You were described as being an internationally educated nurse. You registered with Global Nurse Force agency, and you were recruited to the Trust through an organisation called NHS Professionals International. You initially worked as an

unregistered Band 4 nurse. You gained your NMC registration in March 2023, and at the point of gaining your UK NMC registration, your role became a Band 5 staff nurse working on an intensive care unit.

In relation to charges 1 and 2, the panel will hear from Daniel Conroy, an experienced nurse who qualified in 2003 and was employed as a Band 7 Ward Manager at the Trust at the time. Mr Conroy was asked to carry out an investigation into your CV following concerns about the accuracy of your CV. Mr Conroy reviewed your CV as provided to the Trust and identified that there were a number of discrepancies. He was specifically asked to look at two previous places of employment not recorded but also identified another three periods of employment which had also not been disclosed.

The first place of work on your CV was described as the Adventist Mission Hospital in Gujarat where it was recorded that you had worked as an ICU staff nurse between the 1 February 2009 and 5 May 2010. The second place of work described on your CV was that you worked at the Nimra Institute of Medical Sciences as a senior staff nurse in ICU between *'11 June 2012 until present'*, the total time you worked there was given as 10 years, one month and 18 days.

The first institution that Mr Conroy was asked to look at in his investigation was the Paras HMRI Hospital where you worked between October 2016 and August 2017 as a nurse educator. The second institution was the Netaji Subas Medical College and Hospital where you worked between September 2019 and April 2020 as a nursing superintendent, which is equivalent to a Band 8 matron in the UK. These two places of work clashed with the 10-year period at the Nimra Institute disclosed on your CV.

On 27 June 2026, Mr Conroy held a fact-finding meeting with you in which you explained the reasons why you had left these two places of work. During this interview, you stated that you left Paras HMRI Hospital due to a joke made at a colleague's birthday that upset the colleague. You stated that there was no formal investigation held at Paras HMRI Hospital. You further stated that you left the Netaji Subas Medical College and Hospital due to you being asked whether you would be willing to do things outside your role and you were not, so you left. Mr Conroy asked why you had not shared this information on your CV. You stated that you were advised by the agency, Global Nurse Force, to not disclose other places you had worked. Mr Conroy contacted

Global Nurse Force to verify this. The Global Nurse Force Senior Operations Manager (Compliance) responded by email dated 10 July 2024 that they did not advise you to make any changes to your CV, and that their practice was to forward candidates CVs without alterations.

The Trust's disciplinary hearing took place on 1 August 2024.

In relation to charge 3, the NMC are offering no evidence.

Charges 4 and 5 relate to an incident that took place on an early morning shift on 12 November 2022. You were assigned to shadow Colleague B, a senior staff nurse in Adult ICU, in what was routine practice for new staff. Colleague B recalls that this shift was the first time she met you and that you joined her as she was looking after a patient in a side room. Colleague B asked you about your clinical experience and started to introduce you to what the role entailed. Colleague B said that you kept interrupting while she was speaking and asking personal questions including whether she was married, whether she had a partner, and whether she lived with anybody else and that you did not appear to be focused on the necessary learning. Colleague B said she initially tried to politely answer and reorientate you back to work however you continued asking personal questions. Colleague B stated that she has scars in her ears which she said that you noticed because her hair was in a ponytail. Colleague B alleges that you said that she should have her ears done as they are impairing her beauty. Colleague B stated that you also made further comments about her physical appearance, and Colleague B recalls that at one point she took down her ponytail to redo it, and that whilst she was tying it back up, you told her not to worry and that the scars were not even visible with her hair down and it is at that point that Colleague B stated that you said she was tempting you. The burden of proof rests on the NMC to prove that this conduct is defined as sexual harassment.

Application to offer no evidence in respect of charge 3

Mr Kewley made an application to offer no evidence in relation to charge 3. He directed the panel to the NMC Guidance DMA-3 *'Offering no evidence'*.

Mr Kewley submitted that charge 3 relates to an alleged incident with Colleague A. The panel have sight of the interview notes dated 3 January 2024 carried out on behalf of the Trust by an independent investigator. During the course of that interview, there is a record of you reportedly admitting that you had slapped Colleague A. Mr Kewley submitted that this is the only evidence that has a bearing on charge 3. Colleague A has repeatedly refused to engage with the NMC proceedings and has not provided a witness statement. He said that there is no evidence from anyone else who was present during this interview on 3 January 2024.

Mr Kewley submitted that the NMC's understanding was that charge 3 was admitted at the interview however this position has been clarified today and you have denied charge 3. In light of your denial, he submitted that there is no evidence that the NMC can call to now prove charge 3. On that basis, the NMC formally offered no evidence in relation to charge 3.

You did not oppose this application.

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

The panel had regard to the NMC guidance DMA-3. It noted that there is no other potential witness who could give evidence in relation to what is alleged. The panel endorsed Mr Kewley's submissions that there is no longer a realistic prospect of charge 3 being found proved in this case.

The panel considered its powers to call witnesses. It determined that it would not be in the interests of justice to instruct the NMC to obtain a witness summons as the witness had not provided a witness statement, had not engaged with the NMC during its investigations and you face a number of charges for which evidence is available. To apply for a witness summons now and cause delay would not further the statutory duty to protect the public and promote or maintain the public interest.

The panel therefore grants the NMC's application to offer no evidence in respect of charge 3.

Decision and reasons on facts

In reaching its decisions on the facts, the panel took into account all the oral and documentary evidence in this case, together with the submissions made by Mr Kewley and those made by you, as well as your oral evidence.

You denied all the charges.

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

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

- Daniel Conroy: Ward Manager at the Trust, at the time of the events
- Colleague B: Band 5 Senior Staff Nurse at the Trust, at the time of the events

The panel accepted the advice of the legal assessor.

Charge 1

That you, a registered nurse:

> Did not accurately record your employment history in that you omitted details of previous job roles and employers.

The panel took account of Mr Conroy's written and oral evidence, your evidence, the Trust's investigation report and your CV.

During your oral evidence you explained that you were advised by Global Nurse Force agency to amend your CV and remove details of other employment history. You said you were advised to leave the details of two employers only, Adventist Mission Hospital and Nimra Institute of Medical Sciences, purportedly on the basis that they were the most relevant for the position for which you were applying.

The panel considered the email response from the Senior Manager at Global Nurse Force agency to Mr Conroy, dated 10 July 2024 which stated:

> *'We can confirm that we have a copy of the CV for Anish Thananki that was shared by the candidate. I want to reassure you that we have not asked Anish to make any changes to his CV. Our practice is to forward the CV provided by the candidate without alterations to ensure an accurate representation of their professional history…'*

During cross examination, you were referred to the Trust's investigation report produced by Mr Conroy. This report contained details of your employment history. You confirmed that the details in the investigation report were correct. The investigation report stated that your employment history was as follows:

- Adventist Hospital where you were employed as a Staff Nurse ICU during 2009 – 2010
- Nimra Institute of Medical Sciences, where you were employed as an ICU Nurse during 2012 – 2017 and Senior ICU Nurse during 2017 – 2022
- Kaapro solutions, where you were employed as a Programme Assistant between 2015 – 2016
- Paras HMRI Hospital, where you were employed as a Nurse Educator between 2016 – 2017
- Narayan Medical College and Hospital, where you were employed as Nursing Superintendent between 2017 – 2019

- Netaji Subhas Medical College and Hospital, where you were employed as Nursing Superintendent between 2019 – 2020
- Al-Falah School of Medical Science and Research Centre, where you were employed as Nursing Superintendent between 2020 – 2022

The panel had sight of employment certificates and verification letters from your previous employers setting out when you had worked for them. The panel found that your employment with these five employers clashed with the timing of your employment at the ICU at Nimra Institute of Medical Sciences that you had put on your CV.

METAS Adventist Hospital stated:

> *'…He joined as a Staff Nurse in METAS Adventist Hospital and has worked from February 1, 2009 to May 5, 2010…'*

Paras HMRI Hospital stated:

> *'This is to certify that Mr. Anish Babu Thananki has worked in this hospital as "Nurse Educator" in the department-Nursing during period 17th Oct 2016 to 31st August 2017."*

Narayan Medical College and Hospital stated:

> *'Mr. Anish Babu Thananki is working as a Nurse Superintendent in the Department of Nursing Services in Narayan Medical College & Hospital, Jamuhar, Sasaram From 18/10/2017 to 31/08/2019'*

Netaji Subhas Medical College and Hospital stated:

> *'This is to certify that Mr. Anish Babu Thananki has worked in this institution as Nursing Superintendent in the department of Nursing from 01/09/2019 and 08/04/2020.'*

Al-Falah Hospital stated:

'This is to certify that Mr. Anish Babu Thananki has worked in this institution as Nursing Superintendent in AL-FALAH SCHOOL OF MEDICAL SCIENCE & RESEARCH CENTRE, DHAUJ, FARIBAD – HARYANA…from 01.10.2020 to 25.08.2022.'

Nimra Institute of Medical Science stated:

'This is to certify that Mr. Anish Babu Thananki, Msc. Nursing (Critical Care) worked in our NIMRA Institute of Medial Sciences as ICU Staff Nurse from 11/06/2012 to 31/05/2017. Later he was promoted as ICU Senior Nurse from 01/06/2017 to 25/08/2022.'

Kaapro stated:

'This is to certify that Mr. Anish Babu Thananki was in employment with M/s Kaapro Management Solutions Pvt Ltd from 01.10.2015 to 07.09.2016, and was deputed to Care India Patna District as a "Programme Assistant".'

The panel considered the Completed Regulatory Concerns Response Form dated 11 November 2024. It considered that your statement included an acceptance that the information provided on your CV was incorrect. You stated:

'...I now understand the importance of providing a full accurate representation of my professional background, and I regret not including all relevant experience in my application.'

The panel noted that during the Trust investigation you stated that a copy of the original CV that you provided to Global Nurse Force was stored as a WhatsApp message on your mobile phone and laptop in India. This original document was not produced by you. Neither did the panel have any evidence from the individual working at Global Nurse Force, who you said had advised you to redact your CV, to provide evidence to support your account.

The panel determined that you had inaccurately recorded your employment history in that you omitted details of previous job roles and employers. During your oral

evidence, you confirmed that you had made the changes to your CV. The panel therefore found this charge proved.

This charge is found PROVED.

Charge 2

> Your conduct at charge 1 was dishonest in that you knowingly concealed information regarding your employment history in order to secure employment at University Hospital Bristol NHS Foundation Trust.

The panel considered the oral and written evidence from Mr Conroy, your oral evidence and your version of events.

During your oral evidence and your written response on the Completed Regulatory Concerns Response Form dated 11 November 2024, you explained that you omitted employment history following advice from the employee at Global Nurse Force agency on the basis that you should only include experience aligned with the job role that you are applying for and not your senior experience.

The panel took into account the email response from the Senior Manager – Operations (Compliance) at Global Nurse Force agency to Mr Conroy, dated 10 July 2024 which stated:

> *'We can confirm that we have a copy of the CV for Anish Thananki that was shared by the candidate. I want to reassure you that we have not asked Anish to make any changes to his CV. Our practice is to forward the CV provided by the candidate without alterations to ensure an accurate representation of their professional history…'*

Further, the panel noted that you said that during the Trust's investigation you had not taken any steps to contact the person with whom you liaised at Global Nurse Force to secure confirmation of their advice, although you were able to provide their details to the Trust.

You also said that you had attached your original full CV in a WhatsApp message to your contact at Global Nurse Force but could no longer access that phone or account, giving conflicting reasons for that to the Trust and in your oral evidence to the panel. Additionally, you had told the Trust that the laptop on which your full CV was stored had been wiped by a family member.

The panel was not persuaded that Global Nurse Force agency had advised you to omit elements of your employment history. It also considered that even if Global Nurse Force agency had given you the advice to omit parts of your employment history, it was advice. You had made the decision to omit parts of your employment history and produce an amended CV to increase your chances of securing employment.

The panel considered that you, in falsely stating that you had 10 years of ICU senior nursing experience at the Nimra Institute of Medical Sciences, were more likely than not attempting to demonstrate long term experience in order to secure your intended role as an ICU nurse.

The panel considered the employment certificates and verification letters from your previous employers which attest to your nursing experience in management and nursing education. The panel considered that as an experienced senior nurse in India and applying to become registered in the UK, it would have expected you to understand the importance of integrity and honesty in how you represented your experience and skills in your CV.

The panel also considered the minutes of the June 2024 ‘fact finding meeting’ with you conducted by Mr Conroy and a HR Specialist. During this meeting, you explained reasons why you had left two places of employment, both of which were omitted in your CV. The panel found that it was more likely than not, you had omitted elements of your employment history in order to avoid questions about why you had left places of work as it may have had the potential to raise concerns.

In determining whether your actions were dishonest the panel had regard to the test set out in Ivey v Genting Casinos [2017] UKSC 67. The panel has determined that

you did commit the acts as set out in charge 1 and you did so knowingly in order to secure employment at the Trust.

Applying the test of whether your conduct was honest or dishonest by the (objective) standards of ordinary decent people. The panel had no doubt that your actions were and would be viewed as dishonest in that you knowingly amended your CV to give the impression of having more extensive continued experience of working in ICU and also to avoid having to give an explanation as to why you had left previous employment.

Accordingly, the panel found this charge proved.

This charge is found PROVED.

Charge 4

On an unknown date in November 2022, breached professional boundaries in that you:

a) Asked Colleague B about their marital status

b) Asked Colleague B about whether they were living with partners pre marriage

c) Said the scars in Colleague B's ears were impairing her beauty and she should have them done or words to that effect

d) Said that Colleague B was "tempting" you or words to that affect.

The panel considered each charge individually and collectively.

The panel found the oral evidence of Colleague B persuasive, consistent, compelling and transparent. Colleague B stated that prior to the incident she had never met you and during your oral evidence you confirmed that you had never met Colleague B

prior to the incident. In light of this, the panel considered that there was no identifiable motivation for Colleague B to fabricate the allegations.

During Colleague B's oral evidence, she explained that she was made to feel uncomfortable by your questions and communication, and she felt frustrated and described herself as feeling *'diminished'.*

Colleague B explained that she felt distressed as this conversation was taking place whilst there was a patient present and she was trying to perform her clinical duties. Colleague B said that it was very inappropriate and unprofessional for this interaction to take place in front a patient.

In particular, in relation to charge 4d, Colleague B explained that her ponytail became loose and she took her hair down to redo the ponytail. When this occurred, you stated that she was *'tempting'* you. Colleague B said that she took this comment to be *'sexual and seductive'.*

Colleague B, in her witness statement, said:

> *'I have never experienced anything of this sort before and I was thinking to myself that I was in a side room with a guy with no boundaries.'*

The panel considered that Colleague B made a contemporaneous report to the nurse in charge at the time of the incident dated 12 November 2022. The record of her report stated:

> *'Inappropriate comment made to female member of staff regarding her appearance. Anish has been spoken to – made it clear that it is not acceptable to comment on someone's appearance, moved to different bedspace. Anish apologised'.*

In relation to charges 4a and 4b, the panel considered your oral evidence in which you agreed that the conversation had taken place, but you attributed the comments to Colleague B. You said that Colleague B was telling you that she lived with her boyfriend and made other comments about her personal life.

In relation to charges 4c and 4d, you deny that these conversations took place. You said you had asked Colleague B what the scars on her ears were. You said *'all I asked was what was on her ear, she was the one talking about her beauty'.* You said that she had lost her temper saying her boyfriend was *'a doctor'* and was *'handsome'* and he thought she was *'beautiful'.* You also said that she took down her ponytail, and she was *'tossing'* her hair in front of you so that it covered her ears. You said that after her *'outburst'* she left the room and subsequently fabricated a story, making a report to the nurse in charge.

The panel noted that you were spoken to by the ward manager at the time of the incident in November 2022. You did not make a report of Colleague B's behaviour and it is recorded that you offered an apology.

The panel was not persuaded by your oral evidence.

The panel considered that you had breached professional boundaries. It found charge 4 proved in its entirety.

This charge is found PROVED.

Charge 5a

> Your conduct at charges 4a and/or 4b and/or 4c and/or 4d was unwanted by Colleague B

The panel considered the witness statement of Colleague B which stated:

> *'Although we were only in the side room a short time, I was getting frustrated. I was a fairly new nurse, having been qualified for around three years at this time. I had never experienced anything of this sort before and I was thinking to myself that I was in a side room with a guy with no boundaries.*
>
> *All this went on until about 08.00, so for about 30 or 40 minutes, and it was in front of a patient who was awake. I think the patient realised that I needed some help and asked if I could nip out to grab them some breakfast so that I could*

leave the room. I left Anish with the patient and went to speak to the nurse in charge for the day to explain what had been happening in the side room.

…When I left the room to speak to the nurse in charge, she listened carefully to what I had to say, and I told her that I was not comfortable to be in a side room with Anish all day. She was very understanding and went to speak with Anish and told him about my concerns.'

The panel took into account that Colleague B made a contemporaneous report at the time of the incident in November 2022. The report recorded by the nurse in charge stated:

'Inappropriate comment made to female member of staff regarding her appearance. Anish has been spoken to – made it clear that it is not acceptable to comment on someone's appearance, moved to different bedspace. Anish apologised'.

During Colleague B's oral evidence, she explained that the incident took place in a small side room with two doors separating it from the main area. She said she tried to redirect the conversation to work and perform clinical duties but eventually she left the room as your comments were making her increasingly uncomfortable and distressed.

The panel determined that your conduct at charges 4a, 4b, 4c and 4d was unwanted by Colleague B.

This charge is found PROVED.

Charge 5b

Your conduct at charges 4a and/or 4b and/or 4c and/or 4d was of a sexual nature

The panel considered whether your conduct could have been for another reason other than sexual. However, when considering the conduct both individually and

collectively at charges 4a, 4b, 4c and 4d, it found that that these comments were more likely than not to be considered as advances of a sexual nature.

It considered the oral evidence of Colleague B in which she described feeling uncomfortable. In particular, Colleague B said that your comment that she was *"tempting"* you was sexual.

The panel determined that the conduct at charges 4a, 4b, 4c and 4d was of a sexual nature.

This charge is found PROVED.

Charge 5c

> Your conduct at charges 4a and/or 4b and/or 4c and/or 4d was of a sexual nature intended to violate Colleague B's dignity and/or create an intimidating, hostile, degrading, humiliating or offensive environment for Colleague B.
>
> **OR**

Charge 5d

> Your conduct at charges 4a and/or 4b and/or 4c and/or 4d was of a sexual nature had the effect of violating Colleague B's dignity and/or creating and intimidating, hostile, degrading, humiliating or offensive environment for Colleague B.

In respect of charge 5c, the panel determined that there was no evidence that the conduct was intended to violate Colleague B's dignity or to create a hostile, degrading, humiliating or offensive environment. However, the panel took the view that the conduct had the effect of creating an intimidating, humiliating and offensive environment for Colleague B. It took account of Colleague B's oral evidence in which she described your behaviour as *'appalling'.* Colleague B said that she felt uncomfortable and *'diminished'.*

The panel found charge 5c **NOT PROVED**.

The panel found charge 5d **PROVED** on the balance of probabilities.

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 your fitness to practise is currently impaired.

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, does the panel go onto decide whether, in all the circumstances, your fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct and impairment

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.'

Mr Kewley invited the panel to take the view that the facts found proved amount to misconduct. He referred the panel to 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015) (the Code) in making its decision and identified the specific, relevant standards where your actions amounted to misconduct.

In relation to the dishonesty in charges 1 and 2, Mr Kewley submitted that all nurses and those applying to gain registration with the NMC are expected to act with honesty and integrity. You acted dishonestly by omitting details of your previous employment from a CV and you did so for personal gain as you wanted to increase the chance of securing employment at the Trust. Mr Kewley said that the NHS must be satisfied that the person being recruited has the skills, competence, experience and character to care for the patients and this relies on candidates being open and transparent in the

application process. He went on to say that by omitting information you are circumventing the very system that is in place to enable the Trust to recruit the right people into the right roles. Mr Kewley submitted that this dishonesty is serious and amounts to misconduct.

In relation to the sexual harassment incident involving Colleague B in charges 4 and 5, Mr Kewley said that NMC registrants are expected to act professionally and to treat their colleagues with respect and to work cooperatively with them. He submitted that emotional harm was caused to Colleague B, in that during her evidence she explained that she felt distressed by your comments to such a degree that she did not feel she could continue working with you in that side room with the patient. Mr Kewley submitted that this type of sexual harassment undermines working relationships between colleagues who are responsible for patient care. It creates an unpleasant and uncomfortable working environment for nurses and other members of the health care team and causes harm to the workplace culture. The creation of a workplace with less effective partnership working also presents a potential for the risk of harm to patients. He submitted that charges 4 and 5 amount to misconduct.

Mr Kewley submitted that, in all of the circumstances of the case, your actions and the charges proved are a departure from good professional practice and are sufficiently serious to constitute serious misconduct.

Mr Kewley moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and uphold proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin). In paragraph 76 of *CHRE v NMC and Grant*, 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.'*

Mr Kewley submitted that all four limbs of Grant are engaged.

In relation to the first limb, Mr Kewley accepted that you did not put a patient at direct risk of harm. However, he submitted that your actions in charges 4 and 5 involving sexual harassment in the workplace undermines professional relationships between colleagues which could indirectly impact patient care.

In relation to the second and third limbs, Mr Kewley said that your actions have brought the nursing profession into disrepute, and you have breached fundamental tenets of the nursing profession by failing to uphold professional boundaries and acting in a thoroughly dishonest manner.

Mr Kewley submitted that registered professionals occupy a position of trust in society. He said that the public expects nurses to provide safe and effective care and to conduct themselves in a way that promotes trust and confidence. He went on to say that the conduct in this case undermines the public's trust and confidence in the profession and could result in patients, and members of the public, being deterred from seeking nursing assistance when needed.

In relation to the fourth limb, Mr Kewley submitted that the NMC considers there to be a continuing risk to both public protection and the wider public interest due to your actions which directly link to dishonesty. He further stated that your actions indicate attitudinal issues which are more difficult to put right and therefore there is a risk of repetition and a risk of significant harm to patients in the future should you be permitted to practise as a nurse again.

Mr Kewley invited the panel to find impairment on the ground of public protection. He submitted that conduct involving attitudinal concerns such as dishonesty and failure to maintain professional boundaries with colleagues is difficult to remediate. He submitted that the CPD certificate dated 3 September 2026 and your reflection statement provided to the panel today does not rule out the risk of repetition.

Mr Kewley invited the panel to find that your misconduct breached the fundamental tenets of the nursing profession, brought its reputation to disrepute and a finding of impairment is also necessary for the protection of the public.

Mr Kewley also invited the panel to find impairment on the ground of public interest. He submitted that your actions are deplorable and amount to serious misconduct. You have brought the nursing profession into disrepute and served to undermine public confidence and trust in the profession. He submitted that your conduct raises fundamental questions about your professionalism, integrity and trustworthiness as a registered professional and seriously undermines public trust in nurses, midwives and nursing associates.

You said you sincerely apologise for the incidents that have occurred. You submitted that there have never been any concerns related to dishonesty or breaching professional boundaries in your career history as a nurse.

In relation to the dishonesty in charges 1 and 2, you submitted that when you were asked about your CV by Mr Conroy during the ‘fact finding meeting’ held at the Trust you were transparent and shared all the information. You said you were sorry and explained that you have reflected on the concerns raised. You said that you will always ensure that your CV is accurate in the future. You said you take responsibility for your decision to rely on advice from Global Nurse Force agency.

In relation to charges 4 and 5, you submitted that you understand that your comments could be misunderstood. You submitted that this incident happened on your first shift as a supernumerary nurse and you continued working as a nurse for another six months after this incident, with female colleagues, and no incidents were raised. You submitted that you have always maintained professional boundaries, communicated well with colleagues and have good interpersonal relationships. You went on to say that in the

future you would ensure you maintain professional boundaries in all workplace interactions and will have better communication with your colleagues. You submitted that you would continue to strengthen your understanding of the NMC code and that you would seek feedback from colleagues and supervisors to support your ongoing learning and development.

The panel accepted the advice of the legal assessor.

Decision and reasons on misconduct

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code. The panel also had regard to the NMC's guidance on misconduct (FTP-2a) and the guidance on seriousness, with particular regard to dishonesty (FTP-3). The panel also bore in mind the context in which these charges arose, pursuant to the guidance.

The panel considered the Code and was of the view that a number of standards were engaged. Specifically:

> ***Practise effectively***
>
> *You assess need and deliver or advise on treatment or give help (including preventative or rehabilitative care without too much delay, to the best of your abilities, on the basis of best available evidence. You communicate effectively, keeping clear and accurate records and sharing skills, knowledge and experience where appropriate. You reflect and act on any feedback you receive to improve your practice.*
>
> ***8 Work co-operatively***
>
> *To achieve this, you must:*
>
> *8.1 respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate*
>
> *8.2 maintain effective communication with colleagues*

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

Promote professionalism and trust

You uphold the reputation of your profession at all times. You should display a personal commitment to the standards of practice and behaviour set out in the Code. You should be a model of integrity and leadership for others to aspire to. This should lead to trust and confidence in the professions from patients, people receiving care, other health and care professionals and the public.

20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

20.2 act with 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

Whilst the panel is aware that not all breaches of the Code amount to misconduct, the panel found that your actions did breach the Code and did fall seriously short of the conduct and standards expected of a nurse.

In relation to charges 1 and 2, the panel determined that honesty is a fundamental tenet of the profession, and your dishonest conduct was deliberate, premeditated, sustained and for personal gain. You omitted information on your CV so that it falsely appeared that you had ten years continual clinical experience as an ICU nurse at Nimra Institute of Medical Sciences and used that CV through the UK recruitment process in order to secure a job as an ICU nurse when in fact you had significantly less experience in that role.

The panel considered your submissions in which you accepted that your actions could be viewed as misleading but that you still maintain your account that you followed the advice of Global Nurse Force agency.

The panel considered charge 4. Your actions in respect of this charge relate to your behaviour and conversations with Colleague B whilst she was caring for a vulnerable patient in a side room. The panel had determined that your actions breached professional boundaries, made Colleague B uncomfortable, distressed and were of a sexual nature. The panel determined that your comments and actions fall significantly below the standards expected of a nurse.

The panel considered charge 5d. It had found your actions had the effect of violating Colleague B's dignity, creating an intimidating humiliating and offensive environment for Colleague B and were unprofessional. The panel gave careful consideration to NMC guidance FTP-2a (misconduct) last updated May 2026 and FTP-2aii (sexual misconduct) last updated 31 July 2026. It determined that your actions in sexually harassing Colleague B represent a breach of fundamental tenets of the nursing profession, brought the profession into disrepute, and amounted to professional misconduct.

The panel found that your actions did fall significantly short of the conduct and standards expected of a nurse and amounted to misconduct.

For the reasons above, the panel concluded that your actions amounted to serious misconduct.

Decision and reasons on impairment

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.'*

The panel considered that nurses occupy a position of privilege and trust in society and are expected to be professional at all times. 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, open, and act with integrity. They must ensure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

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

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

> *'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/their fitness to practise is impaired in the sense that S/He/They:*
>
> *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 determined that all four limbs were engaged.

In relation to the first limb, the panel first considered charges 1 and 2. It noted that your dishonesty involved falsifying a CV to an employer stating that you had more than ten years' experience as an ICU nurse at Nimra Institute of Medical Sciences when in fact you had been working in managerial and nurse educator roles for five other employers in that time period. It determined that you had put patients at unwarranted risk of harm as you did not have the experience you alleged that you had.

In respect of charges 4 and 5, the panel noted that the sexual harassment incident involving Colleague B took place in a side room whilst she was attempting to perform her clinical duties to a patient. Colleague B felt distressed and said during her oral evidence that the treatment for the patient was impacted by you asking personal questions which delayed morning medications and the monitoring of equipment to which the patient was attached. Colleague B's witness statement stated:

> *'Although our patient was awake and alert while this was going on, they were connected to many life-saving machines and the appalling behaviour of Anish had the potential to compromise patient safety.'*

The panel therefore determined that your misconduct carried the risk of unwarranted harm to a patient.

With regard to the second and third limbs, your misconduct has breached the fundamental tenets of the nursing profession and therefore it has brought its reputation into disrepute. In particular, the panel determined that your misconduct involved dishonesty and the breach of professional boundaries which raised serious attitudinal concerns.

In respect of charges 1 and 2, the panel noted that it is a fundamental tenet of nursing for a registrant to be open and honest, and to act with integrity. You had dishonestly applied for a job that was beyond your experience. Your dishonesty was sustained as you had falsified your CV and used that CV for a UK recruitment process that had included interviews for a number of roles in London, Kent and Manchester before going on to work at the Trust as a staff nurse for 17 months. It was only during a Trust investigation into another matter that your non ICU roles with multiple other employers during the time period you had said you were an ICU nurse were uncovered.

In respect of charges 4 and 5, the panel noted that you had breached professional boundaries by sexually harassing a colleague, causing her emotional harm.

The panel was satisfied that confidence in the nursing profession would be undermined if its regulator did not find that your misconduct was a breach of fundamental tenets of the profession.

With regard to the fourth limb, the panel had found that you had been dishonest in relation to your CV. It took account of your reflective piece stating that you would be more careful in the future. Your reflective piece submitted on day 3 of the hearing, 4 September 2026 stated:

> *'I was responsible for ensuring that the information about my employment history was complete and accurate. I now appreciate that employers must be able to trust that the information provided by nurses is transparent and truthful. I regret not questioning the advice I received and not taking additional steps to ensure that my full employment history was disclosed. This experience has taught me that accountability means taking personal responsibility for all professional documents submitted in my name.*
>
> *I have since updated my CV to include my full employment history and have made a commitment to ensure that all future applications and professional documents are accurate, complete, and transparent. I understand that honesty and integrity are fundamental values of the nursing profession and are essential in maintaining public trust.'*

The panel noted that you said during your oral evidence:

> *'I was being advised by the agent from Global Nurse Force agency. She was the one that was dishonest. She advised me to remove the roles from my CV. It was not my dishonesty. It was the dishonesty of Global Nurse Force.'*

The panel noted that while you expressed regret that you had followed the advice that you say you received from the agency and confirmed in your reflective piece that you are personally responsible for all professional documents submitted in your name, there is nonetheless a lack of demonstrable insight into your dishonesty and its potential impact on both patient safety and the reputation of the profession.

As a result, the panel found that your lack of insight and remorse means that there is a risk of you repeating this behaviour in the future.

With regard to future risk, the panel next considered the comments of Silber J in *Cohen v General Medical Council* [2008] EWHC 581 (Admin) namely (i) whether the concerns

are easily remediable; *(ii) whether they have in fact been remedied; and (iii) whether they are highly unlikely to be repeated.*

The panel was not satisfied that the misconduct in this case is capable of being easily addressed as it gives rise to serious attitudinal concerns.

The panel took account of contextual factors. In particular it noted the NMC guidance at FTP-12 which stated:

> *'Our professionals come from a wide range of cultures and backgrounds, with diverse cultural norms and communication styles. These differences do not change their obligations as required in the Code, but the panel should consider how they might affect the professional's presentation of personal factors, such as apologies and insight.'*

The panel noted your case management form which enclosed a letter by you titled *'Subject: Appeal and Request for Fair Hearing / Reinvestigation – Suspension of PIN and Personal Circumstances'*. You made reference to some cultural differences, you stated:

> *'I was not raised or trained in a culture where such boundaries were as clearly defined as in the UK, but I now fully understand the importance of respectful, neutral communication in all settings.'*
>
> *'Character Certificate – Cultural Misunderstanding*
>
> *The claim that I "bought" a character reference has been deeply painful. In India, it is standard and required practice for nurses going abroad to obtain:*
>
> - *A police clearance certificate, and*
> - *A character certificate, sometimes through legal professionals, civil authorities, or regional government offices.*
>
> *This process may include a fee for processing, but it is legitimate, regulated, and not unethical. Presenting this as "buying a reference" reflects a misunderstanding*

of Indian administrative norms and unfairly casts my home country's process in a negative light. I respectfully ask that this be corrected in your assessment.'

The panel noted your explanation about the character certificate and that this did not form part of the charges by the NMC. The panel noted that you mentioned the clear definition of professional boundaries in the UK and you also refer to maintaining professional boundaries in your reflective piece provided on day 3 of the hearing, 4 September 2026. In light of the above, the panel determined that there may be differences in understanding and expectations around insight and remorse.

In respect of the dishonesty, the panel took into account your reflective piece in which you show some regret for the errors in your CV. However, the panel was concerned that in your reflection, whilst saying you understand your actions were unacceptable and you would do better in the future, you continue to deny that your dishonesty was deliberate rather reiterating that you followed the advice of the agency. You stated during your oral evidence the agent at Global Nurse Force, who you say advised you to remove items from your CV, was the individual displaying dishonesty rather than yourself. The panel also took into account the absence of any demonstrable understanding about potential impact of your actions on patient safety, gave due regard to your CPD certificate *'Professionalism and Professional Standards for Nurses and Midwives'* dated 3 September 2026 was completed during the time period of the hearing.

In respect of breaching professional boundaries, the panel noted that while in your oral evidence you acknowledge the conversation took place, you attributed the comments and the blame to Colleague B. The panel noted that although your reflective piece stresses the importance of professional boundaries and your commitment to maintaining those boundaries, it contains no insight or remorse about the sexual nature of your comments and sexual harassment of Colleague B. Instead, your reflective piece talks about *'how my words may be perceived by others'* and *'I now understand that even comments or questions that may seem harmless to one person can effect another person differently'*.

The panel took account of your submissions in which you expressed that there have been no previous concerns raised about your nursing practice in respect of dishonesty or breaching professional boundaries. It was however aware that in your oral evidence

you had said that the local Trust investigation into other matters had also covered concerns that you had asked a nurse for her phone number, as well as the concerns about your approach to Colleague B. This issue was raised by you within the case management form you provided to the NMC in advance of the hearing. Within it you said: *'I would like to clarify I did not intend any harm or disrespect when I asked for a colleague's phone number. I now understand that my actions may have been perceived differently, and I deeply regret making my colleague feel uncomfortable.'* The panel also reminded itself that you had explained that your departure in 2017 from Paras HMRI hospital was because of complaints about your behaviour at a party. While these concerns did not form part of the allegations in front of the panel, it concluded that it could not rely on your assertion that concerns had not been raised about your practice in the past.

The panel noted that some of the employment certificates provided verifying the timeframes you worked at different employers contained positive comments about your conduct and professionalism. However, the panel noted that these predate the incidents in the charges. The panel determined it does not have sufficient evidence before it that you have developed insight or remediation into your misconduct. The panel was satisfied that there is a risk of repetition, given your lack of sufficient insight, remediation or reflection.

Accordingly, the panel determined that a finding of impairment is necessary on the grounds of public protection.

Further, the panel bore in mind the overarching objectives of the NMC, namely, 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, given the seriousness of the misconduct, public confidence in the profession would be undermined if a finding of impairment were not made in this case. Accordingly, the panel also finds that your fitness to practise is impaired on the grounds of public interest.

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

Sanction

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

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had regard to the NMC Guidance on *'The sanctions available'* SAN-2 last updated 28 January 2026, *'Sanctions for the highest risk cases'* at SAN-4 last updated 31 July 2026 and it also took into account *'Deciding between suspension and strike off'* at SAN-3 last updated 28 January 2026.

The panel accepted the advice of the legal assessor.

Submissions on sanction

In the Notice of Hearing, dated 20 July 2026, the NMC had advised you that it would seek the imposition of a striking-off order if your fitness to practise was found to be impaired.

Mr Kewley referred the panel to the NMC guidance SAN-1 *'The purpose of and approach to sanctions'* and took the panel through the aggravating and mitigating factors.

Mr Kewley submitted that your misconduct was at the top end of seriousness and you have demonstrated attitudinal concerns which have not been addressed.

In relation to no order and a caution order, Mr Kewley submitted that these sanctions would be wholly inappropriate, would not reflect the seriousness of the misconduct, and would not protect the public or meet the public interest.

In relation to a conditions of practice order, Mr Kewley submitted that attitudinal concerns in this case involving dishonesty and the sexual harassment of a colleague are so serious that conditions would not be appropriate, workable or measurable.

In relation to a suspension order, Mr Kewley submitted that your misconduct was fundamentally incompatible with continued registration and was so serious that anything less than a striking-off order would not be appropriate, protect the public or meet the wider public interest. He submitted that the panel, in its decision, had found that you have limited insight and have not taken accountability for your failings. Therefore, a suspension order would not be appropriate.

In relation to a striking-off order, Mr Kewley submitted that your misconduct raises fundamental questions about your professionalism, and that it was so serious that the public's confidence in the nursing profession could not be maintained if you were not removed from the Register. Furthermore, Mr Kewley submitted that you have not demonstrated a sufficient amount of insight and/or reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards.

Mr Kewley therefore invited the panel to impose a striking-off order.

You told the panel that you fully recognise the seriousness of your actions and accept responsibility for your behaviour. You said that you understand the importance of honesty, integrity, professional boundaries, and treating colleagues with dignity and respect.

You said that you are genuinely sorry for the distress your actions have caused and deeply regret your conduct.

You said that at the time of the incident you were facing difficult personal circumstances involving illness of a family member. You said that this is not an excuse or justification for your actions, but you wish for the panel to take this into account when considering insight and your ability to strengthen your practice.

You explained that the NMC proceedings have had a significant impact on your personal life and wellbeing. You said you are committed to undertake further training and reflective work in relation to the NMC code and professional accountability, honesty and integrity in professional documentation, equality, dignity and respect, professional boundaries and communication, and learn from these mistakes.

You asked the panel to consider a period of suspension instead of striking off. You would also be willing to comply with conditions and provide structured reflection, supervision and evidence of remediation. You submitted that a suspension order would protect the public and maintain confidence in the professional while giving you an opportunity to demonstrate that you are capable of safe and effective practice in the future.

Decision and reasons on sanction

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

The panel took into account the following aggravating features:

- Your dishonesty was premeditated, sustained, deliberate and for personal gain.
- The significant risk to patient safety presented by your dishonesty given that you secured a role caring for patients in intensive care by substantially misrepresenting your experience.
- A complete lack of insight into your dishonesty and especially in relation to the impact of your dishonesty on patient safety.
- During the hearing, you sought to wrongfully implicate and blame others. In relation to the dishonesty charges, you blamed the agent at Global Nurse Force. In relation to the breach of professional boundaries and sexual harassment, you acknowledged that a conversation took place between yourself and Colleague B but said that Colleague B had made the inappropriate comments and fabricated her account of the incident.
- The sexual misconduct creates an unsafe workplace environment.
- A lack of insight in relation to the sexual nature of your misconduct and its impact on Colleague B.
- Emotional harm was caused to Colleague B.

- A risk of harm was created for a very vulnerable patient who was present throughout the incident as Colleague B was unable to perform her clinical duties and the patient's treatment was delayed due to you asking personal questions causing Colleague B distress.

The panel also took into account the following mitigating features:

- You attended the hearing; you gave evidence and opened yourself up to cross examination
- You provided a reflective piece
- You expressed remorse for the distress your actions caused and had regret for your conduct
- You were facing difficult personal circumstances

The panel first considered whether to take no action but concluded that this would be inappropriate given its findings at the facts and impairment stage. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

The panel next considered a caution order and had regard to the NMC Guidance on *'Caution order'* (Reference: SAN-2b last updated 28 January 2026) in which the following is stated:

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

The panel considered that your actions were not at the lower end of the spectrum. The panel therefore determined that a sanction that does not restrict your practice would not protect patients. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether to place a conditions of practice on your registration. In considering whether conditions of practice are appropriate, the panel had

regard to the factors set out in the NMC Guidance on 'Conditions of practice order' (Reference: SAN-2c last updated 28 January 2026). Having found two charges relating to dishonesty proved and having regard to the nature and seriousness of the sexual misconduct, the panel determined that a conditions of practice order would not be appropriate in the circumstances. The panel considered that there are attitudinal issues and there are no relevant, proportionate, workable or measurable conditions that could be formulated to protect patients and to uphold professional standards.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on *'Suspension order'* (Reference: SAN-2d last updated 28 January 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 considered that given the nature of the misconduct, which involves dishonesty and sexual harassment, there is limited scope for remediation to address concerns related to attitudinal concerns. It noted that the incident took place some years ago and you did not provide any evidence of effort to remediate during that time period, raising doubts about both your insight and your willingness and potential to engage in meaningful remediation. The panel further noted your lack of insight, limited remorse, together with no evidence of remediation other than the CPD certificate *'Professionalism and Professional Standards for Nurses and Midwives'* dated 3 September 2026 and was completed during the time period of the hearing. The panel determined that, in this particular case, a suspension order would not be a sufficient, appropriate or proportionate sanction to satisfy the public interest or protect the public.

The panel also considered that there is no realistic prospect of a return to unrestricted practice.

In considering a striking-off order, the panel had regard to the NMC Guidance on *'Sanctions for the highest risk cases'* (Reference SAN-4 last updated 28 January 2026). Having regard to all of the above, the panel determined that this case falls within the definition of being a '*highest risk case'*.

The panel had regard to the following considerations as set out in the NMC Guidance entitled *'Striking-off order'* (Reference: SAN-2e last updated 28 January 2026):

- *Do the charges found proved raise fundamental questions about their professionalism?*

- *Can public confidence in the profession be maintained if the professional is not removed from the Register?*

- *Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?*

- *Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?*

Having had regard to the evidence before it, the panel could not be assured that a period of suspension would satisfactorily reduce the risk to the public from your practice. Further, the panel did not consider that a period of suspension would be sufficient to uphold public confidence in the profession and maintain professional standards due to the seriousness and wide-ranging nature of the facts found proved.

The panel considered that you have been unable to demonstrate an understanding of the risk of harm you posed to patients and members of staff in respect of your dishonesty, nor have you acknowledged the risk of harm to a patient potentially caused by your sexual misconduct towards Colleague B. It also considered that you did not acknowledge the sexual nature of your comments to Colleague B. It had no evidence that there has been any meaningful strengthening of practice, remediation or insight into your misconduct. Furthermore, the panel considered charges of dishonesty and sexual misconduct to be of the most serious and least remediable.

In light of your lack of meaningful insight, remorse, and insufficient evidence of learning from training, remediation, and professional development, the panel concluded that there was no realistic prospect that you would address the concerns to the extent necessary to return to safe and unrestricted practice.

Your actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with you remaining on the register. The panel was of the view that the findings in this particular case demonstrate that your actions were so serious that to allow you to continue practising would not protect the public and

would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Your actions had placed patients at significant risk of harm and your lack of insight into this presents an ongoing risk to the public which can only be addressed by striking you off to ensure public protection.

Having regard to the effect of your actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct themselves, the panel has concluded that nothing short of strike off would be sufficient to maintain public confidence in the profession and the standards set by the regulator.

The panel considered that this order was also necessary to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

This will be confirmed to you in writing.

Submissions on interim order

Mr Kewley made an application for the imposition of an interim order pending any appeal of the substantive order imposed today.

You made no submissions in response to the application.

The panel accepted the advice of the legal assessor.

Decision and reasons on interim order

The panel took account of the submissions made by Mr Kewley. He submitted that an interim suspension order is necessary and proportionate in order to protect the public and maintain the public interest over any appeal period. He submitted that this order should be imposed for a period of 18 months so as to allow sufficient time for any appeal to take place.

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order. The panel has decided that there was a risk to the public arising from your practice which required you to be struck off the register. The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. For the same reasons the panel was satisfied that an interim order suspending you from practice was required in order to protect the public. The panel also considered that an interim suspension order was required in order to maintain the reputation of the profession, and the NMC as its regulator because of the nature of the misconduct found proved.

This order will cease either 28 days after service if there is no appeal, or at the conclusion of the appeal if one is lodged. As an appeal may take up to 18 months to come to a conclusion, the panel decided on an interim order for 18 months.

The panel therefore imposed an interim suspension order for a period of 18 months in order to protect the public and maintain public confidence over any appeal period.

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

That concludes the determination.