

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

**Substantive Hearing**

**Monday, 4 March 2024 – Friday, 8 March 2024  
Monday, 11 March 2024 – Wednesday, 13 March 2024**

Virtual Hearing

<b>Name of Registrant:</b>	<b>Iain Robert Jones</b>
<b>NMC PIN</b>	9712711E
<b>Part(s) of the register:</b>	RNA, Registered Nurse – Adult (September 2000)
<b>Relevant Location:</b>	Salisbury
<b>Type of case:</b>	Misconduct
<b>Panel members:</b>	Shaun Donnellan (Chair, lay member) Linda Pascall (Registrant member) Alex Forsyth (Lay member)
<b>Legal Assessor:</b>	Robin Hay
<b>Hearings Coordinator:</b>	Yewande Oluwalana
<b>Nursing and Midwifery Council:</b>	Represented by Uzma Khan of Counsel
<b>Mr Jones:</b>	Present and represented by Neair Maqboul of Counsel instructed by the Royal College of Nursing (RCN)
<b>Facts proved by admission:</b>	All charges
<b>Facts not proved:</b>	N/A
<b>Fitness to practise:</b>	Impaired
<b>Sanction:</b>	<b>Strike-off order</b>
<b>Interim order:</b>	<b>Interim Suspension order (18 months)</b>

## **Application to postpone the hearing on day 1**

Before the hearing could officially open on day one, Ms Maqboul on your behalf made an application that the hearing be adjourned until Tuesday 5 March 2024. She said that a number of important documents were missing from your registrant's bundle, and this would need to be provided before the hearing commences. Ms Maqboul said that she should be in a position to start at 10:30 am on Tuesday 5 March 2024.

Ms Khan on behalf of the Nursing and Midwifery Council (NMC) said that she maintains a neutral position on this point, but would object if progress was not made tomorrow.

The panel decided to postpone the commencement of the hearing till Tuesday 5 March 2024 in order for the documents to be received from Ms Maqboul.

## **Details of charge**

That you, a Registered Nurse:

- 1) Between 2015 to 2018, sent to Colleague A a message: **[Proved by admission]**
  - a. asking her to go over to your house, or words to that effect;
  - b. asking her what she was wearing, or words to that effect;
  - c. offering to go to her house and be her 'superman' or words to that effect.
  
- 2) Between 2015 to 2018, said to Colleague A: **[Proved by admission]**
  - a. that she could be your 'wing woman' or words to that effect;
  - b. that she was good enough, or words to that effect.
  
- 3) Between 2017 and 2018 sent to Colleague B a message: **[Proved by admission]**
  - a. asking whether she would have an affair with him, or words to that effect;
  - b. asking her to meet you, kiss you and if she found you attractive, or words

- to that effect;
  - c. asking if she liked wearing high heels and if she'd wear them for you, or words to that effect;
  - d. asking if she would wear high heels for you, or words to that effect;
  - e. that your office door was always open, or words to that effect.
- 4) Between March 2018 and December 2018 sent to Colleague C a message saying: **[Proved by admission]**
- a. 'I think you're cracking' or 'you're cracking' or words to that effect;
  - b. 'fancy a coffee?' or words to that effect.
- 5) Between 22 April 2018 to 24 April 2018, sent to Colleague D a message stating: **[Proved by admission]**
- a. 'round mine' or words to that effect;
  - b. 'Not tomorrow. Come around' or words to that effect;
  - c. 'You gjt boots. Xx' or words to that effect.
- 6) In April 2018, sent to Colleague E a message asking: **[Proved by admission]**
- a. her what she was wearing, or words to that effect;
  - b. whether she was wearing high heels, or words to that effect.
- 7) Between 24 April 2018 to 08 July 2019 winked at Colleague E. **[Proved by admission]**
- 8) In May 2018, sent to Colleague F a message asking: **[Proved by admission]**
- a. her if she would want to go over to your house at the weekend, or words to that effect;
  - b. if she liked thigh high boots, or words to that effect.
- 9) Between May 2018 and May 2019, on more than one occasion, would stand close to Colleague F. **[Proved by admission]**
- 10) On 04 October 2018 sent to Colleague G: **[Proved by admission]**
- a. A waving emoticon;

- b. A message saying 'on nights' or words to that effect;
- c. A message saying 'Xx' or words to that effect.

11) On an unknown date said to Colleague G 'I now can't stop picturing you wearing that' or 'I can't stop picturing you wearing not very much' or words to that effect. **[Proved by admission]**

12) Between 08 November 2018 and 13 November 2018, sent to Colleague H **[Proved by admission]**

- a. a message saying 'But you need good heels to Rob a bank a cat woman' or words to that effect;
- b. a message saying 'Coffee??' or words to that effect;
- c. a message saying 'Naughty' or words to that effect;
- d. a message saying 'Your awesome' or words to that effect;
- e. a message saying 'But distracted by the cute one' or words to that effect;
- f. A picture of yourself
- g. a message saying 'Chat and fun' or words to that effect;
- h. a message saying 'You seem amazing' or words to that effect;
- i. a message saying 'Heels' or words to that effect;
- j. a message saying 'Hun' or words to that effect;
- k. On more than one occasion, a message, after Colleague H asked you to stop messaging her.

13) Between November 2018 to March 2019, sent to Colleague I: **[Proved by admission]**

- a. A message stating 'Id fuk you' or words to that effect;
- b. A message stating 'I'm. So horny' or words to that effect;
- c. On more than one occasion, a picture of your penis;
- d. On more than one occasion a video of yourself masturbating;
- e. A message requesting a picture of Colleague I in high heels or words to that effect;
- f. A message saying 'Come on. Help me' or words to that effect;
- g. A message saying 'Wanna see my willy. Lol' or words to that effect;

- h. A message saying 'three cock pictures' or words to that effect;
- i. A message saying 'I want your ass' or words to that effect;
- j. A message saying 'I. Need to. Cum' or words to that effect.

14) Your conduct at any and/or all of charges 1 to 13 above: **[Proved by admission]**

- a. Failed to maintain professional boundaries;
- b. Was inappropriate; and/or
- c. Was sexually motivated.

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**

Before you gave evidence, Ms Maqboul made an application that parts of this hearing be held in private [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Khan indicated that she supported the application to the extent that any reference to [PRIVATE] should be heard in private.

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

Having heard that there will be reference to [PRIVATE], the panel determined to hold those parts of the hearing in private in order to protect your privacy.

### **Background**

On 17 September 2019, the NMC received a referral from the Deputy Director of Nursing at Salisbury NHS Foundation Trust ('The Trust'). You were employed at the

Trust from 1998 until your dismissal on 19 August 2019, for failing to maintain professional boundaries with female colleagues. The concerns arose when you were employed as a Band 6 Specialist Nurse Practitioner. During the course of this employment, it is alleged that you sent unwarranted sexually explicit photos and videos of yourself, together with inappropriate/offensive messages to a number of colleagues with whom you worked.

It is further alleged that between 2015 and 2018, you had sent inappropriate messages to a colleague in the Emergency Department where you worked.

In April 2018, it is alleged that a colleague received inappropriate messages from you and she raised this with her academic supervisor.

It is alleged that in May 2018, you sent messages to a colleague initially offering to help with her studies and subsequently sending inappropriate messages to her. She allegedly asked you to stop but the messages allegedly continued. You had then met with management and had promised that this conduct would not be repeated.

In November and December 2018, you allegedly sent a colleague a Facebook friend request and then exchanged a series of messages with her. It is alleged that in January 2019, you requested her phone number and began messaging her via WhatsApp. It is alleged that in March 2019, a colleague was informed that you had sent sexually explicit photos to another colleague. This prompted an intervention by Ms 1, you immediately admitted the allegation and promised that it would not be repeated.

In February 2019, it is alleged a colleague received a Facebook friend request from you. You allegedly proceeded to message her, until she blocked you.

It is alleged that in April 2019, reports were received of repeat incidents including sexually explicit photos and videos sent by you. Subsequently this was raised with your line manager, and you were suspended whilst an investigation took place.

Following an investigation, a disciplinary hearing was held in August 2019, which found that you had committed gross misconduct, and you were dismissed.

Since 25 November 2019 you have been working as a registered nurse at [PRIVATE] (the Home).

### **Decision and reasons on facts**

At the outset of the hearing, Ms Maqboul said that you make full admissions to all the charges 1 to 13 including all the sub charges.

The panel therefore finds charges 1 to 13 proved in their entirety, by way of your admissions.

### **Fitness to practise**

Having found the facts proved, the panel then considered, whether they amount to misconduct and, if so, whether your fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally.

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. Second, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, your fitness to practise is currently impaired as a result of that misconduct.

### **Submissions on misconduct**

Before hearing submissions on misconduct, you gave evidence as did Ms 2. She is your current line manager at the Home and is aware of the NMC proceedings.

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a ‘*word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.*’

Ms Khan’s submission was that the facts found proved by admission amount to misconduct. She referred to ‘The Code: Professional standards of practice and behaviour for nurses and midwives (2015)’ (the Code) and submitted that by your actions you were in breach of paragraphs 1.1, 8, 8.1, 8.2 and 20.

She said that you had admitted that your actions had amounted to misconduct.

Ms Khan commented that this was a pattern of misconduct over a period of time, targeting a number of colleagues who were junior to you.

In her submissions, Ms Maqboul said that you accept your behaviour amounts to serious misconduct. You accept that the nature of your behaviour as being “*abhorrent*” and that you are not seeking to minimise or excuse your behaviour.

### **Submissions on impairment**

Ms Khan referred the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Khan submitted that you are impaired on the grounds of public protection and also in the wider public interest. She said that from the outset you had targeted young and impressionable colleagues. Further, as you admitted in your evidence, your actions were sexually motivated. She also said that it was an abuse of power,



and you were exercising a form of control, as the colleagues would have looked up to you for advice and as a role model. These colleagues received persistent messages that did not stop despite repeated requests to do so. One of the younger colleagues who felt under pressure from you went to the extent of sending messages back of an explicit nature. She was considerably affected by your behaviour and had to seek external help from a separate agency.

Ms Khan further submitted that the risk could present itself in different ways, how it affects staff morale and how they conduct themselves on the ward when in your presence. Ms Khan submitted that there was a risk of harm to patients, as colleagues would have been reliant on you for assistance or advice.

Ms Khan further submitted that there remains a risk of repetition even after the time that now has elapsed. Your actions were conducted over a significant time period and there were occasions where there was a gap of some months before your inappropriate contact was repeated.

Ms Khan commented that you had a warning about your behaviour and the potential for disciplinary action, but this was not a deterrent and you continued to contact your colleagues. In her statement, Ms 1 confirmed that you were remorseful and said that you would not commit such behaviour again and that you understood your responsibilities. Ms 1 believed this to be genuine. Ms Khan said however that you continued to exploit colleagues.

Ms Khan submitted that both moral and professional boundaries had been crossed. She observed that you knew that what you were doing was inappropriate because you have admitted this in your evidence. [PRIVATE].

Ms Khan submitted that this was pattern of misconduct over a period of time. This was unwelcome behaviour of sexual misconduct. She said it was not just sending messages to colleagues, but also you invading their personal space which made them feel uncomfortable. Ms Khan submitted that this is a deep-seated attitudinal problem which raises the fundamental question about your ability to uphold the

standards of a registered nurse and the Code. She submitted that there is impairment and that it continues to currently exist.

In her submissions, Ms Maqboul said that you accept your behaviour amounts to serious misconduct and this and your attitude fell well below the standard expected of a registered nurse. However, now almost six years after the event, you have reflected thoroughly. The panel has had sight of your reflective pieces from 2019, 2021, 2022 and 2024 and has heard from Ms 2, your line manager who spoke of your interactions with staff members and residents. Ms 2 also said that if you were removed from the register, it would be a huge loss to the profession and to the Home.

Ms Maqboul said that there was a huge distinction between the man who committed these acts and the man before the panel. She said that impairment is forward thinking as to how you work at present. She said that Ms 2 spoke well on your behalf and that the panel have sight of independent information. She said you had been subject to an interim conditions of practice order but that this was removed in 2021 and that there here have been no further regulatory actions against you since then.

Ms Maqboul said that the events were during an isolated period albeit a lengthy period in a hitherto unblemished career. [PRIVATE].

Ms Maqboul submitted that there are no current concerns about public protection, as you are not subject to any interim conditions and there is nothing before the panel to indicate any similar misconduct. The panel had sight of your reflective pieces, testimonials, certificates, and information about the courses and training you have undertaken. You have kept up to date with your regular professional training. Albeit that the training is not linked to the allegations.

Ms Maqboul said that in all the present circumstances including your expressions of remorse and reflections a well-informed member of the public, would not be offended if a finding of no impairment were made.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), and *Cohen v General Medical Council* [2007] EWHC 581 (Admin).

## **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 found that your actions did fall significantly short of the standards expected of a registered nurse, and that your actions amounted to a breach of the Code. Specifically:

### ***' 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*

***20.3*** *be aware at all times of how your behaviour can affect and influence the behaviour of other people*

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

***20.8*** *act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to*

**20.10** *use all forms of spoken, written and digital communication (including social media and networking sites) responsibly, respecting the right to privacy of others at all times'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. The panel had regard to NMC guidance's on '*Misconduct (Reference: FTP-2a Last Updated 27/02/2024)*' and '*How we determine seriousness (Reference: FTP-3 Last Updated 27/02/2024)*'. When determining the seriousness of the conduct, the panel determined that your behaviour was that of sexual misconduct. It noted in the NMC guidance on seriousness,

*'Sexual misconduct is unwelcome behaviour of a sexual nature, or which can reasonably be interpreted as sexual, that degrades, harms, humiliates or intimidates another. It can be physical, verbal or visual. It could be a pattern of behaviour or a single incident'.*

The facts found proved indicated this to be a pattern of behaviour, unwelcomed by the various colleagues. It was clearly behaviour motivated for your personal sexual gratification and on occasions extremely explicit. Despite warnings and undertakings from you that you would cease, your conduct continued and escalated beyond messages. This included: your repeated invasion of the personal space of one colleague, winking and grinning at another colleague who had reported your online contact, and made indecent comments to another colleague who had reported your behaviour. This was in the presence of other colleagues and occurred in the workplace.

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

### **Decision and reasons on impairment**

The panel next considered whether if as a result of the misconduct, your fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 February 2024, which states:

*‘The question that will help decide whether a professional’s fitness to practise is impaired is:*

*“Can the nurse, midwife or nursing associate practise kindly, safely and professionally?”*

*If the answer to this question is yes, then the likelihood is that the professional’s fitness to practise is not impaired.’*

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

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

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

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

*‘Do our findings of fact in respect of the doctor’s misconduct, deficient professional performance, adverse health, conviction, caution or*

*determination show that his/her/ fitness to practise is impaired in the sense that S/He:*

- a) ...
- 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) ...'

Limbs a) and d) were not engaged. The panel found that b) and c) are engaged.

The panel determined that your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

In regard to insight, the panel considered that you have made admissions to the charges at the earliest opportunity and have also admitted to misconduct and have provided reflective pieces.

However, although you expressed remorse in your reflections and in your evidence, the panel could not be satisfied that you fully understand the real impact your actions had on your colleagues and the potential impact on patient safety. The panel noted that when the allegations about your inappropriate messages to colleagues were first disclosed to you by your manager in April 2018 at a one to one informal meeting, the manager described you as being '*Inconsolable*' and felt '*ashamed*' at your actions. During this meeting your manager warned you that your behaviour made you look like a '*bit of a predator*', and that you could lose your '*job, nursing registration*'  
[PRIVATE].

The manager further described you later contacting her by text telling her that you were struggling to sleep as you still felt bad about what you had done. Such was her trust in you she had commenced succession planning with you to be promoted into her role, she states that she asked you during one such succession planning meeting (around October 2018) whether you were behaving and you answered *'God...Yeah. I have left all that behind me. You have nothing to worry about'*. She said she felt *'assured that his response was genuine. I believed it 100%'*.

However, the panel concluded that the pattern of your misconduct was not only continuing at this time but was also escalating.

The panel has determined that this demonstrates a deep-seated attitudinal problem, as you did not acknowledge that your behaviour had to stop but instead continued, even when you were alerted of the concerns. [PRIVATE].

The panel was concerned that your admitted actions were in pursuit of your own sexual gratification. In this context the panel had particular regard to a witness statement from a junior colleague to whom you had sent pictures of your penis and videos of your masturbating. Also, that in regard to a degree of pressure from you she had sent you a picture of her *'bum'*. Further you had asked her to delete the exchanges of messages. The panel found this to indicate your abuse of power. The negative impact on the junior colleague was significant to the effect she stated, *'I had to take a few weeks off work due to stress because of this incident – it has not been nice at all'*. She sought the services of a counsellor and the support of a clinical psychologist. Your actions have caused her to remove herself from her nursing associate degree as she is unable to cope. She describes the events as *'very hard to take in and broke me'*.

The panel concluded that your actions would appear to be as a consequence of a deep-seated attitudinal problem which is difficult to remedy.

In considering whether your conduct has been remedied, the panel had regard to your evidence: your reflective pieces, testimonials and training certificates and to the evidence of Ms 2. [PRIVATE]

Your reflective pieces do not seem to be able to explain why you behaved as you did, you at various points refer to [PRIVATE] as being contributory factors but do not explain why you continued your behaviour even after a stern warning as to the consequences.

The testimonials you produced all relate to your employment at the Home and their authors all speak to your professionalism and commitment are unequivocal in their support for you.

One of the persons who provided a testimonial (Ms 2) gave evidence and was equally supportive as she was in her testimonial. The panel also recognised that the interim conditions of practice order had been removed and you had been practising without restriction since 2021.

The panel however recognised that there is a totally different working environment in a nursing home as opposed to the critical care functions of a hospital, you note this yourself in your reflection when you state that since working at the Home you “*No longer have the stresses that I had whilst working at [PRIVATE] Hospital*”.

In relation to the training certificates, you produced, these are predominantly the clinical skills required of a registered nurse. There are certificates [PRIVATE] but no evidence of any training in relation to the misconduct found proved which is suggestive of serious attitudinal and behavioural issues.

[PRIVATE].

The panel then considered whether or not it is highly unlikely that the conduct would be repeated. It recognised your efforts to maintain your generic nursing skills but also understood that you have not been practising in a similar environment to where the misconduct took place [PRIVATE]. The panel was therefore not persuaded that it was highly unlikely that the misconduct would be repeated.

[PRIVATE].



[PRIVATE]. This, you said, had been sent to the NMC at an early stage of the investigation. However, this letter is not before the panel.

[PRIVATE]

The panel has therefore concluded that there is little to demonstrate that you have taken any significant steps to address or remedy your misconduct.

The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

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

The panel determined that a finding of impairment on public interest grounds is required because of the sexually motivated nature of the charges that they were repeated on a number of occasions and over a significant period of time. Moreover, your actions resulted in a significantly negative impact on your colleagues. You held a senior position of trust and the panel found that your actions to be a serious misuse of power.

The panel has concluded that a well-informed member of the public would be disturbed and that public confidence in the profession and in the NMC as regulator would be undermined if a finding of impairment were not made.

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

**Application for adjournment on day 6 of the hearing**

After the handing down of the panel's decision on misconduct and impairment, Ms Maqboul made an application for the hearing to be adjourned until 1pm on Tuesday 12 March 2024. She said that following the panel's findings on impairment that she would like the time to produce further documents and provide an updated reflection piece for consideration at the sanctions stage.

Ms Khan said that she was neutral.

The panel decided to adjourn proceedings until 1pm on Tuesday 12 March 2024 in order for Ms Maqboul to provide the documents.

### **Sanction**

The panel 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 and had careful regard to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

### **Submissions on sanction**

Ms Khan said that in the Notice of Hearing, dated 1 February 2024, the NMC had advised you that it would seek the imposition of a striking-off order if the panel found your fitness to practise currently impaired.

In her submissions Ms Khan referred to the following aggravating features:

- Concerns about your attitude, professionalism and trustworthiness
- As a registered nurse you were in a position of seniority
- The incidents occurred over a number of years, a lengthy period of time despite being warned against such behaviour.
- There were multiple complainants

- There were attitudinal concerns in particular towards colleagues both junior and female.
- Colleagues felt uncomfortable at work when in your presence, and that this could have put patients at an indirect risk of harm

Ms Khan submitted that these are serious allegations that the panel have determined fell well below the standard expected of a registered nurse. She said that your conduct also caused significant emotional harm to some of the colleagues. Further, she said that the complainants were junior colleagues and in a position of vulnerability, as you were in a position of authority.

Ms Khan referred the panel to NMC guidance entitled '*Insight and strengthened practice*' (Reference: FTP-14, Updated 14/04/2021) and said that your conduct could well appear to amount to sexual harassment. Such conduct is difficult to remedy.

She submitted that to take no further action or to make a caution order would be inappropriate sufficiently to address the serious nature of the concerns and would not meet the wider public interest.

Ms Khan then submitted that a conditions of practice order would be insufficient to protect junior colleagues. She said that emotional harm did occur to a vulnerable junior colleague on more than one occasion, and the attitudinal problems cannot be addressed with a conditions of practice order.

Ms Khan further submitted that a suspension order would not be appropriate. This is not a single instance of misconduct, and there is evidence of deep-seated personality or attitudinal problems, evidence of repetition of the behaviour. It was identified that you had said that such behaviour would not recur, but despite that you continued such conduct and indeed it escalated. Ms Khan submitted that in these circumstances a suspension order would not be an appropriate sanction.

Ms Khan submitted that a striking-off order would be the only appropriate order that would mark the seriousness of the sexual misconduct in this case and address the

wider public interest by maintaining public confidence and upholding the professional standards.

In her submissions Ms Maqboul said that the panel are not precluded from just considering a striking-off order but may consider a lesser sanction. Ms Maqboul submitted that a lengthy suspension order would be appropriate. She said that you have worked for a lengthy period of time without any further concern or referral to the NMC. She said these are serious matters in which you admitted the allegations at the outset.

You were previously subject to an interim conditions of practice order, but this was revoked. Albeit interim orders are subject to a different test, you were subject to an interim order for a lengthy period of time. There has been no suggestion of repetition or wrongdoing during this period.

She said that you have taken steps to address the misconduct [PRIVATE] and that you are not in the same position you were previously. Further, you have provided an updated reflective piece in which you have made further reflections on the issue of repetition and more insight in to why this behaviour took place.

Ms Maqboul said that there were [PRIVATE] that led you here today, but that you have made positive strides to address this. You were promoted as a Clinical Lead at the Home. She said the panel heard from Ms 2 who was aware of the allegations and that you had admitted to the charges. She is your line manager who gave evidence of your highly positive attitude at work, not just clinically but with other colleagues and residents.

Ms Maqboul submitted that a suspension order would be appropriate, and any reviewing panel could be assisted with a further reflective piece, [PRIVATE].

### **Decision and reasons on sanction**

Having found your fitness to practise currently impaired, the panel then considered what sanction, if any, it should impose. The panel was aware that any sanction it

should impose should be appropriate and proportionate and, although sanctions are not intended to be punitive, it may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel found there to be the following aggravating features:

- Attitudinal concerns
- Lack of professionalism
- A pattern of misconduct over a lengthy period of time
- Multiple complainants
- Colleagues were made to feel uncomfortable in the workplace which indirectly put patients at risk of harm
- Significant emotional harm caused to junior colleagues
- Management warning which you failed to heed
- Persistent unwarranted behaviour
- Abuse of position of seniority
- Insufficient insight

The panel also found there to be the following mitigating features:

- Early admissions to the charges
- Some limited degree of insight
- [PRIVATE]
- Long career with no previous referral to the NMC
- Positive testimonials from your current employer
- No repeated incidents in your current employment

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public interest issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. It would not protect the public which includes colleagues. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the serious nature of the case. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on your registration would be a sufficient and appropriate response. The panel concluded that there are no practical or workable conditions that could be formulated, given the sexual nature of the charges. Furthermore, placing conditions on your registration would not adequately address the serious nature of the misconduct. Such a sanction would be insufficient to protect the public.

The panel next considered a suspension order. The SG states that a suspension order may be appropriate where some of the following factors are apparent:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- ...
- ...

The sexual misconduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel found there to be serious breaches of the fundamental tenets of the profession evidenced by

your actions, is fundamentally incompatible with your remaining on the register. This was not a single instance of misconduct, but a pattern of behaviour over a significant period of time. The panel found that you appear to have harmful deep-seated personality or attitudinal problems. This was evidenced by the fact your manager warned you of the consequences of your inappropriate behaviour and you continued to act in this manner.

In relation to insight, the panel previously determined that it was insufficient. On learning this you today provided a refreshed insight which the panel found still did not address the reasons for your misconduct.

[PRIVATE].

The panel therefore determined that a suspension order would not be a sufficient, appropriate nor proportionate sanction.

Finally, in considering a striking-off order, the panel had regard to the following paragraphs of the SG:

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

Your actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with your remaining on the register. The panel concluded that the findings in this particular case demonstrate that your misconduct was so serious that to allow you to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all these factors, the panel determined that the only appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of your actions in bringing the profession into disrepute by adversely affecting the public's view of how registered nurses should conduct themselves, the panel has concluded that nothing short of this would be sufficient.

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

This will be confirmed to you in writing.

### **Interim order**

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in your own interests until the striking-off sanction takes effect.

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

### **Submissions on interim order**

The panel took account of the submissions made by Ms Khan that an interim suspension order should be made. She submitted that an interim order is necessary to protect the public and meet the wider public interest. She invited the panel to impose an interim suspension order for a period of 18 months to cover the appeal period and any appeal if made.

Ms Maqboul said she had no observations to make.

### **Decision and reasons on interim order**



The panel was satisfied that an interim suspension order is necessary to protect the public and is otherwise in the public interest. The panel had regard to the seriousness of the misconduct and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order. It considered that to not impose an interim suspension order would be inconsistent with its earlier findings.

Therefore, the panel made an interim suspension order for a period of 18 months.

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

This will be confirmed to you in writing.

That concludes this determination.