

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

12 – 13 September & 3 October 2019

Nursing and Midwifery Council, 2 Stratford Place, Montfichet Road, London, E20 1EJ

Name of registrant:	Joanne Brockley
NMC PIN:	99D0546E
Part(s) of the register:	Registered Nurse (Sub Part 1) Mental Health Nursing – April 2002
Area of Registered Address:	England
Type of Case:	Conviction
Panel Members:	Kathryn Eastwood (Chair, Registrant member) Lorna Taylor (Registrant member) Avril O'Meara (Lay member)
Legal Assessor:	Penny Howe QC
Panel Secretary:	Charlie Russell [12 – 13 September 2019] Caroline Pringle [3 October 2019]
Miss Brockley:	Present and not represented
Nursing and Midwifery Council:	Represented by Sylvia McLean [12 – 13 September 2019] and David Claydon [3 October 2019], NMC Case Presenters
Facts proved by admission:	1, 2, 3, 4, 5
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim Order:	Interim suspension order (18 months)

Details of charge

That you, a Registered Nurse were convicted of the following offences:

- 1) On 24 October 2017 at the Lancaster Magistrates Court were convicted of driving a motor vehicle on a road after consuming so much alcohol that the proportion of it in your breath exceeded the prescribed limit contrary to section 5(1)(a) of the Road Traffic Act 1998 and Schedule 2 to the Road Traffic Offenders Act 1988;
[Found proved by way of conviction and admission]

- 2) On 21 December 2017 at the Preston Magistrates Court were convicted of between 15/07/2017 and 27/11/2017, pursuing a course of conduct which amounted to stalking which you knew or ought to have known amounted to harassment contrary to section 2A(1) and (4) of the Protection from Harassment Act 1997;
[Found proved by way of conviction and admission]

- 3) On 21 December 2017 at the Preston Magistrates Court were convicted of assaulting a police constable in the execution of her duty contrary to section 89(1) of the Police Act 1996;
[Found proved by way of conviction and admission]

- 4) On 20 September 2018 at the Preston Magistrates Court were convicted of between 30/04/2018 and 14/08/2018 without reasonable excuse, sending e-mail correspondence which you knew you were prohibited from doing by a restraining order imposed by Preston Magistrate's Court on 21/12/2017 contrary to section 5(5) and (6) of the Protection from Harassment Act 1997;
[Found proved by way of conviction and admission]

5) On 20 September 2018 at the Preston Magistrates Court were convicted of the commission of a further offence during the operational period of a suspended sentence order made by the Preston Magistrates Courts on 21/12/2017 for the offence of stalking on 01/10/2017 and assault PC on 07/11/2017 in accordance with Part 2 Schedule 12 of the Criminal Justice Act 2003

[Found proved by way of conviction and admission]

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

Application under Rule 19

At the outset of the hearing Ms McLean made an application for parts of the hearing of your case to be heard in private. She informed the panel that there will be reference to your health and personal circumstances and invited the panel to hold these parts of the hearing in private in the light of this.

You indicated that you supported the application to the extent that any reference to your health and personal circumstances 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.

Rule 19 states:

19.—(1) Subject to paragraphs (2) and (3) below, hearings shall be conducted in public.

- (2) *Subject to paragraph (2A), a hearing before the Fitness to Practise Committee which relates solely to an allegation concerning the registrant’s physical or mental health must be conducted in private.*
- (2A) *All or part of the hearing referred to in paragraph (2) may be held in public where the Fitness to Practise Committee—*
- (a) *having given the parties, and any third party whom the Committee considers it appropriate to hear, an opportunity to make representations; and*
 - (b) *having obtained the advice of the Legal Assessor, is satisfied that the public interest or the interests of any third party outweigh the need to protect the privacy or confidentiality of the registrant.*
- (3) *Hearings other than those referred to in paragraph (2) above may be held, wholly or partly, in private if the Committee is satisfied—*
- (a) *having given the parties, and any third party from whom the Committee considers it appropriate to hear, an opportunity to make representations; and*
 - (b) *having obtained the advice of the legal assessor, that this is justified (and outweighs any prejudice) by the interests of any party or of any third party (including a complainant, witness or patient) or by the public interest.*
- (4) *In this rule, “in private” means conducted in the presence of every party and any person representing a party, but otherwise excluding the public.*

Having heard that there will be reference to your health and personal circumstances, the panel determined to hold such parts of the hearing in private. The panel determined to rule on whether or not to go into private session in connection with your health and personal circumstances as and when such issues are raised.

Background

The NMC received two referrals. The first referral was a self-referral, received by the NMC on 7 January 2018. On 2 October 2018 the NMC received a second referral from Lancashire Care NHS Trust ('the Trust').

The referrals relate to a number of convictions.

On 24 October 2017 at Lancaster Magistrates Court, you were convicted of driving a motor vehicle on a road having consumed so much alcohol that the proportion of it in your breath exceeded the prescribed limit, contrary to the Road Traffic Act 1988 s.5(1)(a). You pleaded guilty and were disqualified from driving for 12 months and ordered to pay a fine of £120.

The circumstances of this offence were that on 15 September 2017, a police officer responded to a call from a member of the public reporting that your vehicle had crashed into a ditch. Upon attending the scene, it was alleged that the police officer could smell alcohol on your breath and proceeded to breathalyse you. The result was shown to be 64 micrograms of alcohol per 100 millilitres of breath. You were arrested on suspicion of driving a motor vehicle on a road whilst over the prescribed limit. At the police station you gave further samples and your conviction was based on a breath sample result of 59 micrograms of alcohol per 100 ml of breath.

On 11 October 2017 you received a harassment warning under the Harassment Act 1997 with reference to your ex-partner ('Individual 1').

On 2 November 2017, you voluntarily attended the police station and were advised not to make any further contact with Individual 1.

On 21 December 2017 at Preston Magistrates Court, you were convicted of:

(a) between 15 July 2017 and 27 November 2017 pursuing a course of conduct which amounted to stalking which you knew or ought to have known amounted to harassment contrary to section 2A(1) and (4) of the Protection from Harassment Act; and
(b) assaulting a police constable in the execution of their duty contrary to section 89(1) of the Police Act 1996.

The circumstances of conviction (a) above were that on 23 July 2017 you vandalised Individual 1's car; and between 15 July 2017 and 27 November 2017, you caused Individual 1 harassment by sending incessant emails to him containing abusive and insulting comments about him and material of an upsetting and offensive nature.

The circumstances of conviction (b) were that on 7 November 2017 two police officers attended your registered address and arrested you on suspicion of harassment. You smelt of intoxicants, were uncooperative, argumentative and you assaulted a police officer by kicking her in her knee.

You pleaded guilty to each of these offences and for each one you were committed to prison for 8 weeks, suspended for 24 months, to run concurrently. You were also required to [PRIVATE] and cooperate with an Offender Manager for the period of the sentence. The Court imposed a restraining order prohibiting you to have direct or indirect contact with Individual 1 until 20 December 2019.

Between 30 April 2018 and 14 August 2018, you sent emails to Individual 1, which you were prohibited from doing by the restraining order imposed. You attended the police station voluntarily and admitted to sending the emails.

On 20 September 2018, you were convicted of (c) Between 30 April 2018 and 14 August 2018 without reasonable excuse sending email correspondence which you knew you were prohibited from doing by a restraining order contrary to sections 5(5) and (6) of the Protection from Harassment Act 1997; and (d) commission of a further offence

during the operational period of a suspended sentence order, in accordance with Part 2 Schedule 12 of the Criminal Justice Act 2003.

You pleaded guilty to both offences and you were committed to prison for four weeks suspended for 15 months and ordered to pay a victim surcharge.

Until 20 December 2019, you remain the subject of a suspended prison sentence, supervision requirement and a restraining order

Admissions

At the outset of this hearing you informed the panel that you admit all charges. The panel was satisfied that this was sufficient to amount to an unequivocal admission and accordingly found all charges proved in accordance with Rule 24(5) of the Rules.

Submission on impairment

Having announced its finding on all the facts, the panel then moved on to consider whether your fitness to practise is currently impaired by reason of your convictions. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

You gave oral evidence during which you fully accepted your convictions and informed the panel that you had pleaded guilty to all offences. You submitted that you are "deeply ashamed" and "embarrassed" by your actions, which you state were out of character, irrational and occurred at a time when you were "very poorly".

You told the panel that you had received a police caution for the offence of Battery in 2011. The circumstances were that you had an argument with a former partner ('Individual 2') which culminated in you punching his face twice. In October 2015 you had also received a conviction for assault and battery of a police officer.

You outlined the circumstances leading to your convictions, including [PRIVATE].

You referred the panel to the on table documents submitted by you, which include numerous positive references from other professionals, attesting to your good practice. You reminded the panel that you made a self-referral to the NMC, have fully engaged with these proceedings and removed yourself from nursing practice in 2016. You are confident that you are not likely to repeat your behaviour as [PRIVATE]. You said that you are currently working in a stressful environment with vulnerable individuals, but that your stress is now at a manageable level. You submitted that you have worked hard to remediate your actions and deserve a second chance to return to nursing.

In her submissions, Ms McLean reminded the panel that there is no burden or standard of proof at this stage. She submitted that the conduct within the charges found proved are inherently serious and has undoubtedly brought the profession into disrepute. She invited the panel to consider the case of *Cohen v GMC* [2007] EWHC 581 (Admin).

Ms McLean reminded the panel of *The Code: Professional standards of practice and behaviour for nurses and midwives (2008)* ('the Code') and submitted that the matters found proved amounted to breaches of standards: 20, 20.1, 20.4, 20.5.

With regards to the question of current impairment, Ms McLean invited the panel to consider your level of insight, remorse, and remediation and referred the panel to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin), particularly paragraphs 76 of Mrs Justice Cox's judgement, wherein she endorsed the questions formulated by Dame Janet Smith in her Fifth Shipman Report.

Ms McLean referred the panel to the bundle of evidence submitted by you and your oral evidence, noting that you fully accepted your convictions. She submitted that you have demonstrated some remorse, however your insight can only be described as 'developing' at best. She submitted that your oral evidence was somewhat inconsistent and confusing. However, she accepted that the question of whether you have demonstrated sufficient insight and remedied your deficiencies was for the panel's independent judgement.

Ms McLean invited the panel to consider whether the need to uphold proper professional standards and public confidence in the profession required a finding of impairment in your case. She submitted that the matters found proved are self-evidently serious and engage the public interest. She submitted that you are expected to uphold the laws of your country and that applies equally in your private life. She drew the panel's attention to the background of your previous offending behaviour, which included harassment of Individual 2, a caution for Battery to Individual 2 in 2011 and a previous conviction in 2015 for assaulting a police officer. Therefore members of the public would be concerned if a finding of no impairment was made in the circumstances of your case.

You submitted that you have remained open, honest and transparent throughout these proceedings. You consider yourself to be a good nurse who always places the wellbeing and safety of patients at the forefront of your practice. You said that this was demonstrated through your decision to step away from nursing practice in 2016. You informed the panel that you are "deeply ashamed" and "remorseful" of your past behaviour, but asked that the panel consider your personal circumstances at the time of the convictions. You said that you are sorry that your actions, whilst unwell, have led to your practice being brought into question and you want to prove to both the public and to your regulator that you are a professional nurse who acts compassionately at all times.

Decision on impairment

When determining whether the facts found proved amount to impairment by reason of conviction the panel had regard to the Code.

The panel heard advice from the legal assessor.

The panel, in reaching its decision, had regard to the public interest and accepted that there was no burden or standard of proof at this stage and exercised its own professional judgement.

The panel was of the view that your actions in charges 1 - 5 amounted to breaches of the 2015 Code, specifically standards:

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

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

20.4 keep to the laws of the country in which you are practising

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

The panel bore in mind that breaches of the Code do not automatically equate to a finding of misconduct. However, the panel considered that the clear breaches of the Code emanating from your convictions were inherently serious and brought the profession into disrepute. It considered your actions to be wholly unacceptable and had

concerns about your ability to uphold professional standards and the law of the country in which you practise. In the panel's view, fellow nursing practitioners and informed members of the public would deem such conduct as deplorable. The panel was therefore in no doubt that the convictions were serious, and represented conduct which fell significantly below the standards required of a registered nurse.

The panel next went on to decide if as a result of these convictions your fitness to practise is currently impaired.

The panel had regard to the guidance given in the judgment of Mrs Justice Cox in the case of *Grant*. At paragraph 74 of that judgment, 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.'

Mrs Justice Cox went on to say in Paragraph 76, quoting from Dame Janet Smith in her Fifth Shipman Report at 25.67:

'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 ... ‘

The panel considered that your actions had engaged limbs b and c of the guidance in *Grant* quoted above. The panel determined that your convictions in respect of charges 1 - 5 had brought the profession into disrepute and breached fundamental tenets of the nursing profession.

The panel bore in mind that the issue it had to determine was that of current impairment. It therefore considered whether you are liable in future to act in such a way as to breach fundamental tenets of the profession or bring the profession into disrepute. The panel first considered whether your convictions were capable of being remedied and if so whether it had been remedied.

The panel considered the nature, seriousness and frequency of your convictions. It noted that you had previous convictions for offences of a similar nature. Your offending behavior included harassment and the potential infliction of emotional harm as well as causing physical harm to a police officer. The panel considered that this was serious behaviour that was capable of being remedied but was difficult to fully remediate.

The panel considered your insight and remorse into your convictions. It noted that you expressed considerable remorse during your oral evidence. It took into account the fact that you pleaded guilty before the court and admitted the charges from the outset. You have taken radical steps to address [PRIVATE] which you perceive to be the root cause of your offending behaviours, and have stated a commitment to practising in the nursing profession. The panel noted some evidence of insight in your written statements to the

NMC, and in your oral evidence. The panel noted that since you were first registered in 2002 no concern regarding your clinical practice has ever been raised. The panel read and considered the written testimonials you had provided from former colleagues and your current employer, which spoke highly of your personal and professional qualities but placed less weight on a letter written by a legal clerk Ms 3 and disregarded her expressions of opinion regarding the nature and seriousness of your offending behaviour.

However, the panel took into account the repetitive and serious nature of your offending behaviour over a considerable period of time, and your infliction of physical harm to a police constable which had to be considered in the context of two previous criminal disposals for offences of violence. The panel acknowledged that these events occurred at a time when you described yourself as “very poorly”, and that you have taken steps to address [PRIVATE]; however, it had concerns that the pattern of your convictions arose not just by virtue of [PRIVATE] but were also an indication of attitudinal concerns. Whilst you expressed remorse and said you understood you had damaged the reputation of the profession, the panel noted that when you were pressed to explain, you did not accept any conscious choice in your offending behaviours, and had a tendency to blame others including your victims as well as the impact of [PRIVATE].

Further, the panel had regard to the fact that patients and the public place trust in the nursing profession, and that nurses are expected to act in a way which justifies that trust. When asked in more detail about the impact of your convictions upon the reputation of the profession you were unable to view matters from the standpoint of the ordinary informed observer, and you did not grasp how seriously that observer would be likely to regard your convictions and how much damage to the reputation of the nursing profession would be likely to arise from them.

Therefore, whilst the panel recognised you are developing insight, it considered that this is still at an early stage. It is not satisfied that you have fully remediated your offending.

In those circumstances the panel found there was a real risk of repetition of the behaviours which have resulted in your convictions, and thus of conviction.

Furthermore, in the light of the nature and seriousness of your convictions, informed members of the public with knowledge of the circumstances would be shocked and alarmed if a finding of impairment were not made and public confidence would be undermined as a result. In view of these considerations, the panel determined that a finding of impairment on public interest grounds was required to uphold professional standards and public confidence in the nursing profession and confidence in the NMC as a regulator.

The panel went on to consider whether a finding of impairment was necessary to protect the public. The panel took into account that no clinical concern has ever been raised since your registration in 2002, and that you removed yourself from nursing practice in 2016 once you recognised that you were becoming “very unwell”. The panel has seen no evidence that you present a risk to patients in your clinical practice.

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

Determination on sanction

After careful consideration the panel decided that it was appropriate and proportionate to make a striking-off order. 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 adduced both orally and in writing. The panel accepted the advice of the legal assessor. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the Sanctions Guidance published by the NMC. It

recognised that the decision on sanction is a matter for the panel, exercising its own independent judgement.

Ms McLean on behalf of the NMC addressed the panel on the aggravating and mitigating features of your case and made submissions in relation to the approach the panel should take at the sanction stage. She invited the panel to have regard to the NMC's Sanctions Guidance. Ms McLean submitted that in the light of the panel's findings, the NMC's sanction bid was that of a striking off order. She submitted that your convictions are serious enough to warrant some form of removal from the NMC register. However, she accepted that this is overall a matter for the panel's professional judgement. She referred the panel to the case of *CHRE v GDC & Fleischmann* [2005] EWHC 87 (Admin).

You told the panel that you consider nursing as part of your identity, and something which you are 'extremely proud' of. You acknowledged the seriousness and repetitive nature of your offences. You said that [PRIVATE]. You accepted that you have not had sufficient time to demonstrate that you are not liable to repeat your past behaviours. However, you asked that the panel afford you an opportunity to demonstrate that you are not likely to repeat your offences and bring your profession into further disrepute. You submitted that a suspension order would provide you an opportunity to engage with your General Practitioner (GP), undergo any relevant retraining and regain the trust of the public and the NMC as your regulator.

This hearing was originally listed for two days on 12 and 13 September 2019. However, the panel had insufficient time to complete the hearing. The panel returned on 3 October 2019 to continue its deliberations. At this time it was provided with an additional bundle from you which included a reflective piece dated 1 October 2019, two further character references and a journal article regarding [PRIVATE]. The panel took account of this information, together with all of the evidence and submissions provided on 12 and 13 September 2019.

The panel identified the following aggravating features:

- The nature and extent of your offending history, including the pattern of behaviour giving rise to your convictions;
- The seriousness of your convictions;
- Your limited insight;
- The public nature of your convictions and the impact on the reputation of the nursing profession.

The panel identified the following mitigating features:

- You pleaded guilty to all offences and made early admissions to the charges;
- The social and personal circumstances at the time of your offences, including your health;
- The steps you have taken to address your health issues.

The panel had specific regard to the case of *CHRE v GDC & Fleischmann* [2005] EWHC 87 (Admin), in which it was said that:

'As a general principle (except in cases involving relatively trivial matters such as time allowed for payment of a fine, or disqualification from driving), where a nurse or a midwife has been convicted of a serious criminal offence or offences, they should not be permitted to resume their practice until they have satisfactorily completed their sentence. Only circumstances which plainly justify a different course should permit otherwise. The reasoning behind this principle is not to punish the nurse or midwife whilst they are serving their sentence, but that good standing within the nursing or midwifery professions needs to be 'earned' if the reputation of the profession is to be maintained.'

The panel had regard to the NMC guidance on 'Considering sanctions for serious cases' which states that *'cases about criminal offending by nurses and midwives illustrate the principle that the reputation of the professions is more important than the*

fortunes of any individual member of those professions. Being a registered professional brings many benefits, but this principle is part of the 'price'.

The panel first considered whether to take no action but decided that this would be inappropriate in view of the seriousness of your convictions, nor would it maintain public confidence in the profession, the NMC as its regulator or uphold proper standards.

The panel went on to consider whether a caution order would be an appropriate response. The panel considered that a caution order would be insufficient to mark the seriousness and unacceptability of your convictions. It would not satisfy the wider public interest in declaring and upholding proper professional standards and maintaining public confidence in the profession and the regulatory process. The panel therefore determined that a caution order would not be an appropriate and proportionate sanction in this case.

The panel next considered whether placing conditions of practice on your registration would be a sufficient and appropriate response. It noted that there are no current concerns in relation to your clinical practice which require development. Given that the panel determined that your fitness to practise is impaired on public interest grounds alone, appropriate conditions could not be formulated to meet the wider public interest considerations of this case. In any event, the seriousness of the convictions was such that a conditions of practice order would be insufficient to declare and uphold proper standards of conduct and maintain public confidence in the profession.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The Sanctions Guidance indicates:

'This sanction may be appropriate where the misconduct is not fundamentally incompatible with continuing to be a registered nurse or midwife in that the public interest can be satisfied by a less severe outcome than permanent removal from the register. This is more likely to be the case

when some or all of the following factors are apparent (this list is not exhaustive):

- *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 panel noted that this was not a case which concerned a single instance of misconduct, but rather represented a pattern of behaviour which fell significantly short of the standards expected of a registered nurse. You received five serious criminal convictions over a period of 11 months, two of which you received while you were already subject to a suspended custodial sentence. Whilst the panel acknowledged that there has been no evidence of repetition of any similar behaviour since September 2018, it had received evidence that the five criminal convictions which feature in the NMC charges were part of an offending history going back to 2011, reflecting behaviour which was strikingly similar in its nature to that which gave rise to the convictions in 2017 and 2018.

The panel recognised that you have some insight but concluded that this was at an early stage. It did not consider that your up-to-date reflective piece, dated 1 October 2019, demonstrated any further development of insight into your criminal behaviour or how your convictions could undermine public trust and confidence in the profession. It was concerned that, in this reflective piece, you continue to refer to the convictions as occurring over a 'condensed period'. The panel had concerns that you appeared to deflect responsibility for your criminal actions onto your health condition and personal

circumstances. You were unable to articulate sufficiently the impact of your convictions on the reputation of the profession. The panel acknowledged that you have taken radical steps to address your health, which you believe to be the underlying root cause of the behaviour which led to your convictions. However, the panel decided that although your health and personal circumstances may have played a part, attitudinal issues also underlay your actions.

For these reasons, the panel was not satisfied that a suspension order would be sufficient to satisfy the public interest in this case.

It therefore moved on to consider a striking-off order. It had regard to the Sanctions Guidance, which indicates that a striking-off order *'is likely to be appropriate where the behaviour is fundamentally incompatible with being a registered professional, which may involve any of the following factors:*

- *A serious departure from the relevant professional standards as set out in key standards, guidance and advice.*
- *Doing harm to others or behaving in such a way that could foreseeably result in harm to others, particularly patients or other people the nurse or midwife comes into contact with in a professional capacity. Harm is relevant to this question whether it was caused deliberately, recklessly, negligently... Harm may include physical, emotional and financial harm. The seriousness of the harm should always be considered.*
- ...
- ...
- *Any violent conduct, whether towards members of the public or patients, where the conduct is such that the public interest can only be satisfied by removal.*
- ...
- *Persistent lack of insight into seriousness of actions or consequences.*

- *Convictions or cautions involving any of the conduct or behaviour in the above examples.*

The panel was of the view that your criminal behaviour was a serious departure from the standards expected of a registered nurse. In reaching this decision it had particular regard to the number and nature of your convictions. You received convictions for drink driving, assaulting a police officer and stalking Individual 1 (including causing deliberate and repeated damage to his car which was not indicative of an impulsive action). Whilst subject to a restraining order and serving a suspended custodial sentence in relation to these convictions, you continued to harass Individual 1 in breach of the restraining order. The panel also bore in mind that the convictions which led to the charges in this case were in the context of a pattern of criminal offending of a strikingly similar nature which began in 2011 and for which you had received a police caution and other convictions. The panel considered that these repeated convictions for violent and harassing behaviour were not only extremely serious, but also demonstrated a disregard for the law and a failure to understand your professional obligation as a registered nurse to keep to the laws of the country in which you are practising and to ensure that your behaviour at all times, both in your personal and professional life, justifies the trust and respect that comes with being a member of the nursing profession.

The panel was of the view that although you had demonstrated some early insight, you had persistently failed to demonstrate sufficient understanding of the impact of your convictions on the nursing profession and how your personal behaviour could impact upon your profession. Furthermore, although you have taken steps to address the health condition that you perceive to be the root cause of your behaviour, the panel was of the view that your actions could not be wholly attributed to [PRIVATE], and that the serious and repetitive nature of your criminal behaviour was indicative of an attitudinal problem. The panel therefore considered there to be a real risk of repetition of the behaviour which resulted in your convictions.

In these circumstances, the panel concluded that your behaviour as represented in these convictions was fundamentally incompatible with you remaining on the register. It acknowledged that, in your professional capacity, you have been regarded as a skilled practitioner and a valued colleague with a substantial contribution to make to the care of vulnerable patients. The panel recognised that there is a public interest in a skilled and committed nurse being able to practise and acknowledged that a striking-off order would deprive the public of a skilled nurse and cause you personal hardship. However, having regard to the seriousness of your criminal convictions and your lack of insight, the panel concluded a striking-off order was the only sanction which would adequately maintain the public's trust and confidence in the nursing profession.

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

The panel therefore concluded that a striking-off order was the only appropriate and proportionate sanction to reflect the seriousness of the case and maintain public confidence in the profession and in the NMC as a regulator.

Determination on interim order

The panel considered the submissions made by Mr Claydon that an interim suspension order should be made to cover the 28 day appeal period.

The panel accepted the advice of the legal assessor.

The panel was mindful that there were no public protection concerns in this case and that it had imposed the substantive order on public interest grounds alone. The panel was aware that the threshold for imposing an interim order on public interest grounds alone is high. However, having regard to the serious nature of the charges and the

panel's reasons for imposing the striking-off order, the panel considered that an interim suspension order is necessary in the public interest. To do otherwise would be incompatible with its earlier findings.

The period of this order is for 18 months to allow for the possibility of an appeal to be made and determined.

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.

That concludes this determination.