

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

**Substantive Meeting
Thursday, 20 April 2023 – Friday 21 April 2023**

Virtual Meeting

Name of Registrant: **Jo Brackley**

NMC PIN 0810794E

Part(s) of the register: RNA: adult nurse, level 1 (15 February 2009)

Relevant Location: Buckinghamshire

Type of case: Misconduct

Panel members: Rachel Forster (Chair, lay member)
Pamela Campbell (Registrant member)
Lorraine Wilkinson (Lay member)

Legal Assessor: Simon Walsh

Hearings Coordinator: Opeyemi Lawal

Miss Brackley: Not present and not represented

Facts proved: Charges 1, 2a, 2b and 3

Fitness to practise: Impaired

Sanction: Striking-off order

Interim order: **Interim suspension order (18 months)**

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Miss Brackley's registered email address by secure email on 9 March 2023.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, date and the fact that this meeting was to be heard virtually.

In light of all of the information available, the panel was satisfied that Miss Brackley has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Details of charge

That you, a registered nurse:

1. On 16 June 2021, hoisted Resident A into his bed alone.
2. On 24 June 2021, inaccurately recorded a welfare check on one or more resident by marking the completion time as:
 - a. 18:10;
 - b. 18:20.
3. Your conduct at paragraph 2 was dishonest in that you knew you had not completed the welfare check at the time recorded.

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

Background

Miss Brackley was first entered onto the Nursing and Midwifery Council ("the NMC") Register on 15 February 2009 as a Registered Nurse, specialising in adult care.

In August 2020, Miss Brackley was first referred to the NMC by Buckinghamshire Healthcare NHS Trust in relation to medication practice. On 6 and 7 April 2022, Miss Brackley's case was heard by a panel of the Fitness to Practise Committee and Miss Brackley was made subject to a conditions of practice order.

On 26 October 2021, the NMC received a referral from Care UK. At the time of the concerns, Miss Brackley was employed by Care UK as a Team Leader (Senior Carer) at Catherine Court ("the Home"). Miss Brackley started working at the Home in February 2021.

The Home is a 56-bedded unit, which provides nursing care to elderly people, including those living with dementia. 90% of the residents require two person lifts so a buddy system is always in place to complete these lifts, as per the Home's policy and resident care plans.

On 16 June 2021, Miss Brackley was working on a day shift and was 'buddied' with a care assistant for any lifts that would be required. Ms 2, Nurse Manager at the Home, was completing a medication round at 16:45 and she noticed Resident A sitting in his wheelchair in his room. Ms 2 says that she observed Miss Brackley pushing the hoist into Resident A's room and she assumed that the care assistant was already in there. Ms 2 says that she subsequently saw the care assistant in the next door resident's room and, when she opened Resident A's door, he was in bed and Miss Brackley was sitting in a chair writing notes. Ms 2 says that, when she questioned Miss Brackley, Miss Brackley told her that she had risk assessed the situation, all was fine and she had hoisted Resident A by herself.

When Miss Brackley was interviewed on 18 June 2021 by Ms 1, Home Manager, Miss Brackley admitted that she had hoisted Resident A alone and that she had also done so in the past; Miss Brackley could not explain why she had not asked for assistance.

It is further alleged that Miss Brackley falsified patient records. Ms 1 was checking paperwork and noted that the welfare paperwork on Miss Brackley's unit was being recorded before the time stated. On 24 June 2021, Ms 1 asked a senior carer to check if

In reaching this decision, the panel took into account Ms 2's witness statement, documentary evidence, which includes the Care Home policy, local investigation and Resident A's care plan. The practice in the Home was to be 'buddied up' with another person on the shift to undertake lifts. On this particular day Miss Brackley had a buddy, who was available. In addition, Ms 2 was across the hall from Resident A's room at the time and could have been asked to help.

During the local investigation, Miss Brackley did not dispute the concern raised against her and believed that she had undertaken her own risk assessment and that it was therefore acceptable to hoist Resident A on her own. In Miss Brackley's discussion with her manager immediately after the event, she accepted that she had '*hoisted the resident alone quite freely*' and she also stated that '*she had done it in the past*'.

In Miss Brackley's reflection she stated that she takes full responsibility and accountability for the incorrect moving and handling procedure. Miss Brackley states '*I am aware that I was wrong in this situation*'.

The panel noted that in both the Care Home policy and in Resident A's care plan, it was clear that two people are required to hoist. It noted that Ms 2 had directly witnessed Miss Brackley entering Resident A's room with the hoist and closing the door. She then noticed that the Healthcare Assistant (HCA)/buddy, who would normally assist with hoisting, was in another room. Ms 2 then opened the door to Resident A's room and saw that Resident A had been hoisted into bed and Miss Brackley was sitting by herself in the armchair writing her notes. The panel noted that the HCA had stated to Ms 2 that she had not assisted with the transfer of Resident A on the hoist and that Miss Brackley, when asked by Ms 2 if she had hoisted Resident A by herself, had stated "yes." Ms 2 also stated that there was a falls risk to a resident if a hoist is operated by a single member of staff.

Therefore, the panel found this charge proved.

2a and 2b)

“On 24 June 2021, inaccurately recorded a welfare check on one or more resident by marking the completion time as:

- a. 18:10
- b. 18:20”

This charge is found proved in its entirety.

In reaching this decision, the panel took into account Ms 1’s witness statement and documentary evidence, which includes the local investigation.

In Ms 1’s witness statement she stated:

‘When I asked her about it, she admitted to doing it and just said that that’s what we do...’

‘...Jo was quite blasé about the whole thing. She didn’t try to excuse it she just said that that’s the way we do it...’

‘There were no major issues it just seems that Jo was cutting corners.’

The panel noted that Miss Brackley has not contested the concerns raised against her and accepted them when questioned in both the investigation meeting and the subsequent disciplinary meeting. The panel noted Miss Brackley’s response to questions posed in the disciplinary meeting on 5 July 2021 about why she has recorded the welfare checks in this way. The panel noted that Miss Brackley accepts that she falsified the document. She said *‘as for falsifying documentation, I don’t know why I did that’*.

The panel found charges 2a and 2b proved.

Charge 3

“Your conduct at paragraph 2 was dishonest in that you knew you had not completed the welfare check at the time recorded.”

This charge is found proved.

In reaching this decision, the panel took into account Ms 1's witness statement and documentary evidence, which includes the local investigation.

It accepted the advice of the legal assessor: the proper approach to deciding if someone was dishonest in a context such as this is no longer that set out in the case of R v Ghosh. In Ivey v Genting Casinos [2017] UKSC 67 Supreme Court held that second part of the Ghosh test was no longer good law. The correct approach now is for you to determine the actual state of a nurse's knowledge or belief as to the facts. Against that background, you then simply ask one question - whether the conduct was dishonest by applying the objective standards of ordinary decent (reasonable and honest) people. People in this context (as explained by the Court of Appeal in the case of *Hussain v GMC* [2014] EWCA (Civ) 2246) means nurses and healthcare professionals like Miss Brackley.

The panel has found charge 2a and 2b proved and has therefore found that Miss Brackley knew that she had not yet done the welfare checks when she marked the completion times on the record as 18.10 and 18.20.

The panel then went on to consider whether this conduct would be considered dishonest by any reasonable nurse.

The panel acknowledged that Miss Brackley said it was the working culture in the Home to record welfare checks in advance, and that Miss Brackley alluded to other nurses working in the same way. However, the panel determined that Miss Brackley was responsible for her own practice, and as a registered nurse she would have known that it was wrong to record welfare checks as having taken place before they actually occurred. Having been recruited as a team leader in the Home, Miss Brackley was in a position of trust and seniority and she should have known the correct way to have carried out her responsibilities.

The panel noted that Ms 1, a new manager coming into the Home, noticed that what Miss Brackley was doing was wrong and questioned her about it.

In Ms 1's witness statement she stated:

'...When I started at the home I made a point of checking all the paperwork. I noticed that a large amount of paperwork done on Jo's unit was being recorded before the time stated...'

The panel therefore concluded that an ordinary reasonable and decent nurse would consider recording a welfare check as being completed at a future time when the check had not yet been done, to be dishonest.

The panel found this charge proved.

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 Miss Brackley's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the Register unrestricted.

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

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

Representations on misconduct and impairment

The NMC referred to the case of *Roylance v GMC (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.' It also referred to comments of *Jackson J in*

Calheam v GMC [2007] EWHC 2606 (Admin) and Collins J in *Nandi v General Medical Council [2004] EWHC 2317 (Admin)*: '[Misconduct] connotes a serious breach which indicates that the doctor's (nurse's) fitness to practise is impaired' and 'The adjective "serious" must be given its proper weight, and in other contexts there has been reference to conduct which would be regarded as deplorable by fellow practitioner'.

The NMC invited the panel to take the view that the facts found proved amount to misconduct, in particular Code 1, 1.1, 1.2, 8, 8.5, 10, 10.1, 10.3, 20, 20.1, 20.2, 20.3, 20.5, 20.8.

The NMC identified the specific, relevant standards where Miss Brackley's actions amounted to misconduct.

The NMC submitted that the misconduct is serious because the concerns raised relate to a disregard for policy and patient safety, and dishonest in recording residents' welfare checks. Nurses occupy a position of trust in society caring for vulnerable people. The failings are likely to cause risk to patients in the future if they are not addressed.

The NMC reminded the panel to bear in mind its overarching objective to protect the public. 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. The panel was referred to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin)*.

It is the submission of the NMC that all 4 limbs of the *Shipman* test can be answered in the affirmative in this case.

- a) has [Miss Brackley] in the past acted and/or is liable in the future to act as so to put a patient or patients at unwarranted risk of harm; and/or
- b) has [Miss Brackley] in the past brought and/or is liable in the future to bring the [nursing] profession into disrepute; and/or
- c) has [Miss Brackley] in the past committed a breach of one of the fundamental tenets of the [nursing] profession and/or is liable to do so in the future
- d) has [Miss Brackley] in the past acted dishonestly and/or is liable to act dishonestly in the future.

The NMC invited the panel to find Miss Brackley's fitness to practise impaired.

The NMC submitted that whilst no patient harm was caused, Miss Brackley's conduct exposed Resident A to risk of harm. Miss Brackley also placed residents at risk by recording welfare checks fraudulently. Failure to conduct and record patient welfare checks at the correct time could place residents at risk if the conduct is not addressed in the future.

Miss Brackley has clearly brought the profession into disrepute by the very nature of the conduct displayed. Registered professionals occupy a position of trust and must act and promote integrity at all times and Miss Brackley's conduct falls short of this.

The public has the right to expect high standards of registered professionals. The seriousness of the misconduct is such that it calls into question Miss Brackley's professionalism and trustworthiness in the workplace. This therefore has a negative impact on the reputation of the profession and, accordingly, has brought the profession into disrepute.

Patient safety and record keeping are basic fundamental tenets of the nursing profession. In light of the breaches of the Code detailed above it is submitted that Miss Brackley has breached these fundamental tenets.

Miss Brackley's conduct was dishonest in that she falsified welfare checks on patient records. Miss Brackley knowingly falsified patient records with the intention to create the impression that the checks were conducted at the correct time. Without any insight shown there is a risk of dishonesty in the future. The conduct raises attitudinal concerns that are difficult to put right.

In this case, the dishonesty element is directly linked to Miss Brackley's clinical practice as she knowingly falsified patient records which is a basic and fundamental element of safe and effective nursing care. This also indicates underlying attitudinal concerns.

The NMC submitted that Miss Brackley has not shown any insight into the concerns raised. Whilst Miss Brackley engaged at a local level, she has not engaged in the NMC's fitness to practise process and has not provided a response to the concerns raised.

The NMC submitted that there is a continuing risk to the public due to Miss Brackley's lack of insight. The NMC submitted that there is a public protection and public interest requirement in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behaviour.

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 was of the view that Miss Brackley's actions did fall significantly short of the standards expected of a registered nurse, and that Miss Brackley's actions amounted to a breach of the Code. Specifically:

1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 treat people with kindness, respect and compassion

1.2 make sure you deliver the fundamentals of care effectively

8 Work co-operatively

To achieve this, you must:

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

10 Keep clear and accurate records relevant to your practice

This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.

To achieve this, you must:

10.1 complete records at the time or as soon as possible after an event,

recording if the notes are written some time after the event

10.3 complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements

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 ...

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that Miss Brackley's failings were very serious and did amount to misconduct.

The panel noted that Resident A was a vulnerable resident and found that he was put at risk of harm as a result of Miss Brackley's conduct in hoisting him on her own, despite the fact that other staff were available to assist and when the care plan and the Home policy clearly stated that two people needed to be present. This was a serious failing which fell far short of the standards expected of a registered nurse. The panel also found that knowingly recording that welfare checks had been completed on a resident in a Home when they had not in fact yet been undertaken would be considered deplorable by other nurses.

The panel found that Miss Brackley's actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. 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) *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 found that limbs a - d were engaged in this case. The panel determined that Miss Brackley's actions put Resident A at significant risk of harm and her falsification of records was dishonest. It concluded that if Miss Brackley's behaviour were to be repeated, she could put patients at an unwarranted risk of harm in the future. In addition, the panel determined that Miss Brackley's misconduct had breached fundamental tenets of the nursing profession and had brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

Regarding insight, the panel considered Miss Brackley's reflective piece and determined that she demonstrated limited remorse and had not reflected on the impact of her actions or shown an understanding of how her actions put residents at risk of harm.

The panel was satisfied that the misconduct in this case might be capable of being remedied, although it was aware that dishonesty is extremely difficult to address. The panel has not been provided with any evidence to show that Miss Brackley has taken steps to strengthen her practice or to fully reflect on her actions, behaviour and her dishonesty.

Therefore, the panel is of the view that there is a risk of repetition in this case, as Miss Brackley does not appear to recognise the potential harm of her actions or their gravity. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind the objectives of the NMC which are 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.

Given the serious nature of the charges found proved, the damage to the reputation of the profession and the very limited engagement and insight provided by Miss Brackley, the panel determined that a finding of impairment on public interest grounds is also required. In addition, the panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds Miss Brackley's fitness to practise impaired on the grounds of public interest.

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

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the Registrar to strike Miss Brackley off the Register. The effect of this order is that the NMC Register will show that Miss Brackley has been struck-off the Register.

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

Representations on sanction

The panel was aware that the NMC, in its written representations, invited the panel to consider a 12-month suspension order.

The NMC submitted that a suspension order of 12 months is required given the seriousness of the concerns. Whilst this is dishonest behaviour this is conduct that could

be properly dealt with by suspension and not strike off as the dishonest welfare checks do not appear to be a cover up of medication or checks that have gone wrong. The concerns are not so serious to warrant a striking-off order.

Decision and reasons on sanction

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

The panel took into account the following aggravating features:

- Conduct which put residents at risk of suffering harm
- Lack of insight
- More than one incident
- Conduct occurred whilst Miss Brackley was under investigation for other misconduct allegations and whilst operating under interim conditions of practice

The panel did not find any mitigating features.

Pursuant to Article 29(4) of 2001 Order, the panel considered whether to undertake mediation but decided that this was not appropriate. It also decided it was not appropriate to take no further action.

Pursuant to Article 29(5) of 2001 Order, the panel then went on to consider the four sanctions available to it.

The panel first considered the imposition of a caution order but determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Miss Brackley's practice would not be appropriate in the circumstances. 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 Miss Brackley's misconduct was not at the lower end of the spectrum and that a caution order 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 impose a caution order.

The panel next considered whether placing conditions of practice on Miss Brackley's registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The misconduct found in this case involves dishonesty which is extremely difficult to address through retraining. Furthermore, Miss Brackley has not engaged with this regulatory process and therefore, the panel has no evidence before it to show that she would comply with any conditions.

The panel noted that Miss Brackley's reflective piece demonstrates extremely limited insight into the concerns and no insight into the potential impact of her actions on residents and the reputation of the profession.

The panel also acknowledged that Miss Brackley has clearly expressed that she has no intention of returning to nursing and that she is not currently working as a nurse.

The panel is of the view that there are no practical conditions that could be formulated, given the nature of the charges in this case, due to the attitudinal concerns and Miss Brackley's failure to recognise the gravity of her actions.

Furthermore, the panel concluded that the placing of conditions on Miss Brackley's registration would not adequately address the seriousness of this case and would not protect the public.

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

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse and involves dishonesty.

The misconduct is not a single incident and involves attitudinal issues. The panel has found that there is an ongoing risk to patients because Miss Brackley has not recognised the gravity of her actions and the potential harm that her behaviour poses to residents and to the reputation of the profession. She has not provided any insight or sufficient reflection to remove this risk. She has also not provided any evidence of strengthening her practice.

In making its decision, the panel carefully considered the submissions of the NMC in relation to the sanction that the NMC was seeking in this case. The panel agreed in principle with the NMC sanction submission, however, it noted that the submission relates to this case alone.

In the NMC written submissions, it states that:

'In August 2020, Miss Brackley was first referred to the NMC by Buckinghamshire Healthcare NHS Trust in relation to medication practice. On 6 and 7 April 2022, Miss Brackley's case was heard by a panel of the Fitness to Practise Committee and Miss Brackley was made subject to a conditions of practice order.'

Before concluding its determination on sanction, the panel asked for and was provided with the public determination from that Fitness to Practise Committee hearing. The panel has concluded that although the concerns raised in that matter related to medicine administration, the underlying issues in this case are of a similar nature, namely disregarding employers' instructions and doing things her own way with a blasé attitude.

As a result, the panel has concluded that Miss Brackley's misconduct is part of an ongoing pattern of behaviour which has not been addressed in the past. This attitude of doing things her own way rather than acting in accordance with the rules poses a serious danger to patients. This ongoing pattern of misconduct is fundamentally incompatible with Miss Brackley continuing to be a registered professional on the Register. Miss Brackley has continued to demonstrate attitudinal issues of concern, limited engagement and no insight into her practice and has done nothing to remedy her behaviour.

In light of all the evidence the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction. The panel noted the serious breaches of fundamental tenets of profession in this case and found that Miss Brackley's actions are fundamentally incompatible with her remaining on the Register.

The panel therefore considered a striking-off order, taking note of 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?*

The panel was of the view that the findings in this particular case demonstrate that Miss Brackley's actions were serious and to allow her to continue practising 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. Having regard to the matters it identified, in particular the effect of Miss Brackley's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case.

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

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 Miss Brackley's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Representations on interim order

In its written representations, the NMC invited the panel to impose an 18-month interim suspension order. It was submitted that an interim suspension order was necessary on the grounds of public protection and was also otherwise in the public interest.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. 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 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.

The panel therefore decided to impose an interim suspension order for a period of 18 months to cover the 28-day appeal period. The panel was of the view that 18 months would allow sufficient time for Miss Brackley to lodge an appeal, should she wish to do so, and for any appeal to be heard and determined in full.

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

That concludes this determination.

This will be confirmed to Miss Brackley in writing.