

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

**Substantive Meeting
Tuesday, 19 December 2023**

Virtual Meeting

Name of Registrant:	Gareth Wyn Pritchard
NMC PIN	85Y0021W
Part(s) of the register:	Registered Nurse - Learning Disabilities Nurse level 1 - 10 May 1988
Relevant Location:	Conwy
Type of case:	Misconduct
Panel members:	Nicola Dale (Chair, lay member) Jonathan Coombes (Registrant member) Asmita Naik (Lay member)
Legal Assessor:	Juliet Gibbon
Hearings Coordinator:	Clara Federizo
Consensual Panel Determination:	Accepted
Facts proved:	All charges
Facts not proved:	None
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 the Notice of Meeting had been sent to Mr Pritchard's registered email address by secure email on 20 November 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 date on or after that the meeting would take place and the fact that this meeting was to be heard virtually.

In the light of the documentation available and the fact that Mr Pritchard had responded to communications from the NMC about the meeting taking place today, the panel was satisfied that Mr Pritchard 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 or around 6 April 2022, sent text messages to Colleague A saying:
 - a. *"sorry for thinking you are sexy"*
 - b. *"you are quite the sex bomb. You don't even know it. Just a presence"*
 - c. *"sleep is for sleepy people. Get your knickers off. Good night"*

- 2) On an unknown date in July 2022, sent messages to Colleague B on social media saying that:
 - a. you were *"initially going on the bend you over type of stuff, sexual"*
 - b. you *"just poured half a bowl of vegetable soup (with cheesy croutons) all over my cock and balls"*

c. *“my first instinct is just sex”*

- 3) Your actions as specified in charges 1 and/or 2 were sexually motivated in pursuit of sexual gratification;
- 4) Your actions as specified in charge 2a) - c) in relation to Colleague B amounted to sexual harassment

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

Consensual Panel Determination

At the outset of this meeting, the panel was made aware that a provisional agreement of a Consensual Panel Determination (CPD) had been reached with regard to this case between the Nursing and Midwifery Council (NMC) and Mr Pritchard.

The agreement, which was put before the panel, sets out Mr Pritchard’s full admissions to the facts alleged in the charges, that his actions amounted to misconduct, and that his fitness to practise is currently impaired by reason of that misconduct. It is further stated in the agreement that an appropriate sanction in this case would be a striking-off order.

The panel has considered the provisional CPD agreement reached by the parties.

That provisional CPD agreement reads as follows:

‘The Nursing & Midwifery Council (“the NMC”) and Mr Gareth Wyn Pritchard (“Mr Pritchard”), PIN 85Y0021W (“the parties”) agree as follows:

1. *Mr Pritchard is content for his case to be dealt with by way of a CPD meeting. Mr Pritchard is aware of the CPD meeting and although he does not intend to attend,*

he is content for it to proceed in his absence. Mr Pritchard will endeavour to be available by telephone should clarification on any point be required or should the panel wish to make amendments requiring Mr Pritchard's agreement.

2. *Mr Pritchard understands that if the panel wishes to make amendments to the provisional agreement that he does not agree with, the panel will adjourn the matter for the case to be considered at a later hearing.*

The charges

3. *Mr Pritchard admits the following charges:*

That you, a registered nurse:

- 1) *On or around 6 April 2022, sent text messages to Colleague A saying:
 - a. "sorry for thinking you are sexy"
 - b. "you are quite the sex bomb. You don't even know it. Just a presence"
 - c. "sleep is for sleepy people. Get your knickers off. Good night"*
- 2) *On an unknown date in July 2022, sent messages to Colleague B on social media saying that:
 - a. you were "initially going on the bend you over type of stuff, sexual"
 - b. you "just poured half a bowl of vegetable soup (with cheesy croutons) all over my cock and balls"
 - c. "my first instinct is just sex"*
- 3) *Your actions as specified in charges 1 and/or 2 were sexually motivated in pursuit of sexual gratification;*
- 4) *Your actions as specified in charge 2a) - c) in relation to Colleague B amounted to sexual harassment*

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

Background and facts

4. *Mr Pritchard appears on the register of nurses, midwives and nursing associates maintained by the NMC as a registered Nurse specialising in learning disabilities and has been on the NMC register since 10 May 1988.*
5. *Mr Pritchard was referred to the NMC on 12 August 2022 by [PRIVATE] Mr Pritchard's former employer. At the time the concerns were raised, Mr Pritchard was a registered nurse at the Home, where he had worked since May 2021.*
6. *On 6 April 2022, Mr Pritchard sent Colleague A inappropriate texts of a sexual nature, including calling her a 'sex bomb' and a text sent around midnight saying "sleep is for sleepy people. Get your knickers off...". [PRIVATE]; however, she stated that as the evening went on, Mr Pritchard's texts became more inappropriate.*
7. *Colleague A reported the incident to the Home Manager but asked her not to conduct a formal investigation. The Home Manager met with Mr Pritchard and the deputy Home Manager to highlight their concerns regarding the messages sent to Colleague A. Mr Pritchard appeared to be embarrassed and apologised to Colleague A at a later date.*
8. *In July 2022, Mr Pritchard sent Colleague B inappropriate texts of a sexual nature, saying that he was 'initially going to bend her over type of stuff, sexual', that he had 'just poured half a bowl of vegetable soup (with cheesy croutons) all over [his] cock and balls' and that his 'first instinct was just sex'.*
9. *The Home Manager advised that on 4 July 2022, she was on leave when she received a call from a staff member who explained that Colleague B had disclosed that Mr Pritchard had sent her inappropriate text messages. Colleague B explained that she didn't block Mr Pritchard straight away and tried to brush the incident off; however, as the messages became more sexual in nature, she blocked Mr*

Pritchard. Colleague B stated that Mr Pritchard's messages made her feel very uncomfortable and that she felt uncomfortable to work with Mr Pritchard again. Colleague B appeared to be upset and highlighted that she did not want to get Mr Pritchard into trouble.

10. The Home Manager gave instructions for Mr Pritchard to be suspended pending an investigation which she would lead once she returned from leave. Mr Pritchard was suspended on 18 July 2022.

11. On 25 July 2022, Mr Pritchard attended a formal investigation meeting with the Home Manager. [PRIVATE]. Mr Pritchard accepted that the messages he sent to Colleague B were embarrassing and shameful.

12. On 2 August 2022, Mr Pritchard was dismissed from the Home. Mr Pritchard is not currently working as a nurse and confirmed on 23 April 2023 that he was unemployed and was seeking early retirement.

13. In the Respondent's Case Management Form dated 3 August 2023, Mr Pritchard admitted all the charges and conceded that his fitness to practise is impaired.

Misconduct

14. Mr Pritchard accepts that the conduct as particularised in the admitted charges amounts to misconduct.

*15. The comments of **Lord Clyde in Roylance v General Medical Council [1999] UKPC 16** may provide some assistance when considering what could amount to misconduct:*

"[331B-E] Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of

propriety may often be found by reference to the rules and standards ordinarily required to be followed by a [nurse] practitioner in the particular circumstances”.

16. Further assistance may be found in the comments of **Jackson J in Calhaem 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 [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 practitioners”.

17. At the relevant time, Mr Pritchard was subject to the provisions **The Code: Professional standards of practice and behaviour for nurses and midwives (2015)** (“the Code”). The Parties agree that the following provisions of the Code were engaged and breached in this case;

1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 treat people with kindness, respect and compassion

1.5 respect and uphold people’s human rights

8 Work co-operatively

To achieve this, you must:

8.2 maintain effective communication with colleagues

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 integrity at all times, treating people fairly and without 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

20.10 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

18. Treating people with respect and upholding the nursing profession is a fundamental nursing task and it was the professional duty of Mr Pritchard to ensure that he acted in a manner that was appropriate and did not cause distress.

19. In respect of Colleagues A and B, Mr Pritchard acted inappropriately by sending the texts messages. The fact that Mr Pritchard sent inappropriate messages to 2 colleagues shows a pattern of behaviour towards women and disregard for professional boundaries in the workplace.

20. It is acknowledged that not every breach of the Code will result in a finding of misconduct. However, the parties agree the misconduct as set out in the charges, both individually and collectively, amounts to serious professional misconduct. Mr Pritchard accepts that his failings have created distress and concerns to colleagues and could have exposed members of staff to a serious and unwarranted risk of harm, thereby damaging the reputation of nursing and the trust that the public places in the profession.

Impairment

21. *Mr Pritchard accepts that his fitness to practise is currently impaired by reason of his misconduct.*

22. *Although there is no statutory definition of “impairment” the parties have considered whether Mr Pritchard is presently able to practise kindly, safely and professionally, in accordance with the NMC Guidance on impairment¹. This involves a consideration of both the nature of the concern and the public interest, and it is helpful to have reference to the factors set out by Dame Janet Smith in the **Fifth Shipman Report** and approved by Cox J in the case of **CHRE v Grant & NMC [2011] EWHC 927 (Admin)** (“Grant”).*

A summary is set out in the case at paragraph 76 in the following terms:

Do our findings of fact in respect of the [nurse’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:

- i. 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*
- ii. has in the past brought and/or is liable in the future to bring the [nursing] profession into disrepute; and/or*
- iii. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the [nursing] profession;*

23. *The Parties agree that limbs i, ii and iii are engaged in this case.*

24. *Although Mr Pritchard’s actions haven’t put patients at unwarranted risk of harm, sending sexualised messages to colleagues caused emotional/psychological harm and brought the nursing profession into disrepute. Mr Pritchard has breached*

fundamental tenets of the nursing profession by failing to promote professionalism and trust (not keeping to and upholding the standards and values as set out in The Code) and acting in an inappropriate, harassing manner towards his colleagues.

25. Registered professionals occupy a position of trust in society. The public, quite rightly, expects nurses to provide safe and effective care, and conduct themselves in a way that promotes trust and confidence. Mr Pritchard's actions had the potential to cause colleagues (members of the public) to be concerned about their safety and wellbeing. This, the parties agree, undermines the public's trust and confidence in the profession and could result in patients, and members of the public, being deterred from seeking nursing assistance when needed.

Remorse, reflection, insight, training and remediation

*26. With regard to future risk the parties have considered the comments of **Silber J in Cohen v General Medical Council [2008] EWHC 581 (Admin)** namely (i) whether the concerns are easily remediable; (ii) whether they have in fact been remedied; and (iii) whether they are highly unlikely to be repeated.*

27. It is agreed that the matters are not clinical, but are attitudinal in nature and are therefore difficult to remediate.

*28. The NMC's guidance entitled "**Insight and strengthened practice (FTP-13)**" states "Evidence of the nurse, midwife or nursing associate's insight and any steps they have taken to strengthen their practice will usually be central to deciding whether their fitness to practise is currently impaired".*

29. The parties next considered to what extent Mr Pritchard had reflected upon events and had demonstrated insight into what happened, together with steps taken to remediate the concerns.

30. *The parties agree that Mr Pritchard's conduct displays serious attitudinal concerns towards females in the workplace. As such, the misconduct is not easily remediable. It is further submitted that the concerns have not been remediated and are therefore they highly likely to be repeated should Mr Pritchard be permitted to practise as a nurse again.*

31. *With regard to insight, Mr Pritchard has provided the NMC with responses admitting to the allegations both in April 2023 by email following the CE decision and in August 2023 via a Case Management Form. There remains a lack of detailed analysis as to why he acted in the way he did, other than Mr Pritchard stating at the local level investigation that he has [PRIVATE] and did not recall that he had sent the messages. Mr Pritchard has expressed some remorse in respect of the relevant concerns; however, his insight is severely limited.*

32. *Mr Pritchard has not worked as a nurse since the concerns were raised and has advised that he has applied for early retirement. This means that Mr Pritchard has not been able to demonstrate remediated behaviour or steps taken towards strengthening his practice. The concerns raised are not clinical but are work-related, attitudinal in nature and relate to more than one incident demonstrating a pattern of behaviour.*

Previous Fitness to Practise concerns

33. *It is also worth noting that Mr Pritchard previously received a 12-month suspension order in 2017 for initiating a personal relationship with the mother of a service user. The registrant therefore has a history of failing to maintain professional boundaries. Mr Pritchard's conduct shows a pattern of inappropriate behaviour towards females with whom he comes into contact at work and whilst the conduct has not caused any harm to patients, the sexualised messages to colleagues caused some emotional/psychological harm. The parties therefore agree that there is a continuing risk of harm to the public.*

Public protection impairment

34. A finding of impairment is necessary on public protection grounds as there is still a risk of repetition of the relevant misconduct due to Mr Pritchard's limited insight and lack of remediation, and therefore the risk of unwarranted harm to the public remains, as explained above.

Public interest impairment

35. A finding of impairment is also necessary on public interest grounds.

In accordance with **Article 3(4) of the Nursing and Midwifery Order 2001** ("the Order") the overarching objective of the NMC is the protection of the public and **Article 3(4A)** provides:

"The pursuit by the Council of its overarching objective involves the pursuit of the following objectives-

- a) to protect, promote and maintain the health, safety and well-being of the public;
- b) to promote and maintain public confidence in the professions regulated under this Order; and
- c) to promote and maintain proper professional standards and conduct for members of those professions."

36. The case of **Grant** acknowledges that, in order to protect the public there must be a separate consideration of the wider relevant public interest issues. Cox J stated at para 71:

"It is essential, when deciding whether fitness to practise is impaired, not to lose sight of the fundamental considerations ... namely, the need to protect the public and the need to declare and uphold proper standards of conduct and behaviour so as to maintain public confidence in the profession"

37. At paragraph 101 of **Grant Cox J** commented that:

“The Committee should therefore have asked themselves not only whether the Registrant continued to present a risk to members of the public, but whether the need to uphold proper professional standards and public confidence in the Registrant and in the profession would be undermined if a finding of impairment of fitness to practise were not made in the circumstances of this case”.

38. Consideration of the public interest therefore requires the Fitness to Practise Committee to decide whether a finding of impairment is needed to uphold proper professional standards and conduct and/or to maintain public confidence in the profession.

39. A finding of impairment is necessary on public interest grounds in this case because the misconduct is serious. The deplorable and unprofessional conduct of Mr Pritchard not only put colleagues at unwarranted risk of harm, but it also brought nursing into disrepute and served to undermine public confidence and trust in the profession.

40. Mr Pritchard’s fitness to practise is impaired on public protection and public interest grounds. It is an integral part of the NMC’s statutory duty to declare and uphold proper professional standards of conduct, which Mr Pritchard has clearly undermined.

Sanction

41. The appropriate and proportionate sanction in this case is a striking-off order. The guidance (SAN-1) indicates that before deciding on sanction, consideration must be given to a number of factors including proportionality, aggravating features and mitigating features.

42. The aggravating features of this case have been identified as follows:

- a) *Pattern of misconduct*
- b) *Previous Fitness to Practise history of failing to maintain professional boundaries*
- c) *Risk of significant emotional/psychological harm*
- d) *Serious concern which is more difficult to put right (attitudinal concerns)*

43. *The mitigating features of this case have been identified as follows:*

- a) *Mr Pritchard engaged with the local investigation*
- b) *No clinical concerns; (however, the concerns do relate to the workplace in that Mr Pritchard sent the inappropriate messages to work colleagues)*
- c) *[PRIVATE]*
- d) *Some insight as Mr Pritchard has admitted to the allegations and accepted that the texts were inappropriate*

44. *Considering the sanctions in ascending order of seriousness:*

45. **No action or a caution order** - *The NMC Sanctions Guidance (“the Guidance”) states that taking no action will be rare at the sanction stage and this would not be suitable where the nurse presents a continuing risk to patients. A risk of harm to patients has been identified in this case and therefore neither of these sanctions would be appropriate. Such sanctions would in any event be inappropriate in terms of marking the seriousness of the misconduct involved.*

46. **Conditions of Practice Order** - *The Guidance (SAN-3c) indicates that a conditions of practice order is appropriate when the concerns can easily be remediated and when workable conditions will be sufficient to protect the public and satisfy the wider public interest concerns. There are no clinical concerns and no workable and practical conditions that could be formulated to address the concerns identified. Conditions of practice would not be appropriate to address the concerns given that there is evidence that the behaviour could be as a result of deep-seated personality or attitudinal problems. Similarly, Mr Pritchard has expressed that he no longer*

wishes to practise as a nurse and wishes to retire, so there is no evidence that he would be willing to adhere to conditions and therefore, no prospect that he will be able to remediate the concerns or strengthen his practice. In any event, conditions will be insufficient to address the seriousness.

47. Suspension order – The guidance on suspension orders is as follows:

48. A suspension order (SAN-3d) “may be appropriate in cases where the misconduct isn’t fundamentally incompatible with the nurse, midwife or nursing associate continuing to be a registered professional, and our overarching objective may be satisfied by a less severe outcome than permanent removal from the register.”

49. A non-exhaustive checklist suggests that a suspension may be appropriate where:

- 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, midwife or nursing associate has insight and does not pose a significant risk of repeating behaviour

50. However, in this case, the concerns raised are serious and highlight a deep-seated attitudinal issue. The evidence does not suggest that this was an isolated, one-off event as the behaviour was reported by two colleagues and occurred between April – July 2022, so there remains a risk of repetition. As mentioned above, it is also worth noting that Mr Pritchard previously received a 12-month suspension order in 2017 for initiating a personal relationship with the mother of a service user. A suspension order is therefore not appropriate. Further, a previous suspension order imposed on Mr Pritchard’s practise in 2017 has not prevented further concerns of a similar nature.

51. Striking off order- the guidance is as follows:

52. A striking off order (SAN-3e) is appropriate when what Mr Pritchard has done is fundamentally incompatible with being a registered professional. Before imposing this sanction, key considerations the panel will take into account include:

- Do the regulatory concerns about the nurse, midwife or nursing associate raise fundamental questions about their professionalism?
- Can public confidence in nurses, midwives and nursing associates be maintained if the nurse, midwife or nursing associate 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?

53. The concerns in this case do raise fundamental concerns about Mr Pritchard's professionalism. Further, as the concerns are difficult to address or put right and constitute a serious breach of professional boundaries, a striking off order is the appropriate sanction. Public confidence in the profession could not be maintained unless Mr Pritchard is removed from the register.

Referrer's comments

54. The Referrer, (the Home), was informed of the parties' intention to submit a draft consensual panel determination to the Fitness to Practise Committee proposing a striking-off order on 13 September 2023. The Referrer was sent a chasing email on 8 November 2023. However, at the date of drafting this consensual panel determination, a response has yet to be provided.

Interim order

55. An 18-month interim order is required in this case to cover the eventuality of an appeal by Mr Pritchard. The substantive order will not come into effect until some 28 days after the hearing and should Mr Pritchard lodge an appeal within the relevant period, the substantive order would not come into effect pending a resolution of the appeal. This would permit Mr Pritchard to practise without restriction during this time and would therefore fail to provide protection for the

public or take account of public interest considerations. It is agreed that an interim suspension order is required for a period of 18 months because it is likely to take that amount of time for the appeal to be heard.

56. The parties understand that this provisional agreement cannot bind a panel, and that the final decision on facts, misconduct, impairment and sanction is a matter for the panel. The parties understand that, in the event that a panel does not agree with this provisional agreement, the admissions to the charges and the agreed statement of facts set out above, may be placed before a differently constituted panel for consideration, provided that it would be relevant and fair to do so.'

Here ends the provisional CPD agreement between the NMC and Mr Pritchard. The provisional CPD agreement was signed by Mr Pritchard on 17 November 2023, and the NMC on 20 November 2023.

Decision and reasons on the CPD

The panel decided to accept the CPD.

The panel heard and accepted the legal assessor's advice. She referred the panel to the 'NMC Sanctions Guidance' (SG) and to the 'NMC's guidance on Consensual Panel Determinations'. She informed the panel that they could accept, amend or outright reject the provisional CPD agreement reached between the NMC and Mr Pritchard.

Further, the panel should consider whether the provisional CPD agreement would be in the public interest. This means that the outcome must ensure an appropriate level of public protection, maintain public confidence in the professions and the regulatory body, and declare and uphold proper standards of conduct and behaviour.

The panel noted that Mr Pritchard admitted the facts of the charges. Accordingly, the panel was satisfied that the charges are found proved by way of Mr Pritchard admissions as set out in the signed provisional CPD agreement and in the Case Management Form.

Decision and reasons on misconduct and impairment

The panel accepted the advice of the legal assessor.

In respect of misconduct, the panel determined that Mr Pritchard's actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct. The panel noted that the charges involved incidents concerning two female colleagues, which showed that this was a pattern of behaviour as opposed to a one-off act.

The panel identified specific standards of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' (the Code) which were breached. It agreed with the below:

'20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

20.5 act with integrity at all times, treating people fairly and without harassment

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

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

20.11 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 determined that Parts 1 and 8 of the Code, as outlined in the CPD, do not apply in this case as Mr Pritchard's misconduct was not directed towards patients.

The panel endorsed paragraph 20 of the provisional CPD agreement in respect of misconduct.

The panel then went on to consider whether Mr Pritchard's fitness to practise is currently impaired. Whilst acknowledging the agreement between the NMC and Mr Pritchard, the panel has exercised its own independent judgement in reaching its decision on impairment.

The panel had regard to the case of *CHRE v Grant & NMC* [2011] EWHC 927 (Admin) and the relevant section in the CPD, specifically paragraphs 21 to 25. The panel accepted this, but it was of the view that that only limbs ii) and iii) of *Grant* were engaged in this case as limb i) specifically relates to putting '*patients at unwarranted risk of harm*'. It also noted in paragraph 24 of the CPD that the NMC recognised that patients were not put at risk by Mr Pritchard's conduct.

The panel noted that Mr Pritchard had made admissions and expressed shame and remorse for his actions. However, the panel was of the view that this insight was limited as he is yet to demonstrate any understanding of how this impacted negatively on colleagues and on the reputation of the nursing profession.

The panel was satisfied that the misconduct in this case, if taken in isolation, may be capable of being put right. However, it noted that this was a pattern of behaviour and had regard to the information that Mr Pritchard has had another fitness to practise finding in relation to breaching professional boundaries in the past. The panel recognised that concerns which involve behaviour and deep-seated attitudinal issues are difficult to address. The panel had no information before it regarding any steps taken by Mr Pritchard to remediate his misconduct.

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

Subject to the above, the panel endorsed paragraphs 34 to 40 of the provisional CPD agreement.

Decision and reasons on sanction

The panel accepted the advice of the legal assessor.

Having found Mr Pritchard'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, 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 took into account and agreed the following aggravating features as set out in the CPD:

- Pattern of misconduct
- Previous Fitness to Practise history of failing to maintain professional boundaries
- Risk of significant emotional/psychological harm
- Serious concern which is more difficult to put right (attitudinal concerns)

The panel also took into account and agreed the following mitigating features as set out in the CPD:

- Mr Pritchard engaged with the local investigation
- No clinical concerns; (however, the concerns do relate to the workplace in that Mr Pritchard sent the inappropriate messages to work colleagues)
- [PRIVATE]
- Some insight as Mr Pritchard has admitted to the allegations and accepted that the texts were inappropriate

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 protection issues identified, an order that does not restrict Mr Pritchard'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 Mr Pritchard'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 Mr Pritchard'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 identified in this case was not something that can be addressed through retraining. Furthermore, the panel concluded that the placing of conditions on Mr Pritchard'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. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Mr Pritchard's actions is fundamentally incompatible with Mr Pritchard remaining on the register.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction particularly in light of the previous fitness

to practise history during which Mr Pritchard had been suspended for 12 months in 2017. Furthermore, the lack of insight, reflection and remediation shown in response to the current charges means that a suspension order would not be an appropriate sanction.

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse raise fundamental questions about their professionalism?*
- *Can public confidence in nurses be maintained if the nurse 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?*

Mr Pritchard's actions was a significant departure from the standards expected of a registered nurse and his misconduct raised fundamental questions about his professionalism. The panel determined that to allow him to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body. It also noted that Mr Pritchard agreed, having signed the provisional CPD document, that a striking-off order was the appropriate and proportionate order.

Balancing all of these factors and after taking into account all the evidence before it during this meeting, the panel agreed with the CPD 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 Mr Pritchard's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct themselves, the panel has concluded that nothing short of 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.

Decision and reasons on interim order

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 Mr Pritchard's own interest. The panel heard and accepted the advice of the legal assessor.

The panel agreed with the CPD that an interim suspension 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. 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 substantive striking off order 28 days after Mr Pritchard is sent the decision of this hearing in writing.

That concludes this determination.