

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

**Substantive Meeting
Monday, 10 July 2023 – Tuesday, 11 July 2023**

Virtual Hearing

Name of Registrant: Ross Palmer

NMC PIN 9510973E

Part(s) of the register: Registered Nurse – Adult
Adult Nurse RNA (Level 1) – August 1988

Relevant Location: Coventry

Type of case: Misconduct

Panel members: John Vellacott (Chair, Lay member)
Seamus Magee (Lay member)
Florence Mitchell (Registrant member)

Legal Assessor: Gerard Coll

Hearings Coordinator: Max Buadi

Mr Palmer: Not Present and not represented

Facts proved: Charges 1 and 2

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 Palmer's registered email address by secure email on 1 June 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, that it was going to take place on or after 10 July 2023 and the fact that this meeting would be heard virtually.

In the light of all of the information available, the panel was satisfied that Mr Palmer 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).

The panel also bore in mind the Mr Palmer on his Case Management Form (CMF) agreed for the hearing to take place as a meeting and stated that he was not going to be represented. Mr Palmer has accepted both charges so there is no material dispute of the facts that need to be determined in a hearing.

The panel was prepared to proceed with the meeting as listed.

Decisions and reasons for the Mr Palmers request for the determination not to be published

The panel sought legal advice in respect of the request from Mr Palmer, dated 1 June 2023, that the panel's decision not be made public. The panel accepted the legal advice that this is a matter for the regulator and not for the panel, particularly as it had not been provided with all the requisite information to make a decision.

The panel bore in mind Mr Palmer's correspondence which stated:

[private – can't be included in this public document]

The panel took into account paragraph 64 and 65 on the NMC guidance “NMC guidance on publication of fitness to practise and registration appeal outcomes” which stated:

“64 We're required by law to publish details of all sanctions imposed by our Fitness to Practise Committees and unfavourable decisions following a registration appeal hearing or meeting. There's also generally a strong public interest in publishing the reasons why a Fitness to Practise Committee has imposed a sanction or why an appellant has been refused registration for the periods already set out in this guidance. We consider the publication periods set out in this guidance strike the right balance between us fulfilling our functions as a transparent and accountable regulator and the rights of the individuals involved in our fitness to practise or registration appeal proceedings.

65 For this reason registrants or appellants won't generally have the right to object to the publication of the findings of a Fitness to Practise Committee or a registration appeal panel. However there may be exceptional circumstances where the impact of publication on an individual would justify departing from our general approach. Any objection to publication would need to be supported by evidence of the exceptional circumstances resulting from continued publication²⁰. For more information about objecting to the publication of hearing outcomes see our privacy notice.”

The panel bore in mind the panel was not provided with evidence from Mr Palmer, as required by paragraph 65. In addition, there were no representations by the NMC in relation to this.

In light of the above, and following further legal advice, the panel decided to request that the NMC do not to publish this determination to *[private - can't be included in this public document]*.

Details of charge

That you, a Registered nurse:

- 1) Between 10 December 2019 and 29 January 2020, downloaded and shared online with person/s unknown, five images of naked children.
- 2) Your actions at charge 1 were sexually motivated in that they were in pursuit of sexual gratification;

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

Background

On 29 April 2020 the Nursing and Midwifery Council received a referral from West Midlands Police ('the Police'). Following a police search of Mr Palmer's home address on 29 April 2020, he was found to have downloaded 5 naked images of children to his laptop and shared the images with an unknown party via a web-based application called 'MeWe'.

During a police interview on 22 March 2021 Mr Palmer explained that he had been given access to a file via 'dropbox' by an unknown party several years ago that had contained both legal and illegal pornographic material.

Mr Palmer admitted that he had downloaded the images and went on to share 5 of the illegal images on 'MeWe'. He admitted that he had "a bit of an attraction to the images of naked children".

On 11 May 2020 Mr Palmer was suspended from his role as Matron for haematology and oncology at University Hospitals Coventry and Warwickshire ('the Trust'). Mr Palmer was subsequently dismissed.

Decision and reasons on facts

In reaching its decisions on the facts, the panel took into account all the documentary evidence in this case together with the representations made by the NMC and from Mr Palmer.

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

The panel had regard to written representations from Mr Palmer.

The panel then considered each of the charges and made the following findings.

Charge 1 and 2

1. Between 10 December 2019 and 29 January 2020, downloaded and shared online with person/s unknown, five images of naked children.
2. Your actions at charge 1 were sexually motivated in pursuit of sexual gratification.

These charges are found proved.

The panel considered each of these charges separately but as the evidence in relation to each is similar it has dealt by them under one heading. In reaching this decision, the panel took account of the local statement of Mr Palmer to the Trust dated 13 May 2020, the Police Interview transcript dated 7 April 2022 and Mr Palmer's CMF dated 29 March 2023.

The panel took account of Mr Palmer's local statement to the Trust, dated 13 May 2020, which stated:

"On 29th April I became involved in a police investigation following the discovery of a conversation I had been involved with last year (2019) on a social media app. During that conversation I had shared 5 indecent images of children. I had been

given access to file via dropbox several years ago that had contained multiple pornographic images, several of which had included these images. I had previously deleted this app as I had appreciated the gravity of the images it contained.”

The panel also took account of the Police Interview transcript dated 7 April 2022 where Mr Palmer accepts that he downloaded and shared images of naked children.

The panel also took account of Mr Palmer’s CMF, dated 29 March 2023 where he has admitted to both charge 1 and charge 2.

In light of the above, the panel therefore finds both charge 1 and 2 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 Mr Palmer’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.

Representations on misconduct and impairment

The panel took account of the written submissions from the NMC, which stated:

“Misconduct

The comments of Lord Clyde in Roylance v General Medical Council [1999] UKPC 16 may provide some assistance when seeking to define 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 rule and standards ordinarily required to be followed by a [nurse] practitioner in the particular circumstances’.

As may the 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), respectively ‘[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 practitioners’.

Where the acts or omissions of a registered nurse are in question, what would be proper in the circumstances (per Roylance) can be determined by having reference to the Nursing and Midwifery Council’s Code of Conduct.”

[The NMC then cited parts of ‘The Code: Professional standards of practice and behaviour for nurses and midwives (2015 (“the Code”) it deemed relevant to the case]

Impairment

The NMC’s guidance explains that impairment is not defined in legislation but is a matter for the Fitness to Practise Committee to decide. The question that will help decide whether a professional’s fitness to practise is impaired is:

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

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

Answering this question involves a consideration of both the nature of the concern and the public interest. In addition to the following submissions the panel is invited to consider carefully the NMC's guidance on impairment.

When determining whether the Registrant's fitness to practise is impaired, the questions outlined by Dame Janet Smith in the 5th Shipman Report (as endorsed in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin)) are instructive. Those questions were:

has [the Registrant] 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

has [the Registrant] in the past brought and/or is liable in the future to bring the [nursing] profession into disrepute; and/or

has [the Registrant] 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 and/or

has [the Registrant] in the past acted dishonestly and/or is liable to act dishonestly in the future.

It is the submission of the NMC that questions 1, 2 and 3 can be answered in the affirmative in this case. Mr Palmer has admitted to having an attraction to indecent images of children and should he later become employed to work with children this poses a potential risk. Mr Palmer has brought the nursing profession into disrepute and breached one of the fundamental tenets of the profession by downloading and sharing indecent images of children for sexual gratification of himself and others.

Impairment is a forward-thinking exercise which looks at the risk the registrant's practice poses in the future. NMC guidance adopts the approach of Silber J in the case of R (on application of Cohen) v General Medical Council [2008] EWHC 581 (Admin) by asking the questions whether the concern is easily remediable, whether it has in fact been remedied and whether it is highly unlikely to be repeated.

We consider Mr Palmer has displayed limited insight into the concerns by admitting to allegations against him at a local level investigation. However, he has not demonstrated sufficient insight into the impact of his actions on patients, his colleagues, and the nursing profession.

Public interest

In Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) at paragraph 74 Cox J commented that:

“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.”

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.

In upholding proper professional standards and conduct and maintaining public confidence in the profession, the Fitness to Practise Committee will need to consider whether the concern is easy to put right. For example, it might be possible to address clinical errors with suitable training. A concern which hasn’t been put right is likely to require a finding of impairment to uphold professional standards and maintain public confidence.

However, there are types of concerns that are so serious that, even if the professional addresses the behaviour, a finding of impairment is required either to uphold proper professional standards and conduct or to maintain public confidence in the profession.

The NMC considers there is a continuing risk to the public due to Mr Palmer's lack of full insight. We consider there is a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behavior.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council*_(No 2) [2000] 1 A.C. 311 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.'

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, Mr Palmer's fitness to practise is currently impaired as a result of that misconduct.

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 determined that Mr Palmer's actions did fall significantly short of the standards expected of a registered nurse, and that Mr Palmer's actions amounted to a breach of the Code. Specifically:

20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

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

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

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

21 Uphold your position as a registered nurse, midwife or nursing associate

To achieve this, you must:

21.3 act with honesty and integrity...

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. The panel bore in mind that the charges admitted occurred in Mr Palmer's private life and not in his professional capacity as a nurse. While there was no prosecution by the police, Mr Palmer made substantive comments to the police and his employer. Mr Palmer stated that he had a sexual interest in children which he described as unhealthy and was getting "numb" to regular pornography.

In light of the above, and considering Mr Palmer made admissions to the charges, the panel considered Mr Palmer's actions to be very serious and a significant departure from the standards expected of a registered nurse. The panel was of the view that nurses would find Mr Palmer's actions to be unacceptable and deplorable by fellow practitioners.

In light of the above the panel determined that the charges admitted and found proved individually and collectively amounted to a serious departure from appropriate standards expected and amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Mr Palmer'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. 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 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

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

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

For reasons already set out above in relation to misconduct, the panel determined that limbs a, b, and c were engaged by Mr Palmer's misconduct.

The panel was of the view that Mr Palmer acted in a way that fell significantly short of the expected standard of a nurse. Mr Palmer admitted to having an attraction to indecent images of children. While he no longer practices as a nurse, he is liable to be a risk in any future role related to children. The panel was in no doubt that Mr Palmer's conduct had

breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

The panel recognised that it must make an assessment of Mr Palmer's fitness to practise as of today. This involves not only taking account of past misconduct but also what has happened since the misconduct came to light and whether he would pose a risk of repeating the misconduct in the future.

The panel had regard to the principles set out in the case of *Ronald Jack Cohen v General Medical Council* [2008] EWHC 581 (Admin) and considered whether the concerns identified in Mr Palmer's nursing practice were capable of remediation, whether they have been remedied and whether there was a risk of repetition of a similar kind at some point in the future. In considering those issues the panel had regard to the nature and extent of the misconduct and considered whether he has provided evidence of insight and remorse.

The panel bore in mind that Mr Palmer admitted the charges to his employer, the police and the NMC. The panel also took account of his reflective statements dated 14 June 2022 and 1 June 2023. Mr Palmer accepts he should not have done it. Further, the panel also noted that he was going through personal issues at the time, Mr Palmer stated that this was not an excuse and does not seek to blame anybody else for his actions.

However, the panel noted that Mr Palmer's reflective statement focuses on the effect his actions had on him. There was no recognition of the impact Mr Palmer's misconduct had on patients, colleagues and the nursing profession.

In light of the above, the panel determined that Mr Palmer had developing but limited insight.

The panel bore in mind that Mr Palmer had removed himself from the nursing profession and is now undertaking an apprenticeship with a food manufacturer. It also bore in mind that the misconduct occurred outside of the workplace.

While Mr Palmer stated in his reflective statement, dated 14 June 2022, that he has undertaken modules with “Stop it Now” support services, the panel does not have any evidence of this before it.

Irrespective of the above, the panel was not satisfied that the misconduct in this case is capable of being remediated. In light of Mr Palmer’s developing but limited insight, and in the absence of any evidence of the progress he has made the panel is of the view that there is a risk of repetition. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

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

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.’

The panel was satisfied that, having regard to the nature of the misconduct in this case, “the need to uphold proper professional standards and public confidence in the profession would be undermined” if a finding of current impairment were not made. It was of the view that a reasonable, informed member of the public would be very concerned if Mr Palmer’s fitness to practise were not found to be impaired.

For all the above reasons the panel determined that a finding of impairment on public interest grounds is also required.

Having regard to all of the above, the panel was satisfied that your 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 Mr Palmer off the register. The effect of this order is that the NMC register will show that Mr Palmer 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 took account of the written submissions from the NMC which stated:

'Sanction

The NMC consider the appropriate and proportionate sanction in this case to be a striking-off order. With regard to the NMC's sanctions guidance the following aspects have led us to this conclusion and looking at each of the sanctions in turn:

No action or a caution order

Taking into account our sanction guidance SAN-3a and SAN-3 the case is too serious for taking no action or a caution order. Mr Palmer's conduct clearly presents a continuing risk to the public and undermined the public's trust in nurses. A caution order is only appropriate if there is no risk to the

public or to patients requiring a nurse, midwife or nursing associate. Therefore, these sanctions are not sufficient to ensure public protection.

Conditions of practice

The NMC's sanctions guidance states that a conditions of practice order may be appropriate when there is no evidence of harmful deep-seated personality or attitudinal problems; there are identifiable areas of the registered professionals practice in need of assessment and/or retraining; and conditions can be created that can be monitored and assessed. It is submitted that a conditions of practice order would not be appropriate to address the concerns given that there is evidence that Mr Palmer's behaviour could be as a result of personality or attitudinal problems. It is difficult to address the concerns in this case through re-training or assessment as Mr Palmer has indicated he wants to voluntarily remove himself from the NMC register. It is submitted that it would be difficult to formulate workable conditions of practice which would address the seriousness of the concerns raised and protect the public.

A suspension order

Taking into account our sanction guidance SAN-3d, we note that in this case there is some evidence of deep-seated personality problems, and the evidence does not suggest that this was an isolated, one-off event, so there remains a risk of repetition.

A striking off order

As per NMC guidance, a striking-off order is likely to be appropriate when what a registrant has done is fundamentally incompatible with being a registered professional. However, being proportionate means finding a fair balance between the nurse, midwife or nursing associate's rights and our overarching objective of public protection. We need to choose a sanction that doesn't go further than we need to meet this objective. This reflects the idea

of right-touch regulation, where the right amount of 'regulatory force' is applied to deal with the target risk, but no more. We considered whether a striking off order was appropriate and do consider that Mr Palmer's conduct indicates that his actions are fundamentally incompatible with continued registration.'

Decision and reasons on sanction

Having found Mr Palmer'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 the following aggravating features:

- Sexually motivated involving vulnerable children;
- In addition to accessing it, he went to further share images of vulnerable children.

The panel also took into account the following mitigating features:

- Early Admissions to the charges;
- Developing insight;
- Engaged with preventative services.

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, a caution order 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 Palmer'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 Palmer'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 in this case does not pertain to clinical concerns and was not something that can be addressed through retraining. Additionally, Mr Palmer is no longer working in the nursing profession.

The panel concluded that the placing of conditions on Mr Palmer'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. Mr Palmer admitted to having an attraction to indecent images of children. It was of the view that this demonstrated deep-seated attitudinal concerns. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Mr Palmer's actions is fundamentally incompatible with Mr Palmer remaining on the register.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate 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 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?*

Mr Palmer's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with him remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mr Palmer's actions were serious and to allow him to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

The panel also took account of the NMC Guidance titled "Considering sanctions for serious cases" (Reference: SAN-2). It particularly noted that under the sub-heading "Cases involving sexual misconduct" it stated:

"Sexual offences include accessing, viewing, or any other offence relating to images or videos involving child sexual abuse or exploitation. These types of offences gravely undermine patients' and the public's trust in nurses, midwives and nursing associates. Some offences relating to images or videos of child sexual abuse are considered more serious than others in the criminal courts. However, in fitness to practise, any conviction relating to images or videos involving child sexual abuse is likely to involve a fundamental breach of the public's trust in nurses, midwives and nursing associates."

Panels deciding on sanction in cases about serious sexual misconduct will, like in all cases, need to start their decision-making with the least severe sanction, and work upwards until they find the appropriate outcome. They will very often find that in cases of this kind, the only proportionate sanction will be to remove the nurse, midwife or nursing associate from the register."

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 Mr Palmer's actions in bringing the profession into disrepute by adversely affecting the

public's view of how a registered nurse should conduct himself, 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.

This will be confirmed to Mr Palmer in writing.

Interim order

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

The panel took account of the representations made by the NMC which stated:

"Interim Order Consideration

If a finding is made that the registrant's fitness to practise is impaired on a public protection basis is made and a restrictive sanction imposed, we consider an interim order in the same terms as the substantive order should be imposed on the basis that it is necessary for the protection of the public and otherwise in the public interest.

If a finding is made that the registrant's fitness to practise is impaired on a public interest only basis and that their conduct was fundamentally incompatible with continued registrant, we consider an interim order of suspension should be imposed on the basis that it is 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 imposed an interim suspension order for a period of 18 months.

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

That concludes this determination.