

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

**Substantive Meeting
31 May – 2 June 2023**

Virtual Meeting

Name of registrant: Gyorgy Takacs

NMC PIN: 17K0028C

Part(s) of the register: Sub Part 1
RN1: Adult Nurse, level 1 (14 November 2017)

Relevant Location: Leicester

Type of case: Conviction

Panel members: Pamela Johal (Chair, Lay member)
Tracey Chamberlain (Registrant member)
Nicholas Rosenfeld (Lay member)

Legal Assessor: James Holdsworth

Hearings Coordinator: Tyrena Agyemang

Facts proved: Charges 1a and 1b

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 Mr Takacs was not in attendance and that the Notice of Meeting had been sent to Mr Takacs's registered email address by secure encrypted delivery on 24 April 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, dates and venue of the meeting.

In the light of all of the information available, the panel was satisfied that Mr Takacs 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) Were convicted at Leicester and Rutland Magistrates Court, on 12 May 2022 of the following offences:

a) On 15 October 2021 you assaulted Patient A by beating him, contrary to section 39 of the Criminal Justice Act 1988

b) On 17 October 2021 you assaulted Patient A by beating him, contrary to section 39 of the Criminal Justice Act 1988

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

Decision and reasons on facts

The charges concern Mr Takacs's conviction and, having been provided with a copy of the memorandum of conviction, the panel finds that the facts are found proved in accordance with Rule 31 (2) and (3). These state:

- '31.—** (2) *Where a registrant has been convicted of a criminal offence—*
- (a) *a copy of the certificate of conviction, certified by a competent officer of a Court in the United Kingdom (or, in Scotland, an extract conviction) shall be conclusive proof of the conviction; and*
 - (b) *the findings of fact upon which the conviction is based shall be admissible as proof of those facts.*
- (3) *The only evidence which may be adduced by the registrant in rebuttal of a conviction certified or extracted in accordance with paragraph (2)(a) is evidence for the purpose of proving that she is not the person referred to in the certificate or extract.'*

Background

The charges arose whilst Mr Takacs was employed as a registered nurse at Leicester Royal Infirmary in Elderly Care. Concerns were raised in relation to a total of three incidents that were reported to management by members of staff who worked alongside Mr Takacs, though only two of these resulted in a conviction for assault by beating.

The first incident in time, in relation to Patient A allegedly occurred on 15 October 2021 at 10:00 in the morning, where Person 1 was on duty in the Infection Disease Unit (IDU). Person 1 states that they could hear shouting coming from side room 10 which had been continuing all morning. At this time only Patient A was in the side room. Person 1 stated that Mr Takacs walked to the side room door, pushed it open and shouted '*shut up*' twice in a loud voice, he then slammed the door closed. He took one step in the side room but did not enter fully. Person 1 reports that seeing this made them feel uncomfortable and as they had not seen staff speak to patients like this since being on the ward. Person 1 stated that they would not have expected staff to speak to patients like this.

The second incident in time, which did result in a conviction, occurred later in the day at 19:00, and was witnessed by two members of staff, where they state that they were inside a side room of the IDU, to check if Patient A required personal care. Patient A was shouting as they were confused, whereupon Mr Takacs entered the side room, pushing the door open with a great deal of force. The members of staff describe Mr Takacs's face as being several inches from Patient A's face and he screamed '*shut up*' at the top of his voice. Mr Takacs prodded Patient A's forehead three times, and this is described as not a gentle tap but, a malicious one with a fair amount of force. The member of staff stated that they took a step back as they felt scared, and that Mr Takacs repeated the action of shouting '*shut up*' and prodding Patient A again before storming out and slamming the door shut. It was found that Mr Takacs was around 5cm from Patient A's face with their noses nearly touching as he screamed '*shut up*'.

The third incident in time, which also resulted in a conviction, occurred on 17 October 2021 at 07:45 and was witnessed by members of staff, who were inside a side room of the IDU treating Patient A. Whilst they were assisting Patient A in repositioning them to make them more comfortable, Mr Takacs suddenly pushed the door open hard and entered the room. Mr Takacs then went into Patient A's face and shouted, '*shut the fuck up, fucking shut up*'. He then pressed his thumb on Patient A's nose, pushed it very hard, pushing their face into the pillow, with such pressure that they believed that Mr Takacs was going to break Patient A's nose. The members of staff reported that Patient A's nose went red, and their eyes began to water.

The matter was escalated to Adult Safeguarding and Mr Takacs was interviewed by the police and charged with two counts of assault by beating. Mr Takacs initially pleaded not guilty to these the charges, though changed his plea to guilty on 12 May 2022 and was sentenced by the Court to a community order on 27 May 2022.

University Hospitals of Leicester NHS Trust ("the Trust") (UHL) referred Mr Takacs to the NMC on 22 November 2021 and included information about previous complaints from colleagues relating to Mr Takacs behaviour in the referral.

Mr Takacs was investigated by the Trust and informed by letter dated 14 January 2021, that there were three allegations of misconduct that were upheld against him. Those allegations related to shouting in a rude manner and communicating inappropriately; behaving unprofessionally toward Person 2, by asking her if she was pregnant and inappropriately grabbing her stomach and telling her 'not to eat so much'; and communicating to Person 3 '*do you think you need more sex*' or words to that effect. As a result of that investigation Mr Takacs was issued with a First Written Warning and a Behavioural Agreement for a period of 12 months from the 14 January 2021. The Behavioural Agreement was agreed and signed by Mr Takacs on 1 March 2021. The charges before the panel therefore occurred within seven months of the Behavioural Agreement having been signed by Mr Takacs.

Fitness to practise

Having announced its findings on the facts, the panel then considered whether, on the basis of the facts found proved by way of conviction, Mr Takacs'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 NMC submitted that at the relevant time, Mr Takacs was subject to the provisions of ***The Code: Professional standards of practice and behaviour for nurses and midwives (2015)*** ('the Code'). On the basis of the charges being found proved, it is submitted, that the following parts of the Code are engaged 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

1.2 make sure you deliver the fundamentals of care effectively

1.5 respect and uphold people's human rights

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

To achieve this, you must:

19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place

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

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

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

20.6 stay objective and have clear professional boundaries at all times with people in your care

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

The NMC submitted in its written submissions that an assault on a patient is a very serious breach of the trust and confidence placed in Mr Takacs as a professional. Mr Takacs's actions are a serious departure from the standards expected of a registered professional. Registered professionals occupy a position of privilege and trust in society and are expected at all times to be professional and to treat patients with care and compassion. Patients and families must be able to trust registered professionals with their lives and the lives of their loved ones. Mr Takacs's conviction raises questions about his overall suitability as a nurse which may undermine public confidence in the profession.

Representations on impairment

The NMC requires the panel to bear in mind its overarching objective to protect the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body.

The panel heard and accepted the advice of the legal assessor which included references to the cases of *GMC v Meadow* [2006] EWCA Civ 1390, *Zygmunt v GMC* [2008] EWHC 2643 (Admin), *Cohen v GMC* [2008] EWHC 581 (Admin), *Cheatle v GMC* [2009] EWHC 645 and *CHRE v NMC and Grant* [2011] EWHC 927 (Admin).

The NMC submitted that impairment needs to be considered as at today's date, i.e., whether Mr Takacs's fitness to practice is currently impaired. The NMC defines impairment as a registrant's professional's suitability to remain on the register without restriction. There is no burden or standard of proof to apply as this is a matter for the fitness to practice panel's own professional judgement.

The NMC referred the panel to the case of *Grant* and submitted limbs a, b and c are engaged in this case.

The NMC submitted that Patient A was a vulnerable patient in Mr Takacs's care. Mr Takacs's actions on two separate dates caused physical and emotional harm to Patient A. It is further submitted that registered professionals occupy a position of privilege and trust in society and are expected to be professional at all times. The victim was a vulnerable patient. The seriousness of this conviction is such that it calls into question his continuing suitability to remain on the register. Mr Takacs received a Community Order for these assaults with a requirement to complete 120 hours of unpaid work. This therefore has a negative impact on the reputation of the profession and, accordingly, has brought the profession into disrepute.

The NMC submitted that impairment is a forward-thinking exercise which looks at the risk Mr Takacs'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.

The NMC referred the panel to its guidance entitled '*Can the concern be addressed?*' FTP-13a, which states as follows:

'Examples of conduct which may not be possible to address, and where steps

such as training courses or supervision at work are unlikely to address the concerns include:

- *criminal convictions that led to custodial sentences*
- *violence, neglect or abuse of patients.'*

The NMC submitted, whilst the criminal convictions for assault by beating, did not lead to a custodial sentence, they involved the use of violence upon a vulnerable patient. Offences of this nature are often indicative of underlying attitudinal concerns, which are difficult to put right, and are likely to lead to restrictive regulatory action.

It is further submitted by the NMC that whilst Mr Takacs has shown some insight in his reflective account, these offences were committed whilst he was subject to a 12-month Behavioural Agreement imposed at a local level in respect of inappropriate behaviour towards colleagues which involved shouting in a rude manner to a colleague, behaving unprofessionally in respect of a different colleague, and making an inappropriate comment to another colleague. Mr Takacs reflected on his actions at that point and provided an assurance it would not happen again. These offences were committed less than eight months after Mr Takacs signed the Behavioural Agreement on 1 March 2021.

The NMC therefore place limited weight on Mr Takacs's insight/reflections regarding the offences of assault, given these offences were committed following previous reflections upon his behaviour. This demonstrates a pattern of inappropriate behaviour that worsened and culminated in these offences of assault. The NMC consider there is a continuing risk to the public in the circumstances.

The NMC referred the panel to the comments of Cox J in *Grant* at paragraph 101, which it may find useful in this case:

'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.'

The NMC submitted that consideration of the public interest therefore requires the panel 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.

The NMC further submitted that in upholding proper professional standards and conduct and maintaining public confidence in the profession, the panel 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 has not been put right is likely to require a finding of impairment to uphold professional standards and maintain public confidence.

However, it submitted, 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.

Finally, the NMC invited the panel to consider if there is a public interest in a finding of impairment being made in this case, to declare and uphold proper standards of conduct and behaviour. The public expect nurses to act with integrity so that patients and their family members can trust registered professionals.

Decision and reasons on impairment

The panel next went on to decide if as a result of the conviction, Mr Takacs's fitness to practise is currently impaired. The panel had regards to the NMC's guidance FTP-2c which states:

'If the criminal offending was directly linked to the nurse(s)... professional practice, it's very likely this would be serious enough to affect their fitness to practice.'

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust,

nurses must 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/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) ...'*

The panel determined that limbs a, b and c are engaged in this case. The panel found that Patient A was put at risk and was caused physical and emotional harm as a result of Mr Takacs's misconduct and subsequent conviction. Mr Takacs's misconduct and conviction had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. The panel was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to an unprovoked physical assault of a vulnerable patient, who was partially paralysed, is extremely serious.

The panel considered the circumstances of the assaults which included shouting at Patient A to '*shut up*', prodding his head three times and shouting '*shut the fuck up*'; and pressing his thumb on the patients nose with such pressure that those who witnessed the incident thought that Mr Takacs was going to break Patient A's nose.

The panel noted that Mr Takacs undertook these actions whilst subject to a First Written Warning and a Behavioural Agreement for inappropriate behaviour issued by the Trust.

In this agreement Mr Takacs agreed to abide by the Trust values some of which are as follows:

1. 'UHL Values and Behaviours

'We treat people how we like to be treated'

- *We listen to our patients and to our colleagues, we always treat them with dignity and we respect their views and opinions*
- *We are polite, honest and friendly*
- *We are here to help and we make sure that our patients and colleagues feel valued.*

'We are one team and we are best when we work together'

- *We are professional ...*

2. Behaviours

I will make sure I:

- *Lead by example*

3. Communication

I will ensure effective communication by:

...Leading by example

4. Professional Code and Trust Policies / Procedures

- *Ensuring my behaviour is in accordance with the UHL Trust standards'*

The assaults against Patient A were a persistent and targeted course of conduct committed on two separate days and were not therefore, isolated events. The panel was of the view that this was an escalation of Mr Takacs' previous inappropriate professional behaviour as a registered nurse.

The panel also took into account the impact of Mr Takacs behaviour, on his colleagues. The panel noted the following from Person 1, who stated in relation to the incident at 10:00 in the morning on 15 October 2021 that:

'seeing this made her feel uncomfortable and [sic] she has not seen staff speak to patients like this since being on the ward and she would not expect staff to speak to patients like this.'

The panel noted a further incident which occurred later that day at 19:00 where a member of staff stated:

'she took a step back as she felt scared...'

The panel considered the NMC Guidance DMA- 1 on impairment which was updated on 27 March 2023, and took the following into consideration:

'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.'

Examples of this are:

- ...
- ...
- *'Deliberately causing harm to patients'*

Regarding insight, the panel had regard to the NMC's guidance document FTP-13b which states:

'Decision makers do more than simply look at whether a nurse... has shown 'any' insight or not. They need to assess the quality and nature of the insight'

And the NMC's guidance document FTP-2c which states:

'...offences that involved...assaulting or otherwise harming patients are so serious that it might be harder for the nurse... to address.'

The panel considered the reflective piece it had been provided with from Mr Takacs. As the reflection was undated, the panel could not determine when it had been prepared and for what purpose. Therefore, the panel could only place limited weight on this document.

The panel noted that Mr Takacs demonstrates limited insight and remorse in the reflective piece and that he tried to minimise his behaviour towards Patient A by stating:

'I did not receive any reaction to my verbal attempt and seeing that [Patient A] seemed confused I decided to use non-verbal communication by tapping [Patient A's] nose to get [Patient A's] attention. I obtained [Patient A's] attention and I

repeated that we are changing [Patient A] and that nobody wants to harm [Patient A]. The result of this was that [Patient A] stopped shouting.

I believe that my further activity of feeding the patient, and trying to empathise with, I have done it more for myself to relieve from the feeling of guilty of failing in such a basic standard.

This incident happened due to not enough concentration from my side, it is possible that mentally I was not prepared yet at that time of the day to deal properly with the challenges of delivering proper care. I might consider that a few days before I started quitting smoking that could be a factor that made me irritable.

Because all these are related to communication.....,' [sic]

The panel considered that Mr Takacs has neither demonstrated an understanding of how his actions put Patient A at a risk of harm or an understanding of what he did was wrong. Mr Takacs has not considered how his actions have impacted negatively on the reputation of the nursing profession. The panel considered that Mr Takacs did not demonstrate how he would handle the situation differently in the future.

The panel considered whether Mr Takacs has taken steps to strengthen his practice. The panel took into account the training courses in communication that he had undertaken. The evidence provided by Mr Takacs was that on 10 December 2021 he completed a course in *Nursing Studies – Communication and Transcultural Factors* and a separate course entitled *Communication – Level 2*. The panel determined that these courses are inadequate to address the seriousness of the conduct before it. The panel also noted that the courses were undertaken in December 2021 and that there is no evidence of further training provided to the panel since that date.

The panel did take into account the positive testimonial from a colleague of Mr Takacs, dated 9 December 2021, which states:

'...I have learned so much from him, he was a breath of fresh air. He get upset like me when patients are suffering or pass away, which shows his true character.

When he is in charge he take care of us all and resolves smoothly all the issues that occur on the ward. [sic]

He is a good, skilled nurse and I and other staff miss him on the ward.'

A further testimonial from another colleague dated 10 December 2021, stated:

'He was one of the nurses from whom I learned so much. Always open to help and to explain how efficient care is to be set up with different types and character of patients. He always explained the critical points that may come up in delivering care and how to manage them. Gyorgy taught me how to efficiently communicate with the medical staff and with other professionals who are coming to assess the patients in my care. With colleagues he is very helpful if you ask him.

He has taught me that is very important in order to make caring more fluent, to get know the patient's needs, fears, the patient's image of himself in the hospital context, to convince them that we nurses are there to support them in the healing process, and that we can achieve all these through constructive communication and respect.' [sic]

The panel were provided with a letter from a Senior Nurse from the unit dated 14 December 2021 who stated:

'...his mood can be variable.

I have witnessed that Gyorgy can be a competent nurse; however it has been noted by complaints of patients and staff that Gyorgy has a very short temper and can come across as been rude.

This went through Occupational health to support staff nurse Takacs as I was concerned by Gyorgy's behaviour and he was offered AMICA anger management and to seek help through his GP for his anger management. However staff nurse Takacs did not seek help

In my professional opinion I would have severe concerns in regard to staff nurse Takacs returning to the Infectious Diseases Unit without restrictions. [sic]

In light of the lack of evidence demonstrating Mr Takacs has taken sufficient steps to strengthen his practice and directly address the concerns found proved, the panel determined that there is a risk of repetition and that Mr Takacs actions further allude to attitudinal issues which are not easily remediable.

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

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

The panel determined that a finding of current impairment on public interest grounds is required as a member of the public, aware of all the circumstances in this case would be concerned that the nurse against whom such charges were found proved by way of conviction, would be allowed to practise unrestricted.

In addition, the panel concluded that public confidence in the profession would be undermined if a finding of current impairment were not made and therefore also finds Mr Takacs's fitness to practise impaired on the grounds of public interest.

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

Sanction

In considering the range of sanctions at its disposal the panel had regards to the NMC's guidance at SAN-2 which states that:

‘...the purpose of the Fitness to Practice Committee when deciding on a sanction in a case about criminal offences is to achieve our overarching objective of public protection...’

The panel has considered this case very carefully and has determined to make a striking-off order. It directs the registrar to strike Mr Takacs off the register. The effect of this order is that the NMC register will show that Mr Takacs 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 noted that in the Notice of Meeting, dated 24 April 2023, the NMC had advised Mr Takacs of all the available sanctions that it could impose should the panel find Mr Takacs’s fitness to practise currently impaired.

The NMC submitted in its written submissions, that it considers the appropriate and proportionate sanction in this case to be a striking-off order.

Decision and reasons on sanction

Having found Mr Takacs’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:

- Abuse of a position of trust
- Lack of insight into failings

- An escalating pattern of inappropriate behaviour over a period of time
- Conduct which put patients at risk of suffering harm.
- Two offences of assault upon the same patient
- Actual harm caused to a vulnerable patient, who was a stroke victim paralysed on one half of the body, who found communication very difficult
- Mr Takacs was subject to a Behavioural Agreement within his nursing role at the time.

The panel considered this case and whether there were any mitigating features, but it was unable to determine any such features in relation to the charges found proved by way of conviction.

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.

The panel considered the imposition of a caution order and determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Mr Takacs'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 Takacs'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 offences. The panel determined 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 Takacs's registration would be a sufficient and appropriate response. The panel determined that there are no practical or workable conditions that could be formulated, given the nature of

the charges in this case. The behaviour identified in this case was not something that can be addressed through retraining. Furthermore, the panel concluded that the placing of conditions on Mr Takacs's registration would not adequately address the seriousness of the offences and would not protect the public.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

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

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 Takacs's actions and behaviours are fundamentally incompatible with Mr Takacs 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 Takacs'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 Takacs'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.

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 the panel identified, in particular the effect of Mr Takacs's actions in bringing the profession into disrepute, the panel has concluded that nothing short of this would be sufficient in this case.

The panel also 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 Takacs 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 Takacs's own interest until the striking-off sanction takes effect.

The panel accepted the advice of the legal assessor.

Representations on interim order

The panel took account of the representations made by the NMC in its written submissions, that if a finding is made that Mr Takacs's fitness to practise is impaired on a

public protection and public interest basis and a restrictive sanction imposed, the NMC considers an 18-month interim suspension order should be imposed on the basis that it is necessary for the protection of the public and 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 by way of conviction 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 imposes an interim suspension order for a period of 18 months due to the public protection and public interest concerns in this case.

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

That concludes this determination.