

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

**Substantive Hearing  
Thursday, 7 September 2023**

Virtual Hearing

<b>Name of Registrant:</b>	<b>Martin Gerard Logue</b>
<b>NMC PIN</b>	8710024S
<b>Part(s) of the register:</b>	Registered Nurse - Adult RNA (December 1990)
<b>Relevant Location:</b>	Antrim
<b>Type of case:</b>	Conviction
<b>Panel members:</b>	Anthony Kanutin (Chair, Lay member) Florence Mitchell (Registrant member) Bill Matthews (Lay member)
<b>Legal Assessor:</b>	Robin Leach
<b>Hearings Coordinator:</b>	Christine Iraguha
<b>Nursing and Midwifery Council:</b>	Represented by Unyime Davies, Case Presenter
<b>Mr Logue:</b>	Not present and unrepresented at the hearing, representative available by telephone if needed
<b>Consensual Panel Determination:</b>	Accepted
<b>Facts proved:</b>	Charge 1
<b>Facts not proved:</b>	None
<b>Fitness to practise:</b>	Impaired
<b>Sanction:</b>	<b>Striking-off order</b>

**Interim order:**

**Interim suspension order (18 months)**

## **Decision and reasons on service of Notice of Hearing**

The panel was informed at the start of this hearing that Mr Logue was not in attendance and that the Notice of Hearing letter had been sent to Mr Logue's registered email address by secure email on 16 August 2023. The panel noted that the Notice of Hearing was also sent to Mr Logue's representative at the Royal College of Nursing (RCN) on the same date.

Ms Davies, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegation, the time, date and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mr Logue's right to attend, be represented and call evidence, as well as the panel's power to proceed in his absence.

In the light of all the information available, the panel was satisfied that Mr Logue has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34 of the Rules.

## **Decision and reasons on proceeding in the absence of Mr Logue**

The panel next considered whether it should proceed in the absence of Mr Logue. It had regard to Rule 21 and heard the submissions of Ms Davies who invited the panel to continue in the absence of Mr Logue. She reminded the panel that it has the discretion to proceed in Mr Logue's absence. She referenced the case of *R v Jones and General Medical Council v Adeogba* [2016] EWCA Civ 162, and referred the panel to paragraph 1 of the Consensual Panel Determination (CPD), which states:

*'Mr Logue is aware of the CPD hearing. Mr Logue does not intend to attend the hearing and is content for it to proceed in his and his representative's absence. Mr Logue's representative will endeavour to be available by telephone should clarification on any point be required, or should the panel wish to make other amendments to the provisional agreement.'*

Ms Davies informed the panel that Mr Logue signed the CPD agreement on 24 August 2023 and submitted that he had voluntarily absented himself. She said that he has not applied for an adjournment and there is no useful purpose to suppose that adjourning would secure his attendance at some future date. She asked the panel to consider the nature of the hearing. She submitted that there is a strong public interest in the expeditious proceeding of hearings of this nature and therefore it is fair, appropriate, and proportionate to proceed in Mr Logue's absence.

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised "*with the utmost care and caution*".

The panel has decided to proceed in the absence of Mr Logue. In reaching this decision, the panel has considered the submissions of Ms Davies, the representations from Mr Logue contained in the CPD agreement, and the advice of the legal assessor. It has had regard to the factors set out in the decision of *Jones* and had regard to the overall interests of justice and fairness to all parties. It noted that:

- Mr Logue has engaged with the NMC and has signed a provisional CPD agreement which is before the panel today;

- In paragraph 1 of the CPD, Mr Logue indicated that he will not be attending today's hearing, it states: *'Mr Logue does not intend to attend the hearing and is content for it to proceed in his and his representative's absence'*;
- There is no reason to suppose that adjourning would secure his attendance at some future date; and
- There is a strong public interest in the expeditious disposal of the case.

In these circumstances, the panel has decided that it is fair, appropriate, and proportionate to proceed in the absence of Mr Logue.

### **Details of charge**

*'That you, a registered nurse:*

1. *On 10 January 2023, at Antrim Magistrates Court pleaded guilty to the following offence;*

*'On 07 March 2021, ill-treated a person namely Patient A, who was in your care and who lacked capacity in relation to all or any matters concerning his care or who you believed lacked capacity in relation to all or any such matters contrary to Section 267 (1) (a) of The Mental Capacity Act (Northern Ireland) 2016.'*

*And, as a result of your conviction your fitness to practise is impaired.'*

### **Consensual Panel Determination**

At the outset of this hearing, Ms Davies informed the panel that a provisional agreement of a CPD had been reached regarding this case between the NMC and Mr Logue.

The agreement, which was put before the panel, sets out Mr Logue's full admissions to the facts alleged in the charge, and that his fitness to practise is currently impaired by reason

of his conviction. It is further stated in the agreement that an appropriate sanction in this case would be that of a striking-off order.

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

That provisional CPD agreement reads as follows:

***'Fitness to Practise Committee  
Consensual panel determination ("CPD"): provisional  
agreement***

*The Nursing & Midwifery Council ("the NMC") and Martin Gerard Logue, PIN 8710024S ("the Parties") agree as follows:*

- 1. Mr Logue is aware of the CPD hearing. Mr Logue does not intend to attend the hearing and is content for it to proceed in his and his representative's absence. Mr Logue's representative will endeavour to be available by telephone should clarification on any point be required, or should the panel wish to make other amendments to the provisional agreement.*

***The charge***

- 2. Mr Logue admits the following charges:*

*That you, a registered nurse:*

- 1. On 10 January 2023, at Antrim Magistrates Court pleaded guilty to the following offence;*

*'On 07 March 2021, ill-treated a person namely Patient A, who was in your care and who lacked capacity in relation to all or any matters concerning his care or who you believed lacked capacity in relation to all or any such matters contrary to Section 267 (1) (a) of The Mental Capacity Act (Northern Ireland) 2016.'*

*And, as a result of your conviction your fitness to practise is impaired.*

### **The facts**

3. *Mr Logue appears on the register of nurses, midwives and nursing associates maintained by the NMC as a Registered Nurse – Adults and has been on the NMC register since December 1990.*
4. *On 28 September 2021 the NMC received a referral from Northern Health & Social Care Trust about Mr Logan, an employee at Antrim Hospital from 03 September 2006. At the time of referral Mr Logue was not working clinically.*
5. *On 07 March 2021, Mr Logue was working a night shift on Ward C3 at Antrim Hospital. He was a staff nurse responsible for a number of patients that night. Patient A was 86 years old and suffering from dementia and confusion, whilst also being deemed at risk of falls.*
6. *Patient A had to be moved from one side of a ward to the other. At approximately 10pm Mr Logue approached Patient A and informed him of the move. Patient A needed to be on the bed to do the move safely but was sitting in a chair at the time Mr Logue approached. A local witness described Patient A as appearing confused.*
7. *Patient A sat on the side of the bed. Mr Logue, without prior warning, lifted Patient A's legs aggressively and flung them onto the bed. Mr Logue held Patient A's arms down over his chest and said, "You don't mess with me!" and/or "You don't know who you are messing with!", or words to that effect.*
8. *As Mr Logue wheeled Patient A away in his bed, he grabbed Patient A's wrists and hands and pushed them down onto his chest. A patient who witnessed this reported it to another member of duty staff. The witness later provided the police with a written statement.*
9. *Mr Logue was interviewed by police and denied using excessive force or being guilty of assault. He was charged with the offence of "Ill Treatment of a person lacking, or believed to lack, capacity".*

10. *Mr Logue has been subject to an interim suspension order since 20 October 2021.*
11. *Mr Logue formally retired on 01 November 2021.*
12. *On 10 January 2023 Mr Logue pleaded guilty to the offence. On 21 February 2023, at Antrim Magistrates' Court, he received a 12-month Community Service Order which required him to undertake 200 hours of community service and was ordered to pay £1000 to Patient A's estate. His sentence is due to be completed by 20 February 2024.*
13. *On 26 July 2023 Mr Logue (via his representative) informed the NMC that he admitted the regulatory concerns and impairment of his fitness to practise.*

### ***Impairment***

14. *The Parties agree that Mr Logue's fitness to practise is currently impaired by reason of his conviction.*
15. *The NMC's guidance at DMA-1 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?"*
16. *If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.*
17. *Answering this question involves a consideration of both the nature of the concern and the public interest.*
18. *At the relevant time, Mr Logue was subject to the provisions of **The Code: Professional standards of practice and behaviour for nurses and***



**midwives (2015)** (“the Code”). We consider the following provisions of the Code have been 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

**20 Uphold the reputation of your profession at all times**

To achieve this, you must:

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

20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment

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

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

20.8 act as a role model of professional behaviour for students and newly qualified nurses to aspire to.

19. Registered professionals occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and families must be able to trust registered professionals with their lives and the lives of their loved ones, especially those who are vulnerable.

20. The parties agree that consideration of the nature of the concern involves looking at the factors set out by Dame Janet Smith in her Fifth Report from Shipman, approved in the case of [Council for Healthcare Regulatory](#)

[Excellence v \(1\) Nursing and Midwifery Council \(2\) Grant \[2011\] EWHC 927 \(Admin\)](#) by Cox J;

- 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 professions 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 professions; and/or*
- d) *Has in the past acted dishonestly and/or is liable to act dishonestly in the future?*

21. *The panel should also consider the comments of Cox J in Grant at paragraph 101:*

*“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.”*

22. *In this case, limbs (a), (b), and (c) are engaged. Mr Logue’s physical assault of Patient A will have caused him harm – both physical and psychological. His conduct is likely to have brought the profession into disrepute. The sentencing hearing was reported in the media and so the case is likely to have reached a wide audience. Registered professionals occupy a position of trust and must act with integrity at all times. Mr Logue has breached fundamental tenets of the nursing profession by failing to act with fairness and integrity.*

23. *The Parties have considered the NMC’s guidance on seriousness. (FTP-3). It states that the NMC takes concerns about bullying, harassment,*

*discrimination, and victimisation very seriously. It also provides that ‘bullying can be described as unwanted behaviour from a person or a group of people that is either offensive, intimidating, malicious or insulting. It can be an abuse or misuse of power that undermines, humiliates, or causes physical or emotional harm to someone. It can be a regular pattern of behaviour or a one-off incident and can happen face-to-face, on social media or over emails or telephone calls.’*

*24. NMC guidance at FTP-3a states that some serious concerns are more difficult to put right. These include deliberately causing harm to patients and being directly responsible for exposing patients or service users to harm or neglect. Mr Logue’s conviction is in relation to a serious offence of ill-treatment of a vulnerable patient. Such conduct will always be at the more serious end of the Fitness to Practise spectrum, attracting the most severe sanctions. Whilst Patient A suffered no injuries as a result of the incident, Mr Logue’s actions had the potential for direct physical harm and emotional distress to Patient A.*

*25. Serious concerns also include those based on public confidence and professional standards(FTP-3c) which mean that the NMC may need to take action even if the nurse, midwife, or nursing associate has shown that they have addressed the issues of concern such that they are highly unlikely to be repeated if the past incidents themselves were so serious they could affect the public's trust in nurses, midwives and nursing associates. Mr Logue’s past actions have brought the profession into disrepute. Trust and confidence are the bedrock of the nursing profession.*

*Remorse, reflection, insight, training and strengthening practice*

*26. 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.*

27. The Parties have also considered 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".

28. The Parties therefore concluded that, in line with the guidance, while this is conduct which is less likely to be remediated solely through training and supervision, if it is to be remediated then evidence that Mr Logue has participated in such methods will be essential.

29. The Parties next considered if Mr Logue has reflected and taken opportunities to show insight into what happened. By agreeing to a Consensual Panel Disposal Mr Logue accepts the charges and admits that his fitness to practise is impaired, therefore demonstrating some insight. He entered a guilty plea before the court on 10 January 2023.

30. On 22 March 2022 he provided an undated reflective account form on 'effective communication with dementia patients' and a typed reflection dated 15 October 2021, in which he detailed how his practice had changed. In the typed reflection, Mr Logue wrote:

*Upon reflection, I am truly sorry for any hurt that my actions may have caused. I acknowledge the fact that the intensity and stress of the situation influenced my emotions. Moving forward, I will recognise and acknowledge when demanding situations arise, to pause, regather my thoughts, and evaluate the situation to discover the most appropriate and professional action.*

*In addition, I aim to develop my knowledge of challenging behaviour in order to deliver the most appropriate patient centred care for the individual.*

31. However, in the same typed reflection Mr Logue denied using inappropriate language. With reference to physical contact between him and Patient A, Mr Logue stated:

*[Patient A] remained very agitated at this point and continued to lash out both with his arms and legs. I put my hands just above him. In that moment, I believed it would be better for him to hit out against the palm of my hands rather than to make contact with the cot sides.*

32. *Mr Logue also returned a regulatory concerns form ('RCRF') dated 10 March 2022 denying the regulatory concerns of physical and verbal abuse. His first acceptance of the regulatory concerns and impairment was received by the NMC on 26 July 2023, in his application for Agreed Removal dated 05 July 2023. In this, Mr Logue only accepted using inappropriate language, writing:*

*I have had extensive time to reflect upon the incident on the 7th of March 2021. I acknowledge how my approach to this challenging situation was severely flawed. Despite dealing with innumerable demanding events effectively throughout my career, I acknowledge how my actions regarding this situation were unacceptable. The language I used was unsuitable and intimidating and I feel deep regret in increasing the patient's anxiety. I should have communicated in a more considerate and compassionate tone. My attitude was dishonourable to my duty as a nurse, and I have immense regret for acting in an unprofessional manner. My care, compassion and competence fell below the professional standards expected. I am distraught that this is how my nursing career has ended and I wholeheartedly express my apologies for the impact this has had on the patient, their family, my work colleagues, and the nursing profession. I can only hope my words can illustrate my remorse for my professional behaviour in this situation. No words will ever be able to convey how deeply ashamed and sorry I am for my actions.*

...

*I hope this goes a little way to allow you all to see that I am truly sorry for my poor practice in this situation that occurred and that my deepest apologies can be somewhat acceptable. I thoroughly enjoyed a long career in the nursing*

*profession, and I will miss it dearly. I reiterate my sincere apologies to all those affected.*

*33. In the circumstances, the Parties agree that, whilst he has expressed remorse, his insight is limited and he has not remediated the concerns raised by his conduct.*

*34. Mr Logue has not provided evidence of completion of any training in restraint techniques and/or Prevention and Management of Violence and Aggression, and he retired from nursing on 01 November 2021. Therefore, there remains a risk of repetition and a risk to the public should Mr Logue continue practising without undertaking relevant training.*

*Public protection impairment*

*35. A finding of impairment is necessary on public protection grounds.*

*36. In the absence of evidence of full insight and remediation, and based on the serious nature of the concerns, Mr Logue is liable in the future to put patients at unwarranted risk of harm were he to practise without any restrictions.*

*Public interest impairment*

*37. A finding of impairment is necessary on public interest grounds.*

*38. 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.”*

39. *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.*

40. *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.*

41. *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. It is submitted that this is one such case.*

42. *The public expect nurses to treat them with care and maintain their dignity at all times. The public's confidence in the profession would be undermined if a finding of impairment was not made with reference to a nurse who had been convicted of assault on an elderly and vulnerable patient in hospital.*

43. *A finding that Mr Logue's fitness to practise is also impaired on public interest grounds is therefore necessary.*

44. *For the reasons above, Mr Logue's fitness to practise is currently impaired by reason of his conviction, on both public protection and public interest grounds.*

### **Sanction**

45. *The appropriate sanction in this case is a **Striking-off order**.*

46. *The Parties have considered the NMC's guidance ([SAN-3c](#)) to assist with the determination of the appropriate sanction.*

47. *The following aggravating features are present in this case:*

- *Mr Logue's conviction is directly related to his clinical practice.*
- *Mr Logue has displayed limited insight.*

48. *No mitigating features have been identified in this case.*

49. *In taking the available sanctions in ascending order, the Parties first considered whether to **take no action or make a caution order**. It is agreed that neither of these sanctions would be appropriate in view of the seriousness of Mr Logue's conviction, the need to protect the public, and the need to declare and uphold proper standards of conduct.*

50. *Imposing a **Conditions of Practice Order** would not be appropriate. Mr Logue's conduct is attitudinal in nature and cannot be addressed by such an order. This sanction would not reflect the seriousness of the conduct underlying the conviction therefore public confidence in the professions and professional standards would not be maintained.*

51. *Imposing a **Suspension order** would not be sufficient to protect the public. The guidance at SAN-3d indicates that such an order would be appropriate where there is "no evidence of harmful deep-seated personality or attitudinal problems" and "...the nurse...has insight and does not pose a significant risk of repeating behaviour". Neither of those factors apply in the present case. A Suspension order would not reflect the seriousness of the conduct underlying the conviction. Therefore, public confidence in the profession and professional standards would not be maintained.*

52. *In any event, a **Striking-Off Order** is the appropriate sanction in this case.*

53. *Mr Logue's criminal offending has seriously undermined the public's trust and confidence in him. His conduct is fundamentally incompatible with being a registered professional. Only a Striking-Off Order will be sufficient to protect*



*patients, maintain public confidence in the profession and maintain professional standards.*

### **Referrer's Comments**

*54. The NMC is seeking the comments of the Referrer in relation to this provisional agreement and will update the panel at the CPD hearing.*

### **Interim order**

*55. An interim order is required in this case. The interim order is necessary for the protection of the public and is otherwise in the public interest for the reasons given above. The interim order should be for a period of 18 months in the event that Mr Logue seeks to appeal the panel's decision. The interim order should take the form of an interim suspension order.*

*The Parties understand that this provisional agreement cannot bind a panel, and that the final decision on findings 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 that is determining the allegation, provided that it would be relevant and fair to do so.'*

Here ends the provisional CPD agreement between the NMC and Mr Logue. The provisional CPD agreement was signed by Mr Logue on 24 August 2023 and the NMC on 30 August 2023.

### **Decision and reasons on the CPD**

The panel decided to accept the CPD.

The panel heard and accepted the legal assessor's advice. Ms Davies referred the panel to the 'NMC Sanctions Guidance' (SG) and to the 'NMC's guidance on Consensual Panel

Determinations'. The panel can accept, amend, or outright reject the provisional CPD agreement reached between the NMC and Mr Logue. 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.

Ms Davies referred the panel to the last paragraph of the CPD agreement. She outlined the charge and said that Mr Logue pleaded guilty on 10 January 2023 at Antrim Magistrates Court and was sentenced. She set out the background of the incident.

Regarding impairment, Ms Davies, referred to paragraph 15 and to the NMC guidance DMA-1 which asks the question of whether a nurse, midwife or nursing associate could practise kindly, safely, and professionally. She said that at the time Mr Logue was subject to the NMC Code of Practice, 2015, and submitted what specific parts of the code to consider is a matter for the panel. She outlined the Code of Practice Mr Logue breached. She invited the panel to consider the factors set out by Dame Janet Smith in her Fifth Report from Shipman, approved in the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin). She asked the panel to consider the four limbs of *Grant* and referred to paragraphs 20 - 22.

Ms Davies invited the panel to consider whether Mr Logue continues to present a risk to members of the public and whether a finding of current impairment is necessary on the grounds of public protection and in the wider public interest, to uphold proper professional standards and public confidence in the profession. She referred the panel to the NMC guidance on seriousness as set out in paragraph 23 - 24 and submitted that some serious concerns are more difficult to put right as the conviction was in relation to a serious offence of ill treatment of a vulnerable person, Patient A was 86 years old, and was suffering from dementia.

Ms Davies submitted that whilst patient A suffered no injuries Mr Logue's actions had the potential to cause physical harm and emotional distress. In considering current impairment, she invited the panel to not only look at the past but also at current and/or future practice. She referred the panel to the case of *Cohen v General Medical Council* [2008] EWHC 581 (Admin) when considering remorse, reflection, insight and strengthened practice and referenced paragraph 28 of the CPD. She said that in Mr Logue signing and agreeing to the CPD, it shows some level of insight. She reminded the panel that Mr Logue accepted that his fitness to practise is impaired as stated in paragraph 13. She referred the panel to paragraph 30 - 33 which set out the extracts from Mr Logue's reflective accounts and said that Mr Logue initially denied using inappropriate language but later accepted doing so, showing that his insight is limited. Although he expressed remorse, he has not remediated the concerns raised and has indicated that he retired from nursing on 1 November 2021.

Ms Davies informed the panel of the sanction proposed which is that of a striking off order as indicated in paragraph 45 - 53. She mentioned the aggravating factors and asked the panel to consider Patient A's vulnerability as an additional factor. She stated that there were no mitigating factors. She asked the panel to consider proportionality and to start with the least severe sanction when considering what sanction to impose. She informed the panel that the referrer agrees with the CPD and had stated that it is a matter for the NMC since Mr Logue is no longer employed by them. She asked the panel to consider imposing an interim suspension order for 18 months if it agrees with the proposed sanction in the event that Mr Logue appeals the decision.

### **The facts**

The panel noted that Mr Logue admitted the facts of the charges. It also noted Mr Logue pleaded guilty at Antrim Magistrates Court on 10 January 2023. On 26 July 2023, through his representative at the RCN, Mr Logue admitted to the charge. Accordingly, the panel was satisfied that the charge is found proved by way of Mr Logue's admissions, as set out in paragraph 13 of the signed provisional CPD agreement.

## **Decision and reasons on impairment**

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

The panel noted that on 10 January 2023, Mr Logue pleaded guilty at the Magistrates Court and was convicted. Mr Logue through his representatives on 26 July 2023, admitted the concerns to the NMC, and agreed that his fitness to practise is impaired.

The panel noted that parties have agreed that Mr Logue's fitness to practise is impaired on public protection and public interest grounds. The panel agreed that Mr Logue's fitness to practise is impaired for the same reasons as set out in the provisional CPD agreement.

The panel considered the Code of Practice that Mr Logue was subject to at the time and agreed with paragraph 18 of the CPD agreement.

The panel considered that Patient A was a vulnerable 86 years old who was suffering from dementia, confusion, and was deemed to be at risk of falls. At the time of the incident Patient A appeared to be confused. The panel noted that although Patient A suffered no injuries as a result of the incident, Mr Logue's ill-treatment would have potentially caused him both physical and psychological/emotional harm.

Regarding insight, the panel noted that Mr Logue through his representatives at the RCN admitted to the charges. The panel noted that Mr Logue had provided reflections on 22 March 2022 about 'effective communication with dementia patients'; another reflection dated 15 October 2021 detailed how his practice had changed. It observed that in the regulatory concerns form dated 10 March 2022, Mr Logue had denied the regulatory concerns, and only admitted the charges to the NMC on 26 July 2023. Mr Logue in his reflections showed remorse for his actions and apologised to Patient A, colleagues and to

the NMC. However, the panel was not satisfied that Mr Logue has demonstrated full insight.

Regarding remediation, the panel observed that Mr Logue has not practiced as a nurse since the incident and had indicated his retirement from nursing on 1 November 2021 and had also applied for Agreed Removal from the Register on 5 July 2023. The panel considered that there was no evidence or intention of training to address the concerns and to show strengthening of practice.

However, having regard to the nature of the conviction, and to the vulnerability, and harm caused to Patient A, the panel determined that a finding of current impairment is necessary on public protection grounds and on public interest grounds to maintain public confidence in the profession, the NMC as regulator, to declare and uphold proper professional standards.

The panel determined that Mr Logue's actions and conviction had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find Mr Logue's fitness to practise impaired.

In this respect, the panel endorsed paragraphs paragraph 11 - 44 of the provisional CPD agreement.

### **Decision and reasons on sanction**

Having found Mr Logue'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 endorsed the aggravating features as noted in paragraph 47 of the CPD. It did not consider there were any mitigating features.

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 Logue'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 Logue's conviction 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 Logue'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 and Mr Logue's intention to retire from nursing. Furthermore, the panel concluded that the placing of conditions on Mr Logue's registration would not adequately address the seriousness and nature 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 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;*
- *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 has insight and does not pose a significant risk of repeating behaviour;*

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 Logue's actions is fundamentally incompatible with Mr Logue remaining on the register. The panel also noted that Mr Logue retired from nursing on 1 November 2021, had applied for Agreed Removal from the Register on 5 July 2023 with no intention to return to nursing, and had agreed to the CPD agreement and had signed the document.

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 Logue'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

Logue'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 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 Logue'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 Logue in writing.

### **Decision and reasons on 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 is in Mr Logue's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

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 agreed with the CPD 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 substantive striking off order 28 days after Mr Logue is sent the decision of this hearing in writing.

That concludes this determination.