

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

**Substantive Meeting
03 June 2021**

Virtual Meeting

Name of registrant: Daryl Martin Crofts

NMC PIN: 12A0777E

Part(s) of the register: Registered Nurse – Sub part 1
Adult Nursing – Level 1
20 September 2012

Area of registered address: Buckingham

Type of case: Conviction

Panel members: Suzy Ashworth (Chair, Lay member)
Jude Bayly (Registrant member)
Jonathan Coombes (Registrant member)

Legal Assessor: Michael Bell

Panel Secretary: Max Buadi

Consensual Panel Determination: Accepted

Facts proved: Charge 1

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 provided with the Notice of Meeting letter that had been sent to Mr Crofts' registered email address on 29 April 2021.

The panel took into account that the Notice of Meeting provided details of the allegations as well as the time frame for a Consensual Panel Determination (CPD) meeting.

The panel accepted the advice of the legal assessor.

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

Details of charge

That you, a Registered Nurse:

1. At Northampton Magistrates Court on 29th June 2020 were convicted of the charge that "On the 30 October 2019 at NORTHAMPTON, for the purposes of obtaining sexual gratification, observed another person doing a private act, knowing that the person did not consent to being observed for your sexual gratification" contrary to section 67(1) and (5) of the Sexual Offences Act 2003.

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

Consensual Panel Determination

At the outset of this meeting, the panel was made aware that a provisional CPD agreement had been reached between the NMC and Mr Crofts.

The agreement, which was put before the panel, sets out Mr Crofts' full admission to the fact 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 the appropriate sanction in this case would be a striking-off order.

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

That provisional CPD agreement reads as follows:

"The Nursing and Midwifery Council ("NMC") and Mr Daryl Martin Crofts, PIN 12A0777E ("the Parties") agree as follows:

1. Mr Crofts admits the following charges:

That you, a Registered Nurse:

1. At Northampton Magistrates Court on 29 June 2020 were convicted of the charge that "On the 30 October 2019 at NORTHAMPTON, for the purposes of obtaining sexual gratification, observed another person doing a private act, knowing that the person did not consent to being observed for your sexual gratification contrary to section 67(1) and (5) of the Sexual Offences Act 2003.

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

Background

2. The facts are as follows:

a) Mr Crofts was admitted to the Register maintained by the NMC on 20 September 2012. He is registered as a Registered Nurse – Adult.

- b) *At the time the relevant time Mr Crofts was employed by Medigold Health as a screening nurse since 2 May 2017. He was required, as part of his role, to administer vaccinations.*
- c) *Mr Crofts was referred to the NMC by Northamptonshire Police (“the Police”) on 27 November 2019. The referral stated that Mr Crofts had been arrested following an allegation that he had entered the female staff toilets at Northampton University on 30 October 2019 and had recorded illicit footage using his mobile telephone of a female using the lavatory. On 30 October 2019 Mr Crofts was in attendance at Northampton University in a professional capacity to give flu jabs to staff and students.*
- d) *The female victim provided a statement to the police about the incident. In her statement she described that at approximately 13:15 she went into a cubicle to use the toilet. After she had finished urinating and was pulling her underwear and trousers back up she noticed a mobile phone with the camera lens facing up and verbally demonstrated surprise. She left her cubicle to wash her hands and saw the camera phone get removed promptly upon her exclaiming surprise. She waited to challenge whoever was in the cubicle and then saw a male emerge from the cubicle and leave the bathroom quickly, stating he had dropped his phone and didn’t realise he was in the ladies room. Subsequently the Police were called and the female confirmed the identity of the male as the external occupational health nurse administering flu jabs.*
- e) *Mr Crofts was interviewed under caution on 30 October 2019. During the interview Mr Crofts denied any wrong doing and stated that he had mistakenly used the female toilets and that his mobile telephone had fallen out of his pocket onto the floor. Mr Crofts also denied any intent to gain any form of sexual gratification.*
- f) *Following this interview under caution, the contents of Mr Crofts’ mobile telephone was downloaded. Contained within the video files was a file that*

lasted approximately two minutes and 14 seconds and which was dated 30 October 2019. The footage had been taken within a cubicle in a bathroom, capturing a female adjust her upper clothing before removing her trousers and underwear and urinating in the toilet. At one point the female notices the camera and quickly covers herself with her top. At that point the camera is quickly removed and the recording terminated.

- g) Also found on Mr Crofts' mobile telephone were a number of internet search histories relating to pornographic material, including voyeurism fetish pornography, images of sexual acts in bathrooms and live sex and webcam pornographic websites.*
- h) The Police also found an application on Mr Crofts' mobile telephone used to remotely monitor spy cameras over the internet.*
- i) Mr Crofts was subsequently interviewed under caution on 2 December 2019. On that occasion Mr Crofts was asked about the video footage and spy camera applications which had been found by the Police on his mobile telephone. Mr Crofts answered no comment to those questions.*
- j) Mr Crofts was convicted on 29 June 2020, after appearing at Northampton Magistrates' Court and pleading guilty to the criminal charge. He was sentenced to a Community Order for a period of 18 months with a rehabilitation activity requirement for 25 days and an unpaid work requirement for 150 hours. Mr Crofts was ordered to pay £300 in compensation, £90 surcharge to victim services and £85 to the Crown Prosecution Service. Mr Crofts is also required to register with the Police in accordance with the Sexual Offences Act 2003 from 29 June 2020 for five years. He was also made subject to a Sexual Harm Prevention Order for five years.*

Impairment

3. Mr Crofts admits that his fitness to practise is impaired by reason of his conviction on public protection and public interest grounds. In agreeing this the parties have had regard to the questions posed Mrs Justice Cox adopting the approach of Dame Janet Smith in the 5th Shipman Report in Council for Healthcare Regulatory Excellence and (1) Nursing and Midwifery Council (2) Paula Grant [2011] EWHC 927 (“Grant”) which are:-

- a) Has [the registrant] 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 [the registrant] in the past brought and/or is liable in the future to bring the professions into disrepute; and/or
- c) Has [the registrant] 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 [the registrant] in the past acted dishonestly and/or is liable to act dishonestly in the future?

4. Limbs a, b and d are engaged in this case.

5. With regard to limb a), although Mr Crofts has not caused any harm to patients directly in his care, the offence was committed in a location where he was employed to provide nursing services. Undoubtedly the victim of this offence would have suffered harm as a result of Mr Crofts’ conduct and the conviction raises serious concerns about the potential risk he might pose to others as a result of his behaviour.

6. With regard to limb b), Mr Crofts has engaged in sexual conduct which could be considered to be deplorable by members of the public. NMC guidance states that “generally, sexual misconduct will be likely to seriously undermine public trust in nurses”. It is clear that Mr Crofts’ conduct is liable to bring the profession into serious disrepute.

7. *Further, Mr Crofts has been convicted of a criminal offence, of a serious nature, attracting a significant sentence. Again, such has the potential to cause significant damage to the reputation of the nursing profession. Undoubtedly, Mr Crofts conduct has the potential to seriously undermine the trust placed into nurses by patients and members of the public.*
8. *With regard to limb c), acting with honesty and integrity is said to be a cornerstone of nursing, something which is expected of every registered nurse. Mr Crofts' criminal conviction for a serious sexual offence has breached this fundamental tenet of the profession. Further, treating people with dignity and respect is said to be another cornerstone of the profession. Again, Mr Crofts' conviction for a serious sexual offence against a member of the public has breached this fundamental tenet of nursing.*
9. *In addition Mr Crofts has breached the following standards of the Code of Conduct (2015):-*

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*

10. *For the reasons set out in paragraphs 3-9, above, Mr Crofts accepts that at the time of committing the offence, his fitness to practise as a nurse was impaired.*

Reflection, insight, remediation and remorse

11. In considering the question of whether Mr Crofts' fitness to practise is currently impaired, the Parties have considered Cohen v General Medical Council [2007] EWHC 581 (Admin), in which the court set out three matters which it described as being "highly relevant" to the determination of the question of current impairment:

- a) Whether the conduct that led to the charge(s) is easily remediable
- b) Whether it has been remedied
- c) Whether it is highly unlikely to be repeated

12. The conduct which led to Mr Crofts' conviction for a serious sexual offence could be said to be difficult to remediate, both in terms of public protection and the wider public interest.

13. In Mr Crofts' Reflective Account Form (**Appendix 1**) received by the NMC on 19 December 2019, he states that he did not think anything at the time but was now "embarrassed, devastated and ashamed of how a person could be feeling if they had been caught doing a private act". He says that he "would now make sure he never entered a woman's bathroom again" and that he always makes sure to "double check the sign on the outside of the door". He says that it "will never happen again. I cannot apologise enough for my behaviour" and that "I will never be in the same situation again. The shame and embarrassment this has caused me and the lady in question will always haunt me".

14. Mr Crofts, whilst expressing remorse and shame, appears to maintain his original explanation to the Police, that he entered the female toilet by accident. His explanation is inconsistent with his later guilty plea at the Northampton Magistrates' Court and exhibits limited insight into his conduct at the time, and therefore, implies a risk of repetition of the conduct.

15. In his completed case management form ("CMF") (**Appendix 2**), dated 3 March 2021, Mr Crofts again expressed remorse. He states that he has reflected on his actions and has been undergoing cognitive behaviour therapy and has been

reflecting on his mental health. He states that he understands the seriousness of the concerns. He also states that he is “a zero risk for the future” and that his unblemished record should be taken into consideration. Mr Crofts has provided very little to no information in respect of his reflection and has not demonstrated how he no longer presents a risk. In the absence of such, it must be said that Mr Crofts’ insight remains limited and that he continues to present a risk to patients and the public.

16. Mr Crofts accepts that his fitness practice is currently impaired on public protection grounds.

Public interest impairment

17. Whilst a finding of impairment must be said to be current, the public interest remains paramount and Grant states that:

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

“74 I agree with that analysis and would add this. 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...

“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.”

18. In *Kumar v General Medical Council* [2012] EWHC 2688 (Admin) it was stated that “there are cases in which remediability or the fact that the particular error is unlikely to be repeated cannot mean that fitness to practise is unimpaired. The need to uphold public confidence in the profession, and declaring and upholding standards of behaviour, may mean that a doctor’s fitness to practice is impaired by reason of certain acts of misconduct of themselves..”

19. Although Mr Crofts has stated that there is no risk of repetition of his conduct, any evidence of remediation of his conduct is of less significance where a finding of impairment may be required on public interest grounds, in order to maintain confidence in the profession and declare and uphold proper standards of conduct and behaviour.

20. The NMC has issued guidance which sets out what type of conduct is more difficult to remediate. One such set of conduct is listed as “sexual assault, relationships with patients in breach of guidance on clear sexual boundaries, and accessing, viewing, or other involvement in child pornography”. The guidance also states that sexual misconduct will be “particularly serious if they have to register as a sex offender”. Given the nature of the conduct, it must be said to be serious enough to fall within the NMC’s guidance of conduct which is more difficult to remediate.

21. Given the nature of the case and the seriousness of Mr Crofts’ conduct, he accepts that this is a case where a finding of impairment is also required on public interest grounds. Without a finding of impairment, public confidence in the profession and the NMC as regulator would be undermined, and it would send a poor message to the public about the standards of conduct and behaviour expected of registered nurses.

Sanction

22. *Mr Crofts accepts that the appropriate sanction in this case is a Striking-Off Order.*

23. *The Parties have considered the NMC's Sanctions Guidance, bearing in mind that it provides guidance, not firm rules. The purpose of sanction is not to be punitive; however, in order to address the public interest including protecting the public, maintaining confidence in the profession and upholding proper standards of conduct and behaviour, sanctions may have a punitive effect.*

24. *The aggravating features in this case are as follows:*

- a) *Mr Crofts' conduct has resulted in a conviction for a criminal offence.*
- b) *Mr Crofts received a significant criminal sentence of a Community Order for a period of 18 months.*
- c) *Mr Crofts is subject to the sex offender's register for a period of five years.*
- d) *Mr Crofts is subject to a Sexual Harm Prevention Order for a period of five years.*
- e) *Albeit not committed in the course of his role as a nurse, the offence was committed whilst Mr Crofts was at Northampton University for the purposes of carrying out his role as a nurse.*

25. *The mitigating features in this case are as follows:*

- a) *Mr Crofts pleaded guilty to the offence before trial.*
- b) *Mr Crofts has admitted the regulatory concern and that his fitness to practise is impaired by reason of his conviction.*
- c) *Mr Crofts has demonstrated remorse.*

26. *The parties considered the available sanctions in ascending order.*

27. *To take no further action would not be appropriate or sufficient. The gravity of Mr Crofts' conviction requires the NMC to take action in relation to his registration in order to maintain public confidence in the profession and to maintain proper*

professional standards and conduct for nurses and midwives. To take no further action would fail to maintain public confidence in the profession, and would fail to uphold proper standards of conduct and behaviour.

28.A Caution Order would not be appropriate or sufficient. The NMC Sanctions Guidance indicates such an order is appropriate for the lower end of the spectrum of impairment. The NMC Sanctions Guidance states that sexual misconduct will be “particularly serious if they have to register as a sex offender”. Mr Crofts is subject to both the sex offender’s register and a Sexual Harm Prevention Order. The conduct in this case is clearly serious and cannot be said to fall at the lower end of the spectrum of impairment.

29.A Conditions of Practice Order would not be appropriate or sufficient. Typically conditions are placed on a nurse’s practise to mitigate against clinical failings. No clinical failings have been identified in this case. As such conditions are unlikely to be appropriate. In any event, given the serious nature of the sexual nature of the conduct in this case, there are no conditions that could be formulated which would could either address the behaviour or meet the public interest.

30.A Suspension Order would not be appropriate or sufficient. The NMC Sanctions Guidance on Suspension Orders poses the following questions:-

Whether the seriousness of the case require temporary removal from the register?

Mr Crofts’ conduct is considered to be particularly serious such that a period of removal from the register is required.

Will a period of suspension be sufficient to protect patients, public confidence in nurses, midwives or nursing associates, or professional standards?

Mr Crofts’ conduct is so serious that a temporary removal from the register will not to be sufficient to adequately address the public interest.

31. *Further, the general rule is that a nurse should not be permitted to start practising again until they have completed a sentence for a serious criminal offence (Council for the Regulation of Health Care Professionals v [1] General Dental Council and [2] Fleischmann [2005] EWHC 87 [QB]).*

32. *A Suspension Order suspends a nurse's registration for a period of up to one year. Mr Crofts is subject to an 18 month Community Order and is subject to the sex offender's register and a Sexual Harm Prevention Order for a period of five years. The period of sentence in this case would exceed the maximum period a panel can impose a Suspension Order for such that the requirement of the general rule would not be met.*

33. *In any event, a Striking-Off Order is the appropriate sanction.*

34. *The NMC Sanctions Guidance on Striking-Off Orders poses the following questions:-*

Do the regulatory concerns about the nurse/midwife raise fundamental questions about their professionalism?

Mr Crofts' conduct has fallen significantly short of the conduct and standards expected of a nurse by virtue of his conviction and fundamentally undermines his trustworthiness and professionalism

Can public confidence in nurses be maintained if nurse/midwife is not removed from the register?

It is a fundamental requirement of all nurses that they act with honesty and integrity so that they can justify the trust and confidence placed in them by patients, their families and the wider public. Mr Crofts has seriously undermined that trust and

confidence by his behaviour and public confidence in nurses cannot be maintained if he remains on the Register.

Is striking off the only sanction which will be sufficient to protect patients, members of the public or maintain professional standards?

A Striking-Off Order is the only sanction which will maintain professional standards.

35. Mr Crofts' behaviour is sufficiently serious to be fundamentally incompatible with remaining on the register. There would be damage to public confidence in nurses were he allowed to remain on the register.

36. In Bolton v Law Society [1993] EWCA Civ 32 Sir Thomas Bingham MR stated:-

“The reputation of the profession is more important than the fortunes of any individual member. Membership of a profession brings many benefits but that is part of the price.”

37. Mr Crofts' actions are so serious as to be fundamentally incompatible with ongoing registration as a nurse and as such any impact upon him as an individual is outweighed by the need to maintain confidence in the profession as a whole. Only a Striking-Off Order adequately performs this vital function. In the circumstances the appropriate and proportionate sanction is a Striking-Off Order.

Interim Order

38. It is also necessary for the protection of the public and is otherwise in the public interest for there to be an interim suspension order of 18 months to cover the appeal period.”

Here ends the provisional CPD agreement between the NMC and Mr Crofts. The provisional CPD agreement was signed by Mr Crofts on 15 April 2021 and the NMC on 26 April 2021.

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

Decision and reasons on the CPD

The panel decided to accept the CPD.

The panel noted that Mr Crofts admitted the fact of the charge. Accordingly, the panel was satisfied that the charge is found proved by way of Mr Crofts' admission, as set out in the signed provisional CPD agreement.

Decision and reasons on impairment

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

The panel noted that paragraph 4 of the provisional CPD agreement is incorrect as it states that limbs a, b and d of *Grant* are engaged. The panel does not accept that there is separate dishonesty in relation to the charge. However, the panel believes that this is simply a typographical error as in paragraph 8, it references limb c.

The panel finds that limbs a, b and c of *Grant* are engaged. The panel was of the view that, in acting the way that he did, Mr Crofts' actions had exposed a member of the public to emotional and psychological harm, and represented a likelihood of risk to patients. It determined that Mr Crofts brought the nursing profession into disrepute, as he breached fundamental tenets of the nursing profession by receiving a criminal conviction for a serious offence.

The panel then considered the risk of repetition. The panel noted that Mr Crofts stated in his Case Management Form (CMF) that he is undergoing cognitive behavioural therapy (CBT) to address the behaviours that led to his conviction. He has also expressed remorse for his actions, and considers that he is no longer a risk going forward.

While the panel accept there is some remorse, it was of the view that this remorse is directed at the impact the conviction has had on himself. It noted that he has not demonstrated an understanding of the full nature and impact his actions has had on the victim, his profession or the wider public.

The panel recognised that remediation would be extremely difficult given the nature of Mr Crofts' convictions and the particular circumstances of the case. Mr Crofts has provided no explanation for his actions. In light of this, the panel concluded that his insight is extremely limited. Therefore, the panel determined that a finding of impairment on public protection grounds is required.

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. It determined that a fully informed member of the public would be appalled by Mr Crofts' conviction, and extremely concerned should a finding of no current impairment be made in light of his convictions.

Having regard to all of the above, the panel was also satisfied that Mr Crofts' fitness to practise as a registered nurse is currently impaired on public interest grounds.

In this respect the panel endorsed paragraphs 4 to 21 of the provisional CPD agreement.

Decision and reasons on sanction

Having found Mr Crofts' 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:

- Mr Crofts' conduct has resulted in a conviction for a criminal offence.
- Mr Crofts received a significant criminal sentence of a Community Order for a period of 18 months.
- Mr Crofts is subject to the sex offender's register for a period of five years.
- Mr Crofts is subject to a Sexual Harm Prevention Order for a period of five years.
- Albeit not committed in the course of his role as a nurse, the offence was committed whilst Mr Crofts was at Northampton University for the purposes of carrying out his role as a nurse.

The panel also took into account the following mitigating features:

- Mr Crofts pleaded guilty to the offence before trial.
- Mr Crofts has admitted the regulatory concern and that his fitness to practise is impaired by reason of his conviction.
- Mr Crofts has demonstrated limited remorse.

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 Crofts' 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 Crofts' 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 Crofts' registration would be a sufficient and appropriate response. It considered there to be no practical identifiable areas of retraining for Mr Crofts to embark upon as there are no outstanding concerns relating to his clinical nursing practice. Given the nature of the charge in this case, the panel is of the view that there are no practical or workable conditions that could be formulated. Furthermore, the panel concluded that the placing of conditions on Mr Crofts' registration would not adequately address the seriousness of this case and would not protect the public, nor would it satisfy the public interest considerations.

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

The panel noted that Mr Crofts had received a serious criminal conviction relating to a sexual offence. Mr Crofts has not offered anything by way of insight for this panel to take account of in making its determination.

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 Crofts' actions is fundamentally incompatible with him 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 Crofts' 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 Crofts' 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 Crofts' 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 Crofts 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 in Mr Crofts' own interest 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 fact 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 striking off order 28 days after Mr Crofts' is sent the decision of this meeting in writing.

That concludes this determination.