

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

**Substantive Hearing  
Thursday, 25 July – Thursday 1 August 2024**

Virtual Hearing

<b>Name of Registrant:</b>	<b>Peter Mclean</b>
<b>NMC PIN</b>	20G2406E
<b>Part(s) of the register:</b>	Nursing Associates Registered (27 August 2020)
<b>Relevant Location:</b>	Slough
<b>Type of case:</b>	Misconduct
<b>Panel members:</b>	Rachel Childs (Chair, lay member) Elaine Biscoe (Registrant member) Gill Mullen (Lay member)
<b>Legal Assessor:</b>	Neil Fielding
<b>Hearings Coordinator:</b>	Sharmilla Nanan
<b>Nursing and Midwifery Council:</b>	Represented by Matthew Cassells, Case Presenter
<b>Mr Mclean:</b>	Not present and not represented at the hearing
<b>Facts proved:</b>	Charges 2, 3, 4, 5a, 5b, 5c, 6a, 6b, 6c, 7 and 8
<b>Fitness to practise:</b>	Impaired
<b>Sanction:</b>	<b>Striking-off order</b>
<b>Interim order:</b>	<b>Interim suspension order (18 months)</b>

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

The panel was informed at the start of this hearing that Mr Mclean was not in attendance and that the Notice of Hearing letter had been sent to Mr Mclean's registered email address by secure email on 4 June 2024.

Mr Cassells, 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). He noted that a hearing had been listed between 3 – 5 July 2024. On these dates, the NMC offered no evidence in relation to a single charge. That panel accepted the application and subsequently recused themselves from hearing the remaining charges.

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, dates and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mr Mclean'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 of the information available, the panel was satisfied that Mr Mclean has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

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

The panel next considered whether it should proceed in the absence of Mr Mclean. It had regard to Rule 21 and heard the submissions of Mr Cassells who invited the panel to continue in the absence of Mr Mclean. He submitted that Mr Mclean had voluntarily absented himself.

Mr Cassells referred the panel to an email from Mr Mclean dated 5 December 2023 which stated “*I won’t need any of the documents as Im not interested in pursuing my nursing career, however if they have to be sent, feel free to email them.*” He submitted that on 16 July 2024 Mr Mclean was informed of the outcome of the last listing which took place on 3-5 July 2024 and was aware that the hearing would reconvene today. He submitted that, despite knowing this, Mr Mclean has decided not to attend the hearing today.

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*’ as referred to in the case of *R v Jones (Anthony William)* (No.2) [2002] UKHL 5.

The panel has decided to proceed in the absence of Mr Mclean. In reaching this decision, the panel has considered the submissions of Mr Cassells, the representations from Mr Mclean, and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mr Mclean;
- Mr Mclean has informed the NMC that he no longer wants to practise as a nursing associate;
- There is no reason to suppose that adjourning would secure his attendance at some future date;
- Three witnesses are due to give live evidence over the course of this listing;
- Not proceeding may inconvenience the witnesses, their employers and, for those involved in clinical practice, the clients who need their professional services;

- The charges relate to events that occurred in 2022;
- Further delay may have an adverse effect on the ability of witnesses accurately to recall events; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Mr Mclean in proceeding in his absence. Although the evidence upon which the NMC relies will have been sent to him at his registered email address, he will not be able to challenge the evidence relied upon by the NMC and will not be able to give evidence on his own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the disadvantage is the consequence of Mr Mclean's decision to absent himself from the hearing, waive his right to attend, and/or be represented, and to not provide evidence or make submissions on his own behalf.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mr Mclean. The panel will draw no adverse inference from Mr Mclean's absence in its findings of fact.

### **Decision and reasons on application to amend the charge**

The panel heard an application made by Mr Cassells, on behalf of the NMC, to amend the wording of charge 6a.

The proposed amendment was to correct a typographical error. It was submitted by Mr Cassells that the proposed amendment would provide clarity, more accurately reflect the evidence and cause no injustice to Mr Mclean if it were to be accepted.

#### Original wording of the charge:

"6. Your actions at one or more of charges 2 to 5 above were:

- a. A breach or professional boundaries;”

Proposed change of wording to the charge:

“6. Your actions at one or more of charges 2 to 5 above were:

- a. A breach ~~or~~ of professional boundaries;”

The panel accepted the advice of the legal assessor and had regard to Rule 28 of the Rules.

The panel was of the view that such an amendment, as applied for, was in the interest of justice. The panel was satisfied that there would be no prejudice to Mr Mclean and no injustice would be caused to either party by the proposed amendment being allowed as they were to correct minor typographical errors and made no difference to the substance of the charges. It was therefore appropriate to allow the amendment, as applied for, to ensure clarity.

**Details of charges (AS AMENDED)**

That you, a registered nursing associate:

1. [REDACTED]

2. On a date between March and June 2022 exchanged phone numbers with Patient A, [PRIVATE].

3. On a date or dates prior to 8 June 2022 sent to Patient A inappropriate messages including:

- a. ‘Love you x’
- b. ‘Marry me!?’

- c. 'I've just realised. I'm wearing your mask which means I've now touched your lips and inhaled your breath [emoji] x'
- d. 'Yep [emoji] Don't say anything out loud when I text I don't want [...] clocking on [emoji] x'

4. On 26 May 2022:

- a. allowed yourself to be photographed with Patient A and his family at a social event;
- b. permitted or encouraged Patient A to be given cider.

5. On one or more occasions between March and June 2022:

- a. Hugged Patient A;
- b. Tickled Patient A;
- c. Stroked Patient A's leg.

6. Your actions at one or more of charges 2 to 5 above were:

- a. A breach of professional boundaries;
- b. Sexual in nature;
- c. Sexually motivated in that you sought to pursue a future sexual relationship with Patient A.

7. On or around 8 June 2022 asked Patient A to delete messages between you.

8. Your actions at charge 7 above lacked integrity in that you sought to protect your own interests at the expense of patient safety.

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

## **Background**

The charges arose whilst Mr Mclean was employed as a registered nursing associate at the material time.

Patient A, [PRIVATE], was admitted to the ward where Mr Mclean worked [PRIVATE]. Whilst under Mr Mclean's care it is alleged that he exchanged phone numbers and WhatsApp messages with Patient A. It is alleged that whilst Patient A was under Mr Mclean's care he hugged, tickled and stroked Patient A's leg.

On 26 May 2022, Patient A had a home visit for the day with two members of staff from the hospital. It is alleged that Mr Mclean appeared in a photograph with Patient A and his family.

On the same day, Mr Mclean allegedly spoke with Patient A's mother who asked if Patient A could have some cider. He allegedly suggested that this would be fine and to pour it into a cup so the other member of staff would not see it.

It is the NMC's case that Mr Mclean's actions as outlined above are a breach of professional boundaries, were sexual in nature and sexually motivated in that he sought to pursue a future sexual relationship with Patient A.

On or around the 8 June 2022, Mr Mclean allegedly asked Patient A to delete the messages between them. The NMC allege that by Mr Mclean requesting this of Patient A, he lacks integrity in that he sought to protect his own interests at the expense of patient safety.

### **Decision and reasons on application to admit hearsay evidence**

The panel heard an application made by Mr Cassells to allow the hearsay testimony included in Witness 2's statement into evidence. He pointed out the first part of hearsay testimony in Witness 2's witness statement as below:

- "Pt A had also disclosed to a member of staff that MCLEAN had ... stroked his leg."
- "Pt A was assessed ... [they] states [they] became closer to MCCLEAN who would sit on [their] bed next to [them], hug [them] and stroke [their] leg in a caring manner."

Mr Cassells submitted that Patient A provided this account to Witness 2 however there was no direct evidence of these allegations. He noted that Patient A was not present at the hearing due to their vulnerability and no one appears to have seen Mr Mclean stroking Patient A's leg in the witness evidence that is before the panel.

He then addressed the panel on the next part of hearsay testimony in Witness 2's witness statement as below:

- "Pt A then states that [they] was contacted by MCLEAN who told [them] to delete everything from [their] phone."

Mr Cassells explained the context of this statement. Mr Mclean had been suspended by his employer from working and allegedly asked Patient A to delete the messages between them. A conversation that was allegedly related to this incident had been captured on CCTV, although without sound, and Witness 2 appeared to have seen this incident unfold on CCTV as per her witness statement. He acknowledged that Patient A was not in attendance at this hearing, and submitted that it does not appear that any other witnesses can give direct evidence to this testimony. He referred the panel to the relevant case law and applied relevant principles to the circumstances of this case. In light of this, he submitted that it is a matter for the panel as to whether this evidence is admissible.

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included that Rule 31 provides that, so far as it is 'fair and relevant', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings.

The panel gave the application in regard to the hearsay testimony in Witness 2's statement serious consideration. The panel noted that Witness 2's statement had been prepared in the course of her job and in anticipation of being used in formal proceedings and contained the paragraph, *'This statement ... is true to the best of my knowledge and belief'* and was signed by her.

The panel considered whether Mr Mclean would be disadvantaged by admitting the hearsay testimony in Witness 2's witness statement into evidence.

The panel considered that as Mr Mclean had been provided with a copy of Witness 2's statement and, as the panel had already determined that Mr Mclean had chosen voluntarily to absent himself from these proceedings, he would not be in a position to cross-examine this evidence in any case. It concluded that there would therefore be some disadvantage to Mr Mclean. It further bore in mind the serious impact of this allegation on Mr Mclean's nursing associate practice.

The panel accepted that there were good reasons for Patient A's non-attendance at this hearing in light of their vulnerability. The panel accepted that the hearsay statements in Witness 2's witness statement, in relation to Mr Mclean stroking Patient A's leg, was the sole evidence in relation to that specific allegation of touching but was not decisive evidence. When viewed within the context of other evidence of touching it formed part of a pattern of behaviour. The panel considered that it would hear from other witnesses who might be able to provide evidence in respect of this allegation.

The panel bore in mind that Patient A had nothing to gain by fabricating this allegation and noted that the allegations regarding Mr Mclean's inappropriate conduct originated from his line manager and Patient A's mother. The panel took into consideration the broader context of Mr Mclean's alleged inappropriate physical contact with Patient A and was of the view that 'leg stroking' was of the same order. The panel bore in mind that Witness 2 is a Detective Constable who spoke with Patient A during the course of her role to complete an assessment with them as part of the police investigation. The panel was of the view

that this evidence was demonstrably reliable as it was provided in a formal setting. The panel determined that it was fair and relevant to admit this into evidence.

The panel accepted that the hearsay statements in Witness 2 witness statement, in relation to Mr Mclean asking Patient A to delete their messages, are the sole evidence relating to Mr Mclean's specific alleged actions but was not decisive as there was other evidence capable circumstantially of supporting this evidence. Namely, the CCTV evidence showing Mr Mclean apparently discussing the messages with Patient A (with his head in his hands). A subsequent download of Mr Mclean's phone showed that messages between himself and Patient A had been deleted (though other messages were not). Patient A's phone download showed that Mr Mclean had been deleted as a contact. The alleged behaviour was in the context of Mr Mclean seeking to hide or disguise his behaviour toward Patient A evidenced by the incident concerning putting the cider into the cup and the text message "... *don't say anything out loud when I text I don't want X clocking on*".

The panel bore in mind that Patient A had nothing to gain by or any other reason for fabricating this allegation and noted that the allegations regarding Mr Mclean's inappropriate conduct originated from his line manager and Patient A's mother. The panel bore in mind that Witness 2 is a Detective Constable who spoke with Patient A during the course of her role to complete an assessment with them as part of the police investigation. It noted that the forensic download completed by Witness 2's colleagues appears to show that messages and contact details had been deleted on both Patient A's phone and Mr Mclean's phone. It bore in mind the allegations which appear to indicate that Mr Mclean has a pattern of seeking to conceal his inappropriate conduct. The panel was of the view that this evidence was demonstrably reliable as it was provided in a formal setting. The panel determined that it was fair and relevant to admit this into evidence.

There was also public interest in the issues being explored fully which supported the admission of this evidence into the proceedings.

In these circumstances, the panel came to the view that it would be fair and relevant to accept into evidence the hearsay testimony of Witness 2 but would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it.

### **Decision and reasons on facts**

In reaching its decisions on the facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Mr Cassells on behalf of the NMC.

The panel has drawn no adverse inference from the non-attendance of Mr Mclean.

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

The panel heard live evidence from the following witnesses called on behalf of the NMC:

- Witness 1: At the material time, she was employed as the Ward Manager and was Mr Mclean's line manager. She is a registered nurse.
  
- Witness 2: Detective Constable with the police who investigated the criminal allegations against Mr Mclean.
  
- Patient A's mother: Patient A's mother.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the witness and documentary evidence provided by both the NMC and Mr Mclean.

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

## **Charge 2**

“That you, a registered nursing associate:

2. On a date between March and June 2022 exchanged phone numbers with Patient A [PRIVATE].”

### **This charge is found proved.**

In reaching this decision, the panel took into account the evidence of Witness 1 and Witness 2.

The panel considered Witness 1’s evidence. She stated in her NMC witness statement *“On 8 June 2022, I carried out a phone check on Patient A’ phone due to suspicions that there was something ongoing between [them] and the registrant. This is where I saw a photo of the registrant and Patient A’ family. It was [their] screensaver photo. I then subsequently saw messages between the registrant and Patient A... I took screen shots of these messages and reported the matter to my manager”*. Witness 1 exhibited screenshots of the messages between Mr Mclean and Patient A which the panel had sight of.

During Witness 1’s oral evidence, she stated that at the material time she had checked Patient A’s phone and noted that Mr Mclean had been saved as ‘Star’. She noted that the number for ‘Star’ was the same number that she had for Mr Mclean. She confirmed that she saw the messages which had been exchanged between Mr Mclean and Patient A.

The panel had regard to Witness 2's witness statement. She stated that *"Pt A at the time was [PRIVATE]... Both Pt A's phone and the phone seized from [Mr Mclean] have been forensically downloaded. Mclean's phone has been wiped of any messages but it is clear that the two have been in contact on WhatsApp as Pt A appears as a contact."*

The panel considered the evidence before it and bore in mind that the sequence of messages between Mr Mclean and Patient A demonstrated that they were in contact with each other through WhatsApp. The panel bore in mind that Mr Mclean and Patient A would have to be in possession of each other's phone number to communicate on WhatsApp. It concluded therefore that on a date between March and June 2022, Mr Mclean exchanged phone numbers with Patient A [PRIVATE]. The panel therefore found charge 2 proved.

### **Charge 3**

"3. On a date or dates prior to 8 June 2022 sent to Patient A inappropriate messages including:

- a. 'Love you x'
- b. 'Marry me!?'
- c. 'I've just realised. I'm wearing your mask which means I've now touched your lips and inhaled your breath [emoji] x'
- d. 'Yep [emoji] Don't say anything out loud when I text I don't want [...] clocking on [emoji] x'"

**This charge is found proved.**

In reaching this decision, the panel took into account the evidence of Witness 1.

Witness 1 stated in her NMC witness statement that *"On 8 June 2022, I carried out a phone check on Patient A' phone... I then subsequently saw messages between the*

*registrant and Patient A. I found out that there were messages rather alarming between the registrant and Patient A. I took screen shots of these messages and reported the matter to my manager”.*

Witness 1 exhibited screenshots of the messages between Mr Mclean and Patient A. Mr Mclean wrote the following messages *‘Love you x’, ‘Marry me!?’*, *‘I’ve just realised. I’m wearing your mask which means I’ve now touched your lips and inhaled your breath [emoji] x’* and *‘Yep [emoji] Don’t say anything out loud when I text I don’t want [...] clocking on [emoji] x’.*

During Witness 1’s oral evidence she stated the messages which had been exchanged between Mr Mclean and Patient A were inappropriate in light of Patient A’s vulnerability [PRIVATE] at the material time.

The panel considered the evidence before it. The panel concluded Mr Mclean sent the following messages to Patient A; *‘Love you x’, ‘Marry me!?’*, *‘I’ve just realised. I’m wearing your mask which means I’ve now touched your lips and inhaled your breath [emoji] x’* and *‘Yep [emoji] Don’t say anything out loud when I text I don’t want [...] clocking on [emoji] x’.* It noted that Mr Mclean was part of Patient A’s health care team providing them treatment [PRIVATE] and that by sending them these messages it was inappropriate. The panel therefore found charge 3 proved in its entirety.

#### **Charge 4a**

“4. On 26 May 2022:

a. allowed yourself to be photographed with Patient A and his family at a social event”

**This charge is found proved.**

In reaching this decision, the panel took into account the evidence of Witness 1 and Patient A's mother.

The panel considered Witness 1's evidence. She stated in her NMC witness statement that *"On 8 June 2022, I carried out a phone check on Patient A' phone due to suspicions that there was something ongoing between [them] and the registrant. This is where I saw a photo of the registrant and Patient A' family. It was [their] screensaver photo... There was also a photo of the registrant, Patient A, and [their] family on [their] phone... The photo was taken at a party... In any case, it would not be deemed appropriate to have a photo taken with a service user."*

The panel took into consideration that in the photograph Witness 1 exhibited, the faces in the photograph have been redacted and so it could not see who was in it.

The panel considered the evidence of Patient A's mother. In her NMC witness statement she stated *"It was my daughter's birthday on 26 May 2022. It had been agreed with the hospital that Patient A would be able to come home for the birthday, sit with us and have some cake. Two members of staff accompanied [them], and they both came inside the house as it was protocol. The registrant was one of the staff members... We took a picture, and the registrant was on the photo. When I look back, I realise how all that was inappropriate, and I was probably naïve."* In her oral evidence, Patient A's mother said that she recalled that a photograph was taken but could not recall who was in the photograph.

The panel considered the evidence before it and concluded that on the balance of probabilities on 26 May 2022, Mr Mclean had allowed himself to be photographed with Patient A and their family at a social event. The panel therefore found this charge proved.

#### **Charge 4b**

"4. On 26 May 2022:

b. permitted or encouraged Patient A to be given cider."

**This charge is found proved.**

In reaching this decision, the panel took into account the evidence of Patient A's mother.

In her NMC witness statement she stated *"There was an incident on that day. I was in the kitchen, sorting out the cake when Patient A asked me if he could have a cider. I said I did not think so because of [their] medication and asked the registrant if Patient A was allowed to have some cider. He said it was fine but to put itr [sic] in a cup so that the other member of staff would not see it."*

The panel noted that Patient A's mother said in her oral evidence, that Patient A opened the fridge and saw the cider. They then asked their mother if they could have some. Patient A's mother asked Mr Mclean whether it was permissible for Patient A to have any cider due to the medication that they were taking. She indicated that Mr Mclean said that they could have some cider and suggested that she put it in a cup so the other member of staff to not see it. The panel determined that this would amount to Mr Mclean permitting that Patient A be given cider. It considered that there was insufficient evidence to conclude that Mr Mclean had 'encouraged' Patient A to consume cider, as the original suggestion appears to have been made by Patient A with no input from Mr Mclean.

The panel bore in mind that Patient A's mother's oral evidence was consistent with her NMC witness statement. The panel found her account persuasive and detailed. It was of the view that there was no reason why she would fabricate this account.

The panel considered the evidence before it and concluded on 26 May 2022 Mr Mclean permitted Patient A to be given cider.

**Charges 5a and 5b**

"5. On one or more occasions between March and June 2022:

- a. Hugged Patient A;
- b. Tickled Patient A”

**These charges are found proved.**

In reaching this decision, the panel took into account the evidence of Witness 1 and Patient A’s mother.

The panel considered the evidence of Witness 1. In her NMC witness statement she stated *“The registrant was very close to a service user called Patient A. He would spend more time with [them] than other service users. He would give [them] hugs.”* In her oral evidence, she confirmed that she saw Mr Mclean giving Patient A hugs and that he would brush Patient A’s arm. She said that she has saw him do this in the dining area of the hospital.

The panel considered Witness 1 to be a credible and reliable witness. She said that she felt guilty in providing her evidence as she knew that this would have consequences for Mr Mclean’s nursing career. The panel concluded that her evidence was balanced and had no reason to fabricate what she had seen.

The panel considered the evidence of Patient A’s mother. In her NMC statement she stated *“During my visits to the hospital, I saw Patient A and the registrant hugged quite a lot. Patient A is tall and the registrant is small. They would tickle each other. I only saw tickling and hugging.”* In her oral evidence, she said that she saw Mr Mclean being picked up by Patient A. She also saw Mr Mclean hugging and tickling Patient A when she visited at the hospital. The panel found Patient A’s mother to be credible, reliable and consistent in her account of this behaviour.

The panel considered the evidence before it and bore in mind that it appeared to Witness 1 and Patient A’s mother that the physical contact between Patient A and Mr Mclean was frequent. The panel concluded that on one or more occasions between March and June

2022, Mr Mclean hugged Patient A and tickled Patient A. The panel therefore found charges 5a and 5b proved.

### **Charge 5c**

- “5. On one or more occasions between March and June 2022:  
c. Stroked Patient A’s leg.”

**This charge is found proved.**

In reaching this decision, the panel took into account the evidence of Witness 2.

The panel noted that in her witness statement she stated “*Pt A Was assessed and [they] described that [they] became closer to MCCLEAN who would sit on [their] bed next to [them], hug [them] and stroke [their] leg in a caring manner.*” The panel took into consideration that whilst this was hearsay evidence, it was obtained by a police officer in a police interview. It noted that this was obtained close to the time of the incidents and was a contemporaneous account. The panel concluded that there was no reason for this statement to be fabricated.

The panel considered the evidence before it. It determined that the physical contact described in this charge was consistent with the other inappropriate physical contact that has been found proved above. The panel concluded that on the balance of probabilities on one or more occasions between March and June 2022, Mr Mclean stroked Patient A’s leg. The panel therefore find charge 5c proved.

### **Charge 6a**

- “6. Your actions at one or more of charges 2 to 5 above were:  
a. A breach of professional boundaries”

**This charge is found proved.**

In reaching this decision, the panel took into account the evidence outlined and its findings at charges 2, 3, 4 and 5.

The panel bore in mind that Witness 1 said in her NMC witness statement that she found the messages between Mr Mclean and Patient A *“alarming”* and nor *“would it be deemed appropriate to have a photo taken with a service user”*. She said in her written statement and oral evidence that it was not appropriate for Mr Mclean to hug Patient A. She said it was breaching professional boundaries. She said that she had spoken to Mr Mclean privately to talk to him about the ‘appropriateness’ of his conduct with Patient A. Objectively, the panel accepted and agreed with Witness 1’s opinion that Mr Mclean’s conduct with Patient A had been inappropriate.

The panel bore in mind that it found that Mr Mclean had permitted Patient A’s mother to give Patient A cider. The panel found it inappropriate to permit [PRIVATE] to be provided with alcohol and was a breach of professional boundaries.

The panel concluded that Mr Mclean’s actions at charges 2, 3, 4 and 5 were a breach of professional boundaries. The panel therefore found charge 6a proved.

**Charge 6b**

- “6. Your actions at one or more of charges 2 to 5 above were:  
b. Sexual in nature”

**This charge is found proved.**

In reaching this decision, the panel took into account the evidence outlined and its findings at charges 2, 3, 4 and 5.

The panel considered Mr Mclean's message to Patient A that, "*I've just realised. I'm wearing your mask which means I've now touched your lips and inhaled your breath [emoji] x*" was intimate and could be perceived to be sexual in nature.

The panel also considered Mr Mclean's verbal and physical contact with Patient A. It bore in mind that Mr Mclean crossed a boundary with Patient A [PRIVATE] in a care setting through this conduct. It bore in mind that Witness 1 spoke to Mr Mclean about his conduct which she considered inappropriate.

The panel concluded that Mr Mclean's actions at one or more of charges 2 to 5 above were sexual in nature. The panel therefore found charge 6b proved.

### **Charge 6c**

"6. Your actions at one or more of charges 2 to 5 above were:  
c. Sexually motivated in that you sought to pursue a future sexual relationship with Patient A."

### **This charge is found proved.**

In reaching this decision, the panel took into account the evidence outlined and its findings at charges 2, 3, 4 and 5.

The panel considered that Mr Mclean's motivation to exchange telephone numbers with Patient A was to pursue a future sexual relationship with them.

The panel considered the WhatsApp messages that Mr Mclean sent to Patient A were to groom them. The message '*Marry me!?*' is suggestive of a future relationship. It noted the message which stated '*Yep [emoji] Don't say anything out loud when I text I don't want [...] clocking on [emoji] x*' was intended to prepare Patient A for a future

relationship that Patient A would have to conceal. The panel was of the view that Mr Mclean knew that his conduct was inappropriate and that is why he asked Patient A to *'not say anything out loud'*.

The panel considered that by being in Patient A's family photograph and permitting Patient A to drink alcohol, he was attempting to gain favour with Patient A in order to groom them.

The panel considered the physical contact between Mr Mclean and Patient A. Mr Mclean hugged, tickled and stroked Patient A's leg. The panel was of the view that this conduct was done with a view to pursuing a sexual relationship with Patient A.

The panel concluded that Mr Mclean's actions at one or more of charges 2 to 5 above were sexually motivated in that he sought to pursue a future sexual relationship with Patient A. The panel therefore found charge 6c proved.

### **Charge 7**

"7. On or around 8 June 2022 asked Patient A to delete messages between you."

### **This charge is found proved.**

In reaching this decision, the panel took into account the evidence of Witness 2.

In Witness 2's witness statement she stated "*...Pt A then states that [they] was contacted by MCLEAN who told [them] to delete everything from [their] phone. Both Pt A's phone and the phone seized from the suspect have been forensically downloaded. MCLEAN's phone has been wiped of any messages but it is clear that the two have been in contact on WhatsApp as Pt A appears as a contact...Pt A's phone has Mclean as a deleted contact. No other messages were retrieved and this is more than likely due to the vast amount of films that Pt A watched at the time and the music [they] downloaded.*"

The panel concluded that from this analysis that phone communications between Patient A and Mr Mclean had been deleted.

The panel took into account that this is hearsay evidence and there has not been any opportunity to test Patient A's account. It bore in mind that Patient A provided their account to Witness 2, a detective constable, during a police interview. It noted that this account was taken contemporaneously at the material time of the incidents and there is no reason for them to fabricate their account.

The panel bore in mind that it did not have the benefit of Mr Mclean's response in relation to the evidence for this charge. The panel took into account the context of the charge, namely a course of conduct intending to groom Patient A. The panel considered the evidence of Mr Mclean's apparent reaction to the text messages being discovered (as shown on the CCTV footage) alongside the fact that he had deleted all of the messages from his phone relating to contact between himself and Patient A as supportive. The panel also bore in mind the previous requests from Mr Mclean to Patient A to conceal their WhatsApp exchanges from other members of staff. It also noted Mr Mclean's suggestion to Patient A's mother to conceal from the other staff member that Patient A was drinking cider by putting it in a cup.

The panel considered the evidence before it and concluded that it was more likely than not that on or around 8 June 2022, Mr Mclean asked Patient A to delete messages between them. The panel therefore found charge 7 proved.

### **Charge 8**

"8. Your actions at charge 7 above lacked integrity in that you sought to protect your own interests at the expense of patient safety."

**This charge is found proved.**

In reaching this decision, the panel took into account the evidence and findings outlined at charge 7.

The panel took into consideration that Patient A was a vulnerable young person, [PRIVATE], at the material time when Mr Mclean asked Patient A to delete the messages between them. Patient A was distressed by what happened and, on their mother's account, found the whole relationship with Mr Mclean to be confusing and unsettling. The panel was of the view that by Mr Mclean manipulated Patient A to ensure his conduct was concealed and he did this to protect his own interests.

The panel considered the evidence before it and concluded that Mr Mclean's actions at charge 7 lacked integrity in that he sought to protect his own interests at the expense of patient safety. The panel therefore found this charge proved.

### **Fitness to practise**

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Mr Mclean'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 ability to practise kindly, safely and professionally.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the

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

### **Submissions on misconduct**

Mr Cassells referred the panel to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a '*word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.*' He also referred the panel to the case of *Nandi v General Medical Council* [2004] EWHC 2317 (Admin).

Mr Cassells invited the panel to take the view that the facts found proved amount to misconduct. He submitted that Mr Mclean gained the trust of Patient A and his family, which was damaging for them when it became clear that the trust was misplaced. He submitted that Mr Mclean's conduct was a gross breach of professionalism and could be described as deplorable. He submitted that the concerns in this case are serious because Mr Mclean abused the trust placed in him by preying on Patient A through grooming and touching them inappropriately. When the text messages between Mr Mclean and Patient A were discovered, he put pressure on Patient A to assist him in covering up his behaviour. Mr Mclean deleted the messages he sent to Patient A and asked Patient A to do the same. Mr Cassells submitted that the panel have had a limited picture regarding the exchange between Patient A and Mr Mclean. He submitted that this is not an isolated incident.

Mr Cassells referred the panel to 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' (the Code) and identified the specific, relevant standards where Mr Mclean's actions amounted to misconduct.

### **Submissions on impairment**

Mr Cassells moved on to the issue of impairment and addressed the panel on the need to have regard to protecting 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. This included reference to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Mr Cassells submitted that the panel should consider whether Mr Mclean can practise kindly, safely and professionally, if not then this would suggest that he is currently impaired. He referred the panel to Dame Janet Smith's "test" and applied it to this case. He submitted that Patient A suffered actual harm as their recovery was set back by Mr Mclean's conduct and asked the panel to consider the harm Mr Mclean's action had on their family and their interactions with healthcare professionals in the future. He submitted that Mr Mclean's conduct has brought the profession into disrepute as this is the kind of conduct which makes people less willing to seek care and generates a fear that a therapeutic relationship will be abused. He submitted Mr Mclean breached fundamental tenets of the profession for the same reasons. He submitted that there is no express dishonesty but asked the panel to bear in mind its finding that Mr Mclean's conduct lacked integrity. He submitted that Mr Mclean has not remediated his conduct and has shown limited insight. He invited the panel to make a finding of current impairment.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments.

### **Decision and reasons on misconduct**

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel was of the view that Mr Mclean's actions did fall significantly short of the standards expected of a registered nursing associate, and that Mr Mclean's actions amounted to a breach of the Code. Specifically:

**'1 Treat people as individuals and uphold their dignity**

*To achieve this, you must:*

*1.1 treat people with kindness, respect and compassion*

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

*To achieve this, you must:*

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

*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 (including those who have been in your care in the past), their families and carers'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that Mr Mclean exploited a very vulnerable young person and his family by abusing their trust in him. It took into account that Patient A was dependent on Mr Mclean for his care. The panel bore in mind that Mr Mclean exchanged his mobile phone number with Patient A, sent Patient A WhatsApp messages and inappropriately touched Patient A. It also noted that Mr Mclean asked Patient A to delete the messages they had exchanged once Mr Mclean's actions had been uncovered in an attempt to conceal his conduct. The panel was of the view that Mr Mclean's actions amounted to an escalating pattern of behaviour where he groomed Patient A. It took into consideration that Mr Mclean's actions were sexually motivated. It determined that Mr Mclean's conduct was serious and would be viewed by other professionals and the general public as deplorable.

The panel found that Mr Mclean's actions did fall seriously short of the conduct and standards expected of a nursing associate and amounted to misconduct.

### **Decision and reasons on impairment**

The panel next went on to decide if, as a result of the misconduct, Mr Mclean's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

*'The question that will help decide whether a professional's fitness to practise is impaired is:*

*"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"*

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

Nursing associates 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 nursing associates with their lives and the lives of their loved ones. To justify that trust, nursing associates must be honest and open and 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/ fitness to practise is impaired in the sense that S/He:*

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

The panel found all limbs of Dame Janet Smith's "test" engaged in this case.

The panel finds that Patient A was caused actual harm as a result of Mr Mclean's misconduct. Further, the panel bore in mind that Patient A's mother stated that Patient A's recovery was set back as consequence of what happened. Mr Mclean's misconduct has

breached the fundamental tenets of the nursing associate profession, namely trust and maintaining patient safety, and therefore brought its reputation into disrepute.

The panel considered the question of whether the fourth 'limb' of Grant, in relation to dishonesty, had been engaged. Mr Mclean has not been charged with dishonesty in this case. However, the panel considered that there was an analogy to be drawn with its finding of lack of integrity, in which it had identified both Mr Mclean's attempts to conceal his misconduct, and his efforts to involve Patient A when he asked him also to delete the messages between them. The panel concluded that this behaviour demonstrated a lack of candour which made the case more serious and was satisfied that it was sufficient to engage the final 'limb' of Grant, in that Mr Mclean had, in the past, and may in the future, act in a manner intended to conceal.

Regarding insight, the panel considered that Mr Mclean has demonstrated very limited insight. The panel considered that the reflective statement before it, which was written two years ago, appeared detached from the concerns identified in this case as it did not demonstrate an understanding of how his actions harmed Patient A, why what he did was wrong and how this impacted negatively on colleagues and the reputation of the nursing associate profession. Nor has he apologised to Patient A and their family for his misconduct. The panel considered that the statement read like a theoretical exploration of the theme of professional boundaries and made little reference to Mr Mclean's own actions and behaviour. The panel was of the view that Mr Mclean has not begun to address how he would handle the situation differently in the future.

The panel is of the view that the misconduct in this case is very difficult to address, characterised as it is by the abuse of trust and sexual grooming of a vulnerable young person, alongside the actions taken by Mr Mclean to conceal what had happened. For the panel to be confident that there was a low ongoing risk of repetition, it would have to be satisfied that there was evidence of comprehensive insight, genuine remorse, full engagement with the regulatory process and a demonstrable commitment to remediation. The panel went on to consider the evidence before it in determining whether or not Mr

McClean has taken meaningful steps to strengthen his practice. The panel took into account that it did not have any current testimonials about his nursing associate practice. Those testimonials that were provided were from friends and family members, as well as two from colleagues who had trained with Mr McClean. There were none from anyone who had worked with him within the last four years. Furthermore, the panel was not satisfied that those who had provided testimonials were informed of all the details of the case. It noted that Mr McClean had indicated two years ago that he intended to complete a course on professional boundaries but that there was no evidence before it that this course had been completed. Furthermore, Mr McClean had not engaged with this stage in the regulatory proceedings, stating that he did not wish to continue as a nursing associate.

The panel is of the view that there is therefore a significant risk of repetition based on Mr McClean's very limited insight, failure to engage with this hearing and lack of evidence of strengthened practice. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

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

The panel determined that a finding of impairment on public interest grounds is required. It took into consideration that the charges found proved are serious and could undermine the public's trust in [PRIVATE] health services. It also considered that a fully informed member of the public would be concerned to learn that a registered nursing associate was allowed to continue with no restrictions on their registration in light of the findings. The panel was of the view that a finding of public interest was necessary to maintain standards in the profession and the NMC as a regulator. The panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this

case and therefore also finds Mr Mclean's fitness to practise impaired on the grounds of public interest.

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

## **Sanction**

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Mr Mclean off the register. The effect of this order is that the NMC register will show that Mr Mclean's name 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.

## **Submissions on sanction**

Mr Cassells invited the panel to impose a striking off order in light of its finding that Mr Mclean's fitness to practise is currently impaired. He submitted to the panel that there are multiple significant aggravating features in this case and that there are no mitigating features. He submitted that due to the lack of candour and lack of integrity shown by Mr Mclean, the considerations set out in the NMC guidance on dishonesty are applicable to this case. Mr Cassells took the panel through this part of the guidance and applied it to the circumstances of this case. He also referred the panel to the NMC guidance on sexual misconduct and applied it to this case. He took the panel through the sanctions available and made submissions on the appropriateness of the imposition of each sanction. He submitted that a striking off order is the only appropriate and proportionate order in this case.

## **Decision and reasons on sanction**

Having found Mr Mclean'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:

- Mr Mclean abused his position of trust by grooming Patient A and their family.
- Patient A was particularly vulnerable [PRIVATE]. [PRIVATE] they found it difficult to build relationships with others, verbalize their feelings and understand other people's intentions. Patient A was [PRIVATE] at the material time which also made him vulnerable.
- Patient A was caused actual harm as a consequence of Mr Mclean's actions.
- Mr Mclean failed to apologise and demonstrate any meaningful insight into his misconduct.
- Mr Mclean demonstrated a pattern of misconduct over a period of time. His inappropriate actions had been drawn to his attention by his line manager but he chose to continue with his various grooming behaviours. This was not an isolated incident as Mr Mclean had several opportunities to stop his conduct.
- Mr Mclean demonstrated a lack of candour and openness when his conduct came to light, which included his attempts to conceal his conduct and involve Patient A in his cover up.

The panel considered whether there were any mitigating features in this case. It bore in mind its earlier finding that the testimonials that had previously been provided were not about Mr Mclean's current work practices as a nursing associate and did not refer to the specific concerns in this case. The panel therefore determined that the testimonials were not of assistance. The panel bore in mind that Mr Mclean is in the early stage of his

nursing associate career and had no further information regarding any previous regulatory findings. It concluded that there were no mitigating features that it could take into account when determining a sanction.

The panel next went on to consider the NMC's guidance on seriousness and cases involving sexual misconduct. The panel bore in mind that Patient A was a vulnerable patient, [PRIVATE]. It bore in mind Patient A's historical personal circumstances and the reasons which led to him [PRIVATE] suffering serious [PRIVATE] health issues. The panel took into consideration that Mr Mclean's role was to develop a therapeutic relationship to assist Patient A's recovery. The panel took into account that Mr Mclean knew of Patient A's vulnerable background and abused his power in his position of trust. The panel was of the view that through Mr Mclean's repeated, inappropriate and escalating pattern of behaviour over a period of time, he disregarded his responsibility to Patient A and caused him harm. The panel had regard to the fact that it had been drawn to Mr Mclean's attention that his conduct with Patient A was inappropriate, by his line manager, but he continued with it. It bore in mind that Mr Mclean then involved Patient A in his attempts to conceal his conduct when it had been uncovered by requesting that Patient A delete the messages between them. It concluded that Mr Mclean's conduct was exploitative and predatory. The panel bore in mind its earlier findings that Mr Mclean's actions involved a lack of candour and lacked integrity. The panel concluded that these all these factors made this case particularly serious.

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 Mclean'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 Mclean's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Mr Mclean'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. The misconduct identified in this case indicates a harmful attitudinal concern and it is not something that can be addressed through retraining alone. It bore in mind that Mr Mclean had not engaged with the hearing and had not demonstrated an awareness of why his conduct was wrong and its impact on others. The panel therefore was not satisfied that Mr Mclean would engage with any conditions imposed on his practice. Furthermore, the panel concluded that the placing of conditions on Mr Mclean's registration would not adequately address the seriousness of this case and would not protect the public. The panel concluded that the public interest would not be met through the imposition of a conditions of practice order.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG identifies some of the factors where a suspension order may be appropriate, and it considered each factor in turn. The panel took into account that this is not a single instance of misconduct but a pattern of behaviour involving a vulnerable young patient which escalated over time. The panel was of the view that Mr Mclean's misconduct indicated a harmful deep-seated attitudinal problem. It took into consideration that it had no evidence that Mr Mclean had repeated the behaviour. However, there is a significant risk of repetition given the nature of the behaviour, Mr Mclean's apparent lack of remorse and failure fully to recognise its impact on or consequences for others and the fact that Mr Mclean has very limited insight.

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nursing associate. The panel noted that the serious

breach of the fundamental tenets of the profession evidenced by Mr Mclean's actions is fundamentally incompatible with Mr Mclean 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, nursing associate or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses, nursing associates 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 Mclean's actions were significant departures from the standards expected of a registered nursing associate, and are fundamentally incompatible with him remaining on the register. The panel bore in mind Mr Mclean's systematic grooming of Patient A, a vulnerable young person [PRIVATE], persisted over a period of time. Mr Mclean had been received warnings from his line manager about his conduct but despite this continued with his inappropriate behaviour. Further, when the behaviour had been uncovered, Mr Mclean sought to conceal it and involved Patient A in his cover up. The panel took into consideration that it may not be aware of all the correspondence between Patient A and Mr Mclean as a result. The panel noted Mr Mclean's failure to apologise to Patient A and their family and that he did not engage with these proceedings. The panel was of the view that the findings in this particular case demonstrate that Mr Mclean's actions were so serious that 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. Mr Mclean's actions brought the profession into disrepute by adversely affecting the public's view of how a registered nursing associate should conduct himself and 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 nursing associate.

This will be confirmed to Mr Mclean 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 Mclean's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

### **Submissions on interim order**

The panel took account of the submissions made by Mr Cassells. He submitted that an interim suspension order for a period of 18 months should be imposed on the grounds of public protection and public interest in the event of an appeal.

### **Decision and reasons on interim order**

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the

facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months to cover any period of appeal.

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

That concludes this determination.