

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

**Substantive Meeting  
Monday 16 December 2024 – Thursday 19 December 2024**

Virtual Meeting

**Name of Registrant:** Anton Craig Clark

**NMC PIN:** 90D0302E

**Part(s) of the register:** Registered Nurse - Mental Health  
Sub part 1  
RN3: Mental Health Nurse, level 1 (24  
November 1993)

**Relevant Location:** England

**Type of case:** Misconduct

**Panel members:** Bryan Hume (Chair, Lay member)  
Vanessa Bailey (Registrant member)  
Paul Leighton (Lay member)

**Legal Assessor:** John Moir

**Hearings Coordinator:** Hazel Ahmet

**Facts proved:** Charges 1, 2, 3, 4, 5, 6, 7, 8, 9a, 9b, 10, 11, 12

**Facts not proved:** No charges

**Fitness to practise:** Impaired

**Sanction:** Strike-off Order

**Interim order:** Interim Suspension Order (18 months)

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

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Mr Clark's registered email address by secure email on 11 November 2024.

Further, the panel noted that the Notice of Meeting was also sent to Mr Clark's representative at the RCN and NMCWatch on 11 November 2024.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, date and the fact that this meeting was heard virtually.

In the light of all of the information available, the panel was satisfied that Mr Clark has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

## **Details of charge**

*'That you a registered nurse in relation to Service User A*

- 1. On 4 October 2019 attended a medical appointment with them when you were not required to do so.*
- 2. Visited them on one or more occasions without clinical justification.*
- 3. On 4 November 2019 gave them a gift which was inappropriate.*
- 4. Took them on one or more trips without authorisation.*
- 5. Gave them £50 which was inappropriate.*

6. *Your actions at any or all of charges 1-5 breached professional boundaries.*
7. *Your actions at any or all of charges 1-5 were sexually motivated in that you sought to pursue a sexual relationship with service user A.*
8. *Had sexual intercourse with service user A which was inappropriate.*
9. *Held yourself out to be Service User A's nurse or carer to one or more of the following individuals when you were not.*
  - a. *Person A*
  - b. *Person B*
10. *Your conduct at charge 9 was dishonest in that you sought to create the impression that you were Service User A's nurse or carer when you knew you were not.*
11. *Contacted Person A and or Person B regarding service user A on one or more occasions which breached professional boundaries.*
12. *Controlled Service User A's prescribed medication of diazepam without clinical justification. AND in light of the above, your fitness to practise is impaired by reason of your misconduct.'*

## **Background**

The allegations in this case occurred whilst Mr Clark was employed through Westmeria Recruitment Agency ('the Agency') in East Treatment Team within the Croydon Mood and Personality Team at South London and Maudsley Hospital NHS Trust ('the Trust') as a Community Psychiatric Nurse. He was employed at the Trust between June and November 2019.

On 1 November 2019, a safeguarding alert was raised with the Trust with reference to Mr Clark's relationship with Service User A. The Agency consequently raised concerns

with the NMC and the police. On 4 November 2019, Mr Clark handed in his notice with immediate effect. In August 2020, Service User A also made a complaint to the police about Mr Clark. The police investigation was subsequently closed with no further action.

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

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor.

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

**Charge 1)** *On 4 October 2019 attended a medical appointment with them when you were not required to do so.*

In considering this charge, the panel noted that it was documented that Mr Clark was present during Service User A's appointment, according to patients' records. Further, Mr Clark had reported, through his own admission, to his manager that he was in fact present at the appointment of Service User A's on 4 October 2019.

The panel further took into account the email from the team manager at the hospital, whereby she stated, '*I also understand on 4<sup>th</sup> October 2019, [Mr Clark] attended a medical appointment for this SU A and sat in this appointment.*'

The panel found this charge proved.

**Charge 2)** *Visited them on one or more occasions without clinical justification.*

In considering this charge, the panel took note of the fact that Mr Clark had, by his own admission to various individuals, stated that he had visited Service User A. These were unnecessary visits without clinical justification, as Mr Clark was not the care coordinator for Service User A.

The panel also considered Person B's statement, where she said the following:

*'[...] Mr Clark told me that they would get Service User A food and take them out to dinner to make sure they were eating. [...] Based on my conversations with Service User A I got the impression that they [were] seeing and speaking to Mr Clark multiple times a week.'*

The panel therefore found this charge proved.

**Charge 3)** *On 4 November 2019 gave them a gift which was inappropriate.*

When considering this charge, the panel noted the email sent by the Team Manager at the Croydon Integrated Adult Mental Health Services, whereby she said that she had met with Mr Clark on 4 November 2019. She stated the following:

*'When questions further why he would be taking her [Service User A] out for a meal and purchasing clothing gifts, I ask what gap in the service was this filling? AC stated "you got me there", as he advises that he was helping the patient as he felt her service was failing her.' [sic]*

The panel determined therefore that Mr Clark had made an admission to this charge when conversing with the Team Manager.

The panel found this charge proved.

**Charge 4)** *Took them on one or more trips without authorisation.*

In considering this charge, the panel considered the witness statement of the Operations Manager at Westmeria Recruitment Agency, in which she stated the following:

*'They [Mr Clark] also admitted to driving Service User A to Southend and buying them ice cream.'*

The panel further considered the witness evidence of the Clinical Governance Lead at Westmeria Recruitment Agency, in which she stated the following:

*'Mr Clark also mentioned taking Service User A to Leeds to see their mother, and on a trip to Southend.' [...] 'Mr Clark did accept that their actions had crossed boundaries but that this was out of compassion'*

The panel also considered the evidence of Person A who stated that Mr Clark had taken Service User A to visit her in Leeds.

The panel also considered the email from Mr Clark to the Service User A's Case Coordinator, in which he stated that there had also been visits to Croydon and a Harvester Restaurant.

Therefore, in considering the evidence before it, the panel found this charge proved.

**Charge 5)** *Gave them £50 which was inappropriate.*

In reaching its decision on this charge, the panel noted the witness evidence of the Clinical Governance Lead at Westmeria Recruitment Agency, whereby she stated:

*'We also questioned Mr Clark on the allegation that he had provided Service User A with £50. Mr Clark said that this was a loan not a gift. When we asked Mr Clark how this loan would be paid back and whether they thought it was appropriate / normal practice for nurses to 'loan patients money they did not have a response.'*

The panel considered Mr Clark's own admission to having given Service User A £50.

The panel, therefore, on the balance of probabilities, found this charge proved.

**Charge 6)** Your actions at any or all of charges 1-5 breached professional boundaries.

In reaching its decision on this charge, the panel considered a telephone call which had taken place with Mr Clark on 5 November 2019, in which the following was stated:

*'anton advised that he is holding his hands up – he knows he could be struck off, he's not denying what he has done and been accused of – he is accepting this.'*

Further, the panel considered Mr Clark's own admission to his breaching of professional boundaries. Within an email he stated:

*'I had overstepped my professional boundaries and I accept this'*

The panel have also determined that, of their own volition, Mr Clark's actions within all of the charges 1 through to 5, were in breach of the NMC's expectations of professional conduct and professional boundaries. The panel determined that Mr Clark would have had access to the policies of his employer and the agency in relation to professionalism with colleagues and patients. He was aware that he had breached the requirements expected from both the NMC and his Agency, however, he chose to dismiss this and act inappropriately with Service User A.

The panel found this charge proved.

**Charge 7)** Your actions at any or all of charges 1-5 were sexually motivated in that you sought to pursue a sexual relationship with service user A.

In considering this charge, the panel took note of the statement Service User A's mother had given to the police, in that she had stated that Mr Clark had said that he was *'falling in love'* with Service User A during the course of their relationship whilst still employed by the Agency.

The panel determined that Mr Clark did make late night visits on numerous occasions, often at late hours, in order to see Service User A, which is unreasonable and unprofessional behaviour as a registered nurse; particularly given the fact that Service User A was not Mr Clark's patient. The panel noted that such actions were sexually motivated, to some degree.

The panel took into consideration the police interview in which Mr Clark admitted having worked with Service User A before and knew of her past vulnerabilities. He went on to say *'yes I did cross that boundary going to look for her'* when he had encountered her name during his ad hoc Saturday work for the Assessment and Liaison team. In the same interview, he admitted that he did have sex with Service User A after he had been dismissed from his role as a registered nurse. The panel considered that Mr Clark's actions, prior to being dismissed, amount to his having groomed Service User A over a lengthy period of time and noted that she was a very vulnerable adult.

The panel concluded, given all of the evidence before it, that Mr Clark did have a sexual motivation behind his actions noted in charges 1 to 5, in that he sought to pursue a sexual relationship with service user A.

The panel found this charge proved.

**Charge 8)** Had sexual intercourse with service user A which was inappropriate.

The panel determined that this charge is found proved by Mr Clark's own admission within the police interview. The police notes stated the following:

*'He [Mr Clark] stated in total they had sex 3 or 4 times and admitted one of these being in his car.'*

Mr Clark's representation of himself as a mental health professional, alongside his knowledge of Service User A's vulnerability, made this action inappropriate.

This charge is found proved.

**Charge 9)** *Held yourself out to be Service User A's nurse or carer to one or more of the following individuals when you were not.*

In considering this charge, the panel took into account the statement of Person B, in which she said the following:

*'I recall the second time I spoke to Service User A about Mr Clark it seemed as though Mr Clark was really helping them in a professional way, as Service User A reported that Mr Clark was continuing to assist with what they said they would.'*

She further stated:

*'Service User A was very unstable, so at the time I had no concerns about a nurse such as Mr Clark stepping up to help stabilise Service User A.'*

*[...]*

*'Mr Clark introduced themselves explaining that they were a nurse working at Jeanette Wallace House, and they were trying to help Service User A. I recall that Mr Clark also had their work ID badge on at the time, so in my view I felt they were there in a slightly professional capacity.'*

The panel also noted the additional witness statement of the Clinical Service Lead with the Assessment and Liaison Team, who stated:

*'I contacted Service User A's mother on 4<sup>th</sup> November [...] [Mr Clark] identified himself as the care coordinator'*

The panel noted that Mr Clark did not inform either Person A or Person B that he was in fact not Service User A's nurse. Consequently, it was determined that Mr Clark held himself *out to be Service User A's nurse or carer to one or more of the following individuals when he was not.*

This charge is found proved.

**Charge 10)** *Your conduct at charge 9 was dishonest in that you sought to create the impression that you were Service User A's nurse or carer when you knew you were not.*

The panel considered all of the evidence before it, alongside the statements it noted in the previous Charge 9. It determined that, Mr Clark's actions can be deemed as dishonest, as it is clear he was attempting to be perceived as Service User A's nurse to both Person A and Person B during multiple different instances.

The panel further noted that Mr Clark would not sign his name when visiting Service User A, as it is likely that he was attempting to conceal his attendance. Mr Clark befriended staff who worked closely with Service User A, which the panel considered to be a further form of manipulation.

Having regard to the test in *Ivy v Genting*, the panel concluded that Mr Clark knew he was not Service User A's nurse and that, in portraying himself as such, he acted dishonestly.

The panel therefore find this charge, based on dishonesty, proved.

**Charge 11)** *Contacted Person A and or Person B regarding service user A on one or more occasions which breached professional boundaries.*

In considering this charge, the panel took into consideration the witness statement of Person A, whereby she said the following:

*'After meeting Mr Clark at my house he started ringing me on a pretty regular basis (two to three times a week) to keep me updated on how Service User A was doing, including what was happening with her care and other activities such as when they had gone shopping or to explain what they had for dinner. I was wondering if it was necessary for Mr Clark to call so much, but accepted it at the time.'*

Further, the panel noted that Mr Clark, by his own admission, when asked during his police interview *'Who do you speak to [...] Person A?'* [sic] , he responded *'speak on phone for ages or long texts. Just texts mum didn't do Facebook.'*

The panel had sight of the multiple text messages between Mr Clark and Person B.

The panel determined that this type of behaviour and communication with the individuals stated within the charge was inappropriate for a registered nurse and breached professional boundaries.

The panel therefore found this charge proved.

**Charge 12)** *Controlled Service User A's prescribed medication of diazepam without clinical justification. AND in light of the above, your fitness to practise is impaired by reason of your misconduct.*

In considering this charge the panel noted that Mr Clark provided an admission during his police interview. He had made clear that Diazepam had been prescribed to Service User A, and stated '*yes I would keep it*', claiming that he would administer it to her. The panel noted that Mr Clark had no clinical justification, or medical qualification to hold or control this drug for Service User A.

This charge is therefore found 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 Clark'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 Clark's fitness to practise is currently impaired as a result of that misconduct.

### **Representations on misconduct and impairment**

In coming to its decision, the panel had regard to the case of *Roylance v GMC (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.'

The NMC's Statement of Case invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015' ("the Code") in making its decision.

The NMC identified the specific, relevant standards expected of a registered nurse, as well as the areas of 'the Code' whereby Mr Clark's actions did amount to serious professional misconduct.

The NMC requires the panel to bear in mind its overarching objective to protect the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. The panel has referred to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

The NMC invited the panel to find Mr Clark's fitness to practise impaired on both grounds of public protection and in the wider public interest.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council (No 2)* [2000] 1 A.C. 311, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin).

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

### **1) Treat people as individuals and uphold their dignity**

- 1.1) treat people with kindness, respect and compassion
- 1.2) make sure you deliver the fundamentals of care effectively
- 1.5) respect and uphold people's human rights

### **4) Act in the best interests of people at all times**

- 4.3) keep to all relevant laws about mental capacity that apply in the country in which you are practising, and make sure that the rights and best interests of those who lack capacity are still at the centre of the decision-making process

### **8) Work cooperatively**

- 8.5) work with colleagues to preserve the safety of those receiving care
- 8.6) share information to identify and reduce risk

### **17) Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection**

- 17.1) take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse
- 17.2) share information if you believe someone may be at risk of harm, in line with the laws relating to the disclosure of information

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

- 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

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

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

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel considered that Mr Clark took advantage of a vulnerable patient, as he represented himself to be the Service User A's Care Coordinator when he was not. The panel determined that such dishonesty was rooted in a sexual motivation for Mr Clark's own advantage. The panel was of the view that Mr Clark's actions within the charges found proved do amount to serious professional misconduct.

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

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

The panel next went on to decide if as a result of the misconduct, Mr Clark'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 February 2024, 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.'*

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must 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/their fitness to practise is impaired in the sense that S/He/They:*

- a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*

- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel found that a patient was put at risk and was caused emotional harm as a result of Mr Clark's misconduct. Mr Clark's misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to inappropriate sexual behaviour, exploitation of a vulnerable patient and dishonesty, extremely serious.

Regarding insight, the panel considered that Mr Clark has not engaged or provided any level of insight into his failings, nor has he shown any detailed remorse. Mr Clark has acknowledged that his actions breach the professional boundaries expected of a registered nurse, but did not state that he would not repeat such actions, or that he feels remorse for having committed them.

The panel was satisfied that the misconduct in this case is very difficult to address. The panel carefully considered the evidence before it in determining whether or not Mr Clark has taken steps to strengthen his practice. The panel took into account the fact that Mr Clark has provided no evidence of strengthening practice; rather, he has acknowledged his wrong doings and noted that he had intended to finalise his nursing career.

However, the panel is of the view that there is a risk of repetition based on the fact that there is no evidence of Mr Clark having improved his practice or remediated in any form. Rather, the panel has before it evidence of dishonesty and a lack of remorse.

The panel bore in mind that 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 and midwifery professions and upholding the proper professional standards for members of those professions.

The panel considered that there is a real risk of repetition in this case, given that Mr Clark has not provided any level of remorse, insight, or remediation of his misconduct. It further noted that overall, Mr Clark's actions caused endangerment to a vulnerable service user who was not under his care; his actions were inappropriate, dishonest, manipulative, and sexually motivated. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel determined that a finding of impairment on public interest grounds is required. A fully informed member of the public would expect a registered nurse who has taken advantage of a vulnerable service user through acts of dishonesty and sexual intent, to have their fitness to practice found impaired.

In addition, 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 Clark's fitness to practise impaired on the grounds of public interest.

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

## **Sanction**

The panel has considered this case carefully and has decided to make a striking-off order. It directs the registrar to strike Mr Clark off the register. The effect of this order is that the NMC register will show that Mr Clark has been struck-off the register.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

## **Representations on sanction**

The panel noted that in the Notice of Meeting, dated 11 November 2024, the NMC had advised Mr Clark that it would seek the imposition of a striking-off order if it found Mr Clark's fitness to practise currently impaired.

## **Decision and reasons on sanction**

Having found Mr Clark'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:

- Service User A was vulnerable by virtue of her mental health condition(s) and was receiving treatment from the Trust when Mr Clark began to involve himself in her care. His actions therefore constituted a breach of professional boundaries/abuse of position of trust. Furthermore, Service User A was detained under the Mental Health Act 1983 during the course of their romantic/sexual relationship;
- Mr Clark continued to pursue a relationship with Service User A despite being told by a Team Manager that he was to stop contacting her;
- The misconduct took place over a period of several months;
- The misconduct indicates deep-seated attitudinal and behavioural issues on the part of Mr Clark;
- Mr Clark initiated and engaged in sexual intercourse with Service User A. This continued after Mr Clark's resignation;
- The relationship caused Service User A psychological harm.

The panel determined that there are no mitigating factors in this case.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

The panel 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 Clark'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 Clark'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 Clark's registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The misconduct identified in this case was not something that can be addressed through retraining. Furthermore, the panel concluded that the placing of conditions on Mr Clark's registration would not adequately address the seriousness of this case and would not protect the public.

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

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

- *In cases where the only issue relates to the nurse or midwife's health, there is a risk to patient safety if they were allowed to continue to practise even with conditions; and*
- *In cases where the only issue relates to the nurse or midwife's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.*

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

The panel took into account the vulnerability of Service User A, and the manner in which Mr Clark, in the panel's view, used dishonest and manipulative tactics to deceive both Service User A, and those around her for the sake of his own sexual gratification. The panel highlighted Mr Clark's deep seated attitudinal concerns, and the fact that his misconduct was persistent over a period of time.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the only appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Mr Clark's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct himself, the panel has concluded that nothing short of this would be sufficient in this case.

The panel considered that this order was necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

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

### **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 in order to cover any appeal period.

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

That concludes this determination.