Nursing and Midwifery Council

Fitness to Practise Committee

Substantive Order Review Hearing

Wednesday 29 May 2024

Virtual Hearing

Name of Registrant:	Gavin Paul Sandy
NMC PIN	17A0111E
Part(s) of the register:	Registered Nurse – Sub part 1 Children's Nursing – 21 March 2017
Relevant Location:	Hampshire
Type of case:	Misconduct
Panel members:	Paul O'Connor (Chair, Lay member) Charlotte Cooley (Registrant member) Yousuf Rossi (Lay member)
Legal Assessor:	Lachlan Wilson
Hearings Coordinator:	Sophie Cubillo-Barsi
Nursing and Midwifery Council:	Represented by Lucia Coerman, Case Presenter
Mr Sandy:	Not present and unrepresented
Order being reviewed:	Suspension order (6 months)
Fitness to practise:	Impaired
Outcome:	**Suspension order (6 months) to come into effect at the expiry of the current order, namely 8 July 2024, in accordance with Article 30 (1)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mr Sandy was not in attendance and that the Notice of Hearing had been sent to Mr Sandy's registered email address by secure email on 19 April 2024.

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

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the substantive order being reviewed, the time, date and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mr Sandy'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 Sandy has been served with notice of this hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Mr Sandy

The panel next considered whether it should proceed in the absence of Mr Sandy. The panel had regard to Rule 21 and heard the submissions of Ms Coerman who referred the panel to attempts made by the NMC to engage with Mr Sandy via email on 13 May 2024, 24 May 2024, and 28 May 2024 respectively. She told the panel that an additional attempt to contact Mr Sandy had been made by the Hearings' Coordinator on the morning of today's hearing but that no response has been received.

In light of this, Ms Coerman invited the panel to continue in the absence of Mr Sandy. She reminded the panel that Mr Sandy has not engaged with the NMC since December

2022 and therefore the panel can be satisfied that Mr Sandy has voluntarily chosen to disengage with these proceedings. Ms Coerman submitted that adjourning today's hearing would not secure his attendance at a future date.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Mr Sandy. In reaching this decision, the panel has considered the submissions of Ms Coerman and the advice of the legal assessor. It has had particular regard to any relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mr Sandy;
- Mr Sandy has not engaged with the NMC and has not responded to any of the letters sent to him about this hearing;
- There is no reason to suppose that adjourning would secure his attendance at some future date; and
- There is a strong public interest in the expeditious review of the case and reviewing the matter is otherwise in Mr Sandy's interest.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mr Sandy.

Decision and reasons

The panel decided to extend the current suspension order for six months.

This order will come into effect at the end of 8 July 2024 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

The current order is due to expire at the end of 8 July 2024.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved which resulted in the imposition of the substantive order were as follows:

That you, a registered nurse:

1) On 1 December 2018 in relation to Patient C:

a) Failed to Ensure there was a prescription signed by a doctor;
b) Wrote or completed a prescription without authority;

2) On 23 to 24 May 2019, in relation to Patient O behaved inappropriately in that;

a) You informed the parent of Patient O that she was not to stay on the ward or words to that affect.
b) You informed the parent of Patient O that she should stop breast feeding due to the age of her infant or words to that affect.
c) Made a hand gesture in or to the face of parent of Patient O.

3) On 15 August 2019 in relation to Patient F:

a) Failed to any action to de-escalate Patient F's concerns regarding a blood test;
b) Grabbed and/or held Patient F's arm;
c) Behaved inappropriately towards Patient F in that you:

i. Raised your voice and/or shouted at Patient F;
ii. Told patient F to "get on with it" or used a gist of words that were similar in relation to a blood test;
iii. Informed patient F that Patient F's behaviour was unacceptable.

4) *On 22 or 23 September 2019 in relation to Patient G behaved inappropriately towards Patient G in that you:*

a) Spoke in an abrupt manner:
b) …
c) …

5) *On 22 or 23 September 2019 in relation to Patient H behaved inappropriately in that you:*

a) Stated that Patient H's scar looked like a cigarette burn.
b) …

6) *On 25 October 2019, in relation to Patient J, failed to administer medications, namely:*

a) Clonazepam at 16:00hrs;
b) Phenobarbital at 18:00hrs.

7) *In the alterative to charge (6) above, in relation to Patient J, on 25 October 2019, failed to record and/or sign:*

a) The Controlled Drug Book in regard to:
i. …
ii. Clonazepam.

b) Patient J's prescription chart namely for:
i. Phenobarbital;
ii. Clonazepam.

8) *On 25 October 2019 and/or 29 October 2019, in relation to Patient J, purported to have administered the medications, namely, a dose of:*

a) *Clonazepam at 16:00 hrs;*
b) *Phenobarbital at 18:00 hrs.*

9) *On 29 October 2019, in relation to Patient J, purported to have entered the wrong times in records on 25 October 2019, namely:*

a) *Clonazepam;*
b) *Phenobarbital.*

10) *On 29/30 October 2019, in relation to Patient I, failed to:*

a) *Provide the correct feed, namely Infatrini Peptisorb;*
b) *Take any or any adequate action when Patient I's relative queried the type of feed provided.*
c) *Sign Patient I's prescription chart.*

11) *On an unknown date in relation to Patient I purported that:*

a) *…*
b) *A pharmacist had stated that "Infatrini was the same as Infatrini Peptisorb" or words to that affect.*

12) *…*

13) *On 13/14 November 2019 in relation to Patient K:*

a) *…*
b) *Stated that:*
i. *"he wouldn't be walking like that if he was in pain" or used similar words;*
ii. *"you just aren't getting it are you" or used similar words.*

14) On or around 14 November 2019 in relation to Patient P failed to:

a) Notice Patient P's condition had deteriorated;
b) Take any or any adequate action in response to Patient P's monitor alarm being activated;
c) …

15) On 24 May 2020 in relation to Patient M:

a) Failed to adhere to the supportive plan, namely not to care for mental health patients;

b) Behaved inappropriately in that you:

i. …
ii. …

c) …

d) Became confrontational, namely by raising your voice;

e) …

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

The original panel determined the following with regard to impairment:

'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.'*

For reasons already set out above in relation to misconduct, the panel determined that limbs a, b and c were engaged by Mr Sandy's misconduct.

The panel considered that Patient C, Patient J and Patient M were all put at risk of harm as a result of Mr Sandy's misconduct.

The panel also considered that Patient I suffered actual harm as a result of Mr Sandy's misconduct. The panel noted that these patients were all children and were particularly vulnerable.

The panel determined that Mr Sandy's conduct breached multiple parts of the Code and also breached fundamental tenets of the nursing profession. In particular the panel considered that there were serious failures by Mr Sandy to treat people with kindness and compassion. Additionally, the panel considered Mr Sandy's unprofessional behaviour towards patients, their parents and colleagues brought the nursing profession's reputation into disrepute.

The panel recognised that it must make an assessment of Mr Sandy's fitness to practise as of today. This involves not only taking account of past misconduct but also what has happened since the misconduct came to light and whether Mr Sandy would pose a risk of repeating the misconduct in the future.

The panel had regard to the principles set out in the case of Ronald Jack Cohen v General Medical Council [2008] EWHC 581 (Admin) and considered whether the concerns identified in your nursing practice were capable of remediation, whether they have been remedied and whether there was a risk of repetition of a similar kind at some point in the future. In considering those issues the panel had regard to the nature and extent of the misconduct and considered whether Mr Sandy had provided evidence of insight and remorse.

Regarding insight, the panel noted that there is some evidence of limited remorse and acceptance of responsibility by Mr Sandy for some of the concerns raised during the initial investigation at local level. However, the panel noted that since

December 2022, Mr Sandy has not engaged with the NMC process or this hearing. And, he has not provided any evidence of insight and remorse to this panel to address the misconduct found proved.

The panel considered that there was little recognition by Mr Sandy of the impact his misconduct had on patients, their families, colleagues and the nursing profession. Additionally, the panel had no reflective statement to demonstrate how he would approach similar circumstances in the future.

In light of the above, the panel determined that Mr Sandy had demonstrated minimal insight into his misconduct.

The panel considered whether the misconduct found in this case was capable of being addressed. It bore in mind that aspects of Mr Sandy's misconduct pertained to his behaviour towards patients, who were children, and their parents where he had not acted in a kind and compassionate manner. Further, there were concerns from his fellow registrant colleagues about how he had overstepped professional boundaries as well as falsifying patient records.

The panel considered that the misconduct was capable of being remediated and went on to consider whether in fact it had been.

The panel bore in mind that Mr Sandy had, at times, refused to take responsibility for his actions and on occasions had sought to deflect blame onto his colleagues. It noted that there were concerns regarding Mr Sandy's ability to work cooperatively with colleagues and accept and reflect on feedback provided by colleagues. It was therefore concerned that there were indications of underlying attitudinal concerns at the relevant time.

The panel noted that it had no evidence before it to demonstrate any steps Mr Sandy had taken to strengthen his practice and remediate the concerns identified.

The panel bore in mind that the misconduct took place over a significant period of time, namely from December 2018 and from August 2019 to May 2020. It noted that the misconduct found proved related to multiple incidents and patients. Mr Sandy's misconduct as a paediatric nurse involved young, vulnerable patients, their parents and colleagues. Additionally, the panel was concerned that his misconduct demonstrates that he failed to be candid and transparent when things went wrong.

As a result of the number and nature of the concerns over a significant period of time and Mr Sandy's lack of insight and lack of evidence of strengthened practice, the panel was of the view that there remains a high risk of repetition of the misconduct found proved. The panel therefore determined that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC; 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 was satisfied that, having regard to the nature of the misconduct in this case, "the need to uphold proper professional standards and public confidence in the profession would be undermined" the public would be concerned if a finding of current impairment were not made. It was of the view that a reasonable and well informed member of the public would be very concerned if Mr Sandy's fitness to practise were not found to be impaired on public interest grounds.

In light of the above, the panel determined that a finding of impairment on public interest grounds is required. Having regard to all of the above, the panel was satisfied that Mr Sandy's fitness to practise is currently impaired.'

The original panel determined the following with regard to sanction:

‘The panel took into account the following aggravating features:

- *Mr Sandy’s misconduct was repeated over a period of time and involved multiple patients who were young and vulnerable;*
- *Mr Sandy demonstrated only minimal insight into failings at local level;*
- *Mr Sandy’s conduct caused actual harm to one patient and placed other patients at risk of suffering harm;*
- *Mr Sandy failed to acknowledge his shortcomings.*

The panel also took into account the following mitigating features:

- *[PRIVATE]*
- *Positive feedback about Mr Sandy’s practice as a registered nurse from witness evidence including from his line manager and ward manager;*
- *Mr Sandy accepted some responsibility at local level.*

Before the panel considered what sanction to impose, it bore in mind evidence it heard from witnesses where they provided details of Mr Sandy’s personal mitigation and provided positive feedback in relation to his practice as a nurse.

Witness 6, Mr Sandy’s ward manager, stated that he did forge some really good relationships with patients, and children in his care. She stated that he was seen very positively by a lot of families, and for some families his approach was “really good, positive, and therapeutic”. However, she said that for other families it was not so positive.

[PRIVATE]

The panel kept this at the forefront of its mind as it considered what sanction it should impose.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the misconduct found and 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 Sandy'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 Sandy's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. 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 a conditions of practice order on Mr Sandy's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *Potential and willingness to respond positively to retraining;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel noted that it could identify areas of Mr Sandy's practice that could be addressed through retraining. It bore in mind that there were incidents in relation to medication administration management, record keeping and prescribing for a blood transfusion. It was of the view that workable conditions could be formulated to address these shortcomings.

However, the panel considered that a number of charges found proved relate to Mr Sandy's behaviour and how he had interacted with the patients, their relatives and colleagues. In the panel's view this was not evidence of a deep-seated attitudinal problem but did indicate poor practise by him. It bore in mind that when Mr Sandy was faced with challenging circumstances with young patients, his attitude had not always been kind, compassionate or caring. Additionally, the panel noted that there were occasions where Mr Sandy did not accept responsibility for his action and sought to deflect responsibility onto other colleagues.

The panel was of the view that it would be difficult to formulate conditions to address the behavioural concerns and his lack of kindness and unprofessionalism. [PRIVATE]

The panel considered that if Mr Sandy had engaged with the hearing, and provided evidence of insight, remorse, remediation, and demonstrated how he would act differently in the future, then a conditions of practice order may have been appropriate. However, without this, the panel is of the view that there are no practical or workable conditions that could be formulated to address all of the concerns identified by the panel that would protect patients.

The panel concluded that the placing of a conditions of practice order on Mr Sandy's registration would not therefore 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. It took account of the NMC guidance entitled "Suspension Order" and particularly noted the following:

> *"When considering seriousness, the Fitness to Practise Committee will look at how far the nurse, midwife or nursing associate fell short of the standards expected of them. It will consider the risks to patients and to the other factors above, and any other particular factors it considers relevant on each case."*

The panel also took account of the SG which states that a 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;*

The panel noted that the misconduct found in this case was not a single incident. It was repeated over a significant period of time. The panel also identified indications of underlying attitudinal concerns.

The panel also reminded itself that Mr Sandy had informed the NMC that he is no longer practising as a registered nurse. Therefore, it does not have any evidence of repetition of the behaviour since the incidents. However, it did find that Mr Sandy had minimal insight and as a result, the panel deemed the risk of repetition of his behaviour to be high.

The panel determined that a suspension order would be a sufficient, appropriate and proportionate sanction to mark the seriousness of Mr Sandy's misconduct.

The panel did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. It was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register.

The panel heard evidence from witnesses, namely his ward manager and line manager during the relevant period, stating that notwithstanding the incidents that led to the charges, Mr Sandy was a good, caring and compassionate nurse. [PRIVATE]

Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Mr Sandy's case to impose a striking-off order.

Balancing all of these factors the panel has concluded that a suspension order is the appropriate and proportionate sanction.

The panel noted the hardship such an order will inevitably cause Mr Sandy. However, this is outweighed by the public interest in this case.

The panel considered that this order is 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.

The panel determined that a suspension order for a period of 6 months is appropriate in this case to mark the seriousness of the misconduct. The panel was of the view that this period would allow Mr Sandy the opportunity to address the concerns in this case and provide evidence of insight, remorse and strengthened practice.

At the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- *Mr Sandy's engagement with NMC and his attendance at the review hearing;*
- *A comprehensive reflective piece addressing the impact his unprofessional behaviour had on patients, their families, colleagues and the nursing profession;*
- *References and testimonials from any work undertaken whether it be paid or voluntary;*
- *Evidence of Mr Sandy keeping his clinical knowledge up to date;*
- *Mr Sandy's stated intention regarding his future in the nursing profession.'*

Decision and reasons on current impairment

The panel has considered carefully whether Mr Sandy's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's suitability to remain on the register without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle. It has taken account of the submissions made by Ms Coerman.

Ms Coerman provided the panel with a background to Mr Sandy's case. She asked the panel to impose a further suspension order. Ms Coerman stated that it is for Mr Sandy to demonstrate that his practice is no longer impaired. She highlighted that despite the recommendations made by the substantive panel, Mr Sandy has not complied with

those recommendations, nor has he provided any evidence of his intentions as to his future in the nursing profession.

The panel heard and accepted the advice of the legal assessor.

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether Mr Sandy's fitness to practise remains impaired. It noted that the misconduct found proved was serious and repeated, relating to his behaviour and professionalism whilst caring for young and vulnerable patients. Significantly, actual patient harm occurred on one occasion as a result of Mr Sandy's misconduct. The panel did not have any new information before it to suggest that Mr Sandy has demonstrated any insight into his misconduct. Further, there was no information before the panel to show that he had taken steps to strengthen his practice and remediate the concerns found proved, despite being provided with an opportunity to do so and the suggestions made by the substantive panel. To the contrary, Mr Sandy has not meaningfully engaged with the NMC since December 2022. In the absence of any new information before it, the panel could not exclude the possibility of similar misconduct being repeated in the future. The panel therefore determined that the finding of impairment was necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required. To do otherwise would seriously undermine the public's confidence in the profession and the NMC as a regulator.

For these reasons, the panel finds that Mr Sandy's fitness to practise remains impaired.

Decision and reasons on sanction

Having found Mr Sandy's fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

In light of Mr Sandy's indication given in December 2022 that at that time he did not wish to return to nursing, the panel considered whether allowing the current order to lapse would be an appropriate response in Mr Sandy's case given it's finding on impairment. In this regard, the panel had sight of the NMC's guidance on '*Nurses, midwifes or nursing associates whose registration will lapse automatically if the substantive order is lifted'* and noted that the guidance provides for circumstances where registrants who are subject to a substantive order may be allowed to be removed from the register.

The panel noted that Mr Sandy's registration lapsed on 31 March 2022 and that his registration remains active only by reason of the presence of the substantive order. Subsequent to this lapse, it further noted that on 13 December 2022, Mr Sandy stated the following:

> *'I'm no longer a nurse and have withdrawn from the register. I've not worked as a nurse since April 2020. I currently have no plans to return to nurse…'*

Despite these indications, the panel could not be satisfied as to Mr Sandy's current future intentions as regards to the nursing profession. This communication was received 18 months ago, and Mr Sandy has not provided any further information. The panel could not be sure that Mr Sandy currently no longer wants to practise. It therefore concluded that allowing the order to lapse would be inappropriate at this time.

The panel next considered whether to take no action, even if Mr Sandy did intend to return to nursing practice 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 Sandy'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 Sandy's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether a conditions of practice order on Mr Sandy's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel bore in mind the seriousness of the facts found proved at the original hearing, including evidence of an attitudinal problem and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest, particularly in light of Mr Sandy's non-engagement with the NMC.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow Mr Sandy further time to reengage with the NMC, his regulator. It would also allow Mr Sandy an opportunity to fully reflect on his previous failings and/or demonstrate steps undertaken by him to strengthen his practice and remediate the concerns found proved. The panel concluded that a further six-month suspension order would be the appropriate and proportionate sanction which would continue to both protect the public and satisfy the wider public interest.

The panel considered whether to impose a striking off order but concluded that this would be disproportionate at this juncture.

Accordingly, the panel determined to impose a suspension order for the period of six months. This suspension order will take effect upon the expiry of the current suspension order, namely the end of 8 July 2024 in accordance with Article 30(1).

Before the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- Mr Sandy's reengagement with the NMC, even if only to let the NMC know his current stated intention regarding his future in the nursing profession. If Mr Sandy does not intend to return to nursing then a simple communication to the NMC will enable a future reviewing panel to conclude, if it deems appropriate, that it is sure that Mr Sandy no longer wants to practice as a nurse and may then consider letting the order expire.

In the event that Mr Sandy intends to return to nursing practice, a future reviewing panel would also be assisted by:

- Mr Sandy's attendance at a review hearing;
- A comprehensive reflective piece addressing the impact his unprofessional behaviour had on patients, their families, colleagues and the nursing profession;
- References and testimonials from any work undertaken whether it be paid or voluntary; and
- Evidence of Mr Sandy keeping his clinical knowledge up to date.

This will be confirmed to Mr Sandy in writing.

That concludes this determination.