

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

**Substantive Hearing
Thursday 07 November 2024 – 08 November 2024**

Virtual Hearing

Name of Registrant: **Charlotte Brown**

NMC PIN 17G0045W

Part(s) of the register: Nurses part of the register Sub part 1
RNMH: Mental health nurse, level 1 (23
September 2017)

Relevant Location: Wales

Type of case: Conviction

Panel members: Darren Shenton (Chair, Lay member)
Jacqueline Metcalfe (Registrant member)
Margaret Wolff (Lay member)

Legal Assessor: Gaon Hart

Hearings Coordinator: Hazel Ahmet

Nursing and Midwifery Council: Represented by Benedict Scantlebury, Case
Presenter

You: Present and represented by Laurence Harris
(Thompsons Law)

Facts proved: All charges found proved by way of admission.

Fitness to practise: Impaired

Sanction: **Striking-off Order**

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

Details of charge

'That you, a registered nurse:

1. *On 16 August 2023 at Conwy Magistrates' Court were convicted of:*
 - a) *causing serious injury to Person A by driving a mechanically propelled vehicle without reasonable consideration for other persons using the road, contrary to section 2C of the Road Traffic Act 1988 and Schedule 2 to the Road Traffic Offenders Act 1988;*
 - b) *driving a mechanically propelled vehicle on a road without due care and attention contrary to section 3 of the Road Traffic Act 1988 and Schedule 2 to the Road Traffic Offenders Act 1988;*
 - c) *driving a motor vehicle after consuming so much alcohol that the proportion in your breath, blood or urine exceeded the prescribed limit, contrary to section 5(1)(a) of the Road Traffic Act 1988 and Schedule 2 to the Road Traffic Offenders Act 1988*

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

Decision and reasons on facts

The charges, which you admit, concern your conviction and, having been provided with a copy of the certificate of conviction, the panel finds that the facts are found proved in accordance with Rule 31 (2) and (3).

Background

The NMC received notification from North Wales Police on the 7 February 2023 in relation to an incident which occurred on 28 January 2023. The charges arose whilst you were employed as a registered nurse at Glan Clywd Hospital. You had been drinking for the majority of the day and were extremely intoxicated. The CCTV footage which was taken showed you struggling to stand up. You were denied entry into a nightclub, and then proceeded to get into your vehicle and tried to drive home. At around 11:30pm, you hit a pedestrian whilst driving your vehicle and caused them serious injury. Your blood alcohol limit was over the legal limit and following the collision, you left the pedestrian by the roadside and left the scene. After a second collision at a pedestrian crossing, you returned to the scene of the accident but without affording roadside assistance to the victim, or giving your details to a witness, you drove off a second time. You were then arrested at a later time, at your partner's address.

The incident caused catastrophic, life altering and lifelong injuries to the pedestrian.

Fitness to practise

Having announced its findings on the facts, the panel then considered whether, on the basis of the facts found proved, your fitness to practise is currently impaired by reason of your conviction. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

Submissions on impairment

Mr Scantlebury addressed the panel on the issue of impairment and reminded the panel 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 cases of *Council for*

Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin).

Mr Scantlebury submitted that both limbs *b)* and *c)* from the Dame Janet Smith Shipman Report, are engaged. Mr Scantlebury submitted that you have brought the nursing profession into disrepute by failing to act in accordance with the law. Further, you have breached the fundamental tenets of the nursing profession, namely, the promotion of trust and the upholding of the reputation of the nursing profession.

Mr Scantlebury noted that the Judge during your trial, made the following statements:

‘ [...] I cannot imagine and have never seen more serious injuries in a case of this nature. [Pedestrian’s] injuries have resulted in permanent, irreversible injury or condition which has a long standing and substantial effect on his ability to carry out normal day to day activities or his ability to work. It is unlikely he will ever work again. His injuries resulted in physical harm resulting in lifelong dependency on third party care [...] This was a grave and life threatening injury [...]’

Mr Scantlebury submitted therefore that, as identified by the judge in your conviction case, these offences are of the most serious kind, and therefore, a finding of impairment is necessary on the grounds of both public protection and in the wider public interest.

Mr Harris submitted that you acknowledge and accept that your fitness to practise, by way of your conviction, is currently impaired.

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

Decision and reasons on impairment

The panel next went on to decide if as a result of the conviction, your fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the NMC 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.'

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to uphold the protection of the public. 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 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* 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) [...]

b) 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

c) has in the past brought and/or is liable in the future to bring the medical profession into disrepute

d) [...]

The panel found that a member of the public was caused extensive and serious harm as a result of your actions. You have 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 it did not conclude the charge against you as being particularly serious.

Regarding insight, the panel considered the fact that you acknowledge that your fitness to practice is impaired [PRIVATE]. The panel is of the view that it has no information before it to suggest that as a professional, you are a danger to patients under your care, nor that there is a real risk of repetition. The panel noted that there is no evidence of you having used your position as a nurse to intentionally harm any member of the public or patient under your care. The panel noted that you have practised safely as a nurse in a position of responsibility for a long period of time, prior to your conviction. Therefore, the panel

determined that, as the offence is not linked to your clinical practice, a finding of impairment is not necessary on the grounds of public protection.

However, the panel further determined that a well-informed member of the public who was aware of the details of your conviction, and the harm which was caused to the pedestrian involved in this case, would be shocked and troubled that a finding of impairment was not made given the serious nature of your actions and the background circumstances which led to your conviction. Therefore, a finding of impairment is necessary on the ground of public interest.

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

Having regard to all of the above, the panel was satisfied that your 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 you off the register. The effect of this order is that the NMC register will show that you have 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

The panel bore in mind your evidence at this stage, given under oath.

You then accepted and answered questions from both the NMC and the panel.

Mr Scantlebury submitted the following in a written form:

'Introduction

1. The NMC's position is that a strike-off order is the only appropriate and proportionate sanction in light of the panel's finding of Ms Brown's fitness to practise being impaired.

NMC Sanctions Guidance

2. The NMC Guidance (SAN 1) sets out the factors for the panel to consider in determining the appropriate sanction, including proportionality and any aggravating/mitigating features of the case.

3. The purpose of a sanction is not punitive. The overarching objective is public protection. In relation to cases involving criminal convictions, the NMC Guidance (SAN-2) states that when deciding on a sanction "the Committee will think about [...] public confidence in nurses, midwives and nursing associates, and professional standards."

4. The NMC Guidance (SAN-2) further states that "the personal circumstances or mitigation of the nurse [...] is less likely to be useful or helpful to the Fitness to Practise Committee when making a sanction decision than it would have been to the criminal court."

5. This accords with the principle in *Bolton v Law Society* [1994] 1 WLR 512 that the maintenance of public confidence in the profession is of overriding importance and sits above the fortunes of any individual member of the profession.

6. A matter may be deemed serious where there are “serious concerns based on public confidence”, including where the concerns have arisen outside of a registrant’s 2 professional practice (FTP-3c).

7. In relation to determining seriousness, the NMC Guidance (SAN-2) states that “a conviction for a serious crime [...] could have a particularly negative impact on public confidence.”

8. Per the NMC Guidance (SAN-2), in the context of a conviction the panel’s analysis is focused on the underlying facts to understand, *inter alia*, the likely effect that they would have on the public’s confidence in the profession.

Mitigating and Aggravating Factors

9. The NMC notes the following relevant mitigating factors:

- i. Ms Brown admitted to the charge;*
- ii. Ms Brown engaged with the police investigation; and*
- iii. Ms Brown’s reflective statement demonstrates some insight into the impact of her conviction on the public’s perception of the profession and remorse for the harm caused.*

10. However, the NMC submits that those mitigating factors are outweighed by the following aggravating factors:

- i. [PRIVATE]*

- ii. Ms Brown's culpability and the level of harm were both deemed to be at the highest level;*
- iii. The offence caused serious harm to a member of the public in the form of life changing injuries; and*
- iv. Ms Brown left the scene of the accident without providing any assistance to the victim.*

Submissions

11. By her own acknowledgment, the offence for which Ms Brown has been convicted is a serious one. The underlying facts of the offence are accepted in full and not in dispute. While heavily intoxicated, Ms Brown hit a pedestrian with her vehicle and then proceeded to leave the scene of the accident. Although she subsequently returned to the scene, she drove away once again without providing her details and was later arrested at her partner's address. The collision caused the victim to sustain life-threatening and catastrophic injuries. Per Her Honour Judge Saffman's sentencing remarks, Ms Brown's culpability and the harm caused to the pedestrian were both at the highest level.

12. Given the gravity of both the offence and the underlying facts of the offence, Ms Brown's conviction has harmed public confidence in the profession and brought the profession into disrepute. Any return to practise would be liable to cause further harm to public confidence in the profession and in the NMC as a regulatory body.

13. [PRIVATE] She has completed a mandatory driving awareness course and has complied with the conditions of her release. She is currently unemployed but is seeking work and, to that end, is close to completing a leadership course.

14. However, these steps do not alter the fact that Ms Brown's future practice as a nurse would harm public trust and confidence in the profession. Given that her impairment to practise is a result of her conviction for a serious offence, the

subsequent actions that she has taken [PRIVATE] do not remedy the ongoing risk to public confidence.

15. The NMC submits that the imposition of any lesser sanction than striking-off Ms Brown would not be proportionate to the seriousness of the offence and would be inappropriate:

i. To take no action would be wholly inappropriate and not proportionate given that it would altogether fail to address the concerns surrounding public confidence in the profession.

ii. A caution order would be inappropriate and not proportionate given the seriousness of the matter. The NMC Guidance (SAN-3b) 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”. Given the underlying facts of the offence, this is not a case which is at the lower end of the spectrum.

iii. A conditions of practice order would be inappropriate given the finding of 4 impairment is based on a conviction which occurred during Ms Brown’s personal life. This is not a case that arises from concerns about Ms Brown’s professional practice; the concerns arise from a conviction in her personal life and the effect of the same on the standing of the profession.

iv. A suspension order would be inappropriate and is not proportionate given the seriousness of the offence and the underlying facts of the offence. The impact of the conviction on public trust and confidence in the profession means that a temporary removal from the register would not be appropriate. A period of suspension rather than a strike-off would be insufficient to maintain public confidence in both the profession and the NMC as a regulator.

v. A strike-off order is the only appropriate and proportionate sanction given the seriousness of the matter and the consequent risk of harm to the reputation of the profession. Indeed, Ms Brown’s failure to meet the standards expected of a registered nurse and to abide by the law has brought the profession into disrepute

and is fundamentally incompatible with her remaining on the register; public confidence in nurses and in the NMC as a regulatory body simply cannot be maintained if Ms Brown is not removed from the register.

Conclusion

16. The NMC's position is that a strike-off order is the only appropriate and proportionate sanction in this matter.'

The panel finally considered the submissions made by Mr Harris, on your behalf. He submitted the following in a written form:

'INTRODUCTION

1. The panel have found the Registrant's fitness to practise impaired on the public interest basis. It therefore falls for the panel to consider the sanction to be imposed on the Registrant.

THE APPROACH TO BE TAKEN

2. The panel are invited to consider the following NMC guidance: 'Available sanction orders' [Reference: SAN-3], 'How we determine seriousness' [Reference: FTP-3], and 'Proportionality' [Reference SAN-1].

3. The proper approach is to start with the least severe sanction and to decide whether such a sanction is right for the fitness to practise concern in question. If not, the panel should consider the next most serious sanction, and so on and so forth.

SUBMISSIONS

4. *My ultimate submission is that the NMC's bid for a striking-off order is unnecessary, and that a suspension order would properly balance the need to uphold proper professional standards and conduct and maintain confidence in the profession whilst also being proportionate to the Registrant.*
5. *It is accepted that this is not a case in which taking no further action, imposing a caution order, or imposing a conditions of practice order is appropriate. The charges that the Registrant has admitted are plainly too serious.*
6. *However, it is submitted on the Registrant's behalf that a suspension order would be an appropriate and proportionate disposal.*
7. *The ultimate question for the panel is whether the Registrant's convictions and their underlying facts are fundamentally incompatible with a return to the Register. I submit that the answer to this question is no.*
8. *The Registrant's character. Prior to her conviction for these offences, the Registrant had no convictions, cautions, or reprimands. She had a clean driving licence. She was therefore of legal good character. However, further to this, I would submit that the Registrant came to the Court with positive good character, which is to say beyond the simple fact of her lack of convictions, the Registrant's volunteering and decision to train as a nurse [PRIVATE] demonstrated a clear and exceptional commitment to improving the lives of others.*
9. *Accepting responsibility. However, as the Registrant makes abundantly clear in her witness statement of 5 November 2024, she accepts complete and utter responsibility for her actions on 28 January 2023. She has not sought to minimise any aspect of the case against her. Moreover, I invite the panel to note that she has always accepted total responsibility for her actions, having pleaded guilty to all charges at the very first opportunity in the Magistrates' Court on 16 August 2023 before the matter was even committed to the Crown Court. The evidence before the*

panel is of a Registrant who has conducted substantial reflection on her behaviour [PRIVATE] and who has shown as much insight, remorse, and contrition into her criminal conduct as can reasonably be expected of someone in her position.

10. No clinical concern. There can be no concerns about the Registrant's ability to practise safely as a nurse. She has no negative fitness to practise history and therefore should be treated as of regulatory good character. Moreover, as in paragraph [8] above, the evidence that the Registrant gave to the panel on Thursday 7 November 2024 about her rapid career development demonstrates positive clinical excellence. Her promotions to managerial Band 6 and Band 7 roles strongly suggests that she was a highly competent and trusted nurse. The panel did not find the Registrant's fitness to practise impaired on the basis of a risk of harm to patients and I therefore invite the panel to disregard any consideration of competence when assessing the necessity of a striking-off order.

11. The Registrant's attitude. There is no evidence of a 'deep seated personality or attitudinal problem' [my emphasis]. The Registrant's conduct on 28 January 2024 was entirely out of step with the character set out in paragraph [8] above. This fact remains, notwithstanding the profound seriousness of that conduct and the horrific and irreversible effects on the victim that the Registrant has never sought to minimise. As the Registrant's witness statement makes clear, she will never forgive herself for her actions. However, I invite the panel to look to the steps that the Registrant has taken [PRIVATE]. Her training and working in Halfords in custody, her driving awareness course, her successful completion of her probation sessions, her compliance with her licence conditions, her completion of a 12-week leadership course. All of these taken together demonstrates that this is a Registrant who takes her personal development [PRIVATE] very seriously, and who is capable of reintegrating into the nursing workforce.

12. Practicalities of a suspension order. It is submitted that a suspension order will allow the Registrant to gradually reintegrate into nursing by undertaking further

training courses during the period of suspension to build up her confidence and any skills that might require refreshment. The panel may be taken to the case of Fleishmann [2005] EWHC 87 as authority for the principle that the Registrant cannot return to practise in any form whilst still serving a custodial sentence (which is true until February 2025). In my submission, this is not relevant because if the panel were to impose a suspension order on the Registrant, that order would expire after the Registrant's licence period concludes. However, if the panel do consider the issue engaged, I invite the panel to read Fleishmann alongside the more recent authorities of Opare [2019] EWHC 1851 and Patel [2024] EWHC 243 (Admin), which allow considerable flexibility. To the extent that any ruling needs to be made, I invite the panel to find that the Registrant's sentence has in effect been satisfactorily completed (her being on licence without requiring any probation oversight) and that it therefore creates no obstacle to any suspension order.

CONCLUSION

13. As set out in paragraph [7] above, the ultimate question is whether the Registrant's conduct on 28 January 2023 is fundamentally incompatible with a return to nursing. In my submission, taking all the above into consideration, it is not. I remind the panel at this stage of the need for the sanction imposed to be proportionate.

14. A right-thinking member of the public, informed of all the facts, would not lose faith and confidence in the nursing profession to know that this Registrant - who acted entirely out of character in a moment of terrible judgement, which occurred outside of her professional duties, whose fitness to practise was not deemed impaired on any basis of risk to patients, and who had acknowledged her wrongdoing and reflected and shown insight upon it, and [PRIVATE][PRIVATE] – could return to practise as a nurse. In my submission, such a member of the public would consider this an appropriate, proportionate, and fair sanction that recognises

that people are capable of horrific lapses of judgement but on true reflection and contrition they should not be unduly sanctioned for so doing.'

Decision and reasons on sanction

Having found your 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 Sanctions Guidance. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- [PRIVATE]
- Your culpability and the level of harm were both deemed by the judge to be at the highest level;
- The offence caused serious harm to a member of the public in the form of life changing injuries and potentially the inability to work again;
- The offence was over a period of time on one day, in that you were intoxicated prior to making the decision to drive your motor vehicle;
- You left the scene of the accident twice; and
- You did not offer any assistance to the victim.

The panel also took into account the following mitigating features:

- You admitted to the criminal and the NMC charge at the first available opportunity;
- The NMC charge relates to a single event;
- You are of previous regulatory and criminal good character;
- You engaged with the police investigation;

- Your reflective statement demonstrates some insight into the impact of your conviction on the public's perception of the profession;
- You have demonstrated genuine remorse and acknowledged the negative impact upon the victim, their family and the nursing profession;
- You did not seek to minimise your guilt or responsibility for your actions;
- You sought to rehabilitate yourself through training and seeking employment; and
- You have presented a demonstrable commitment to nursing.

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 your 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 your actions within your convicted crime 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 your 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. Your conviction identified in this case was not something that can be addressed through retraining. Furthermore, the panel concluded that the placing of conditions on your 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 Sanctions Guidance 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;*
- *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 panel acknowledges that several of these factors do apply in your case and it considered carefully whether a period of suspension would satisfy the public interest. For example, it was a single, if lengthy, instance of concern and the panel found no evidence of a deep seated or attitudinal problem. Further, you showed considerable insight and remorse and the panel found that there was little risk of repeating the behaviour.

However, the panel considered carefully proportionality and balanced your interests against the public interest. It considered NMC Guidance that specified offences are particularly serious and this includes offences that relate to the death or serious injury of a person. The panel carefully considered the judge's comments around your level of culpability, such as:

' [...] your consumption of alcohol was not just some amount which tipped you over into the just over the limit, and perhaps could

have a provided a minor impairment. Your impairment was so significantly impaired by the extent of your intoxication, and I have used, for my finding of that decision, not just the reading from three and a half hours later in blood, but the CCTV evidence showing that you were staggering and so unsteady on your feet. So in my judgment, there is an extreme example of culpability B. so this is a culpability A case.'

'In aggravation, is this that at the time you hit him, [PRIVATE]. You failed to stop at the scene, a nurse, you were probably the person, had you not been so intoxicated, who could best have attended and assisted these injuries at the scene. But you drove off, you carried on and then you had a further collision with a pedestrian crossing, which we have heard about.'

The panel acknowledged that the purposes of sentencing in regulatory hearings is distinct from those in the criminal courts and they also acknowledged your considerable mitigation as referred to above. However, the consequences of your actions, for the victim and his family, left the panel with the view that a temporary removal from the register, in the form of a suspension order, would not maintain confidence or standards in the nursing profession, and was not a proportionate or appropriate sanction to address the public interest.

Your conviction, 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 your actions were fundamentally incompatible with you 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?*

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

The panel considered the fact that your actions were extremely serious in nature and caused catastrophic and life changing injuries to a member of the public. The panel considered therefore, the background of this case, your significant prison sentence, the comments made by the judge during your sentencing, and the harm which was caused to the victim in this case.

Having regard to the effect of your actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct yourself, the panel has concluded that nothing short of a striking off order would be sufficient in this case. 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.

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. A fully informed

member of the public would be shocked and troubled if a registered nurse in these circumstances was allowed to remain on the register.

This will be confirmed to you 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 your 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 substantive suspension order/striking off order 28 days after you are sent the decision of this hearing in writing.

That concludes this determination.