

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

**Substantive Meeting
Monday, 4 November 2024-Wednesday, 6 November 2024**

Virtual Meeting

Name of Registrant: Tracey McCallum

NMC PIN: 99B0295S

Part(s) of the register: Registered Nurse – Sub Part 1
Adult Nursing (RNA), Level 1 (4 February 2002)

Relevant Location: Ayrshire

Type of case: Misconduct

Panel members: Peter Wrench (Chair, Lay member)
Richard Curtin (Registrant member)
Kiran Bali (Lay member)

Legal Assessor: Patricia Crossin

Hearings Coordinator: Samantha Aguilar

Facts proved: Charges 1a, 1b, 1c, 1d, 2a, 2b and 3b.

Facts not proved: Charge 3a

Fitness to practise: Impaired

Sanction: **Suspension order (12 months) with review**

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 Miss McCallum's email address by secure email on 27 August 2024.

The panel had regard to the email from the Nursing and Midwifery Council ("NMC") dated 4 November 2024 which stated:

'The POP statement that I did confirms the email address that I sent the paperwork too [sic].

The registrant correspondences with us on a different email address than the one on dynamics and my POP statement explains this.

The email I have included in the POP is the one the registrant corresponded with us [...].

I can confirm that this is the correct email and that documents were served.'

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, dates and the fact that this meeting was heard virtually. It also noted that Miss McCallum has been using a different email address to correspond with the NMC and as such, the NMC has used that same email address to send the Notice of Meeting.

In light of all of the information available, the panel was satisfied that Miss McCallum 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 Charges:

That you a registered nurse;

1. Between March 2020 and December 2021 made, on one or more occasions but not limited to, declarations and/or comments and/or posts set out in;
 - a. Schedule A.
 - b. Schedule B.
 - c. Schedule C.
 - d. Schedule D.

2. Any or all declarations and/or comments and/or posts as set out, but not limited to those, within the schedules in charge 1;
 - a. Was a failure to use social media and/or other media outlets responsibly, and/or
 - b. By presenting yourself as a registered nurse had the potential to undermine public confidence and/or trust by:
 - i. Being divisive, and/or
 - ii. Creating fear, and/or
 - iii. Creating distrust,

Regarding the UK Government's advice and/or guidance and/or the NHS's role relating to the Covid-19 pandemic.

3. Breached confidentiality by;
 - a. Posting on or around 3 November 2020 information relating to Colleague A's employment dispute, without Colleague A's permission, on your Facebook wall.
 - b. Posting information relating to Patient A's health when they were on the spinal ward.

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

Schedule A (social media posts):

- a. *"FOI received yesterday for Ayrshire & Arran....With comparisons to previous years...not looking busy let alone overwhelmed to me..."*
- b. *"Yes I think I have valid concerns and right to use history to get a reaction because my fear of what's coming is frightening. Jacinda adhern who I use to think was wonderful. Listen to what she is doing with isolation camps. Again I am sorry but I do feel strongly about everything the government et al are doing all over without any form of challenge. It genuinely terrifies me".*
- c. *"I For one, am sick of hearing about tests and vaccines. They won't help any of us if we get seriously unwell and it won't help my 82-year-old dad."*
- d. Referring the global pandemic as a 'scamdemic'.
- e. Suggesting that, *"Vaccines are rushed through. And from the amount of folk that have already died from them, yes folk have died but that's not on the bbc".*
- f. *"They are treating us like gullible idiots", referencing, "Agenda30 for 2030 interim review" stating "The great reset is set for January 2021. Brexit withdrawal bill gets rid of common law which overrides the government which means they can implement stricter lock downs. It's all government papers. Join us nurses who have blown the whistle"*
- g. Endorsing Dr. Vernon Coleman, who suggested masks are dangerous referencing a post that states, *"Doctors and Nurses Giving the Covid 19 Vaccine Will Be Tried as War Criminals".*
- h. By endorsing David Icke's view claiming that vaccines are 'dangerous'.
- i. *"With vaccines that don't treat the illness, shameful and we are the Guinea pigs."*

- j. Embedding a post from AdapNation with picture of Bill Gates, next to a picture of the world, and a comment that reads *“Why does the world seem to be in lockstep on Covid, lockdowns, restrictions, masks and vaccines?”*
- k. *“Yellow card scheme shows just how much damage these injections are doing!!”*
- l. Referencing an embedded Russia Today clip saying, “DITCH THE JAB” and headline *“ASTRAZENECA IS NO LONGER TRUST WORTHY!”*
- m. Embedding post stating “THE PANDEMIC IS OVER...take your FREEDOMS back...”
- n. *“Created covert intelligence health Bill – Allows them to rape, murder, torture or anything else they feel like doing to us”.*
- o. *“Our evil. We feel it for big time. Let’s hope the rest of you wake up to help the 99% overrule the elite 1%. They lie constantly. They sleep in Parliament. They clean their specs with the masks. They ARE MAKING YOUR KIDS WEAR MASKS ALL DAY AT SCHOOL. They will get sick and start insisting on testing us all to make this Christmas another lockdown”.*
- p. *“Not treating anyone in Primary Care”.*
- q. *“Isolating is to make us lonely, scared ...”*
- r. *“Mask wearing makes us sick, light headed and worse of work long term with massive amount of carbon dioxide”.*
- s. *“Mancock was taking the piss royally with the covid sniffer dog ... Easier for the daily testing to isolate us more with a dog that they’ve probably trained to sit on command with a slight hand single. That’s more credible than being able to scent a fucking virus”.*
- t. *“They are burning most nurses out one way or another and they are laughing at them like when they laughed when nurses didn’t get past rise, they give themselves £10,00*

and £3,500 during the scandemic. Refuse to fee the kids. They are saving money, reducing the population and laughing all thwart to the bank and you are letting them”.

- u. *“Everything is conditioned from primary school. Fear of death makes people trust the powers that be and your falling into the trap. It’s so sad how trusting we have been. The dog stunt confirmed my suspicions and sent me over the edge”.*
- v. *“NO PRIMARY CARE AT ALL. That will increase hospital admissions and deaths and keep this scandemic going forever”.*
- w. *“I have other nurses and unions that want to help us get rid of all the managers in the nhs who are taking the piss out of us all. Every single one of us. We never test for viruses. We never give vaccines instead of treatment. We never ever leave patients without being seen face to face if they need it. So why are we now?”*
- x. *“Oh and the nhs and Nhs 24 = I know they are watching my posts so that makes them all individually responsible for every one that gives or enforces a vaccine without doing their own research”.*
- y. *Saying on one or more occasions that the vaccine is “untested”.*
- z. *“Not to mention BACTERIAL PNEUMONIA witch is common from the prolonged wearing of masks!”.*
- aa. *Endorsing a video from Dr. Elke F De Klerk with the headline: “Doctors around the world issue a dire warning do not get the covid vaccine”.*
- bb. *“I’ve done all the research and put the evidence in my page I wouldn’t want to work for Nhs24 if they continue not to give best practice care. I’m tempted to report everyone that is ignoring my warning. Every single part of it is not evidenced. That make it up. Why won’t they let the many professional debate their shitty science that has killed so many people ... that’s why forcing the vaccines along“.*
- cc. *Endorsing a News for All post that states: “Governments are now planning to test the entire population (with a flawed PCR test) and enter our (homes) to forcibly remove*

anyone 'infected' to a facility Even if that person is a child.... Anyone who doesn't now see we are being genocidal beyond hope".

dd. *"The carbon dioxide building up in the masks will make you hypoxic".*

ee. Endorsing a post from Bitchute.com that states: *"Vaccine whistleblower: New vaccine causes sterility in 97% of women".*

ff. *"There are doctors all over the world who agree hydroxychloroquine vit d and zinc when given early is a very therapeutic result for people with Co morbidities. They certainly sound more knowledgeable than our government".*

gg. *"More people are waking up from the lie since birth. Tyranny! Genocide! Treason! The world is going to be a better brighter place when we all move from the dark side."*

Schedule B (The Richie Allen Shows):

- a. On 19 November 2020, declared that 'masks could make you hypoxic' or words to that effect.
- b. On 19 November 2020, when discussing about vaccines in general, them generally taking a long time to produce and/or be safe to use stated words to the effect of that the covid-19 vaccine *'took only 6 months to produce'* or words to that effect.
- c. On 19 November 2020, when discussing about the masks stated, *'it is crazy to ask people to wear masks when they can make you ill'* or words to that effect.
- d. On 19 November 2020, when discussing about the masks stated, *'I don't know why people believe them, they change their opinion so many times, they are taking the fun out of everything, it seems to me that the rich are getting richer and the poor are getting poorer'* or words to that effect.
- e. On 19 November 2020, when discussing about Matt Hancock and the trials for covid-19 sniffer dogs stated, *'how gullible can you be to believe that a dog can detect covid-19'* or words to that effect.

- f. On 19 November 2020, when discussing about the vaccine stated, *'the vaccines are so unsafe, what I am hearing now, especially this one it has never been done before, the RNA side which is quite new, when you look at the history, the Government half of them deny refusing that they have any links to pharmaceutical companies, the people pushing vaccines that are very wealthy, one of the most wealthiest in the world, what you hear in the media that he wants to re-populate the world and this seems to me their way of doing it, I hope it is not, ... see Agenda 21 and the plans they have for us, it is frightening'* or words to that effect.
- g. On 16 November 2021, when discussing the safety of the vaccine, and whether your view has changed on it being safe / necessary, stated, *'no I have been listening a lot to prime ministers questions and Boris Johnson talking down in parliament and he'd been talking about 18 years and they still haven't got a vaccine for Sars-Cov1, so I knew straightaway as soon as I've heard that there was no chance that they would get one safe for this, and obviously then it came out all the animal trials didn't go well with the previous attempts with the Sars-Cov1 so then all you need to do is look at the yellow card scheme, which is the same yellow card scheme I put on about the deaths'* or words to that effect.
- h. On 16 November 2021, when discussing about taking your name of the NMC register stated, *'they are all corrupt'* or words to that effect.
- i. On 16 November 2021 stated, *'Trusts are offering staff to go into a prize draw to get the flu jab'* or words to that effect.
- j. On 16 November 2021, when discussing the yellow card scheme provided statistics on deaths from those who received the Covid-19 vaccine, stating *'as of 5 November 2021 there had been 1,768 fatalities'* or words to that effect.

Schedule C (Shelley Tasker – Cornwall Revolution Show):

- a. On 25 November 2020, when discussing about the Government guidance stated, *'just assume that the Government, the guidelines and the NHS is all what you should be following, it is all evidence based. When I found out information that it was doing*

more harm than good I just kept researching and finding out more and more that I could' or words to that effect.

- b. On 25 November 2020, stated, *'we still don't know what the rationale is for any of it, they still haven't shown any evidence, and I have found plenty of evidence against wearing the mask, social distancing and isolation that affects your mental health and physical health being stuck at home'* or words to that effect.
- c. On 25 November 2020 when discussing about hydroxychloroquine, Trump, Trump's son, the Barrington Declaration, wanting a debate and choice stated, *'none of us are getting a choice, it is all demands, the demands that they making are pretty unrealistic, you can't get a dental check-up but you can go and get a tattoo, there is just no reasoning to me, it is health against something that is unnecessary'* and when it was put that there is no healthcare stated *'no'* in agreement, or words to that effect.
- d. On 25 November 2020, when discussing social distancing and patients not being able to see family stated, *'how is an old person going to feel, and they are not seeing any of the family and they might die because they are terrified about covid, when it is not actually terrifying as what they are making out if you give the right treatment'* or words to that effect.
- e. On 25 November 2020, when discussing about covid and whether it has been isolated stated, *'how can you vaccine against something that they have not isolated, I have shared on my page the PCR test is not fit for purpose ...'* or words to that effect.
- f. On 25 November 2020 stated, *'I am not an expert when it comes to infection control but I know what makes sense and what doesn't make sense and wearing masks the wetter they get and micro-organisms that you are breathing out have the potential to go through the mask ... if that mask gets wet bacteria and any viruses will stick to the mask itself and if you are wearing that for a prolonged period of time there will be a high viral load there, and if take a big yawn or breath in deeply, you will take that straight into your lungs, a number of viruses that you will have to fight off, that is one of my main concerns'* or words to that effect.

- g. On 25 November 2020 stated that the NHS *'are just following orders'* or words to that effect.
- h. On 25 November 2020 when discussing about the taking the vaccine stated, *'how can I justify saying go and do it when I don't believe in it, that is why I took myself out, I just can't bear to tell people what I don't agree without evidence to prove it, and I have not been given any evidence to prove that mask wearing is very safe ... the only evidence which I found online is that mask wearing is that it builds up carbon dioxide which makes you hypoxic which gives you other symptoms If you don't wear glasses you are at risk of getting the infection through your eyes as well'* or words to that effect.
- i. On 25 November 2020 when discussing about the vaccine stated, *'its not been tested, its not been regulated, or licenced, and as far as I am aware it has not been tested on animals They get tested to make sure they are safe'* and when going onto discuss about a nurse who had a boil on her face due to mask wearing stated, *'if that is what is happening to your skin with a mask on what is it doing to your insides when you are breathing that in, so it is terrifying, I am terrified for next week when the vaccines come out, I feel that the hospitals are going to be inundated with people with side-effects'* or words to that effect.
- j. On 25 November 2020 when it was stated that whether giving the vaccination would be a massive cull stated, *"it's all about saving money as far as the Government is concerned, will save a fortune in pensions and care homes and all that, it could well be, that's what terrifies me"* or words to that effect.
- k. On 25 November 2020, when discussing about what you showed your father stated, *'I showed him a video of Boris Johnson talking about Artificial Intelligence and robocop and it horrified me, it was like he was showing off saying what he could do to his people, its scary'* or words to that effect.
- l. On 25 November 2020, when discussing about why you went into nursing, stated, *'I went into nursing for care not to be part of a business'* or words to that effect.
- m. On 25 November 2020, when discussing about trusting the NHS, following rules, and why they are not asking questions, not knowing what is true from training or not about

vaccinations, stated, *'now I just feel it is a money making thing People that are pushing for the vaccines like Boris Johnson and Bill Gates are well known for talking about reducing the population, that's what scares me There is documentation in Boris Johnson's paper where he said that we need to reduce the population of the world and Bill Gates is saying that as well and if they are pushing the vaccines is their way of doing it? It takes around 5-years to produce a vaccine'* or words to that effect.

- n. On 25 November 2020 when discussing about your post regarding the vaccine confirmed that you had posted, *'giving the vaccine without proper testing is as good as genocide, like the holocaust, and that is what they had nurses doing in the holocaust'*, or words to that effect.
- o. On 25 November 2020, when discussing about the newspaper article stated, *'but there is still a lot of people that don't agree and like sheep who follow the rules'* or words to that effect.
- p. On 25 November 2020, when discussing about the vaccine and work stated, *'people taking the vaccine just to get back to normal, that's terrible, a nightmare ... taking the vaccine is like a get out of jail free card (laughs)'* or words to that effect.
- q. On 25 November 2020 stated, *'the World Freedom Alliance are looking to create their own healthcare service, like freedom to travel ... looking to set an independence away from Governments because we need our lives back'* or words to that effect.
- r. On 25 November 2020, when discussing about the NHS stated, *'the Government is wasting our money right, left and centre, this is all our tax money giving hundreds and thousands of pounds to consultants, it's all their pals'* or words to that effect.
- s. On 25 November 2020 when discussing about the masks stated, *'there is going to be a mass influx of elderly in hospital, and it worries me about kids wearing masks all day at school, because their wee brains are still developing their basically going to be hypoxic also what terrified me was patients having to wear masks all day and this includes respiratory wards, it horrifies me, because you want is when having shortness of breath is something covering your nose'* or words to that effect.

- t. On 25 November 2020 when discussing about two scientist who work for the CDC in America, stated, *'there was a probe in the mask whilst you are wearing and the levels were going off the chart only after a couple of minutes of wearing it ... how are people who will have to wear it 12 hours a day and kids wearing it they are not going to learn'* or words to that effect.
- u. On 25 November 2020 discussed what was happening in New Zealand about 'isolation camps' stated, *'if you refuse to be tested you will remain in the camp for another two weeks so it is a good incentive to get a test, I thought oh my god, they are taking us away from our homes If it is happening there, it's going to happen everywhere may happen here soon'* or words to that effect.
- v. On 25 November 2020 when discussing about Nicola Sturgeon stated, *'she came across like a dictator I don't trust any of them'* or words to that effect.
- w. On 25 November 2020, when discussing about Ireland stated, *'they have built isolation centre's or part of a smart city, it is just terrifying' and you go onto speak about 'David Ike and Agenda 31'* or words to that effect.
- x. On 25 November 2020, when discussing about the vaccine stated that Bill Gates *'was expecting that about 700,000 people will die from the vaccine'* or words to that effect.
- y. On 25 November 2020 stated, *'the one law that changed that really terrified me was the covert health power or something, that's the one that allows them to rape, murder, punish or torture you for not doing the right thing'* Or words to that effect.
- z. On the 25 November 2020 discussed the sniffer dog that can detect covid despite there not being a test to isolate covid stating that *'it is beyond belief'* or words to that effect.

Schedule D (Newspaper Articles)

The Daily Record / The Daily Mirror

- a. When approached about the comments on social media stated that *'stood by the content of your messages and believed you had been targeted by bosses for asking too many questions'*
- b. Stated that the *'anti-malaria drug hydroxychloroquine – trumpeted for its unproven health benefits by Donald Trump – could be key to tackling the pandemic'*.
- c. Stated that *'There are 170-odd peer reviews that have said they have had really good outcomes with hydroxychloroquine, zinc and vitamins C and D, because our immune systems are amazing things'*.
- d. Further stating, *'The drug is for malaria, but if it works, it works. I'd rather try that – something that's been around for years and is a good medication for a lot of things – than try a vaccine. I'm not being a guinea pig for that'*.
- e. When asked about comments referring to "genocide" when discussing corona vaccines, which saw her removed from the Nurses Roar nursing chat group with 34,000 members, you defended your views stating, *"What I was meaning was that nurses were fooled in the war, through the Holocaust, into giving people medication. There have been a lot of bad side effects. I know a lot of nurses who don't want to take it and I think if you don't want to take it then why give it to someone else?"*
- f. *'There was evidence that masks were a breeding ground for bacteria and viruses'* adding *'I just think people need to speak up when something's not right. I think too many people are blinded by what's on the telly and the minute you go on the internet and do some research you find the information you need. Don't just accept what you're told'*.
- g. *'I'm more concerned about the health of our society now. I couldn't justify being at work and people asking me about the efficacy of masks or vaccinations. I couldn't justify promoting them unless I knew they were promotable and safe. I always put my*

patients first. I'm just interested in keeping patients alive. I've only spoken out about what I believe in'.

Background and NMC submission on facts

Miss McCallum is a Registered Nurse who came onto the register on 4 February 2002. She was employed by NHS24 as a Band 6 nurse from 2009 to an unknown date in 2021. NHS24 is Scotland's provider of digital health and care services.

Charges 1 and 2

Between March 2020 and December 2021, Miss McCallum allegedly made several social media posts and comments, mostly on Facebook, pertaining to the global pandemic. It is alleged that she criticised and casted doubt on the national and international action being taken in response and suggested that there was a conspiracy to hide information and/or provide false information to the public. The posts also apparently suggested that the use of face masks was ineffective against COVID-19, and vaccines were dangerous, likening them to '*genocide*'.

In several of the posts, Miss McCallum allegedly identified herself as a nurse employed by NHS24. Concerns were raised by Miss McCallum's colleagues, and she was consequently suspended by NHS24. Miss McCallum shared the news of her suspension on social media, which was picked up by national news outlets. When approached about her comments by national newspapers, The Daily Record and The Daily Mirror, Miss McCallum allegedly repeated her anti-government, anti-mask, and anti-vaccine views, and allegedly stated that the anti-malaria drug hydroxychloroquine could be used to prevent and treat COVID-19. This was contrary to the studies referenced by the World Health Organisation ("WHO").

On 19 November 2020 Miss McCallum appeared on 'The Richie Allen Show' and on 25 November 2020 appeared on the 'Shelley Tasker Podcast Show' hosted by Cornwall Revolution Radio, in which she allegedly repeated her anti-government, anti-mask and anti-vaccine views. Miss McCallum was interviewed again on 'The Richie Allen Show' on

16 November 2021. When asked whether her views had changed, she allegedly repeated false information about the pandemic.

Charge 3(a)

Miss McCallum worked at NHS24 with Nurse Practitioner, Colleague A. In July 2020, Miss McCallum and Colleague A were locked out of their office for approximately 20 minutes. Following this incident, NHS24 invited Miss McCallum and Colleague A to an early resolution meeting about the incident.

On 3 November 2020, an individual responded to one of Miss McCallum's posts and allegedly encouraged her to stop mentioning NHS24. In response, Miss McCallum allegedly refused. She went on to allegedly add a screenshot of a post from Colleague A's page, which she did not have permission to do from Colleague A. Colleague A's name was visible in the screenshot.

Charge 3(b)

In one of Miss McCallum's Facebook posts, she recounted stories of patients she had helped as a nurse. She allegedly referred to the first name of a patient who had been on the spinal wards and detailed his condition before and after her care.

The NMC received referrals from two members of the public with respect to Miss McCallum's social media posts and podcast interviews, on 13 and 19 November 2020. They were allegedly concerned about the spread of misinformation concerning the COVID-19 pandemic and vaccines. NHS24 also submitted a referral to the NMC on 19 November 2020.

In January 2021, NHS24 commissioned an investigation into Miss McCallum's social media posts. At an investigation meeting on 18 January 2021, Miss McCallum acknowledged that she had made the posts and members of the public and patients may have been alarmed by a registered nurse questioning the safety and efficacy of the COVID-19 vaccines. She acknowledged that some of her statements had been generalised, inaccurate and/or false, and misleading. She further cited [PRIVATE] as a factor in her alleged conduct.

Miss McCallum continued to make social media posts of an anti-government, anti-mask and anti-vaccine nature. A fourth referral was received from a third member of the public on 27 June 2021 with the same concerns.

Miss McCallum's response

During a phone conversation with the NMC on 8 June 2023, it was recorded that Miss McCallum offered the following response:

'Failure to use social media responsibly':

[...] She says she never denied what she did - not once did she deny what she did. She says she did what she did when [PRIVATE] due to the way she had been treated at work - NHS24 took disciplinary action against her just because she had "been locked" out of office but they would not tell her what she had done wrong. She only returned to work for a week on a phased return, when this happened, and [PRIVATE]. She said work exacerbated this. [PRIVATE].

She says NHS24 refused [PRIVATE].

She says when everything regarding COVID-19 was coming to light, and she realized what was going on with vaccines, the tests, everything, [PRIVATE] and started reacting on social media. She holds her hands up to that. She says she has never reacted like this in the past. She had an exemplary record.

She says she did it because she was caring and advocating for patients, wanting them to understand that there was something sinister going on and nobody was interested in looking at the yellow card scheme or speaking to vaccine-injured [which she is now helping]

She says the Government won't recognise the vaccine injured - neither will the NHS - they're putting it down to anxiety, myocarditis, pericarditis, pots,

syndrome. and people are getting gas-lit. She says there were 30000 excess deaths this year more than 2020 but they don't care about it.'

'Contrary to official health advice':

'She said the concerns that she raised were raised the wrong way but everything said back then has come to light'

'Breach of confidentiality':

'[...] asked her about a response to this as there was not much evidence and referenced a Facebook post where she mentioned a patient [...] using a first name of a patient with no identifying information and I asked her to summarise her response to breach of confidentiality? She said she had an IO review where she was upset with her trade union who had, after she had told him what happened, gone back and summarised in his own way that she was "sorry" and she wanted to explain to me what happened.

She says what happened was they said she broke confidentiality at the Conduct meeting in relation to [Colleague A] because: following the day she was locked out with [Colleague A], she found out [Colleague A] [PRIVATE], they were both sent home, the office had to be deep cleaned so the whole office knew about it, but she was asked specific questions about it at the Conduct meeting by her manager which she answered. She was asked open questions about [Colleague A] and she indicated she revealed [Colleague A]'s name in a Facebook post – the name [Colleague A], She said she thought she had sent information in. She told the Conduct meeting she had [PRIVATE] before - had been up the whole night [PRIVATE] and went in and was in a terrible state and at that conduct meeting they asked her specific questions, which she says she has sent in.'

'Previous things written':

'She says she does not look at any of the previous things written because she is embarrassed by some of the things she wrote – written as she was so traumatized by everything that was going on.

[...]

She said there was nobody questioning and people were being made to be guinea pigs. Lots of doctors speaking all around the world including World Council for Health and Panda. She says Australia is paying out for vaccine injured. She says she has integrity and morals and can look at herself in the mirror, hope we can do the same.'

Miss McCallum also provided a further written response on 2 August 2023 in the form of an email. She stated that prior to and during the COVID-19 government restrictions, [PRIVATE]. She stated that this was [PRIVATE], NHS24. Moreover, Miss McCallum stated:

'I stated numerous [sic] times, I didn't deny what I had done, if I could change it I would but I can't. I acknowledged that it was not appropriate speaking on social media. Many of my views remain the same and many have been proven correct.'

Miss McCallum made representations in her most recent email dated 30 May 2024 to the NMC in which she submitted that she was exercising her freedom of speech in relation to her views in respect of COVID-19 and government advice. In respect of the confidentiality breach in respect of Colleague A/Witness 1, Miss McCallum submitted she [...] *has never denied and has taken full responsibility for her actions'*.

Decision and reasons on facts

In reaching its decisions on the facts, the panel took into account all the documentary evidence in this case together with the representations made by the NMC and the responses from Miss McCallum.

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

The panel had regard to the written statements of the following witnesses on behalf of the NMC:

- Witness 1/Colleague A: Former Colleague at NHS24 during the alleged events.
- Witness 2: Associate Director of Nursing for NHS24 at the time of the alleged events who conducted the local investigation.
- Witness 3: Former Colleague at NHS24 during the alleged events.
- Witness 4: Clinical Service Manager at NHS24 at the time of the alleged events.
- Witness 5: Miss McCallum's line manager at NHS24 at the time of the alleged events.

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

1. Between March 2020 and December 2021 made, on one or more occasions but not limited to, declarations and/or comments and/or posts set out in;
 - a. Schedule A.
 - b. Schedule B.
 - c. Schedule C.
 - d. Schedule D.

Charge 1 is found proved in its entirety.

In reaching this decision, the panel took into account the evidence of Witness 2, Witness 4, Witness 5 and carefully considered each documentary evidence in detail pertaining to Schedules A-D. The panel noted that it had no evidence that Miss McCallum had at any point sought to deny writing or saying any of the statements which were attributed to her.

The panel was uncertain as to what the words, *'but not limited to'*, in the charge were intended to add to its scope. In its consideration, the panel focused solely on the material which was set out in the schedules.

The panel first considered Witness 2's statement to the NMC dated 7 December 2021 and supplementary statement dated 10 May 2023. The panel acknowledged that Witness 2 conducted a local investigation which started on 18 January 2021 and submitted in February 2021 in respect of the allegations against Miss McCallum. The panel found Witness 2's evidence compelling given the comprehensive investigation that he undertook and the clear evidence before the panel that Miss McCallum did in fact make declarations and/or comments and/or posts as set out in Schedules A-D. The panel took into account the copies of the social media postings provided and referenced in Witness 2's investigation report. The panel therefore gave Witness 2's report considerable weight and took into account his overall conclusion:

'In the social media posts and interviews in national media [Miss McCallum] has made no effort to balance the available evidence and appears to have taken an extreme stance and a single viewpoint only.'

[...] [Miss McCallum's] *continued social media postings would not appear to align to her apology offered. Continuing to forward and post information in this manner would not appear to show insight that posting such information is imbalanced, misaligned to the actions of the UK\Scottish Governments, NHS Scotland and worldwide efforts in fighting the Covid-19 pandemic.'*

The panel noted the audio evidence (in which the panel was provided a written transcript) that showed Miss McCallum participated on a public forum to advance her declarations and/or comments on the Shelley Tasker Show on 25 November 2020 and the Richie Allen Show on 19 November 2020 and 16 November 2021.

The panel also had regard to Witness 5's statement to the NMC dated 7 March 2022. Witness 5 was Miss McCallum's line manager at the time of the alleged events. The panel noted that Witness 5 provided a consistent account in her interview with Witness 2 regarding the chronology of events relating to Miss McCallum's online posts and therefore supports Witness 2's evidence. Witness 5's evidence was further supported by Witness 4 in her statement to the NMC dated 15 November 2022 in which as the Clinical Services Manager at NHS24 at the time and spoke directly to Miss McCallum about posts she had raised. The panel therefore found Witnesses 2, 4 and 5's evidence compelling.

Accordingly, having considered all of the documentary evidence in Schedules A-D and the witness statements before the panel, it found that on the balance of probabilities, Miss McCallum made declarations, and/or comments and/or posts between March 2020 and December 2021 as those set out in Schedules A-D and therefore found Charge 1 proved in its entirety.

Charge 2

2. Any or all declarations and/or comments and/or posts as set out, but not limited to those, within the schedules in charge 1;
 - a. Was a failure to use social media and/or other media outlets responsibly, and/or
 - b. By presenting yourself as a registered nurse had the potential to undermine public confidence and/or trust by:

- i. Being divisive, and/or
- ii. Creating fear, and/or
- iii. Creating distrust,

Regarding the UK Government's advice and/or guidance and/or the NHS's role relating to the Covid-19 pandemic.

Charge 2 is found proved in its entirety.

The panel first considered Charge 2a. In reaching its decision, the panel took into account the documentary evidence before it, including the NMC social media policy (as referred to in 20.10 of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015) and section 7 'The Personal Use of Social Media by Staff' of NHS 24's Social Media Policy. As was the case in Charge 1, the panel was uncertain as to what the words, 'but not limited to', in the charge were intended to add to its scope. In its consideration, the panel focused solely on the material which was set out in the schedules.

The panel next had regard to the various screenshots of Miss McCallum's declarations and/or comments and/or posts on social media and/or other media outlets. Miss McCallum made comments and/or posted information in a way which was contrary to the NMC's guidance on social media:

'As a nurse, midwife or nursing associate, you have a responsibility to ensure that any information or advice that you provide via social media is evidence-based and correct to the best of your knowledge. You should not discuss anything that does not fall within your level of competence and you should avoid making general comments that could be considered inaccurate.'

The panel also took into account the Investigation Hearing notes from 18 January 2021 during the course of Witness 2's investigation into Miss McCallum's conduct:

'[Witness 2]: Asked [Miss McCallum] if she was qualified in virology, pharmacology and/or epidemiology or had specialist knowledge or

qualifications in these fields that would allow her to publicly speak as an authority on matters relating to Covid-19.

[Miss McCallum]: Confirmed that she was not. Explained that she was like any other registered nurse and that work should be evidence based.'

The panel also noted that the investigation report had highlighted comments made by Miss McCallum about managers within the NHS and NHS24 which included the following:

- *'management everywhere are bullies and control us, it's a game to see who can be the most sadistic'*
- *'management micromanage and destroy moral'*
- *'I have other nurses and unions that want to help us get rid of all the managers in the NHS who are taking the piss out of us all'*

The panel found that in light of the above evidence, Charge 2a is found proved. It was satisfied that Miss McCallum's declarations and/or comments and/or posts as set out within the schedules in Charge 1 was a failure to use social media and/or other media outlets responsibly regarding the UK Government's advice and/or guidance and/or the NHS's role relating to the COVID-19 pandemic.

The panel next considered Charge 2b. It had regard to Witness 3's statement to the NMC dated 3 March 2022. It also considered the evidence from Witness 2 which included screenshots of social media posts posted by Miss McCallum, and the audio and transcript evidence from the Shelley Tasker Show on 25 November 2020 and the Richie Allen Show on 19 November 2020 and 16 November 2021 in which Miss McCallum very clearly identified herself as an NHS Nurse, and at times used this to advance her views on these platforms, for example:

- *'Obviously, as a nurse, we should be able to rationalise anything that we do, and know why we're doing it. I don't just follow, I need to know why I'm doing something, and what the reason is for it, and what the outcome is supposed to be. Just everything – everything that they're doing with the social distancing, the masks, the vaccinations [...]'* - The Shelley Tasker Show, 25 November 2020.

- *'I've never questioned them before, despite – I've got family members that have questioned them but I've never questioned them before, because I was a nurse and I just trusted my training and what I'd learned throughout nursing. In the same token, I know that vaccines aren't usually that quick and can't be made, it's usually five to 10 years. So how they could 1 manage to do it in six months, I don't know'.*
The Richie Allen Show, 19 December 2020.
- In a social media post in which she gave her opinion on tests and vaccines for COVID-19, Miss McCallum stated, *'I've said my piece, will probably lose my job for writing this but I think since we are all our patients [sic] advocates, we have a duty as nurses [...]*'
- *'Hi guys. I'm a Nurse with Nhs24 and I decided to whistle blew last night once I had enough evidence to justify giving up my only income. I have lots of information that is very concerning to primary care [...]*'. Undated comment on Facebook.

The panel also had regard to the social media posts by Miss McCallum in which she made comments stating:

- *'DITCH THE JAB'*
- *'vaccines that don't treat the illness, shameful and we are the Guinea pigs'*
- *'[...] can you share whistle blowing poster and the letter showing covid doesn't exist please'*
- *'[...] vaccines that have been rushed through. And from the amount of folk that have already died from them, yes folk have died but that's not out on the bbc. Which is why I'm begging you all to just look for yourself'.*

Miss McCallum's posts and statements included repeated and wide-ranging criticisms of the Government's response, such as:

- References to the Government having *'created covert intelligence health Bill - Allows them to rape, murder, torture or anything else they feel like doing to us'.*
- Claims that vaccination would be a *'massive cull'* that was *'all about saving money as far as the Government is concerned, will save a fortune in pensions and care homes and all that'.*

The panel determined that those viewing or hearing Miss McCallum's declarations and/or comments and/or posts would have placed weight on her views given that she had presented herself as a registered nurse working within the NHS during the period of COVID-19 when social media was rife with sometimes inaccurate information. Miss McCallum's status as a nurse would have carried weight and therefore, her declaration/comments/posts could well have been misconstrued as factually correct.

The panel found that there was considerable evidence before it that Miss McCallum has presented herself as a registered nurse. It was also satisfied that what she said had the potential to undermine the public confidence and/or trust by being divisive, creating fear and distrust regarding the UK Government's advice and/or guidance and/or the NHS' role relating to the COVID-19 pandemic. Accordingly, the panel also found Charge 2b proved in its entirety.

Charge 3

3. Breached confidentiality by;
 - a. Posting on or around 3 November 2020 information relating to Colleague A's employment dispute, without Colleague A's permission, on your Facebook wall.
 - b. Posting information relating to Patient A's health when they were on the spinal ward.

Charge 3a is found NOT proved.

Charge 3b is found proved.

In considering Charge 3a, the panel carefully considered the wording of the charge, '*on your Facebook wall*'. The panel took into account Colleague A/Witness 1's undated (but signed) statement to the NMC which stated:

'The registrant posted on her Facebook profile or "wall". The registrant tagged me and said that NHS24 had pulled us both into the meetings. I felt at

the time that the public would see this that I had been in trouble at work which wasn't the case. [...] I deleted the bit where she tagged me'

The panel also had regard to the email from Colleague A/Witness 1 to Witness 5 dated 5 November 2020:

'As per our discussion on 5 November 2020, I can confirm I did not give permission for my business regarding a work conduct issue to be discussed publicly on Facebook.

Another post on my own facebook occurred on Nov 3rd at approx 01:15 where Tracey McCallum wrote directly on my own page without invite

"Oh and remember what we went through with that conduct shit. That was deliberate to get me out the way. They knew I'd challenge it! I've tried. Good luck if you don't go off sick as you'll most definitely need it. Oh and if folk stopped going for tests this would all bloody end. Compare Kings and Imperial figures."

I deleted this from my page within minutes however retain a screen shot of it, should it be required.'

The panel took the view that whilst there was evidence that there had been an earlier posting on Miss McCallum's Facebook 'wall', it had insufficient evidence before it to find Charge 3a proved. The panel has not been provided with the exact social media post, and as such, it cannot determine whether Miss McCallum did in fact breach confidentiality in relation to Colleague A/Witness 1 on or around the 3 November 2020 by posting on Colleague A/Witness 1's Facebook 'wall'. Therefore, it does not find Charge 3a proved.

In considering Charge 3b, the panel had regard to Miss McCallum's undated Facebook post:

'I also remember [Patient A] in spinal who was told he'd never raise his hands or arms about his waste [sic] We worked hard and he walked down the ward [...]

The panel acknowledged that Miss McCallum appeared to be recounting a patient's condition and whilst it is not uncommon for nurses to reflect on previous patients, they clearly should not identify them publicly. The panel had evidence that Miss McCallum had used a first name in referring to Patient A in her post and was satisfied that this was a breach of confidentiality. For those reasons, the panel found Charge 3b proved on the balance of probabilities.

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 Miss McCallum'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, Miss McCallum'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.'

In submissions, the NMC 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 where Miss McCallum’s actions amounted to misconduct which included, 1.1. 5.1. 6.1, 9.3, 17.3, 19.3, 20.1, 20.1, 20.2, 20.3, 20.4, 20.7, 20.8, 20.10, 21.4 and 21.6. The NMC also referred to the NMC’s Guidance on ‘*Guidance on using social media responsibly*’.

The NMC further submitted as follows:

‘23. We consider the misconduct serious because over a significant period Miss McCallum used her status as a registered nurse to widely promote health advice which was contrary to recommended practice and official health advice. Miss McCallum also encouraged members of the public to distrust or disregard official health advice. She promoted conspiracy theories unsupported by evidence and propagated the view that there was not a global Covid-19 pandemic, and that members of the nursing profession, other healthcare professionals, the Government, and the WHO were complicit in genocide. She did this by way of social media, radio and/or podcasts and newspaper interviews. Her conduct took place in the context of a global pandemic, both during and in the immediate aftermath.

24. The near consensus view of the scientific and medical community is that by advising contrary to official health and medical advice, this will place members of the public and others they encounter at risk of contracting Covid-19 and therefore at risk of serious harm.

25. Furthermore, Miss McCallum breached the confidentiality of her colleague and a patient by including their personal information in her social media posts. It is submitted that her actions fall far short of the standards expected of a registered nurse.’

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) and *R (on application of Cohen) v General Medical Council* [2008] EWHC 581 (Admin).

The NMC invited the panel to find Miss McCallum's fitness to practise impaired and referred to the principles laid out in *Grant*. The NMC submitted that limbs a), b) and c) of *Grant* are engaged.

In addressing limb a), the NMC submitted that whilst Miss McCallum is personally entitled to her views, her conduct is likely to encourage members of the public to act contrary to medical advice given and laws implemented for their safety. Further, the NMC submitted that her engagement on a public platform may have reinforced the views of those who did not accept the seriousness of COVID-19, the need for lockdown and the vaccines, and perhaps encouraged people to act in a way which placed them and others at risk of serious and potentially fatal harm. The NMC submitted that her promotion of treatment not indicated for COVID-19 may have placed those who followed her suggestions at unwarranted risk of harm.

The NMC submitted that Miss McCallum placed a patient at risk of harm by breaching a patient's confidentiality in posting their condition in one of her social media posts. The NMC submitted that breaching confidentiality undermines the trust placed in healthcare professionals and can result in members of the public feeling reluctant to seek clinical assistance when required, thus placing them at risk of harm. Additionally, Miss McCallum further breached Colleague A's confidentiality and caused her harm, as she feared reputation damage.

In addressing limb b) and limb c), the NMC submitted that breaching a patient's and Colleague A's confidentiality and Miss McCallum using her status as a registered nurse to promote her anti-government, anti-mask, anti-vaccine, and COVID-19 conspiracy theories during and in the immediate aftermath of a global pandemic, brought the reputation into

disrepute. Moreover, Miss McCallum acted contrary to the conduct expected of registered professionals and has thus breached the fundamental tenets of the nursing profession.

The NMC next referred the panel to *R (on application of Cohen) v General Medical Council* and the relevant NMC Guidance. In consideration of whether the concern is remediable, the NMC submitted that Miss McCallum used her position as a registered nurse to put forward her views in an attempt to coerce the public. The NMC also submitted that there are attitudinal concerns in this case, which cannot be addressed by training or supervision. The NMC submitted that Miss McCallum promoted her anti-government, anti-mask, anti-vaccine, and COVID-19 conspiracy theories over various platforms during and in the immediate aftermath of a global pandemic. The conduct continued after the concerns had been brought to her attention by virtue of the Trust and NMC investigations. The concern is thus not easily remediable.

In considering Miss McCallum's insight, the NMC submitted that Miss McCallum demonstrated limited insight into the seriousness of her actions and highlighted Miss McCallum's responses to the NMC on 2 June 2023, 5 July 2023, 2 August 2023 and 30 May 2024. In the absence of full insight and remediation, the NMC submitted that the misconduct is likely to be repeated and therefore a finding of impairment is required for the protection of the public.

In relation to the wider public interest considerations, the NMC submitted there is a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behaviour. An experienced nurse is expected to preserve safety, prioritise people, and promote and practise in line with those national, evidence-based standards as well as to act within the law. Miss McCallum is also expected to uphold trust in nurses and the reputation of the profession. Her conduct has undermined that trust and confidence in the profession. It also created the risk of causing a member of the public to take risks with their own health and wellbeing by avoiding treatment or care from nurses. Members of the public are likely to have been shocked and offended to learn of Miss McCallum's conduct, and public confidence in the profession, and professional standards, and the regulatory would be seriously undermined if the NMC did not take any action.

The panel had regard to Miss McCallum's most recent email response, when considering misconduct and her fitness to practise, sent to the NMC dated 30 May 2024, as follows:

'4. Freedom of speech and freedom of thought. The respondent believes that the government advice was purely just advice and advice throughout this year changed many times without any scientific evidence and in fact the same government did not follow their own advice. Conspiracy theories are derogatory term to discredit ones [sic] thoughts or beliefs and are only a theory until proven to be the case. The Scottish and Uk covid inquiries seem to be bringing much of these theories to light that they were in fact no longer conspiracy theories. Regarding her employer, the employer (team leader) seems to be the person who actually sent newspapers to the respondents [sic] home address. The same nurse targeted the respondent with conduct policy which was the trigger to the breach of confidentiality but note that the employer had not afforded the patient the same confidence and had actually opened notes and was common knowledge within the office. The respondent was sacked without severance pay or holiday pay.

5. The respondent has submitted much evidence to support her "conspiracy theories" proving they are not theories, to the nmc which have never been answered or proven to be wrong. She also whistleblew [sic] within nhs24 and again nothing. The respondent has had no history of any controversial behaviour and has in fact been an exemplary nurse/employee for 18 years prior to this episode.

6. Note that the respondent has never harmed any patient. Unlike, many nurses and other health professionals who have administered covid 19 vaccinations without giving patients full and informed consent [sic]. Noting that patients who were given these vaccinations were never told they were in a clinical trial, that the animal testing had been skipped, that previous attempts for sars cov 1 [sic] vaccine had always failed at the animal trials. Many patients were coerced to take vaccinations, to go on holiday, to keep their job and even to visit sick relatives in hospital. They were sold the vaccine "to protect granny" "to stop transmission" only now to be told that it

reduces likelihood of hospitalisation. This means that any nurse or clinician administering these injections, have not followed the NMC guidelines, specifically, the “safe administration of medicines” and have not followed their code of conduct.

7. The respondent has never denied and has taken full responsibility for her actions. But would argue that the nmc are insinuating that confidentiality breach was against numerous patients and colleagues. It was a member of staff who the respondent had been asked to assess and very little information was disclosed (her first name, fever and being locked out office – from recollection). The fact the respondent and her colleague had been put through a conduct policy without being told what they had done was the trigger for disclosing this information. [PRIVATE]. The respondent told her manager at the time that if she had been arrested by the police at least she would have known what she was being charged with. [PRIVATE].

[...]

Throughout my time as a nurse, I was always proud to be a nurse and performed my duties to the best of my ability and care and attention that I would want for my own family. Sadly, the nhs and related organisations are all run as business for profit and certainly not for health and benefit of patients. Sadly, far too many people have lost trust in healthcare and governments since the pandemic and has worsened now that most people are aware of the vaccine harms and are horrified that the nhs are still promoting these to elderly and children - the most vulnerable people in society. The Scottish Covid Inquiry is very enlightening to the degree of the harms caused by both health care staff and the government/nhs policies and guidelines. Finally, I reiterate that the Respondent is happy for the NMC to remove her from their register. She will not apply to be removed and will not be engaging with the NMC going forward. The amount of paperwork, emails etc, at times, can be excessive and at times viewed by the respondent as harassment.'

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments and the relevant NMC Guidance. These included: *CHRE and Grant, Adil v General Medical Council*) [2023] EWHC 797 (Admin) and *Cheatle v General Medical Council* [2009] EWHC 645.

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

'5 *Respect people's right to privacy and confidentiality*

To achieve this, you must:

5.1 *Respect a person's right to privacy in all aspects of their care.*

6 *Always practise in line with the best available evidence*

To achieve this, you must:

6.1 *Make sure that any information or advice given is evidence-based including information relating to using any health and care products or services.*

9 *Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues*

To achieve this, you must:

9.3 *Deal with differences of professional opinion with colleagues by discussion and informed debate, respecting their views and opinions and behaving in a professional way at all times.*

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

To achieve this, you must:

17.3 *Have knowledge of and keep to the relevant laws and policies about protecting and caring for vulnerable people.*

19 *Be aware of, and reduce as far as possible, any potential for harm associated with your practice*

To achieve this, you must:

19.3 *Keep to and promote recommended practice in relation to controlling and preventing infection.*

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

To achieve this, you must:

20.1 *Keep to and uphold the standards and values set out in the Code*

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

20.3 *Be aware at all times of how your behaviour can affect and influence the behaviour of other people.*

20.4 *Keep to the laws of the country in which you are practising.*

20.7 *Make sure you do not express your personal beliefs (including political, religious or moral beliefs) to people in an inappropriate way.*

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

20.10 *Use all forms of spoken, written and digital communication (including social media and networking sites) responsibly, respecting the right to privacy of others at all times.*

21 Uphold your position as a registered nurse, midwife or nursing associate

To achieve this, you must:

21.4 *Make sure that any advertisements, publications or published material you produce or have produced for your professional services are accurate, responsible, ethical, do not mislead or exploit vulnerabilities and accurately reflect your relevant skills, experience and qualifications.*

21.6 *Cooperate with the media only when it is appropriate to do so, and then always protecting the confidentiality and dignity of people receiving treatment or care.'*

The panel also had regard to the relevant paragraphs from the NMC's guidance on social media:

'As a nurse, midwife or nursing associate, you have a responsibility to ensure that any information or advice that you provide via social media is evidence-based and correct to the best of your knowledge. You should not discuss anything that does not fall within your level of competence and you should avoid making general comments that could be considered inaccurate.'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. The panel acknowledged that Miss McCallum stated in her response to the NMC that she was exercising her right to free speech in respect of her views regarding COVID-19 and the government guidance. The panel therefore considered *Article 10(1) of the European Convention on Human Rights 1998* which deals with freedom of expression. However, it formed the view that her actions exceeded her qualified right to freedom of expression. The panel was of the view that having considered the various breaches of the Code and the relevant NMC guidance, the behaviour clearly amounted to misconduct. Miss McCallum has represented herself clearly as a registered nurse. She had a duty to preserve safety, prioritise people, and promote and practise in line with those national,

evidence-based standards as well as to act within the law. She expressed her views across the public platforms in a manner which is not evidence based or coherent. The panel took the view that Charges 1 and 2 which is found proved amounted to serious misconduct.

In respect of Charge 3b, the panel took the view that there is insufficient evidence to show that harm was caused to Patient A. It had no evidence to show that the name which Miss McCallum had used was Patient A's actual name. As such, whilst the panel considers that any breaches of confidentiality are concerning, it does not find Miss McCallum's action on what appears to be a single occasion amounted to serious misconduct.

The panel therefore found that Miss McCallum's actions in Charges 1 and 2 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, Miss McCallum's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the NMC Guidance, 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. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. 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) [...]'*

The panel found that limbs a), b) and c) of *Grant* are engaged. Whilst there was no known actual harm caused to patients, the panel found that patients were placed at unwarranted risk of harm in that impressionable members of the public who may have heard or were

informed of Miss McCallum's views could have been deterred from seeking advice from their healthcare professionals. Alternatively, if members of the public were to act on the treatment suggested by Miss McCallum, they may have placed themselves at serious risk of harm. Miss McCallum's misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

Regarding insight, the panel considered that Miss McCallum has not demonstrated sufficient insight and understanding as to how her actions placed patients at a risk of harm, why what she did was wrong and how this impacted negatively on the reputation of the nursing profession. It is clear from her response during the local investigation and in her response to the NMC that her views remained, thereby showing very limited remorse. Miss McCallum failed to understand how her actions may have been construed as factual by patients, services users, readers and listeners when in fact they contained inaccurate information, generalisations and opinion. Therefore, the panel concluded that Miss McCallum lacked sufficient insight into her conduct.

The panel was satisfied that the misconduct in this case is capable of being addressed if Miss McCallum were to provide sufficient and meaningful remorse and reflection and strengthening of practice.

The panel took the view that in light of a lack of insight and remorse, there is a risk of repetition based on the deep-seated attitudinal concerns identified in this case. The panel has no evidence of strengthening of practice or a meaningful reflection from Miss McCallum. She made it clear in her responses to the NMC that she was no longer engaging with the NMC and wished to be removed from the register, and therefore, in the absence of sufficient insight and remorse, a risk of repetition remains. The panel decided that a finding of impairment is therefore 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 profession and upholding the proper professional standards for members of those professions. The panel was also satisfied that a finding of impairment is also necessary in the wider public interest.

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

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of 12 months. The effect of this order is that the NMC register will show that Miss McCallum's registration has been suspended.

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 with the attached documentation, dated 27 August 2024, the NMC had advised Miss McCallum that it would seek the imposition of a 12-month suspension order with review if it found Miss McCallum's fitness to practise currently impaired.

In submission, the NMC highlighted the following aggravating and mitigating features:

Aggravating factors:

- Abuse of position when spreading misinformation
- Demonstrated a lack of professionalism
- Potential risk of harm to members of the public
- No in-depth insight / reflection
- Conduct that took place over a significant period of time
- Not a single instance of misconduct
- Harmful deep-seated attitudinal behaviour

Mitigating factors:

- [PRIVATE]
- No evidence/link that the conduct caused actual harm
- Admissions at local level
- Developing insight / understanding demonstrated
- No clinical practice concerns.

The NMC submitted that taking no further action or imposing a caution order would be inappropriate as they do not reflect the seriousness of the misconduct or protect the public or maintain the public interest in the profession.

The NMC submitted that a conditions of practice order would be inappropriate given that the concerns do not involve clinical failings, but instead relate to Miss McCallum's underlying deep-seated attitudinal issues in her private life.

The NMC submitted that a suspension order is the appropriate order. The misconduct in Miss McCallum's case is very serious, as it took place over a significant period of time with the potential of causing harm to members of the public. It demonstrated a lack of professionalism and a failure to use social media responsibly. The NMC submitted that Miss McCallum used her position as a registered nurse to spread misinformation and/or unbalanced information that had the potential to undermine the Government's or NHS's approach to COVID-19 thus potentially spreading fear and mistrust. The NMC submitted that Miss McCallum has a responsibility as a registered professional to understand how her conduct could affect others and to provide balanced evidence-based information which is in line with the treatment/advice that is being provided at the time.

The NMC submitted that whilst there is a risk that public confidence in the profession would be severely undermined if Miss McCallum was not removed from the register, it has taken into account her local admissions and evidence of some, albeit extremely limited, insight and remorse. The misconduct was confined to a limited period. During the local investigation, she accepted that such comments and posts could have been construed as factual by patients, services users, readers and listeners when in fact they contained inaccurate information, generalisations and opinion. Miss McCallum also agreed that the comments/posts could be construed as divisive, dangerous, inaccurate and could

influence, incite and be detrimental to others; admitting that she was unsure of or did not consider the consequences or impact on others. The NMC has also considered [PRIVATE] as mitigation and that a suspension order would suffice not only protect the public from harm but importantly send out the message that such conduct cannot be tolerated, protecting the sanctity of confidence and standards being maintained with the profession. It would also afford Miss McCallum the opportunity to further reflect and develop her insight.

The NMC submitted that a striking-off order would be inappropriate, as it is not the only sanction that would address the public safety and public interest concerns.

Decision and reasons on sanction

Having found Miss McCallum'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:

- Abuse of position when spreading misinformation.
- Demonstrated a lack of professionalism.
- Potential risk of harm to members of the public.
- No in-depth insight / reflection.
- Conduct that took place over a significant period of time.
- Not a single instance of misconduct.
- Harmful deep-seated attitudinal behaviour.

The panel also took into account the following mitigating features:

- Miss McCallum's [PRIVATE] may well have contributed to her actions, although the panel has no [PRIVATE] support Miss McCallum's assertions at this stage:
 - In Miss McCallum's email dated 2 August 2023 she stated:
[PRIVATE].'

- No direct evidence that the conduct caused actual harm.
- Early admissions at local level.
- Some limited insight/understanding demonstrated
 - In Miss McCallum's email dated 2 August 2023:

'I stated numerous [sic] times, I didn't deny what I had done, if I could change it I would but I can't. I acknowledged that it was not appropriate speaking on social media. Many of my views remain the same and many have been proven correct.'
- No clinical practice concerns.

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 Miss McCallum'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 Miss McCallum'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 conditions of practice on Miss McCallum'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 general incompetence;*

The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of its findings in this case. The misconduct identified in this case relates to deep-seated attitudinal concerns, therefore, the panel concluded that the

placing of conditions on Miss McCallum's registration would not adequately address the seriousness of this case and would not protect the public and in particular address the risk of repetition.

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;*

The panel noted that there was a continuing pattern of misconduct over a significant period of time (between 2020 and 2021) and there is evidence of harmful deep-seated attitudinal problems. However, the panel has no evidence before it to indicate that Miss McCallum's misconduct has continued to this present day and Miss McCallum appears to provide some level of insight (despite maintaining that her views about COVID-19 and the government guidance remained), the panel considered whether a suspension order would be proportionate given the seriousness of the case.

The panel carefully considered that the Charges found proved do not relate to Miss McCallum's clinical practice. The panel had no evidence that any patients were caused actual harm as a direct result of Miss McCallum's conduct. It also noted that Miss McCallum [PRIVATE] at the time had an impact on her actions during the events, albeit there is [PRIVATE] to support this. The panel noted that in the absence of such evidence, it placed weight on the local investigation's concerns surrounding [PRIVATE].

The panel went on to consider whether a striking-off order would be proportionate. The panel gave very careful consideration as to whether a suspension order would be a sufficient sanction to mark the seriousness of the misconduct in this case. The panel

concluded, taking account of all the information before it, and the mitigation provided, that a striking off order would be disproportionate at this stage.

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

The panel noted the hardship such an order will inevitably cause Miss McCallum. 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 12 months with a review was appropriate in this case.

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:

- Evidence of Miss McCallum's re-engagement with the NMC.
- Written reflective piece from Miss McCallum demonstrating her acceptance of the seriousness of the Charges found proved, the impact on the public and the profession and a clear indication of her desire to return to the nursing profession.

Taking account of the panel's findings in deciding to impose a suspension order rather than a striking-off order, this panel's assessment is that, in the absence of its expectations set out above, a reviewing panel might well consider making a striking-off order at that point.

This will be confirmed to Miss McCallum in writing.

Interim order

As the suspension 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 Miss McCallum's own interests until the suspension sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Representations on interim order

The panel took account of the representations made by the NMC that an interim order in the same terms as the substantive order should be imposed on the basis that is necessary for the protection of the public and otherwise in the public interest.

The NMC further submitted that if a finding is made that Miss McCallum is impaired on a public interest basis only, an interim suspension order should be imposed on the grounds of public interest and otherwise in the public interest.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months to protect the public and is otherwise in the wider public interest. It also deemed that an interim suspension order for 18 months would be appropriate to cover the appeal period.

If no appeal is made, then the interim suspension order will be replaced by the substantive suspension order 28 days after Miss McCallum is sent the decision of this hearing in writing.

That concludes this determination.