

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

**Substantive Hearing
16-20 October 2023
2-4 and 9 July 2024
7-8 August 2024
18 October 2024**

Virtual Hearing

Name of Registrant: Rachel Olive Kate Mayhew

NMC PIN 95J0441E

Part(s) of the register: Community Practitioner - Nurse prescriber

Relevant Location: Isle of Wight

Type of case: Misconduct

Panel members: Richard Weydert-Jacquard (Chair – Registrant member)
Sophie Kane (Registrant member)
Anne Phillimore (Lay member)

Legal Assessor: Jayne Salt
Nina Ellin KC [18 October 2024]

Hearings Coordinator: Vicky Green

Nursing and Midwifery Council: Represented by Victoria Shehadeh, Case Presenter [16-20 October 2023]
Represented by Hazel McGuinness, Case Presenter [2-4 and 9-10 July 2024]
Represented by Uzma Khan, Case Presenter [18 October 2024]

Miss Mayhew: Present and represented by Simon Holborn [16-20 October 2023 and 9 July 2024] and Special Counsel Dr Francis Graydon [16-17 October 2023]
Present and not represented [2-4 July 2024]
Present and represented by Simon Holborn [18 October 2024]

Facts proved by admission: Charges 1)a), 1)b), 1)c), 1)d), 1)e), 1)g), 1)j), 1)k), 1)l), 1)m), 1)p)

Facts proved: Charges 1)h), 1)n), 1)o)

Facts not proved: Charges 1)f), 1)j)

Fitness to practise: Impaired

Sanction: Conditions of practice order – 18 months

Interim order: Interim conditions of practice order – 18 months

Details of charge

That you, a registered nurse:

- 1) Between February 2017 and November 2019 breached professional boundaries with Service User A in that you:
 - a) Provided Service User A with your personal mobile telephone number; **[Proved by admission]**
 - b) Took Service User A running outside of your working hours; **[Proved by admission]**
 - c) Exchanged numerous text messages with Service User A using your personal mobile telephone number; **[Proved by admission]**
 - d) Sent Service User A a message containing a picture of [PRIVATE]; **[Proved by admission]**
 - e) Purchased a mobile telephone from Service User A; **[Proved by admission]**
 - f) Allowed Service User A to accompany you in your car whilst you visited other service users; **[Not proved]**
 - g) Gave Service User a Christmas card which contained personal information about [PRIVATE]; **[Proved by admission]**
 - h) Asked Service User A to make a birthday cake [PRIVATE]; **[Proved]**
 - i) Discussed personal information about other service users with Service User A; **[Not proved]**
 - j) Assisted Service User A to move home; **[Proved by admission]**
 - k) Offered to buy and accepted a sofa from Service User A **[Proved by admission]**
 - l) On one or more occasions allowed Service User A to visit your home; **[Proved by admission]**
 - m) On one or more occasions allowed Service User A to work in your garden; **[Proved by admission]**
 - n) On 3 September 2018 invited Service User A to stay overnight at your home; **[Proved]**
 - o) Asked Service User A to purchase alcohol for you; **[Proved]**

- p) Continued to see Service User A after they had been discharged from your care/service. **[Proved by admission]**

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

Decision and reasons on application for Special Measures

[PRIVATE].

Supplementary information in respect of Special Measures

[PRIVATE].

Decision and reasons on application for parts of the hearing to be held in private

Prior to Service User A giving evidence, Ms Shehadeh made a joint application for any parts of her evidence that refer to your health or private life to be heard in private. She submitted that any matters relating to your health or private life should be heard in private to protect your right to privacy. Ms Shehadeh submitted that hearing just these parts of the hearing in private strikes the balance between open justice and protecting your right to privacy. This application was made pursuant to Rule 19.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

The panel accepted the advice of the legal assessor.

The panel determined to go into private session as and when reference is made to your health or private life so as to protect your right to confidentiality.

Decision and reasons on application to adjourn

On day four of the hearing Miss Mayhew was not in attendance. At this stage the panel had heard evidence from Service User A and expected to hear evidence from Miss Mayhew. However, Mr Holborn made an application to adjourn this hearing. [PRIVATE].

Ms Shehadeh submitted that as there are still two days remaining in the hearing and [PRIVATE], this application is potentially premature. She referred the panel to the NMC Guidance on '*When we postpone or adjourn hearings*' (Reference: CMT-11 Last Updated 13/01/2023), [PRIVATE].

Ms Shehadeh invited the panel to pause its consideration on an application for an adjournment until it had been furnished with further information.

The panel decided to retire and resume on the morning of day five to allow the opportunity to receive an update and to potentially consider an application to adjourn. [PRIVATE].

On day five of the hearing the panel and parties reconvened and heard further submissions.

[PRIVATE].

[PRIVATE].

The panel accepted the advice of the legal assessor.

The panel had regard to the NMC Guidance on '*When we postpone or adjourn hearings*' (Reference: CMT-11 Last Updated 13/01/2023), in particular:

'In deciding whether or not to grant a postponement or adjournment, the decision maker should consider all relevant factors, including the following.

- ***The public interest in the efficient disposal of the case***

There is a public interest in considering fitness to practise allegations swiftly, in order to protect the public, and maintain confidence in the professions and us as a regulator. Although delaying a hearing may mean that witnesses find it harder to remember their evidence, there may also be a public interest in delaying the hearing. For instance, if we need more time to get further evidence that will provide the Committee with a full understanding of the concerns when they make their decision.

- ***The potential inconvenience***

Postponing or adjourning a hearing may cause inconvenience to people who have made themselves available to attend and give evidence on the original hearing dates, and who may be unable to attend a hearing at a later date.

- ***Fairness to the nurse, midwife or nursing associate***

Postponing a hearing may allow a nurse, midwife or nursing associate, who is unable to attend original hearing dates, to attend a future hearing and give their evidence in person. For example, due to short term ill health or other commitments that were arranged before they were informed of the hearing date.'

[PRIVATE].

[PRIVATE].

The panel was mindful of the public interest in the expeditious disposal of cases. It was of the view that the public interest in Miss Mayhew receiving a fair hearing would outweigh its interests in an expeditious hearing in these circumstances. The panel had heard from Mr Holborn that Miss Mayhew is keen to engage and it was of the view that she should have the opportunity to put her case. The panel noted that the NMC had called all of its witnesses and that this hearing would not conclude in the allocated time even if we proceed today. Balancing all of these factors, the panel decided to grant the application to adjourn this hearing.

The panel made the following recommendations:

- [PRIVATE].
- [PRIVATE].

Decision and reasons application for an interim order

Having decided to adjourn the hearing, pursuant to Rule 32(5) of the Rules, the panel invited submissions on whether an interim order is necessary.

Ms Shehadeh submitted that in these circumstances the NMC is not inviting the panel to impose an interim order to cover the adjourned period. She submitted that Miss Mayhew was previously subject to an interim conditions of practice order and this was revoked in November 2021.

Mr Holborn agreed with the NMC submissions. He submitted that there is no necessity for an interim order as there has been no change in circumstances. Mr Holborn submitted that Miss Mayhew is currently working as a registered nurse and is working hard to strengthen her practice and develop her insight. He submitted that an interim order is not necessary as Miss Mayhew does not present a risk of harm to herself or the public.

The panel accepted the advice of the legal assessor.

The panel noted that 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 Mayhew's own interests during the adjourned period.

The panel was mindful that whilst the allegations are serious, it had not made any findings on the facts and, as a consequence, the level of risk in this case had not changed. The panel noted that Miss Mayhew was previously subject to an interim conditions of practice order which had been revoked in November 2021. The panel also noted that Miss Mayhew has been working as a registered nurse without concern and it had sight of some positive references from her current employer.

[PRIVATE].

Having regard to all of the above, the panel determined that an interim order is not necessary for the protection of the public and that the high bar for imposing an interim order solely on public interest grounds had not been met. [PRIVATE], the panel determined that an interim order was not needed in her own interests.

[This hearing resumed on 2 July 2024]

Background

The charges arose whilst you were employed by the Isle of Wight NHS Trust (the Trust) as a Senior Mental Health Practitioner. You provided care to a number of service users in the community including Service User A. It is alleged that when you first met Service User A, she lived at [PRIVATE] a mental health hostel. Service User A had an eating disorder and Post Traumatic Stress Disorder. Service User A also had a history of self-harming and she had attempted suicide on a number of occasions whilst living at the Hostel.

Concerns were raised to the Trust by Service User A and it is alleged that between February 2017 and November 2019, you acted outside of your professional capacity as a registered nurse and breached professional boundaries with Service User A. Following an internal investigation, you were dismissed by the Trust.

Decision and reasons on facts

At the outset of the hearing Mr Holborn, on your behalf, informed the panel that you made full admissions to charges 1)a), 1)b), 1)c), 1)e), 1)g), 1)j), 1)k), 1)l), 1)m), 1)p). When the hearing resumed on 2 July 2024, you informed the panel that upon reflection you now admitted charge 1)d).

The panel therefore finds charges 1)a), 1)b), 1)c), 1)d), 1)e), 1)g), 1)j), 1)k), 1)l), 1)m), 1)p) proved by way of your admissions.

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

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact

will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

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

- Service User A:

The panel also heard evidence from you under affirmation.

The panel accepted the advice of the legal assessor.

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

The evidence of Service User A

The panel noted that given the nature of the charges, the only direct evidence is from Service User A. In addition, as part of her evidence, Service User A also provided a sample of a number of electronic messages exchanged over the charge period between her and you. The panel took account of this *'independent'* evidence and noted that it supported a number of the allegations made by Service User A.

Service User A also attended the hearing to give oral evidence which the panel found to be of great assistance. The panel found that Service User A gave a balanced and largely detailed account of events to the best of her recollection.

Given that Service User A was the sole witness in this case, the panel considered that much of the evidence heard consisted of two conflicting accounts of the events, from the perspective of Service User A or you. Consequently, the panel gave careful consideration as to whether Service User A demonstrated any behaviour indicative of either a desire to fabricate events/details or having *"an axe to grind"* against you. The panel found that Service User A was very measured and fair to you in her evidence.

The panel was therefore satisfied that there was no reason for Service User A to fabricate her evidence.

Charge 1)f)

1) Between February 2017 and November 2019 breached professional boundaries with Service User A in that you:

f) Allowed Service User A to accompany you in your car whilst you visited other service users;

This charge is found not proved.

In reaching this decision, the panel had regard to all of the information before it. It had particular regard to the evidence of Service User A and to your evidence.

The panel had sight of Service User A's witness statement to the NMC dated 7 April 2022 in which she stated the following:

'While I was living at the hostel I sold Rachel my iPhone SE. I was going to sell it and was quoted £45 from the shop, but Rachel said she would buy it and offered me £60. I then spent the day with Rachel in her car helping her to set up phone, this was while she was working so during this time she was visiting service users.

I remember on this day she had to go and see a service user at a scheme in Shanklin for alcoholics. She parked in the car part off St John's road and I sat in the front while she went in. It was a courtesy car I remember. I did not go into any of the service users' houses.'

In oral evidence, under cross-examination, Service User A said that she did not know what the facility was as she had never been there before.

In your evidence, you told the panel that you accepted that you allowed Service User A into your car between the dates in question. You told the panel that you were not working when Service User A was in your car and that you did not visit any other service users. You told the panel that while Service User A was in your car, you drove to a place of work to pick up some information that you required for your shift the following day.

The panel noted you accepted that you did allow Service User A into your car. However, you disputed that you were at work and visiting service users while she was in the car. The panel had no evidence before it that you were on duty when Service User A was in your car or that you had visited other service users during this time. The panel found your evidence that you visited a workplace to collect information for the following working day to be plausible. In the absence of clear evidence that you were on duty and visited service users on the day in question, the panel determined that the NMC had not discharged its evidential burden in respect of this charge. Accordingly, the panel found this charge not proved.

Whilst the panel found this charge not proved based on the element of the charge relating to visiting other service users whilst having Service User A in your car, the panel considered that allowing Service User A in your car when there was no professional context/justification for this, was inappropriate and breached professional boundaries.

Charge 1)h)

1) Between February 2017 and November 2019 breached professional boundaries with Service User A in that you:

h) Asked Service User A to make a birthday cake [PRIVATE];

This charge is found proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the evidence of Service User A and to your evidence.

The panel had sight of Service User A's witness statement to the NMC in which she stated the following:

'I know her age as Rachel asked me to make a unicorn birthday cake. I gave her an invoice to cover the cost of materials as this was what was agreed but she gave me extra money as she was so happy with it. I told her that was not how much it had cost.'

In your evidence you told the panel that you were aware of Service User A's interest in baking cakes and that she often shared photos of cakes that she had baked. You told the panel that after you had informed Service User A that your [PRIVATE] birthday was upcoming, she offered to bake a birthday cake for you. You accepted the offer, placed an order for a cake and gave Service User A specifications.

Having regard to the above, the panel was satisfied that between the dates in question, you asked Service User A to make a birthday cake [PRIVATE]. The panel went on to consider whether this breached professional boundaries. The panel determined that having Service User A bake a birthday cake for [PRIVATE] was a clear breach of professional boundaries as there was no clinical or therapeutic justification for the interaction and it related to your personal life. The panel therefore found this charge proved.

Charge 1)i)

- 1) Between February 2017 and November 2019 breached professional boundaries with Service User A in that you:
 - i) Discussed personal information about other service users with Service User A;

This charge is found not proved.

In reaching this decision the panel had regard to all of the evidence before it. It had particular regard to the evidence of Service User A and your evidence.

The panel had sight of Service User A's witness statement in which she stated the following:

'I also remember talking about a girl I used to live with at [PRIVATE] called [Person B]. Rachel was supporting her in Ryde and told me that she felt really sorry for her because she was unwell.'

'I also told [Ms 1] about this eventually, being friends with Rachel made me seeing [Ms 1] for therapy very difficult. This is because [Ms 1] has an adult [PRIVATE] [Person C] and Rachel was [Person C's] nurse. Rachel told me things about [Person C] that I did not want to know. Rachel told me things like [Person C] had been feeling suicidal but she would still go and do her horses. Rachel told me that [Person C] was manipulative. It turns out that [Person C] [PRIVATE] on the island and I now know her as the island is a small place. [Person C] also has autism and I have always found [Person C] to be very nice.'

The panel had regard to your evidence in which you were adamant that you would not have shared personal and confidential information about service users with Service User A. In your evidence you said that you discussed medical conditions with Service User A but that you would not have disclosed any specific information relating to the condition or care of another service user.

In respect of Person B, the panel considered that by saying that you felt sorry for them and that they were "unwell" did not amount to a breach of confidentiality as it was a broad statement which did not divulge any specific personal information. In respect of Person C, the panel noted that Service User A had, during this period, a therapeutic relationship with the mother of Person C and in her statement above, states that she 'now knows Person C'. Given the lack of any specific evidence to show that information in respect of Person C came from you and not any other source, the panel determined that the NMC had not discharged its burden of proof in respect of this charge. Accordingly, the panel found this charge not proved.

Charge 1)n)

1) Between February 2017 and November 2019 breached professional boundaries with Service User A in that you:

n) On 3 September 2018 invited Service User A to stay overnight at your home;

This charge is found proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the evidence of Service User A and to your evidence.

The panel had regard to the witness statement of Service User A in which she stated the following:

'On the 3rd September 2018 I spent the night around her house and walked home at 5.50am. We had been to the beach I think and had had KFC the night before. I wanted to go home but she insisted I stay because it was late. She was being kind.'

In her oral evidence, Service User A told the panel that she remembered the time and date that she walked back from your house as she took a photo and posted it on social media.

In your evidence you told the panel that Service User A did not stay at your house on the night in question. You said that you remember that on an occasion around this time, Service User A had been working in your garden and as it was dark and late when she finished, you said that she could sleep at your house. You said that Service User A did not accept your offer and left. You told the panel that on the date in question, [PRIVATE] and you would not have offered Service User A to stay given that you were getting organised for [PRIVATE].

The panel found the evidence of Service User A to be clear, detailed, consistent, credible and reliable in respect of this charge. The panel considered that whilst you

deny inviting Service User A to stay overnight on the date in question, you admitted to having invited Service User A to stay overnight on another occasion. The panel found your defence that you would not have offered Service User A to stay overnight on the basis that [PRIVATE] the following day was questionable, as it is unclear as to why this would have prevented Service User A from being able to stay the night.

Taking all of the above into account, the panel concluded that it was more likely than not that on 3 September 2018, you invited Service User A to stay overnight at your home. The panel determined that inviting a service user to stay overnight at your home without clinical or therapeutic justification was a clear breach of professional boundaries. The panel therefore found this charge proved.

Charge 1)o)

1) Between February 2017 and November 2019 breached professional boundaries with Service User A in that you:

o) Asked Service User A to purchase alcohol for you;

This charge is found proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the evidence of Service User A and to your evidence.

The panel had sight of a number of text message communications between you and Service User A. In Service User A's text messages to you she stated the following:

'I need to go to sainsbury's for a colander. Do you need anything for tonight that I can drop in?'

You replied:

'Yes please. I have a colander?'

Service User A replied:

'Yeah but I do need one I just keep putting it off for fear it's extravagant. What would you like?'

You replied:

'Some wine and green milk.'

In your evidence you accepted that following the offer from Service User A, you had indeed asked her to purchase alcohol for you.

The panel was satisfied that you had asked Service User A to purchase alcohol for you between the dates in question. The panel also considered that asking a service user to purchase alcohol for you goes beyond that of a professional relationship and was a breach of professional boundaries. The panel therefore found this charge proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether your 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, your fitness to practise is currently impaired as a result of that misconduct.

Your evidence

Before hearing submissions on misconduct and impairment, the panel heard evidence from you under affirmation.

In response to a question from the panel about your reflection on the seriousness of forming a friendship with Service User A, you said that you fully breached professional boundaries, caused upset to Service User A and damaged the reputation of your employer, the NMC and yourself. You told the panel that you are not that person now, you have done reading, worked under an interim conditions of practice order and reflected upon everything. You said that you need to work on recognising your own triggers to be able to safeguard patients and yourself. You said that you have undertaken a lot of reflection on your own triggers, on why things went wrong, why you allowed the situation to happen and what you could do differently. You accepted that

you did not uphold the core principles of the NMC Code, and you did not promote professionalism and trust, and did not preserve safety or prioritise the patient.

You said that you are hugely regretful and that there has not been a day in the last five years that you have not thought about it. You told the panel that you have completed a lot of work on yourself, and you have reflected on a deeper level. You said that you have worked on recognising triggers and that you feel that you need a period of practice to embed your learning. You told the panel that you feel that you are able to maintain objectivity much more now and that you have worked on your assertiveness. You said that if you are faced with a situation in the future where a patient shares information that does not relate to their care plan, you would raise this and discuss with your line manager each time.

On return to practise, you said that you would speak to HR and carry out a risk assessment which you told the panel had been employed in a supportive manner by a previous employer. You said that you can share your journey and use your experience to educate colleagues. You suggested that you would benefit from having fortnightly supervision meetings with a line manager to review your progress in maintaining professional boundaries. You told the panel that you would like to return to work in a general team rather than working autonomously.

You told the panel that you are now fully aware of where professional boundaries lie and acknowledged your own triggers. You said that in your work in general environments, you can still have compassion and empathy but in a much “*tighter*” way. You said that you would not want to return to an environment where there is continual risk and potentially having the difficulties that you found yourself in. You said that you are acutely alert to issues about professional boundaries and that you are now confident and assertive and are able to articulate what information should not be shared in a polite way.

You told the panel to help you better manage personal stress and its resultant impact on your professional judgement, you now take part in more activities such as Yoga,

meditation and mindfulness. You said that you find that taking time out to step back and reflect is helpful.

In response to a question about what efforts you made to disengage with Service User A and what more could you have done, you said that you had a conversation with her about the NMC code and your responsibilities. You said that you tried to disengage by explaining that the friendship might become troublesome for her. You told the panel that when you received a card from Service User A, you found it to be quite awkward as you felt it was more friendly than professional, so you flagged with your team leader. You said that your team leader did not acknowledge your feelings about the card, and instead used it as a testimony to Service User A's progress within the service. You told the panel that you felt that you did not want to let Service User A down. You accepted that much more could have been done to prevent this situation. You said that if you had not shared your phone number with her, then the situation would not have escalated. You said that you are mindful of the subtleties of communication and you should have raised your concerns further when you felt like you were not being understood.

You said that if you found yourself in a similar situation in the future, you would escalate your concerns to a senior manager who could reinforce your position. You said that you are hoping to return to practice and have a good manager to build your confidence and you said that you would not work in the community.

When asked about your triggers, you said that allowing yourself to work under pressure was one of your triggers. You also said that "*caring too much*" was a trigger and you accept that this resulted in upset to Service User A, although your intentions were good, you need to remain within the principles of the NMC code and maintain boundaries. You said that when the charges arose, you were over enthusiastic which became unhelpful. You said that you felt inexperienced for the role you were in in the community. You said that you did not work well with the variety of the work and that you are more suited to a role where you have familiar patterns to follow. You told the panel that your judgement was impaired in a very unique situation, and that moving forward, you would not confuse a therapeutic relationship with a personal relationship again.

You told the panel that with reflection, you can see that your state of mind at the time was very different to how it is now. You said that you would be able to identify any signs of potentially crossing professional boundaries much earlier and that at the time you felt that you were helping with good intentions, but that this had a bad outcome for everyone involved. You said that you now want the opportunity to embed your learning in practice. You told the panel that you have been a nurse for many years and that you have never found yourself in a position like this, you said that this has been a massive learning journey for you. You said that you feel competent and capable, but going into a new environment, you would need supervision and support. You told the panel that you have missed being a nurse and would like to be able to return to work in the profession.

You told the panel that you would be removing yourself from social media going forward as you said that it was *“more trouble than it was worth”*.

Submissions on misconduct

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a *‘word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.’*

Ms Shehadeh 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. Ms Shehadeh identified the specific, relevant standards where in her submission, your actions amounted to misconduct. She also referred the panel to the case of *Roylance v GMC(No 2)* [2001] 1 AC 311.

Ms Shehadeh submitted that in your capacity as a very experienced nurse you crossed professional boundaries with Service User A. She submitted that despite knowing that your friendship with Service User A was inappropriate, you allowed this to develop and nurtured and encouraged it. Ms Shehadeh submitted that you asked Service User A to bake a cake [PRIVATE], carry out gardening jobs for you and for assistance with

shopping and transport. She submitted that you also allowed Service User A to visit your home [PRIVATE].

Ms Shehadeh submitted that blurring boundaries of therapeutic relationships with service users and introducing friendship places them at risk. She submitted that Service User A was a vulnerable service user, and when she became unwell again and needed support, your friendship impacted on her care. Ms Shehadeh submitted that you and Service User A lived in a small community within which you worked. As an experienced nurse, Ms Shehadeh submitted that you should have been aware of what behaviour falls within the acceptable bounds of professional conduct, but your friendship with Service User A occurred and continued over a substantial period of time.

Having regard to all of the above, Ms Shehadeh invited the panel to find that your actions amounted to serious professional misconduct.

Mr Holborn submitted that you appreciate the gravity of the situation, and you accept that there were problems with your practice at the time the allegations arose. He submitted that you accept that you let Service User A and yourself down. He submitted that you also appreciate the effect your actions had on your colleagues, the profession and the NMC. He submitted that you also accepted that your conduct fell below the standards expected.

Submissions on impairment

Ms Shehadeh moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Shehadeh informed the panel that the NMC received a complaint regarding an alleged further breach of professional boundaries in August 2023. She told the panel

that this complaint has not been investigated and, at present, has not been progressed beyond the screening stage.

Ms Shehadeh submitted that whilst you have acknowledged that your own actions created the situation, you still do not appear to understand that striking up any kind of friendship at all with the patient was a crossing of the boundaries. [PRIVATE].

Ms Shehadeh submitted that this case concerns professionalism and judgement and that the charges do not arise from a clinical issue or lack of training. She submitted that as this is a basic tenet of the profession, it may be considered difficult to remediate concerns of this nature. Ms Shehadeh submitted that actual harm was caused to Service User A as it undermined her trust in other mental health professionals and made her relationship with her therapist very difficult. She also submitted that Service User A was caused distress through your relationship with her.

Ms Shehadeh submitted that your insight appears to be developing and your conduct has only been partially remediated. She submitted that it is not clear how you intend to prevent a similar situation from happening again. Ms Shehadeh submitted that while many of the charges were admitted and you have provided reflections, you still attempt to suggest that you were trying to shut down the friendship when you were actively initiating contact and encounters. Ms Shehadeh submitted that there is a risk of repetition of the conduct and an ongoing risk of harm to patients. She invited the panel to find that your practise is currently impaired on public protection grounds.

Ms Shehadeh submitted that the conduct in this case persisted over a substantial period of time with a vulnerable service user. She submitted that a fully informed member of the public would be shocked and confidence in the profession would be shaken if a finding of impairment were not made. Ms Shehadeh therefore invited the panel to find that your fitness to practise is also impaired on public interest grounds.

Mr Holborn submitted that no weight should be attached to the complaint from August 2023. He informed the panel that the NMC, until this hearing, had not disclosed any information about this complaint to you.

Mr Holborn submitted that this has been a long process for you, you have fully engaged with these proceedings and the NMC. He informed the panel that you were previously subject to an interim suspension order, you worked to have this changed to an interim conditions of practice order which was subsequently revoked.

Ms Holborn submitted that throughout, you have apologised and made clear that you accepted that you breached professional boundaries. He submitted that you have completed a long process of remediation, including a series of reflective statements and counselling sessions. Mr Holborn submitted that you have accepted fault and not sought to blame anyone. He submitted that you have a previously unblemished record and, whilst the conduct was not a “*one-off*”, it all occurred as part of the same situation.

Mr Holborn submitted that you found yourself in a difficult situation, you accepted that it was wrong and that you did it, but without any malice. He submitted that you were trying to be of assistance to Service User A and when it went wrong you apologised and reflected. He submitted that you realised it was wrong and you have taken steps and you are now a more reflective and strengthened practitioner.

Mr Holborn submitted that you have taken, and you continue to take, significant steps to ensure adherence to guidelines. He submitted that you currently work in opticians, an allied profession, which has given you the opportunity to reflect on situations and your practice. Mr Holborn submitted that you are competent and capable and that you have taken measures to ensure that your conduct would not happen again. He submitted that you have taken steps to ensure that there is no possible risk of repetition and the public can be confident that you will work within the NMC Code and for the benefit of patients. Mr Holborn submitted that whilst your practice was impaired at the time that the charges arose, your practice is not currently impaired.

The panel accepted the advice of the legal assessor.

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 your actions fell significantly short of the standards expected of a registered nurse, and that your actions amounted to a breach of the Code. Specifically:

'16 Act without delay if you believe that there is a risk to patient safety or public protection

To achieve this, you must:

16.3 *tell someone in authority at the first reasonable opportunity if you experience problems that may prevent you working within the Code or other national standards, taking prompt action to tackle the causes of concern if you can*

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*

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

20.5 *treat people in a way that does not take advantage of their vulnerability or cause them upset or distress*

20.6 *stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers.'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that cumulatively, the conduct found in the charges amounted to misconduct.

In respect of charge 1)a), the panel noted that at the time that this charge arose, the service did not provide work mobile telephones and staff were expected to use their personal mobiles telephones to make contact with service users. Whilst the panel considered that this charge on its own would not amount to misconduct in the circumstances, it was of the view that using your personal mobile phone to communicate with Service User A was the gateway to inappropriate and unprofessional communications that followed.

The panel considered that charges 1)c) and 1)d) followed from charge 1)a), in that you used your personal mobile phone to communicate with Service User A about matters that were outside of your professional remit and included messages [PRIVATE]. The panel was of the view that sharing personal information and fostering a personal relationship with a service user was serious and amounted to misconduct. The panel also found that sending a Christmas card (charge 1)g)) to Service User A that contained personal information was an inappropriate, went beyond professional support and amounted to misconduct.

In meeting Service User A to go running (Charge 1)b)), the panel was of the view that you were proactively socialising with her on a personal level and outside of your scope of practice. The panel considered that any activities with a services user that were not prescribed or supervised were a breach of professional boundaries and places the service user at risk. The panel therefore found that this behaviour was serious and amounted to misconduct.

In respect of charges 1)e), 1)h) and 1)k), the panel determined that entering into a financial transaction with a service user, is a significant breach of professional boundaries and amounted to misconduct. The panel also considered that charge 1)o) was serious and amounted to misconduct, not only did you ask a service user to carry out a financial transaction for you, you asked her to purchase a restricted substance

and facilitate alcohol consumption which did not role-model professional conduct [PRIVATE].

The panel determined that in assisting Service User A to move home (Charge 1)j)), you were acting outside the scope of your role as a nurse. The panel considered that in helping Service User A move home, with the assistance of [PRIVATE], you acted in a way that compromised your professional boundaries and formed a personal relationship with the service user. The panel found this to be serious and amounted to misconduct.

In respect of charges 1)l), 1)m) and 1)n), the panel found that your actions in allowing Service User A to visit your home and inviting her to sleep over blurred personal and professional boundaries. Furthermore, in allowing Service User A to work in your garden, the panel was of the view that you used your position of power for your own benefit. The panel considered all of these to be very serious and amounted to misconduct.

In respect of Charge 1)p), the panel found that in continuing to see Service User A when she had been discharged from your care and pursuing and maintaining a friendship with her was a clear breach of your professional boundaries, inappropriate and damaging. The panel was of the view that in continuing to engage with Service User A, this placed her at risk in that any therapeutic support provided by you was done in a way that was “*off the record*”, unregulated, unsupervised and undocumented.

Having regard to all of the above, the panel found that your actions fell 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, your fitness to practise is currently impaired. The panel bore in mind that the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes

promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

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

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

“Can the nurse, midwife or nursing associate practise kindly, safely and professionally?”

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. They must make sure that their conduct at all times justifies both their patients’ and the public’s trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

‘In determining whether a practitioner’s fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.’

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's “test” which reads as follows:

‘Do our findings of fact in respect of the doctor’s misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ fitness to practise is impaired in the sense that S/He:

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

The panel found limbs a, b and c engaged in this case. The panel was of the view that in breaching professional boundaries, and engaging in a personal relationship with a vulnerable service user over a sustained period of time, you placed her at risk and caused her actual harm. The panel heard evidence that as a consequence of your actions, Service User A developed a mistrust in professional services which could have prevented her from seeking treatment when she needed it and caused her actual harm. Furthermore, as you and Service User A live in a small community, breaching professional boundaries in such an environment caused the service user emotional harm. The panel also determined that in asking Service User A to purchase alcohol for you and by consuming alcohol with her, this placed her at a risk of harm in that as a role-model you endorsed her use of a potentially damaging substance [PRIVATE]. In addition, the panel was of the view that in providing “*off the record*” therapeutic care in an unregulated, unsupervised and undocumented manner, you placed Service User A at risk of harm.

The panel was of the view that in breaching professional boundaries with a vulnerable service user and by causing harm and placing her at risk, your misconduct brought the profession into disrepute. Maintaining professional boundaries is a fundamental tenet of the profession, the panel therefore determined that in forming a friendship with Service User A, you breached fundamental tenets of the profession.

In determining future risk, the panel had regard to all of the evidence before it which included your bundle of documents and the three additional documents provided to the panel for its consideration of this stage of the proceedings. The panel additionally was aware of a complaint separate to this case that had been made against you currently at the screening stage with the NMC. The panel did not attach weight to this as this complaint remains at the screening stage and forms no part of this case.

In respect of insight, the panel had regard to all of your reflective statements and the evidence you provided under affirmation. The panel found that you were clearly remorseful for your actions and the impact they had on Service User A, the profession, the regulator and you. Whilst the panel acknowledged that you have provided detailed reflection on your actions, it noted that in your evidence you appear to deflect blame for the continued development of the friendship and your inability to maintain professional boundaries with a service user onto your management who you said did not take your concerns about Service User A seriously. The panel was of the view that the assertion that you attempted to raise concerns was inconsistent with your actions in actively maintaining communications and encounters with Service User A.

The panel noted that in your evidence you appeared to lack confidence in your ability to ensure that you maintain professional boundaries. You told the panel that you felt that you needed regular supervision and a “good” management team who would help you ensure that professional boundaries were maintained. The panel was of the view that if you had fully reflected upon your conduct and strengthened your practice, you would not need any support in maintaining professional boundaries which is a fundamental tenet of the nursing profession.

The panel therefore found your insight to be as yet not fully developed at this stage.

The panel went on to consider whether the conduct in this case is capable of remediation. The panel was of the view that breaching professional boundaries is attitudinal in nature and therefore inherently difficult to remediate. The panel considered that the breach of professional boundaries in this case was not at the lower end of the spectrum of seriousness as it involved a vulnerable service user, it occurred over a sustained period of time in a small community and caused actual harm. The panel was of the view that given your evidence of remorse, developing insight and efforts you have made to remediate your practice, a deep seated attitudinal concern is not present. The panel therefore determined that whilst it may be difficult to remediate your practice, it would not be impossible in these circumstances.

Having regard to all of the above, the panel determined that there is a risk of repetition of the conduct and a consequent risk of harm to patients. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel was of the view that a fully informed member of the public would be concerned if a finding of impairment was not made in a case where professional boundaries with a vulnerable service user have been breached. Particularly, as the panel has found that your insight is developing and there is a risk of repetition of the conduct. The panel therefore determined that a finding of impairment on public interest grounds is required to maintain and uphold public confidence in the profession.

Having regard to all of the above, the panel determined that your fitness to practise is currently impaired on both public protection and public interest grounds.

Decision and reasons on interim order

Given that this hearing did not complete in the allocated time, the panel considered whether an interim order is necessary pursuant to Article 31.

Ms Shehadeh submitted that whether an interim order is necessary is ultimately a matter for the panel, having regard to its determination on the facts and in respect of misconduct and current impairment.

Mr Holborn submitted that there is no necessity for an interim order as there has been no change in circumstances. He submitted that you are not currently practising as a registered nurse and, in any event, you do not present a risk of harm to the public.

The panel accepted the advice of the legal assessor.

The panel noted that 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 during the adjourned period.

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 it also had regard to its decision in respect of your current fitness to practise. Having found that there is a risk of repetition of the conduct, and that your fitness to practise is currently impaired, the panel was of the view that it would be inappropriate to not impose an interim order until such a time as the sanction stage is complete.

The panel concluded that an interim conditions of practice order would not be appropriate, workable or proportionate in this case at this stage. The panel therefore decided to impose an interim suspension order for a period of 18 months due to the need to protect the public and to address the public interest considerations of this case.

That concludes this determination.

[This hearing resumed on 18 October 2024]

Sanction

The panel has considered this case very carefully and has decided to make a conditions of practice order for a period of 18 months. The effect of this order is that your name on the NMC register will show that you are subject to a conditions of practice order and anyone who enquires about your registration will be informed of this order.

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.

Your evidence

You told the panel that you understand the gravity of the charges found proved and you have a full understanding of the impact on Service User A, your colleagues, the Trust and the profession. You said that you have extensively reflected on your actions and that this reflection has been ongoing over the past five years. You told the panel that as part of your reflective process, you undertook a “*root cause analysis*” and that this had been misunderstood and interpreted as you seeking to deflect blame. You told the panel that you wanted to understand how you found yourself in the situation you did, and what you could do differently in the future if you were faced with a similar set of circumstances.

You told the panel that at the relevant time, you were under a lot of pressure at work and were providing care to [PRIVATE]. Notwithstanding this, you told the panel that you accept that your actions were wrong and that you should not have breached professional boundaries, even against the backdrop of difficult professional and personal circumstances.

You said that you are deeply ashamed of your actions and are very sorry that your actions caused emotional harm to Service User A. You told the panel that you reflect on what happened every day and accept that you could have changed the outcome for Service User A by not breaching professional boundaries. You said that you are deeply remorseful for your actions.

You told the panel that you have learned from your mistakes and that you have taken steps to strengthen your practice which you believe would prevent any repetition of your behaviour. As well as continual reflection which includes daily journaling, you said that you have undertaken training and reading around maintaining professional boundaries. You told the panel that you have been working as a clinical technician in an eye clinic within a high street setting which involves interactions with the public. You said that in this role you have been supported by your employer, you have built your confidence and proven that you are able to maintain professional boundaries in a healthcare setting. You said that you are very mindful about your interactions with patients and set clear professional boundaries.

You told the panel that if you are able to return to practise as a registered nurse, you would put your learning into practice and set clear professional boundaries. You said that if you feel that a patient is encouraging you to share information or act in a way that would breach professional boundaries, you would be assertive and clear about your professional code of conduct and escalate this to your manager. You told the panel that you are vigilant when it comes to maintaining professional boundaries. You also told the panel that these proceedings, the impact on Service User A and the profession have been a salutary lesson. You said that you accept what happened and that following your reflections you have now changed. You told the panel that you have support mechanisms in place and attend regular counselling sessions.

You told the panel that you had a previously long and unblemished career spanning 20 years. If the panel are minded to impose a conditions of practice order, you said that this would manage the public protection and public interest considerations of this case. You told the panel that you would like the opportunity to prove that you are capable of ensuring patient safety and being a nurse that the NMC is proud of again. You said that if you were able to return to practice, you would not return to working in a community setting and that you would like to work as a general nurse again.

Submissions on sanction

Ms Khan, on behalf of the NMC, informed the panel that the NMC sanction bid was that of striking off order. She referred the panel to the written submissions and set out the features that were aggravating in the NMC's submission. Ms Khan submitted that a conditions of practice order would not mark the level of seriousness, address the behaviour identified or properly address the public interest in this case. She submitted that your actions were fundamentally incompatible with you remaining on the Register and nothing short of striking off order would protect the public or satisfy the public interest given the seriousness of this case.

The panel had sight of written submission that were provided by Mr Holborn on your behalf. He submitted that you have shown genuine remorse and have actively engaged in self-reflection to understand the impact of your actions. Mr Holborn submitted that your actions were never intentionally harmful but misplaced. He submitted that there is no evidence of harmful personality traits that would preclude remediation and that you are willing to engage in further training and adhere to conditions.

Mr Holborn submitted that a striking off order would be wholly disproportionate in the circumstances, given that you have demonstrated remorse, insight and you are making ongoing efforts to remediate.

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 SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

Having heard evidence from you at this stage, the panel reconsidered your level of insight, remorse and remediation. The panel found that your level of remorse is high and that you were able to articulate and appreciate the impact of your actions on Service User A, the profession, the NMC and the public interest. The panel also found

that you fully accepted the charges and was satisfied with your explanation of how your route cause analysis was misunderstood and perceived as you seeking to deflect blame. The panel considered that you have developing insight and have taken positive steps to ensure that you would not breach professional boundaries in the future.

The panel had regard to the NMC Guidance on 'Factors to consider before deciding on sanctions' (Reference: SAN-1 Last Updated 30/08/2024). It considered that the following aggravating features were present in this case:

- You breached professional boundaries and engaged in a personal relationship with one vulnerable service user over a sustained period of time.
- As a result of your breach of professional boundaries, Service User A developed a mistrust in professional services which could have prevented her from seeking treatment when she needed it which could have caused her actual harm.
- Your behaviour caused emotional harm to Service User A.
- You abused a position of trust and received an element of personal gain from some aspects of the relationship.

The panel also took into account the following mitigating features:

- You have expressed deep remorse for your actions, undertaken a continued process of self-reflection over the last five years and demonstrated insight into your actions.
- Since the charges arose, you have worked in a patient facing role in the healthcare sector without issue.
- There are a number of positive testimonials attesting to your professionalism and character.
- At the time the charges arose, you were experiencing significant personal stress and working in a pressurised and unfamiliar environment in the community.
- You have put a number of support mechanisms in place.

Whilst the panel accepted that having a previous unblemished career is not considered to be a mitigating feature in accordance with the NMC guidance, it was of the view that

your 20 year career with no other concerns relating to professional boundaries was a contextual factor.

The panel had regard to the NMC Guidance on '*How we determine seriousness*' (Reference: FTP-3 Last Updated 27/02/2024). The panel determined that, whilst breaching professional boundaries is serious, having regard to the contextual factors and the particular circumstances of this case it was not so serious that the concerns could not be put right.

The panel had regard to the NMC Guidance on '*Available sanction orders*' (Reference: SAN-3 Last Updated 28/07/2017).

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness and nature of the case and the public protection issues identified. 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 and nature 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 Guidance 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 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 your registration would be proportionate and sufficient to protect patients or service users and address any concerns about public confidence or proper professional standards and conduct. The panel was mindful that any conditions imposed must be measurable and workable. The panel took into account the SG, in particular:

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

The panel found that there was no evidence of harmful deep-seated attitudinal problems. Whilst the panel considered that maintaining professional boundaries was not a clinical skill, it is an identifiable area of practice that can be assessed and addressed by retraining in these particular circumstances. The panel found that there was no evidence of general incompetence, and that although the misconduct occurred over a period of time, it related to one patient in a long and otherwise unblemished career. The panel had regard to your remorse, the steps you have taken to strengthen your practice and insight and determined that patients could be protected through the implementation of a conditions of practice order. The panel considered that conditions can be created that can be monitored and assessed.

Having regard to all of the above, the panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. The panel also accepted that you would be willing to comply with conditions of practice. The panel considered that a conditions of practice order would give you the opportunity to return to nursing in a supervised manner, whilst continuing to reflect on your conduct and put your learning into practice. The panel was of the view that a conditions of practice order was also sufficient to maintain public confidence in the profession, uphold proper standards of conduct. The panel considered that an ordinary member of the public, fully informed of the facts of this case including the evidence of your remorse, reflection and insight would be satisfied with this

sanction. The panel therefore determined that this would also address the public interest in this case.

Balancing all of these factors, the panel determined that that the appropriate and proportionate sanction is that of a conditions of practice order.

The panel was of the view that though the imposition of a suspension order or a striking-off order would protect the public, it would be wholly disproportionate and would not be a reasonable response in the circumstances of your case. The panel found that there was no evidence of deep-seated attitudinal concerns, you fully accepted the concerns and have taken steps to strengthen your practice. The panel was therefore of the view that a suspension order or a striking off order would be punitive and go further than needed to meet the overarching objective of public protection.

Having regard to the matters it has identified, the panel has concluded that a conditions of practice order will mark the importance of maintaining public confidence in the profession, and will send to the public and the profession a clear message about the standards of practice required of a registered nurse.

The panel determined that the following conditions are appropriate and proportionate in this case:

‘For the purposes of these conditions, ‘employment’ and ‘work’ mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, ‘course of study’ and ‘course’ mean any course of educational study connected to nursing, midwifery or nursing associates.’

1. You must ensure that you are supervised any time you are working. Your supervision must consist of:
 - Working at all times on the same shift as, but not always directly observed by, a registered nurse of band 6 or above.

- Meetings with your line manager, mentor or supervisor at least once a month to discuss your performance and maintenance of professional boundaries.
2. You must send your NMC case officer a report from your line manager, mentor or supervisor commenting on your performance and maintenance of professional boundaries prior to the review of this order.
 3. You must keep a reflective practice profile. Your profile must:
 - Include a monthly review of how you have maintained professional boundaries.
 - Contain feedback from your line manager, mentor, supervisor or colleagues on how you have maintained professional boundaries.
 - You must send your case officer a copy of your profile prior to the review of this order.
 4. You must keep the NMC informed about anywhere you are working by:
 - a) Telling your case officer within seven days of accepting or leaving any employment.
 - b) Giving your case officer your employer's contact details.
 5. You must keep the NMC informed about anywhere you are studying by:
 - a) Telling your case officer within seven days of accepting any course of study.
 - b) Giving your case officer the name and contact details of the organisation offering that course of study.

6. You must immediately give a copy of these conditions to:
 - a) Any organisation or person you work for.
 - b) Any employers you apply to for work (at the time of application).
 - c) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.

7. You must tell your NMC case officer, within seven days of your becoming aware of:
 - a) Any clinical incident you are involved in.
 - b) Any investigation started against you.
 - c) Any disciplinary proceedings taken against you.

8. You must allow your NMC case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:
 - a) Any current or future employer.
 - b) Any educational establishment.
 - c) Any other person(s) involved in your retraining and/or supervision required by these conditions.

The period of this order is for 18 months. The panel considered that 18 months is sufficient to mark the public interest in this case, as well as allowing you sufficient time to secure employment and demonstrate strengthened practice and compliance.

Before the order expires, a panel will hold a review hearing to see how well you have complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Interim order

As the conditions of practice 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 conditions of practice sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

The panel took account of the submissions made by Ms Khan who invited the panel to impose an interim conditions of practice order for a period of 18 months to cover the appeal period.

Mr Holborn agreed with the application to the extent that the interim order should be an interim conditions of practice order, inline with the panel's earlier decision.

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 and nature 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 the only suitable interim order would be that of a conditions of practice order, as to do otherwise would be incompatible with its earlier findings. The conditions for the interim order will be the same as those detailed in the substantive order for a period of 18 months to cover any appeal period.

If no appeal is made, then the interim conditions of practice order will be replaced by the substantive conditions of practice order 28 days after you are sent the decision of this hearing in writing.

That concludes this determination.