

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

**Substantive Meeting
Tuesday, 25 February 2025**

Virtual Meeting

Name of Registrant:	Margaret Frances Brown
NMC PIN	00A0006S
Part(s) of the register:	Nursing – sub part 1 RNA: Adult Nurse (Level 1) – (18 February 2002)
Relevant Location:	Dundee
Type of case:	Misconduct/Conviction
Panel members:	Paul Grant (Chair, Lay member) Vivienne Stimpson (Registrant member) Karen Naya (Lay member)
Legal Assessor:	Attracta Wilson
Hearings Coordinator:	Bethany Seed
Facts proved:	Charges 1 and 2
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim order:	Interim suspension order (18 months)

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Mrs Brown's registered email address by secure email on 14 January 2025.

The panel accepted the advice of the legal assessor.

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

In light of all of the information available, the panel was satisfied that Mrs Brown 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', (the Rules).

Details of charge

That you, a registered nurse:

1. Between 3 December 2023 to 14 March 2024 failed to cooperate with an NMC investigation in that you refused to provide consent to undergo medical testing and examination

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

2. On 11 January 2024 at Dundee Sheriff Court were convicted of stealing a quantity of medication, between 28 August 2023 and 24 September 2023, whilst acting in the course of your employment.

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

Background

The charges arose whilst Mrs Brown was employed as a registered nurse by Orchard Nursing Home ('the Home'). Initially Mrs Brown was employed as a staff nurse, but at the time of the medication theft, she was a Charge Nurse.

On 15 September 2023, the Home conducted an audit which revealed that five codeine tablets were missing for Resident A. On 19 September 2023, a stock check revealed two codeine tablets missing for Resident A. The Home Manager reviewed the CCTV footage which showed Mrs Brown taking the tablets herself, instead of giving them to Resident A on 1 September, 4 September and 18 September 2023.

On 21 September 2023, Mrs Brown resigned from the Home. The Home Manager referred Mrs Brown to the NMC on this date and reported the incident to the police.

On 22 September 2023, Mrs Brown admitted to the Home Manager that she had taken a box of codeine from Resident B. At the time, the Home Manager was not aware of the missing medication for Resident B.

On 7 October 2023, Mrs Brown was arrested for theft. On 11 January 2024, Mrs Brown pleaded guilty to this offence.

[PRIVATE]

On 20 February 2024, Mrs Brown was sentenced to a fine of £500 and a victim surcharge of £20.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the documentary evidence in this case together with the representations made by the NMC and from email correspondence between the NMC and Mrs Brown.

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 statement of the following witness on behalf of the NMC:

- Witness 1: The Home Manager at the time of the incident.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the documentary evidence provided by the NMC.

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

Charge 1

1. Between 3 December 2023 to 14 March 2024 failed to cooperate with an NMC investigation in that you refused to provide consent to undergo medical testing and examination

This charge is found proved.

In reaching this decision, the panel took into account the documentation before it, in particular the email correspondence between Mrs Brown and her NMC Case Officer. The panel noted that in the case management form, Mrs Brown signed that she refused to have a medical exam on 1 December 2023.

The panel also had regard to Mrs Brown's email dated 14 March 2024 in response to the NMC requesting her to undertake a UKIM assessment:

"Hi no I'm not willing to undergo any further scrutiny, I'm happy for you to complete your investigation but I can't see what impact it will have for me and my future..."

The panel took into consideration the context in which these incidents occurred. The Home Manager in her witness statement posited that [PRIVATE] could be a reason for Mrs Brown taking residents' medication. The panel also noted that Mrs Brown stated in an email to the NMC Case Manager that [PRIVATE].

"[PRIVATE]"

The summary of case stated that in a police interview:

"Accused was asked why she had taken the Codeine Phosphate 15mg tablets and [PRIVATE] and she knew it was foolish

...

[PRIVATE]"

[PRIVATE]

Based on the information before it, the panel found that charge 1 is proved.

Charge 2

2. On 11 January 2024 at Dundee Sheriff Court were convicted of stealing a quantity of medication, between 28 August 2023 and 24 September 2023, whilst acting in the course of your employment.

This charge is found proved.

The charge concerns Mrs Brown's conviction and, having been provided with a copy of the certificate of conviction, the panel finds that the facts are found proved in accordance with Rule 31 (2) and (3). These state:

'31.— (2) *Where a registrant has been convicted of a criminal offence—*

- (a) a copy of the certificate of conviction, certified by a competent officer of a Court in the United Kingdom (or, in Scotland, an extract conviction) shall be conclusive proof of the conviction; and*
- (b) the findings of fact upon which the conviction is based shall be admissible as proof of those facts.*
- (3) The only evidence which may be adduced by the registrant in rebuttal of a conviction certified or extracted in accordance with paragraph (2)(a) is evidence for the purpose of proving that she is not the person referred to in the certificate or extract.'*

In addition, the panel had regard to the documentary evidence before it. The panel were satisfied that the facts relied on by the court and by the NMC were found proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved relative to charge 1 amount to misconduct and, if so, whether Mrs Brown's fitness to practise is currently impaired by reason of her misconduct. The panel also considered whether Mrs Brown's fitness to practise is currently impaired by reason of her conviction as set out in charge 2. 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 the wider public interest, including the upholding of professional standards, maintaining public confidence in the nursing profession and the NMC as its regulator. 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 relative to charge 1 amount to misconduct. Secondly, if the facts found proved relative to charge 1 amount to misconduct, the panel must decide whether, in all the circumstances, Mrs Brown's fitness to practise is currently

impaired as a result of that misconduct. In relation to charge 2, the panel must decide whether Mrs Brown's fitness to practise is impaired by virtue of her conviction.

Representations on misconduct and impairment

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

The NMC 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 which it submitted Mrs Brown's actions had breached.

'Prioritise people

4 Act in the best interests of people at all times

Promote professionalism and trust

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

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

23 Cooperate with all investigations and audits'

The NMC submitted that the misconduct is serious because it falls far below the standards expected of a registered nurse, moreover a professional in a senior role, responsible for junior colleagues.

The NMC further submitted that Mrs Brown stole medication intended to provide pain relief for residents, this conduct was repeated and on her own admission, she stole a whole box from Resident B. In addition, the NMC submitted that Mrs Brown refused to consent to medical examination and failed to cooperate with her regulator. The NMC submitted that this serious misconduct put patients at risk of harm and is conduct that other professionals would find deplorable.

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

The NMC invited the panel to apply the test for dishonesty considered in *Ivey v Genting Casinos* [2017] UKSC 67:

- What is the Registrant's genuine state of knowledge or belief regarding her act?
- Was the Registrant's act in light of that state of mind dishonest according to the standards of ordinary decent people?

The NMC submitted that according to the standards of the ordinary, decent person, Mrs Brown's actions were dishonest.

The NMC invited the panel to find Mrs Brown's fitness to practise impaired on the grounds that her dishonest actions could have placed residents at unwarranted risk of harm by using their pain relief medication. The NMC submitted that Mrs Brown's conduct has in the past, and is liable in the future, to place patients at unwarranted risk of harm. The NMC submitted that Mrs Brown has not demonstrated insight, reflection or remediation to

indicate that any risk of future harm has been mitigated and therefore there is a real and significant risk of repetition.

The NMC further submitted that Mrs Brown's misconduct has brought the reputation of the profession into disrepute. Nurses occupy a position of trust, and the public must be able to trust that they or their loved ones will be cared for by a competent professional. Due to the dishonesty in this case, this trust is undermined. The NMC submitted that this dishonesty is indicative of deep-seated attitudinal problems, and that Mrs Brown was responsible for being a role model to junior nurses whilst acting in her senior role.

The NMC also submitted that Mrs Brown has a duty to engage with the NMC as a regulator and her failure to do so could bring the profession into disrepute and undermine confidence in the profession and the NMC as a regulator. The NMC submitted that Mrs Brown breached the fundamental tenets of the nursing profession, in that her dishonest conduct directly linked to her clinical practice and her failure to engage with her regulator undermines the professionalism expected from nurses.

The NMC submitted that Mrs Brown has shown no insight into her misconduct because she has not exhibited any consideration of how her misconduct could have impacted the residents whose medication she stole, nor on the impact her actions could have had on junior members of staff. The NMC accepts that Mrs Brown has explained [PRIVATE] led to the theft of the medication but submitted that there is no explanation for not cooperating with her regulator's investigation.

The NMC submitted that Mrs Brown has not submitted any evidence of training undertaken, or a safe practice period since her resignation. Therefore, the NMC submitted that there is significant risk of harm to the public if a finding of impairment is not made on the ground of public protection.

The NMC further submitted that a finding of impairment is required on the grounds of public interest. The NMC submitted that the seriousness of the misconduct, and the criminal conviction resulting from the misconduct undermines fundamental tenets of the profession such as honesty and integrity. The NMC submitted that a finding of no impairment would be likely to damage public confidence in the NMC as a regulator and the

reputation of the profession. Additionally, Mrs Brown's failure to engage with the NMC undermines the profession and the role of the regulator which is to protect the public.

The panel accepted the advice of the legal assessor which included reference to *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311 and *Mallon v The General Medical Council* [2007] CSIH 17.

Decision and reasons on misconduct in respect of Charge 1

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 Mrs Brown's actions did fall significantly short of the standards expected of a registered nurse, and that Mrs Brown's actions amounted to a breach of the Code. The panel agreed that the sections of the Code outlined above in the NMC submissions had been breached by Mrs Brown.

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 the evidence before it demonstrated that Mrs Brown's conduct fell well beneath the standards expected of a nurse. It was satisfied that the theft of medication, in the course of her professional practice, was a serious breach of the Code and was directly related to Mrs Brown's practice. The panel noted that the noncompliance with the investigation stems from the theft of medication which led to a conviction for a dishonesty charge. [PRIVATE]

In relation to charge 2, the panel noted that typically a finding of misconduct in respect of a conviction charge would not be required under Rule 31(2). However, the panel considered that the actions underpinning the conviction for dishonesty, especially as they occurred in the workplace and included depriving patients of their medication, are at the serious end of the spectrum of dishonesty.

Therefore, the panel found that Mrs Brown's actions in relation to charge 1 did fall seriously short of the conduct and standards expected of a registered nurse and amounted to misconduct.

Decision and reasons on impairment in respect of both charges

The panel next went on to decide if as a result of the misconduct and of the conviction, Mrs Brown's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 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. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

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

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

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

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

The panel finds that vulnerable residents were put at risk and could have been caused physical harm as a result of Mrs Brown's misconduct and the circumstances that led to her conviction for theft. Mrs Brown's behaviour had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if charges relating to dishonesty were not taken extremely seriously.

The panel took into account that Mrs Brown had demonstrated some remorse, however it concluded that this remorse was more focussed on her ending her career in this manner, rather than remorse for the impact her misconduct had on the residents.

Regarding insight, the panel considered that Mrs Brown made some admissions. The panel did note that in her police interview, she initially made a number of denials. In the panel's view, she has demonstrated little understanding of why what she did was wrong,

the impact her behaviour was likely to have on residents in her care, and public confidence in the nursing profession. Consequently, the panel concluded that Mrs Brown has demonstrated very limited insight.

The panel was satisfied that the misconduct in this case is difficult to remedy as Mrs Brown has failed to demonstrate insight into her failure to cooperate with her regulator over a substantial period of time. The panel noted that the NMC had explained to Mrs Brown the reasons why they were requesting her to undertake medical assessments and she consistently refused to cooperate. With regard to her conviction, the panel noted that dishonesty is more difficult to remediate than other types of misconduct and that Mrs Brown has demonstrated limited insight into the seriousness and impact of her theft of medication.

The panel carefully considered the evidence before it in determining whether or not Mrs Brown has taken steps to strengthen her practice. The panel took into account that there was no evidence before it of Mrs Brown's reflections into her practice or training she has undertaken since the incidents occurred. The panel noted that Mrs Brown has not worked as a nurse since her resignation in 2023. The panel did consider the personal mitigation that Mrs Brown outlined in her correspondence with the NMC, however it concluded that her failure to comply with the NMC investigation demonstrates limited insight into this misconduct.

The panel is of the view that there is a risk of repetition based on the lack of evidence of insight or remediation. It noted that Mrs Brown has failed to cooperate with the NMC investigation. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind 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 proper professional standards for members of those professions.

The panel determined that a finding of impairment on public interest grounds is required because Mrs Brown's misconduct fell very short of the standards expected of a nurse. The panel determined that public confidence rests on the public being able to trust nurses and that dishonesty offences are fundamentally incompatible with maintaining this trust. The panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds Mrs Brown's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Mrs Brown's fitness to practise is currently impaired on both public protection and public interest grounds.

Sanction

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

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

Representations on sanction

The panel noted that in the Notice of Meeting, dated 14 January 2024, the NMC had advised Mrs Brown that it would seek the imposition of a striking-off order if the panel found Mrs Brown's fitness to practise currently impaired.

The NMC provided the following aggravating and mitigating factors for the panel to consider:

'43. The following aggravating features have been noted:

- The theft is repeated over a period of time between 28 August 2023 and 24 September 2023*
- The theft relates to more than 1 resident*

- *Conduct placed residents at risk of suffering harm*
- *Conviction for offending within professional practice is more serious*

44. The following mitigating features have been noted:

- *Admissions made early on*
- *Some engagement with the NMC*
- *Personal mitigation'*

The NMC submitted that the seriousness of the conduct and the risk of harm and repetition mean that no order, or a caution order are not appropriate in this instance. The NMC submitted that owing to Mrs Brown's deep seated attitudinal issues, there are no practicable or workable conditions that could be applied. Further, the NMC submitted that the misconduct was fundamentally incompatible with remaining on the NMC register, and therefore a suspension order was inappropriate.

Decision and reasons on sanction

Having found Mrs Brown'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 identified the following aggravating features:

- The theft was repeated over a period of time between 28 August 2023 and 24 September 2023
- The theft relates to medication prescribed for more than one resident and involves a significant quantity of medication
- Conduct placed residents at risk of suffering harm
- The offending behaviour took place in her professional practice
- Lack of insight into failings
- Abuse of a position of trust

- Vulnerability of residents

The panel also identified the following mitigating features:

- Admissions made in interview with the Home Manager
- Personal mitigation

The panel noted that this case is serious and a conviction for dishonesty raises fundamental questions about a nurse's ability to remain on the register. This happened in the workplace, it was repeated and put residents at significant risk of unwarranted harm. The panel took into account that misconduct such as this would undermine public confidence in the profession.

The panel also took into account the NMC Guidance FTP-3c *Serious concerns based on public confidence or professional standards* (last updated: 27 February 2024). In particular, the panel considered the following:

"We are likely to take restrictive regulatory action against nurses, midwives or nursing associates whose conduct has had this kind of impact on the public's trust in their profession, particularly where they haven't made any attempt to reflect on it, show insight, and haven't taken any steps to put it right. This may even mean they can't stay on the register."

The panel considered that a sanction must be proportionate and not punitive. It noted that Mrs Brown's conviction resulted in a fine of £500 and a victim surcharge of £20 and there is no evidence to suggest that the fine imposed has not been paid. Therefore, the panel considered that Mrs Brown's sentence has been served.

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 Mrs Brown'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 Mrs Brown's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

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

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

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

In considering this guidance, the panel noted that Mrs Brown's misconduct in not cooperating with her regulator was linked to the underpinning concern relating to the theft of medication. It noted that there is some evidence of attitudinal problems as Mrs Brown has not engaged in any meaningful way with the NMC and has demonstrated limited insight into her behaviour. The panel considered that the risk of repetition and risk of harm to the public remains. It was conscious that Mrs Brown's failure to cooperate with the NMC in respect of the medical testing meant that the potential root cause of the problem has not

yet been addressed by her. The panel also noted that there is no evidence before it that Mrs Brown will engage with the NMC in the future. In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Mrs Brown's actions is fundamentally incompatible with Mrs Brown remaining on the register.

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*
- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

The panel considered that a striking-off order was the only order that could satisfy the above questions posed within the SG. Given Mrs Brown's lack of insight and meaningful engagement with the NMC, the panel was satisfied that there are public protection concerns that remain. It was also satisfied that public confidence in the profession would be impacted if any lesser sanction were imposed.

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

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a

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

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

This will be confirmed to Mrs Brown in writing.

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Mrs Brown's own interests until the striking-off 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 suspension order should be imposed on the basis that it is necessary for the protection of the public 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 due to the remaining public protection concerns and otherwise in the public interest.

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

That concludes this determination.