

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

**Substantive Hearing
Monday, 24 February 2025 – Thursday, 27 February 2025**

Virtual Hearing

Name of Registrant:	Benjamin James Marsh-Copestick
NMC PIN:	20K0133E
Part(s) of the register:	Nurses Part of the Register - Sub Part 1 RNMH: Mental Health Nurse, Level 1 (22 January 2021)
Relevant Location:	Staffordshire
Type of case:	Misconduct
Panel members:	Adrian Smith (Chair, Lay member) Carole McCann (Registrant member) Christopher Reeves (Lay member)
Legal Assessor:	Nigel Mitchell
Hearings Coordinator:	Samantha Aguilar
Nursing and Midwifery Council:	Represented by Eilish Lindsay, Case Presenter
Mr Marsh-Copestick:	Present and not represented
Facts proved by way of admissions:	Charges 1, 2, 3, 4, 5, 6 and 8
Facts not proved:	Charge 7
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim order:	Interim suspension order (18 months)

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

At the outset of the hearing, Ms Lindsay, on behalf of the Nursing and Midwifery Council (“NMC”) made a request that this case be held partially in private [PRIVATE]. Ms Lindsay submitted that it would be appropriate for proceedings to be held partially in private and [PRIVATE]. The application was made pursuant to Rule 19 of the ‘Nursing and Midwifery Council (Fitness to Practise) Rules 2004’, as amended (“the Rules”).

You told the panel that you supported the application.

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 determined to go into private session when [PRIVATE].

Decision and reasons on application to amend the charge

The panel heard an application made by Ms Lindsay, on behalf of the NMC, to amend the wording of charges 5, 6, 7 and 8.

The proposed amendment was to correct the typographical errors contained within charges 5, 6, 7, and 8. It was submitted by Ms Lindsay that the proposed amendment would correct the typographical error.

‘That you a registered nurse

[...]

5. On one or more occasion showed indecent images of individuals to colleague D stating that it was colleagues ~~A and / or B~~ **and / or C** when it was not.
6. On one or more occasions showed indecent images of individuals to colleague E stating it was colleague ~~E~~ **C** when it was not.
7. Your actions at charges 5 and or 6 intended to humiliate and or degrade colleagues ~~A and or B~~ **and / or C**.
8. Your actions at charges 5 and or 6 were dishonest in that you sought to create the impression that the images shown to colleagues D and or E were those of colleagues ~~A and or B~~ **and / or C** when you knew that they were not.

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

You told the panel that you raised no objection and confirmed that you were made aware of the amendments.

The panel accepted the advice of the legal assessor and had regard to Rule 28 of the Rules.

The panel was of the view that such an amendment, as applied for, was in the interests of justice. The panel was satisfied that there would be no prejudice to you and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment, as applied for, to correct the typographical error and in line with the schedule of anonymity provided for this hearing.

Details of charge (as amended on 24 February 2025):

That you a registered nurse

1. On an unknown date had sexual intercourse with colleague B on work premises.
2. On an unknown date engaged in sexual activity with colleague A on work premises.
3. Your actions at charges 1 and or 2 has brought the profession into disrepute.
4. Described colleague C as a 'Psycho' and or 'Bipolar' which was inappropriate.
5. On one or more occasion showed indecent images of individuals to colleague D stating that it was colleagues B **and / or C** when it was not.
6. On one or more occasions showed indecent images of individuals to colleague E stating it was colleague **C** when it was not.
7. Your actions at charges 5 and or 6 intended to humiliate and or degrade colleagues B **and / or C**.
8. Your actions at charges 5 and or 6 were dishonest in that you sought to create the impression that the images shown to colleagues D and or E were those of colleagues B **and / or C** when you knew that they were not.

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

Background

You qualified and entered the NMC register on 22 January 2021. From 19 October 2022, you were employed by Midlands Partnership NHS Foundation Trust ("the Trust") as a band 5 staff nurse. In March 2023, colleagues raised concerns regarding your conduct which are outlined within the charges.

The Trust commissioned an internal investigation into the allegations and following a disciplinary hearing on 8 August 2023, you were dismissed from your role. The Trust subsequently submitted a referral to the NMC on 16 August 2023.

The nature of the regulatory concerns in this matter relates to bringing the profession into disrepute by engaging with sexual activity with a colleague whilst at work and sharing explicit images and videos with colleagues whilst at work.

It is alleged that there are also regulatory concerns which relates to poor communication and that you should not have made unkind comments to other colleagues in respect of one another.

Decision and reasons on facts

At the outset of the hearing, you told the panel that you made full admissions to charges 1, 2, 3, 4, 5, 6 and 8.

The panel therefore finds charges 1, 2, 3, 4, 5, 6 and 8 proved in their entirety, by way of your admissions.

In reaching its decision on Charge 7, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Ms Lindsay on behalf of the NMC and yourself.

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 witnesses called on behalf of the NMC:

- Witness 1/Colleague D: Activity Co-ordinator on the ward at the time of the alleged events.
- Witness 2/Colleague E: Nursing Associate at the time of the alleged events.

The panel also heard evidence from you under affirmation.

Before making any findings on Charge 7, the panel heard and accepted the advice of the legal assessor.

The panel considered Charge 7 and made the following findings.

Charge 7

7. Your actions at charges 5 and or 6 intended to humiliate and or degrade colleagues B and / or C.

This charge is found NOT proved.

In considering Charge 7, the panel accepted the legal advice and gave the word '*intended*' its ordinary meaning. The panel heard oral evidence from Witness 1/Colleague D and Witness 2/Colleague E in that you had showed them indecent images which you said were of Colleagues B and C uninvited and of your own volition.

The panel found Witness 1/Colleague D and Witness 2/Colleague E's evidence to be plausible and credible.

You accept that you showed Witness 1/Colleague D the indecent images uninvited and of your own volition.

Likewise, Witness 2/Colleague E was clear in their evidence that you showed them the indecent images uninvited and of your own volition. Whilst the panel noted that it was your evidence that Witness 2/Colleague E had asked you to show the incident images of your colleague, you did not put this to the witness during your cross examination. Furthermore, the panel noted that Witness 2/Colleague E's evidence was wholly consistent with their earlier statement dated 28 March 2023, and their interview notes from the Trust investigation dated 4 May 2023. The panel also considered Witness 2/Colleague E's actions in reporting the matter to his line manager soon after it occurred to be consistent with their account, that they did not invite you to share these indecent images. The panel therefore accepted Witness 2/Colleague E's evidence that the indecent images were shared uninvited and of your own volition.

The panel took into account your oral evidence. You told the panel that whilst you admitted Charges 5 and 6, you vehemently denied that your intention was to humiliate and or degrade Colleagues B and C. You told the panel that at the time of the alleged events, you [PRIVATE] and had acted impulsively in showing Witness 1/Colleague D and Witness 2/Colleague E indecent images which you said were of Colleagues B and C. You told the panel that you could not explain your actions but reiterated that you do not believe that your actions were premeditated and thus, you refuted that you had intended to humiliate and degrade Colleagues B and C.

The panel accepted your admission that you did in fact show indecent images which you said were of Colleagues B and C to Witness 1/Colleague D and Witness 2/Colleague E. The panel determined that this was of your own volition and uninvited. The panel had no direct evidence of your intentions. Further, the panel was unable to discern or safely infer from the evidence available to it that you intended to humiliate or degrade Colleagues B and C by your actions. Accordingly, the NMC has not discharged its burden of proof in respect of Charge 7.

The panel found Charge 7 not 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 oral evidence

You gave evidence under affirmation. You told the panel that you have been honest and transparent about what happened. You said that you have reflected upon the incidents raised and understood that your actions fell far below the standards expected of a nurse.

You informed the panel that you have taken great pride in your professionalism in the work environment, no matter the job role or team. You said you are ashamed of the incidents that occurred, all of which have been a great deviation from your own expectations and the general public's expectation of a nurse. You told the panel that you understood that your actions had the potential to bring the profession into disrepute in that you engaged in sexual activity with two colleagues whilst at work, showed explicit images and a video to colleagues whilst at work and made unkind comments about another colleague.

You told the panel that you acknowledged that your actions were not appropriate as a whole and that it would cause concern to members of the public. You made references to the NMC Code of Conduct and the sections that you felt reflected where your actions fell short of the standards expected of a nurse. You then informed the panel that you admitted the misconduct from the outset of the investigation. You said you are deeply ashamed of your behaviour and these incidents should not have taken place.

In addressing the impact on members of the public and the profession, you told the panel that you understand the potential impact and implications these may have had by engaging in these consensual sexual acts. You said that your actions were not only wrong in that it took place whilst you were at work but also inappropriate on a moral level with the possibility of a member of the public, a service user or a colleague walking in during the incident. You said that this would have had a detrimental impact on the reputation of nurses and also the individuals involved. You informed the panel that you could have potentially placed both service users and colleagues at risk, because if there was an incident on the ward, you may not have been able to respond as quickly as you might have.

You told the panel that showing inappropriate images and videos to colleagues at work and stating that these were of other colleagues when they were not was morally wrong and inappropriate. You said that your actions were not intended to be malicious, [PRIVATE]. At the time, you felt unable to fully rationalise what you were doing [PRIVATE], you now recognise how you made others feel. [PRIVATE], you can now identify [PRIVATE].

In addressing the further concern in relation to making unkind comments about a colleague, you made the point that you admitted this from the outset. You are now aware of the impact this could have on the nursing profession and the individual concerned, and how others may view that colleague after you made the comment. You told the panel that making those comments was inappropriate in a professional capacity as a registered

mental health nurse. You also noted the impact upon the individuals themselves who may have been going through personal stressors or may have been deeply offended. This could lead to a deterioration in workplace relationships affecting the team communication and environment. You told the panel that from the outset of the investigation, you said that you wanted to apologise to the individual, had you been given the opportunity to do so, as you recognise [PRIVATE] how offensive and hurtful those words would have been.

You told the panel that at the time of these incidents, [PRIVATE] and whilst there is no excuse for your behaviour, you hope that this provides an explanation of why you behaved in a manner which you described as out of character. [PRIVATE]. [PRIVATE]. You worked extra shifts in what you described as a demanding mental health ward with complex patients and [PRIVATE].

You told the panel that no concerns were raised in relation to service users in your care, and you have received confirmation that you are a good nurse. [PRIVATE]. [PRIVATE].

You next addressed the panel on the likelihood of repetition and remediation. You told the panel that you have undertaken online training on professional boundaries to remind yourself what is expected of you in the workplace. You have learned key skills [PRIVATE] that would help you identify when a boundary may be at risk of being crossed and ways to manage such a situation, for example, by raising this with your manager. [PRIVATE]. [PRIVATE].

You told the panel that you are now working in a new environment and building new positive workplace relationships with the skills you have learned from [PRIVATE], online training on professional boundaries, and from reading online articles on how to appropriately manage professional boundaries. Whilst you are working in the capacity of a care assistant and not as a nurse, you felt that this was a positive step in the right direction and you would be able to transfer the skills you are using to a professional role as a nurse.

You told the panel that you are currently subject to an interim conditions of practice order and applied for various nursing roles within care homes, private mental health hospitals and a National Health Service (“NHS”) hospital. However, you were unsuccessful due to the restrictions which included that you were not allowed to work as the sole nurse or a nurse in charge. You received an offer from an NHS hospital but this was rescinded because of the condition that you must not work as a sole nurse. You said that you did not feel that they believed that you were a risk. Therefore, following these unsuccessful applications, you undertook a job as a care assistant in a care home. You referred the panel to your up-to-date reference from your current employer and stated that there are no concerns regarding your current practice or your professional boundaries, or ability to work appropriately alongside others.

You told the panel that your new role allowed you to keep your knowledge and skills up to date. [PRIVATE] the skills that you have developed is beneficial in helping you return to a nursing role. You feel ready to return to a nursing role. You told the panel that you are ready and able to practice safely and professionally. The incidents took place during an isolated period two years ago and it does not reflect you as a professional or the person you are today. You do not believe that you pose any risk to the public.

You were cross examined by Ms Lindsay. You were asked to explain your understanding of the impact that your behaviour can have on the nursing profession. You responded that this should not have happened in the first place, and that nurses are expected to be able to uphold the values and not to be seen or observed engaging in these types of activity.

In relation to the question from Ms Lindsay about the public’s concerns regarding your actions, you said that you accepted that the public would have concerns but everyone makes mistakes and people can learn from that mistake. You stated that you believe that the general public would understand that.

In terms of your evidence about your use of the word ‘*psycho*’ and or ‘*bipolar*’, you stated that as a mental health nurse, you should not have used those words. You said that there

is no reason as to why it should be used, especially when working on the ward with mental health patients.

Ms Lindsay asked how the panel can be reassured that that there is no repetition of this language in the future. You said it was out of character to use those words. [PRIVATE] to ensure that nothing of this kind would happen again.

[PRIVATE].

[PRIVATE].

Ms Lindsay asked you to clarify your earlier evidence in that you stated that a prospective employer did not identify you as a risk. You responded that you felt that they did not identify you as a risk because otherwise they would not have offered you the job. You clarified that the prospective employers did not explicitly say that you were not a risk but a general inference that you made from their response to you.

Ms Lindsay asked you to clarify how you had maintained your knowledge and nursing skills. You stated that you had access to the Nursing Times and keep up to date by reading articles. However, you said you can only do so much, as you work 51 hours per week. You have not taken any recent Continuing Professional Development (“CPD”) training but undertook training on professional boundaries. You said that you found the training by searching online, and were unable to take further recent training due to the cost and you had been busy in the last month.

Ms Lindsay asked you about the professional boundaries online training dated 17 January 2024 and asked you to describe what you had learned from that course. You stated that it was in relation to respecting others and ensuring that appropriate communication and boundaries were maintained. You gave an example of not having inappropriate discussions in the workplace and reporting any concerns.

You further added that in terms of the new skills you learned in your current workplace, you are now working with a different clientele. You used to work with adults experiencing schizophrenia and depression. However, you are now working with residents with dementia and therefore have had to learn new de-escalation techniques and manual handling techniques. You are also up to date with training that is relevant to your current role.

[PRIVATE].

The panel asked you to describe your current role. You stated that you are a care assistant for older individuals with Alzheimer's disease and dementia. You perform a range of activities with them. For example, you assist them with their fluid intake, their general mobility around the care home and do activities with them.

Submissions on misconduct

Ms Lindsay invited the panel to take the view that the facts found proved (by way of your admissions) amount to misconduct.

Ms Lindsay identified the specific sections of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' ("the Code") which she said amounted to misconduct.

Ms Lindsay provided you and the panel with written submissions, in part, to help you prepare for this stage of the hearing.

The concluding submissions on misconduct were as follows:

'11. The NMC submit that the misconduct in this case is "sufficiently serious" that it can be properly described as misconduct both individually and cumulatively in respect of the charges admitted. In all the circumstances,

it is submitted that the Panel should consider Registrant's conduct falls far below the standards which would be considered acceptable and that the facts admitted amount to misconduct.

12. It is understood that Mr Marsh-Copestick accepts that his actions amount to misconduct.'

You told the panel that you agree that the charges amount to misconduct and fell short of the standards expected of a nurse.

Submissions on impairment

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

Ms Lindsay submitted that the four limbs of *Grant* are engaged in this case.

Ms Lindsay submitted that in respect of public protection:

'24. The NMC submit that Mr Marsh-Copestick has acted in the past and/or is liable so as to put patients at unwarranted risk of harm. The NMC submit that Mr Marsh-Copestick's misconduct also placed colleagues at an unwarranted risk of harm.

25. In engaging in sexual intercourse and activity within the workplace and showing sexually explicit content to colleagues in the workplace, this placed patients and their families at a risk of harm of being exposed to

such materials thus placing them at a risk of harm. In addition to a risk of exposure to materials or sexual intercourse/activity, Mr Marsh-Copestick also placed patients at a risk of harm by engaging in such actions during the course of his employment. Whilst himself and a colleague were engaged in sexual activity or sexual intercourse, this would take him away from his usual duties. Mr Marsh-Copestick would have been unable to assist in any emergency situations. It is accepted no actual harm occurred to a patient as a result of Mr Marsh-Copestick's conduct. In respect of Mr Marsh-Copestick's conduct as outlined at charge 2, this sexual activity took place in a clinic room which was used for medication and clinical equipment. The actions of Mr Marsh-Copestick presented a risk of contamination in the room.

- 26. A number of Mr Marsh-Copestick's colleagues were exposed to explicit content which he brought into the workplace. By falsely stating that colleagues were depicted in sexually explicit images/videos, this also placed Colleagues B and C at emotional harm.*
- 27. The public, quite rightly, expect nurses to provide safe and effective care. Mr Marsh-Copestick's actions, as set out in the charges, brought the profession into disrepute and had the potential to undermine trust and confidence in the profession. The Panel should consider that nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Colleagues should be able to work in an environment where they are not exposed to sexual materials, or to encounter a colleague engaged in sexual intercourse or sexual activity in the workplace. They should not be described as being a "psycho" nor "bipolar". Nurses must make sure that their conduct at all times justifies their colleagues, patients' and public's trust in the profession. In my submission, Mr Marsh-Copestick did not do that. In failing to do so, he placed patients within his workplace at a risk of harm.*

28. The environment which Mr Marsh-Copestick worked in provided mental health care to vulnerable individuals. Individuals who may be suffering from psychosis or bipolar disorder. When considering the risk of harm to patients, the Panel should consider the possible consequences of the concerns, such as members of the public feeling reluctant to access health and care services, an issue which is acutely sensitive when dealing with those accessing psychiatric care, if they were aware that a mental health nurse was using terms such as “psycho” and/or “bipolar”. Nurses must make sure that their conduct at all times justifies their colleagues, patients’ and public’s trust in the profession. In the NMC’s submission, Mr Marsh-Copestick did not do that.’

In addressing the public interest considerations of this case, Ms Lindsay submitted:

‘Has in the past brought and/or is liable in the future to bring the medical profession into disrepute

29. Registered professionals, such as Mr Marsh-Copestick, occupy a position of trust in society to be responsible for the care of patients.

30. The NMC submit that the behaviour admitted in the charges not only brought Mr Marsh-Copestick’s reputation into disrepute, but also that of the wider profession. This in turn undermined the public’s confidence in the profession as a whole. The facts, as set out in the charges, brought the profession into disrepute and had the potential to undermine trust and confidence in the profession. Members of the public would be shocked if the conduct of Mr Marsh-Copestick was not deemed to be impaired currently in these circumstances.

31. *As outlined above, there is an expectation of professionalism placed upon registered professionals. In failing to meet this expectation, Mr Marsh-Copestick has brought the profession into disrepute.*

32. *During the course of his evidence, Mr Marsh-Copestick accepted that he has brought the profession into disrepute with his actions. He acknowledged that his actions were not appropriate.*

Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession

[...]

34. *It is submitted that the NMC have set out above, how, by identifying the relevant sections of the Code, Mr Marsh-Copestick has breached fundamental tenets of the profession. Breaches of the Code, amount to a breach of the fundamental tenets of the profession, in the NMC's submission.*

35. *The public, quite rightly, expect nurses to prioritise patient care and attend to the needs of patients. The public would expect workplaces to be free of sexually explicit content, sexual activity and sexual intercourse. Mr Marsh-Copestick's actions, as set out in the charges, brought the profession into disrepute and had the potential to undermine trust and confidence in the profession.*

Has in the past acted dishonestly and/or is liable to act dishonestly in the future?

36. *Mr Marsh-Copestick has accepted his actions were dishonest at Charge 8. By seeking to suggest Colleagues B and C were depicted in the video and images shown to his colleagues, he was being dishonest. Such*

dishonesty demonstrates the seriousness of Mr Marsh-Copestick's actions. Dishonesty is difficult to be remediated.'

In addressing your insight, Ms Lindsay submitted:

- '41. In the NMC's submission, Mr Marsh-Copestick has a developing insight into his misconduct. He made early admissions to the vast majority of the charges both at local level and during the course of the fitness to practice process. The NMC submit, however, that the insight is developing given Mr Marsh-Copestick cannot fully explain the reasons for his misconduct to the Panel. [PRIVATE] but during his evidence he has not been able to fully reflect upon why his actions occurred.*
- 42. Mr Marsh-Copestick is currently employed by Needwood House Care Home. A reference has been provided by his line manager [...] who confirmed that Mr Marsh-Copestick works caring for residents with complex mental health issues. It is acknowledged that Mr Marsh-Copestick has worked without further incident at his current employer but in the NMC's submission the lack of further incident does not detract away from the repeated course of inappropriate conduct which he engaged in during the course of his prior employment.*
- 43. Mr Marsh-Copestick has undertaken training in Professional Boundaries in Health and Social Care Settings (P181, Exhibit Bundle). This training was undertaken in October 2023. He has also undertaken training in Professional Boundaries in January 2024 (On Table, Exhibit 4). In the NMC's submission, the attendance at such training is an indication again of developing insight. As put to Mr Marsh-Copestick during crossexamination [sic], the training which he has undertaken is now out of date, and he has not found the time to update this. He suggested during his evidence that his skills and knowledge have improved in his*

current role as a care assistant, but was unable to point to any CPD which has been undertaken which would support this.

- 44. Given Mr Marsh-Copestick's position that his actions were as a result of [PRIVATE], the registrant has not demonstrated, in the NMC's submission, that he has fully addressed [PRIVATE] to ensure there was not a risk of repetition should [PRIVATE]. [PRIVATE] but he was not able to specify what he would do differently.*
- 45. When considering Mr Marsh-Copestick's efforts at securing employment whilst being the subject of conditions of practice, in the NMC's submission his evidence to the panel was disingenuous. It was his evidence that prospective employers did not identify him as being a risk however during cross-examination, it was established that no such comment was made by any prospective employer. Rather, this was Mr Marsh-Copestick's interpretation and what felt they meant [sic]. In the NMC's submission, Mr Marsh-Copestick cannot be said to have fully developed insight into his failing in circumstances where he is seeking to minimise the risk he may pose.*
- 46. In all the circumstances, it is submitted that the misconduct demonstrated by Mr Marsh-Copestick has not been remediated and a finding of current impairment needs to be proved in order to sufficiently protect the public, maintain the confidence in the NMC as a regulator and uphold the standard of the profession generally. The public interest calls for a finding of impairment to maintain trust and confidence in the profession and its regulator. A well-informed member of the public would be concerned to find that Marsh-Copestick was not found to be impaired given the nature of the charges.*

47. Baring [sic] all factors in mind, it is the NMC's submission that the concerns have not been remediated and the NMC would therefore ask the Panel to find Mr Marsh-Copestick's fitness to practise currently impaired by reason of his misconduct in respect of all charges.'

You submitted that you were impaired during the time of the incidents [PRIVATE]. [PRIVATE]. You informed the panel that you are unable to fully explain the reasons for your misconduct and [PRIVATE]. [PRIVATE] you identified that you were experiencing a blurring of the lines between your home and professional work life.

You told the panel that you accepted that you had been dishonest in stating that the indecent images were that of colleagues. However, you have been honest and upheld your integrity throughout the investigation and cooperated fully. You said that honesty is important to you, and therefore, you continue to uphold this. You do not believe that you are currently impaired as two years have passed since the incidents [PRIVATE].

You submitted that you have also attempted to keep your skills up to date to the best of your current abilities and continue to do so. In regard to the professional boundaries training, which was identified as having lapsed last month, you asked the panel to note that the certificate states that it is a recommended renewal of one year and therefore not a mandatory renewal but you accept that it is in your best interest to renew this and have therefore purchased the course and will complete this in the coming days.

You stated that during your cross examination yesterday, the NMC stated that you were unable to give details regarding what you learnt from the course. However, upon reflection, you felt that you did provide an overview of your learning in your evidence yesterday. For example, respecting others, appropriate communication and not having inappropriate discussions in the workplace.

You told the panel that there is evidence to support that you are able to work alongside a team kindly, safely and professionally, and have been able to do so over the course of the year.

You highlighted that prior to the period of time when [PRIVATE] and the incidents occurred, there have been no concerns raised regarding your nursing practice. You have had an unblemished career prior to and since the events and have never harmed or neglected any of the adults you cared for in your working role. You told the panel that if you were truly a risk to the public, then concerns would have been raised by your current employer especially as you are working with a team and with vulnerable adults.

You clarified that in terms of the questions raised by Ms Lindsay during cross examination about prospective employers not viewing you as a risk, you said that you were not misleading the panel when you said that prospective employers did not view you as a risk. This was a misinterpretation as it was your view that any potential risk identified by employers was manageable, as you had been offered a job which was only rescinded on the basis of not being able to support the interim conditions of practice order of not being able to commit to being a lone nurse or nurse in charge.

You told the panel that nursing has and always will be your passion. You said you worked extremely hard and are very proud to have received your nursing pin. You said that the incidents that previously occurred will not occur again.

Decision and reasons on misconduct

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, *Grant* and *PSA v (1) General Medical Council (2) Uppal* [2015] EWHC 1304.

In coming to its decision, the panel had regard to the case of *Roylance* 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.'*

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

'1. Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 Treat people with kindness, respect and compassion.

1.5 Respect and uphold people's human rights.

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.

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

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. The panel took each of the facts found proved by way of your admissions and

considered whether your actions amounted to misconduct. It bore in mind that at the outset of the hearing and during the course of your oral evidence that you admitted that your actions in respect of Charges 1, 2, 3, 4, 5, 6, and 8 did fall short of the conduct and standards expected of a nurse.

In considering Charges 1, 2, and 3, the panel took the view that engaging in sexual activity whilst on work premises is very serious. It is highly inappropriate for a registered mental health nurse on duty to engage in such behaviour and your actions were therefore contrary to the Code and the conduct expected for a registered nurse. Your actions had the potential to bring the nursing profession into disrepute and therefore amounted to serious misconduct.

In considering Charge 4, the panel noted that at the time of the events, you were working as a registered mental health nurse and therefore using the terms '*psycho*' and '*bipolar*' were very inappropriate. There was a real risk that those hearing your conversation could have been affected by the language that you used and you could have caused harm in that your patients and or their family members could have lost confidence in the nursing profession. The panel took the view that colleagues and members of the public would have found the use of such language appalling and amounted to serious misconduct.

In considering Charges 5 and 6, the panel determined that showing other colleagues indecent images and purporting them to be of your colleagues (Charge 8), with whom you had a personal intimate relationship, was wholly inappropriate and serious. Not only did you fail to treat your colleagues with kindness, respect and compassion, your actions had the potential to cause upset or distress to colleagues B and C. Furthermore, honesty and integrity are at the core of the nursing profession, and by dishonestly claiming that the indecent images were that of your colleagues was inappropriate and misleading. The panel therefore found that your actions in Charges 5, 6 and 8 amounted to serious misconduct.

The panel found that your actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

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

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

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

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

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional 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. 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/ fitness to practise is impaired in the sense that S/He:

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

The panel found all limbs of *Grant* engaged in respect of the past. In addressing limb a), whilst no harm was caused to your patients, you placed patients at unwarranted risk of harm by engaging in sexual activity within the workplace. You were away from your usual duties which meant that you would have been unable to assist should an emergency situation have arisen. By engaging in sexual activity in a clinical environment where sterile procedures take place, you risked contamination of the environment and therefore placed your patients at unwarranted risk of harm.

Furthermore, you placed colleagues at risk by showing unsolicited sexually explicit content whilst at work. By referring to colleagues as '*psycho*' and '*bipolar*' which you used as derogatory terms, you placed patients and colleagues at risk of harm, as those who may have heard your words could lose confidence in the care provided by the nursing team, therefore preventing patients from receiving the care and or treatment they required. There was also a real risk that your actions would undermine good communication and teamwork which is essential for safe and effective practice.

In addressing limbs b), c) and d), the panel determined that given the nature of your actions and the seriousness of the charges, you have brought the profession into disrepute. A member of the public and fellow nurses apprised with the facts of this case, would have been appalled to learn that you engaged in sexual activity during a shift. Further, showing colleagues sexually explicit images and purporting them to be of your other colleagues when they were not, as well as using the terms '*psycho*' and '*bipolar*' to describe another colleague would be seen as deplorable. The panel found that your actions breached the fundamental tenets of the nursing profession and you acted in a manner you admitted was dishonest.

The panel went on to consider whether you were liable in the future to place patients at risk of harm, bring the profession into disrepute, breach fundamental tenets of the profession and act dishonestly.

The panel considered the principles derived from *R (on application of Cohen) v General Medical Council* [2008] EWHC 581 (Admin):

- Whether the concern is easily remediable;
- Whether it has in fact been remedied; and
- Whether it is highly unlikely to be repeated.

In considering whether the concern is easily remediable, the panel took into account the nature and seriousness of the charges found proved. The panel took the view that your

actions could be remediable. However, given that your actions include dishonesty, the panel acknowledged that dishonesty is always a serious matter and may be difficult to put right.

The panel next considered whether the misconduct in this case has been remedied. The panel gave careful consideration to your oral evidence and submissions. You told the panel that during the period in question, you were [PRIVATE] and cannot explain why you had done what you did except that this was out of character for you and that you had acted irrationally. The panel noted that since the incident, you have worked successfully without further incident at your current workplace, albeit not in a nursing role. This was supported by the latest reference provided by your current manager. The panel also had regard to your CPD online training on professional boundaries dated 19 October 2023 and 17 January 2024. It also heard that you have been keeping your nursing knowledge up to date by way of reading articles via the Nursing Times and your completion of mandatory training at your current workplace which was required in your Care Assistant role.

In considering your insight into your misconduct, the panel acknowledged that you understood the impact that your behaviour had on the individuals concerned. The panel found that, whilst you were clear throughout the proceedings that you felt that [PRIVATE], you were unable to fully explain your behaviour. On the evidence before it, the panel was not persuaded [PRIVATE], adequately explains or accounts for your actions and apart from saying you were not yourself, you were not able to explain your actions. Your insight at present lacks substance in contrast to some of the insight that you put forward during the Local Investigation Interview. Therefore, the panel found that your insight is at an early stage.

The panel went on to consider whether your actions are highly unlikely to be repeated. The panel is of the view that there is a risk of repetition given that you have been unable to provide a full explanation for your actions and therefore, the panel was not confident that the risk has been mitigated in this case.

In light of the above, the panel 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 the proper professional standards for members of those professions.

The panel determined that a finding of impairment is required on wider public interest grounds. It noted that the proven charges and misconduct identified in this case are serious, especially as they include sexual misconduct and dishonesty. It considered that a fully informed member of the public would be concerned, and that public confidence in the nursing profession would be undermined, if a finding of impairment was not made on public interest grounds.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired.

Sanction

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

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

Submissions on sanction

Ms Lindsay informed the panel that in the Notice of Hearing, dated 14 January 2025, the NMC had advised you that it would seek the imposition of a striking off order if it found your fitness to practise currently impaired. Ms Lindsay provided you and the panel with written submissions to help you prepare for this stage of the hearing. Ms Lindsay also provided oral submissions to address the salient points of her written submissions.

Ms Lindsay provided the panel with the relevant aggravating and mitigating factors of your case:

'5. The aggravating features of this case have been identified as follows:

a. Repeated course of conduct involving sexual activity, sexual intercourse, and sexually explicit material in the workplace.

6. The mitigating factors of this case has been identified as follows:

a. No actual patient harm occurred

b. Early admissions made by Mr Marsh-Copestick

c. [PRIVATE]

Ms Lindsay next turned to the available sanctions that the panel may impose and referred to the relevant NMC guidance. She submitted that taking no action or a caution order was not appropriate:

'Taking no action

[...]

9. The seriousness of the misconduct means that taking no action would not be appropriate. Given the determination that Mr Marsh-Copestick is impaired on both public protection and public interest grounds and that there remains a risk of repetition and a risk of harm to patients and colleagues. Taking no further action would neither be appropriate or proportionate.

[...]

Caution Order

[...]

11. Mr Marsh-Copestick's case is not at the lower end of the spectrum and a caution order would be inappropriate in view of the seriousness of the case given the impairment on both public protection and public interest grounds.

Ms Lindsay submitted that imposing a Conditions of Practice Order would not be appropriate or proportionate given that the concerns in this case do not relate to your clinical practice. She submitted the following in her written submissions:

'14. In the NMC's submission, the concerns regarding Mr Marsh-Copestick's fitness to practice are indicative of his attitude towards his colleagues and the workplace. In the NMC's submission, the areas of concern cannot be addressed by way of assessment or retraining due to the nature of the conduct.

15. The NMC submit that patients and colleagues could be placed at risk even if conditions of practice were to be in place. Further the NMC would seek to highlight the repeated nature of misconduct in this case and the panel's findings regarding a risk of repetition.

16. A conditions of practice order would not adequately protect the public or maintain the public interest. The NMC submit that a conditions of practise [sic] order is not appropriate or proportionate.'

Ms Lindsay submitted that a Suspension Order is also neither appropriate nor proportionate:

‘22. The NMC submit that a period of suspension is not sufficient to protect patients, public confidence in nurses, midwives or nursing associates or professional standards.

23. The NMC direct the panel to SAN-3d the NMC submit that a suspension order is not proportionate or appropriate as the misconduct in this case does not relate to a single incident, it is multiple incidents. The misconduct is wide ranging and took place over a period of time involving colleagues and placed patients at a risk of harm. The panel have determined that there is a risk of repetition of the conduct in the charges found proved.

24. The NMC submit that a suspension order is therefore not appropriate or proportionate.’

Ms Lindsay submitted that a striking off order is the most proportionate and appropriate sanction. She referred the panel to the relevant NMC Guidance and invited the panel to consider the questions set out in SAN-3e:

‘28. In looking at a striking-off order, the NMC would ask the Panel to consider the questions set down at SAN-3e, namely,

- 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?*

29. *The NMC submit that the answer to that the first questions is yes. The regulatory concerns do breach the fundamental tenets of The Code to [sic] as set out in the Panel's determination and raise fundamental questions about [your] professionalism.*
30. *The NMC submit that in relation to the second question, public confidence in the profession cannot be maintained if Mr Marsh-Copestick is not removed from the register.*
31. *The panel have noted in their findings that a member of the public and fellow nurses apprised with the facts of this case, would have been appalled to learn that you engaged in sexual activity during a shift.*
32. *The NMC submit that in respect of the third question, a striking off order is the only sanction which will be sufficient to protect patients, members of the public, or maintain professional. [sic]*
33. *The NMC submit that the panel found [...] Mr Marsh-Copestick's actions fell significant [sic] short of the standards expected of a registered nurse and breached fundamental tenets of the profession. In these circumstances, the conduct is fundamentally incompatible with her [sic] remaining on the register.*
34. *As the Panel have noted in their determination, Mr Marsh-Copestick's insight lacks substance. Mr Marsh-Copestick has been unable to provide a full explanation for his actions. The panel were not confident that the risk has been mitigated in this case.*
35. *Over and above the sexual misconduct, Mr Marsh-Copestick's actions were also dishonest. As the panel have noted in their determination, dishonesty is always a serious matter and may be difficult to put right. In*

the NMC's submission, the dishonesty coupled with the sexual misconduct demonstrate Mr Marsh-Copestick is fundamentally incompatible with remaining on the register.

36. A member of the public's view of how a registered nurse should conduct themselves is adversely affected by the conduct of Mr Marsh-Copestick in this case. The findings in this particular case are such that to allow Mr Marsh-Copestick to continue to practice would undermine public confidence in the profession and in the NMC as a regulatory body. The position of the NMC is that nothing short of a striking off order would be sufficient or proportionate in this case.

37. An order for Strike-Off is the only order that will meet the public interest of maintaining public confidence in the profession and upholding proper professional standards by declaring that the registrant's behaviour was unacceptable for a registered professional.'

Ms Lindsay submitted that it is acknowledged that many of the sanctions are likely to have an impact on you given that they would either restrict your ability to work or prevent your ability to work as a registered nurse. However, she submitted that the public interest and the risks of the concerns outweigh your interests in the circumstances of this case.

The panel also bore in mind your submissions. You told the panel that a conditions of practice order is sufficient and proportionate to protect patients or service users. You also stated that a conditions of practice order is appropriate to address any concerns about public confidence or proper professional standards and conduct. You told the panel that conditions can be created that can be monitored and assessed which will protect the service users in your care.

You informed the panel that you are subject to interim conditions of practice order which has been in place since September 2023 and during your period of employment at

Needwood House Nursing Home. You told the panel that you have worked alongside qualified professionals and no concerns have been raised about your professionalism and engagement with the team. You said that you maintained professional relationships and no concerns have been raised regarding any risks against service users, families and employees.

You told the panel that you believe that a substantive conditions of practice order would be proportionate and invited the panel to consider allowing you to work as the sole nurse and as a nurse in charge. At the moment, you have conditions which say you cannot be the sole nurse or the nurse in charge, and this has meant that you have been unable to secure employment as a nurse. The omission of such conditions would enable you to provide evidence that you are able to practise kindly, safely and professionally. You said that it would also allow you to continue working within a healthcare setting and to work on your insight into the concerns and to provide assurance that you are not a risk.

You told the panel that you have developed insight into [PRIVATE].

You informed the panel that there are no concerns about your general nursing practice. You have not harmed a patient and continued to deliver safe care. The concerns were not over an extensive period and limited to a short period linked to a significant deterioration of [PRIVATE]. You have been honest about the events and engaged fully.

You told the panel that it is your view that a striking off order is not proportionate and referred the panel to your reference which you stated supports your professionalism. You believe that the public confidence in your ability as a nurse can be regained as you continue to work in a caring profession and develop further insight.

The panel asked you what conditions you believe would adequately address the public concerns. You told the panel that the current interim conditions practice of order is suitable except for the conditions which prevents you from working as a sole nurse and being a

nurse in charge. You said that it was always going to be difficult not to work as a sole nurse or a nurse in charge due to staff shortages.

In terms of different conditions to impose, you said that you would comply with any conditions that the panel may impose but gave a suggestion that you could provide weekly or monthly updates on your nursing practice. You told the panel that you feel like there are better ways in ensuring that you are safe to practice with both colleagues and service users.

Decision and reasons on sanction

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

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.

The panel took into account the following aggravating features:

- Repeated course of conduct involving sexual activity, sexual intercourse, and the sharing of sexually explicit material in the workplace whilst you were the nurse in charge.

The panel also took into account the following mitigating features:

- No actual patient harm occurred.
- You made early admissions into your misconduct.
- [PRIVATE].

The panel carefully considered the NMC Guidance on '*Considering sanctions for serious cases*' (SAN-2). It gave due regard to the sections on '*dishonesty*' and '*sexual misconduct*', although it noted the somewhat unusual nature of the dishonesty and sexual misconduct in your case.

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.

The panel then considered the imposition of a caution order but again determined that, due to the seriousness of the case, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where '*the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.*' The panel considered that your 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 your registration would be a sufficient and appropriate response. The panel took into account that you have been subject to interim conditions of practice and you have been working in the capacity of a care assistant because you said you have had difficulties in obtaining nursing roles due to the conditions. You emphasised during your submissions that you believe that the reason you were unsuccessful in obtaining a nursing role was because prospective employers said it was a requirement that you must be able to work as a sole nurse or a nurse in charge.

However, given the nature of the case, the panel was not satisfied that conditions could be formulated. The misconduct identified in this case was not related to your clinical practice but rather your attitude and professionalism within the workplace. The panel therefore

determined that it could not formulate conditions which would sufficiently meet the public protection and wider public interest considerations of this case.

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

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

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The facts in this case do not involve a single incident, and the dishonesty and sexual misconduct indicate attitudinal concerns which are harder to remedy. The panel noted that you felt remorse for the incidents that occurred. However, the panel found that, whilst your insight is developing, it did not yet mitigate the risk of repetition. You have been unable to provide a full explanation for your actions, and therefore, the panel was not confident that your actions are highly unlikely to be repeated.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

In considering a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*

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

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

Balancing all of these factors and after taking into account all the evidence before it, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of your actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should behave, 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 maintain 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 you in writing.

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in your own interests until the striking-off sanction takes effect.

Submissions on interim order

The panel took account of the submissions made by Ms Lindsay. She submitted that based on the substantive order made by the panel today and the risks identified, she invited the panel to impose an interim suspension order for a period of 18 months to cover the period of appeal. She submitted that the necessity of the order is on the basis of public protection and the wider public interest for the same reasons outlined in her earlier submissions.

You told the panel that you support the application.

Decision and reasons on interim order

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

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 nature and 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 on the grounds of public protection and the wider public interest for the same reasons as the substantive sanction imposed. The panel also considered that an interim order would cover the period of appeal in the event that you wished to make an appeal.

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

That concludes this determination.