

# Nursing and Midwifery Council Fitness to Practise Committee

**Substantive Meeting**  
**Wednesday, 26 May 2021 – Friday, 28 May 2021**

Nursing and Midwifery Council, 2 Stratford Place, Montfichet Road, London, E20 1EJ

**Name of registrant:** Kay Allison Shemirani

**NMC PIN:** 84K0043S

**Part(s) of the register:** Registered Nurse – Sub-part 2  
General Nursing – Level 2 – 9 June 1986

Registered Nurse – Sub-part 1  
Adult Nursing – Level 1 – 28 August 1995

Independent Nurse Prescriber – V300 – 18 July 2018

**Area of registered address:** East Sussex

**Type of case:** Misconduct

**Panel members:** Nicola Jackson (Chair, Lay member)  
Mary Scattergood (Registrant member)  
Eileen Skinner (Lay member)

**Legal Assessor:** Richard Ferry-Swainson

**Panel Secretary:** Philip Austin

**Facts proved:** Charges 1a-d, 2a in part, 2b, 3a-c, 3d in part

**Facts not proved:** Charges 2a in part and 3d in part

**Fitness to practise:** Currently impaired

**Sanction:** **Striking-off order**

**Interim order:** **Interim suspension order (18 months)**

## **Decision and reasons on service of Notice of Meeting**

The panel received information and advice from the legal assessor concerning service of the notice of meeting.

The notice of meeting was sent by the Nursing and Midwifery Council's ("NMC") case officer in a secure and encrypted fashion to the email address of Mrs Shemirani on the NMC register on 13 April 2021. The panel noted that the emergency statutory instrument in place allows for electronic service of the notice of meeting to be deemed reasonable in the current circumstances, involving Covid-19.

The panel was aware that as this matter is being considered at a meeting, Mrs Shemirani would not be able to attend. However, Mrs Shemirani had been sent all of the evidence relating to this matter, and was informed that this meeting would take place on or after 17 May 2021. Mrs Shemirani was also asked to provide comment no later than 12 May 2021 by using the response form attached to the notice of meeting, if she had anything that she wanted the panel to take account of in considering this matter.

The panel noted that the NMC has received no response from Mrs Shemirani in relation to the notice of meeting.

In taking account of the above, the panel was of the view that this case could be properly dealt with by way of a substantive meeting. The panel noted that Mrs Shemirani had been asked by the NMC if she would prefer this case to be considered at a hearing. However, she had not responded to that request or objected to it being held as a substantive meeting. Furthermore, Mrs Shemirani has indicated that she wants to be removed from the NMC register. The panel considered Mrs Shemirani to have disengaged from these proceedings. Therefore, the panel was of the view that referring this matter to a substantive hearing would not serve any useful purpose, as it determined that Mrs Shemirani would be highly unlikely to attend, in any event. The panel was satisfied that it had all the necessary information before it in order to reach a decision on this matter, consisting of both documentary and video evidence.

The panel noted that the notice of meeting had been served on 13 April 2021, which was more than 28 days before this meeting. The panel was satisfied that there was good service of the notice of meeting in accordance with Rules 11A and 34 of the Fitness to Practise Rules 2004 (as amended) (“the Rules”).

## **Details of charge**

*That you, as a registered nurse, between November 2019 and February 2021;*

1. *On one or more occasions, in respect of the Covid-19 pandemic and/or vaccinations:*
  - a. *posted comments on a social networking site;*
  - b. *posted videos on a social networking site;*
  - c. *spoke at public protests and/or events;*
  - d. *gave an interview to speak on the subject/s;*
  
2. *One or more of your comments at charge 1 above were:*
  - a. *contrary to official health advice and/or the law;*
  - b. *inflammatory and/or derogatory;*
  
3. *Your conduct at charge 1 was carried out to:*
  - a. *promote health advice which is contrary to official health advice;*
  - b. *encourage members of the public to distrust and/or disregard official health advice;*
  - c. *encourage members of the public to distrust and/or disregard other nurses and/or healthcare professionals whom hold opposing views to you;*
  - d. *encourage members of the public to act contrary to the law and/or official health advice;*

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

## **Submissions from the parties**

The panel had sight of the NMC meeting bundle which contained all of the evidence that had been adduced in this case. This included correspondence between the NMC and Mrs Shemirani, as well as a written statement of case prepared by the NMC for the purposes of this meeting. Mrs Shemirani has not provided any direct evidence or written representations for the panel to take account of.

The following insert is from the NMC's statement of case, setting out the background of this matter, along with written representations of the facts, misconduct, impairment and sanction. The panel was invited to take account of this document in considering the evidence before it.

### ***"THE NURSING AND MIDWIFERY COUNCIL***

***-and-***

***KAY ALLISON SHEMIRANI***

---

### ***STATEMENT OF CASE***

---

## **Charges**

*That you, as a registered nurse, between November 2019 and February 2021;*

1. *On one or more occasions, in respect of the Covid-19 pandemic and/or vaccinations:*
  - a. *posted comments on a social networking site;*
  - b. *posted videos on a social networking site;*
  - c. *spoke at public protests and/or events;*
  - d. *gave an interview to speak on the subject/s;*
  
2. *One or more of your comments at charge 1 above were:*

- a. *contrary to official health advice and/or the law;*
  - b. *inflammatory and/or derogatory;*
3. *Your conduct at charge 1 was carried out to:*
- a. *promote health advice which is contrary to official health advice;*
  - b. *encourage members of the public to distrust and/or disregard official health advice;*
  - c. *encourage members of the public to distrust and/or disregard other nurses and/or healthcare professionals whom hold opposing views to you;*
  - d. *encourage members of the public to act contrary to the law and/or official health advice;*

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

## **Facts**

### **The Registrant**

1. *Kay Allison Shemirani ("the Registrant") PIN number 84K0043S was first admitted as a Registered Nurse (RN7 - Level 2) to the register of nurses and midwives maintained by the NMC on 9 June 1986. The Registrant was subsequently admitted as a Registered Nurse (RN1 - Level 1) on 28 August 1995. The Registrant's practise lapsed at points in her career and she subsequently undertook further training and was readmitted to the register in January 2010.*
2. *The Registrant is also a Registered Independent Nurse Prescriber (V300) and entered the register on 18 July 2018.*
3. *The Registrant refers to herself as 'Kate Shemirani'.*

4. *At the time of the NMC receiving referrals, the Registrant was working as an aesthetic nurse in a self-employed capacity.*

## **Background**

### Covid-19

5. *On 30 January 2020, the World Health Organisation ('the WHO') declared the Covid-19 outbreak a public health emergency of international concern.*
6. *On 11 March 2020, the WHO declared the Covid-19 outbreak a pandemic.*
7. *On 26 March 2020, the UK entered a partial lockdown designed to contain the spread of the virus. Police were given powers to enforce the lockdown. Since then the UK has entered a number of local and national lockdowns. As of 10 March 2021, the UK is currently subject to a national lockdown.*
8. *Also on 26 March 2020, the Secretary of State for Health and Social Care advised the NMC's Registrar that Covid-19 was an emergency involving loss of human life or human illness per Article 9A(1)(a) of the Nursing and Midwifery Order 2001.*
9. *Since 26 March 2020, there has been some resistance to the lockdown. Notably, on 16 May 2020, a large number of people gathered in London's Hyde Park to protest. Another large protest took place in London's Trafalgar Square on 19 September 2020. There have been other smaller anti-lockdown protests throughout the UK.*
10. *As of 3pm on 10 March 2021, 4,228,998 people in the UK have tested positive for Covid-19. Sadly, 143,259 people have died.*
11. *Globally, as of 3pm on 10 March 2021, there are 117,690,020 confirmed cases. The death toll is 2,612,644.*
12. *Although lockdown restrictions in the UK have been updated and amended on occasions since March 2020, it remains the case and is well known by the public*

*that there are UK wide restrictions in place and that a failure to comply with those restrictions is contrary to the law and a criminal matter.*

- 13. Within the medical and scientific community there is a consensus that physical distancing and wearing a face mask will help reduce the risk of transmission of the Covid-19 virus. The Government has been encouraging the public to follow this guidance. From 15 June 2020 it became mandatory to wear a face mask on public transport.*
- 14. Vaccinations have been produced to protect the public from and prevent the spread of the Covid-19 virus. On 2 December 2020 the Pfizer/BioNTech vaccine was approved by the UK's Medicines and Healthcare Products Regulatory Agency; on 30 December 2020 the Covid-19 Vaccine AstraZeneca was approved; and on 8 January 2021 the Covid-19 Vaccine Moderna was approved. The vaccines are currently being offered in stages to the public.*
- 15. The witness statement of [Ms 1] at paragraphs 6-14 sets out further information and a chronology of events has been produced. This chronology has not been agreed by the Registrant.*

#### *The Registrant & Covid-19*

- 16. Since March 2020, the Nursing and Midwifery Council ('NMC') has received a significant number of referrals about the Registrant's fitness to practise in respect of the spread of misinformation concerning the Covid-19 pandemic and vaccines. Referrals were made by members of the public, nurses and other healthcare professionals. Many of the referrals were made anonymously, 17 individuals have met the NMC's requirements to become formal referrers.*
- 17. The Registrant has used her status as a registered nurse to widely promote health advice which is contrary to recommended practice and official health advice. The Registrant has also encouraged members of the public to distrust or disregard official health advice. The Registrant's conduct has taken place in the context of a global pandemic.*
- 18. The Registrant has become a leading activist, speaker and promoter against vaccines and the existence of Covid-19. The Registrant has propagated the*

*view that there is not currently a global Covid-19 pandemic, and that members of the nursing profession and other healthcare professionals are complicit in genocide. The Registrant has also encouraged the public not to follow advice from healthcare professionals, the medical community, “the WHO and UK Government including on how to respond to and treat ill health caused by Covid-19, the flu and measles. She has done this by way of social media, the internet, radio and TV interviews and at public events, including at a large protest in Trafalgar Square in London.*

*19. The Registrant is a prolific user of social media. Her social media ‘brand’ appears to be ‘Kate Shemirani - Natural Nurse in a Toxic World’. At the time of the initial referrals the Registrant was active on multiple social media sites including Facebook, Twitter, YouTube, and Instagram. The Registrant ‘posts’ comments to social networking sites as well as creating and posting videos of herself. A selection of posts and video recordings uploaded to social networking sites between November 2019 and October 2020 is exhibited.*

*20. This sample of the Registrant’s posts and video recordings evidenced are not exhaustive of the content created and shared by the Registrant but is an illustrative example. The sample evidenced amounts to over 40 electronic media files and 161 screenshots from the Registrant’s Facebook, YouTube, Twitter and Instagram accounts. Until the Registrant’s social media accounts were blocked, they were available for public viewing without a requirement of password or other type of permission to access them.*

*21. The Registrant’s social media accounts have had a significant following. The Registrant’s own claim is that collectively the videos and comments she posts to her social media platforms have been viewed over a million times. The Registrant has also stated that she had approximately 100,000 Facebook followers and that a video she recorded and posted to Facebook and Instagram had been viewed over 1 million times. The schedule of media files produced indicates that the Registrant’s videos, posts and social media appearances usually reach in excess of 3,000 people, with some videos having up to 40,000 views at the time of recording.*



22. *The Registrant has been interviewed and has featured on main stream national media networks as a leading ‘anti-vaxxer’ and protester against the existence of Covid-19 pandemic, including on BBC One Panorama, Sky News, and ITV Wales. The Registrant’s interview with Sky News is available to view on YouTube and received over 200,000 views at the time of recording.*
23. *The Registrant has spoken on local UK radio stations and given interviews with social media hosts. These interviews have been broadcast and posted to various social media platforms and to UK and international websites. Notably, the Registrant spoke on the Tony Williams programme, a radio show which broadcasts from 09.00-13.00 weekdays on Uckfield FM. This interview was also posted to the social media networking site Facebook.*
24. *Following this interview an investigation was carried out by Ofcom, who considered that “listeners would have been particularly vulnerable to any misleading or unsubstantiated claims that could be potentially harmful to them, at a time when they were highly likely to be seeking information about how to protect themselves and others from the spread of the virus.”*
25. *The Registrant has also been a leading speaker and/or lead organiser at a number of public events, including at an anti-Covid protest in London’s Trafalgar Square on 19 September 2020 and protests in London on 20 and 29 August 2020.*
26. *The Registrant’s social media accounts with Facebook, Twitter, YouTube and Instagram have since been blocked by the respective organisations. The Registrant has however continued to post similar content and feature on other person’s accounts regularly on other social media sites such as Telegram, BitChute and Brighteon. Those social media hosts that interview the Registrant post/publish these videos to their own social media accounts, including on those social media platforms where the Registrant has been blocked.*
27. *When promoting her views and advice, the Registrant describes herself as either as a ‘natural nurse’, ‘registered nurse’, ‘independent nurse prescriber’, or as a ‘nurse’. When referred to by others, the Registrant is referred to as a*

*'registered nurse', 'nurse practitioner' or 'nurse'. The Registrant on occasions will wear a nurse's uniform in her videos.*

*28. The Registrant's comments and advice given in respect of the Covid-19 pandemic and vaccines include, although are not limited to, the following:*

- a. denies that there is a global Covid-19 pandemic;*
- b. states that "there is no evidence that a pandemic exists, no evidence that Sars/Covid-2 has been purified and is unequivocally in existence";*
- c. states that vaccines have been "rushed through" because "they want to kill you";*
- d. states that "I am a nurse. I don't agree with the vaccines anymore because I know what's in them";*
- e. attributes the symptoms of Covid-19 to radiation from 5G technology;*
- f. describes the pandemic as a scam;*
- g. states that "you can't catch a virus";*
- h. describes vaccines as poison;*
- i. states the flu vaccine causes long term health issues that can be fatal and causes damage to brain cells, vital organs and dementia;*
- j. states that vaccines cause sterility and changes a person's DNA;*
- k. states that the ingredients in vaccines include acetone and aborted foetal cell tissue that turns into cancer;*
- l. advocates that members of the public and their children should not agree to be vaccinated against flu or measles;*
- m. states that no vaccine has ever been proved safe and effective;*
- n. suggested that ingesting disinfectant is less harmful than the ingredients of vaccines;*

- o. suggests that HPV vaccines cause cancer, had “killed girls on the spot” and had led to death;*
- p. encouraged members of the public not to socially distance but to “get hugging”;*
- q. discourages members of the public from wearing masks, stating that they do not stop viruses;*
- r. states that wearing a mask makes people very sick and increases the risk of bacteria and the risk of infections;*
- s. states that a person ill with Covid 19 may help other people by coughing on them.*

*29. The Registrant has also spoken and posted comments about nurses, other healthcare professionals, the NHS and the NMC. The comments made by the Registrant include, although not limited to, the following:*

- a. that nurses and other healthcare professionals are currently murdering patients;*
- b. describe nurses as being complicit in murder and are criminals and liars;*
- c. compare nurses in the UK today with healthcare professionals who co-operated in the Nazi extermination and euthanasia programmes of the 1930s and 1940s;*
- d. describe healthcare professionals and vaccination teams as needing to be renamed death squads;*
- e. suggest that the National Institute for Clinical Excellence (“NICE”) has given healthcare professionals a “license to kill”;*
- f. suggest that 9 out of every 10 nurses are “crap”;*
- g. describe nurses as being complicit in genocide;*
- h. state that “lots of nurses are really shit”;*

- i. describe the NHS as “murdering patients”, “genocidal”, having been subject to “Nazification”;
- j. state that hospitals practise “bullshit medicine”;
- k. describe “our elderly being systematically culled”;
- l. describe the NMC being “lying liars of lies”, “complicit in murder”, “corrupt” and “complicit in genocide”;
- m. describe the NMC as working to facilitate an agenda to “cancel life saving treatments in order to cause premature death”, “murder the old, infirm, disabled, vulnerable and sick”, “deceive and coerce the public to follow the lying government covid agenda” and to “support the racketeering of the NHS”;
- n. states that the NHS, the NMC, the GMC, Public Health England, and the Government are liars and conspiracy theorists, and should not be trusted;
- o. calls for nurses and doctors as well as the Government to be arrested;

### **Charges 1-3**

30. Since March 2020, the Registrant has regularly posted a significant number of comments and videos on social networking sites in respect of the Covid-19 pandemic and vaccines. The Registrant has also spoken at a number of public events as well as giving regular interviews with social media hosts and with national broadcasters including Sky News, BBC One Panorama and ITV Wales. The Registrant continues to use her status as a nurse and her reach to the public continues to be significant.
31. The Registrant appears to genuinely believe that there currently is not a global pandemic, that the Covid-19 virus does not exist, that people are not dying from Covid-19 and that vaccines are unsafe and harmful to a person’s health.
32. The Registrant has used her professional status to promote and support her views, and to promote advice which is not based on the best available evidence

*both in respect of the management of Covid-19 and vaccines. The Registrant's views and advice are evidently contrary to official health advice, to the near consensus advice of the scientific and medical community, and to the law in place in the UK since March 2020. The Registrant has also encouraged others to act contrary to this, encouraging members of the public not to socially distance, not to attend hospital and to refuse vaccinations. The Registrant has also discouraged members of the public from wearing masks, alleging that they are unsafe and harmful to people, and suggesting that a person ill with Covid-19 may help other people by coughing on them.*

*33. In promoting her views and advice, the Registrant has encouraged members of the public to distrust and disregard official health advice and to distrust advice from nurses, health professionals, the NHS, the NMC and the Government, where opposing views are held. The Registrant has regularly and with apparent vehemence made shocking, offensive, derogatory, and arguably false comments.*

*34. The Registrant's comments would be considered inflammatory and derogatory. To make such accusations could clearly cause offence, anger and upset to those whom the comments were aimed at, to healthcare professionals and to members of the public. The Registrant's comments about the Covid-19 pandemic and vaccines are also likely to cause a similar reaction. This is evidenced by the sheer volume of complaints that the NMC has received in respect of the Registrant.*

*35. The Registrant has not provided a formal response to the charges however within the responses received on 7 and 27 August 2020, the Registrant repeated her allegations against the NMC, stating that the NMC was "a corrupt organisation facilitating and covering up murder of patients within NHS and private facilities" and that the NMC was a "criminal governing body".*

*36. Accordingly, there is sufficient evidence to support all parts of charges 1-3 and the sub-charges.*

### **Misconduct**

37. *Whether the facts found proved amount to misconduct is a matter entirely for the panel's professional judgment. There is no burden or standard of proof (per Council for the Regulation of Health Care Professionals v (1) General Medical Council (2) Biswas [2006] EWHC 464 (Admin)).*

38. *The comments of Lord Clyde in Roylance v General Medical Council [1999] UKPC 16 may provide some assistance when seeking to define misconduct:*

*'[331B-E] Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rule and standards ordinarily required to be followed by a [nursing] practitioner in the particular circumstances'.*

*As may the comments of Jackson J in Calheam v GMC [2007] EWHC 2606 (Admin) and Collins J in Nandi v General Medical Council [2004] EWHC 2317 (Admin), respectively:*

*'[Misconduct] connotes a serious breach which indicates that the doctor's (nurse's) fitness to practise is impaired'.*

*And*

*'The adjective "serious" must be given its proper weight, and in other contexts there has been reference to conduct which would be regarded as deplorable by fellow practitioner'.*

39. *Where the acts or omissions of a registered nurse are in question, what would be proper in the circumstances (per Roylance) can be determined by having reference to, inter alia, the Nursing and Midwifery Council's Code of Conduct.*

40. *Our Code of Conduct sets out the professional standards that nurses must uphold. These are the standards that patients and members of the public expect from health professionals. On the basis of the charges found proved, it is submitted that the following parts of the Code are engaged in this case:*

**Practise effectively**

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

**Preserve safety**

*You make sure that patient and public safety is not affected. You work within the limits of your competence...*

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

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

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

**Promote professionalism and trust**

*You uphold the reputation of your profession at all times. You should display a personal commitment to the standards of practice and behaviour set out in the Code. You should be a model of integrity and leadership for others to aspire to. This should lead to trust and confidence in the professions from patients, people receiving care, other health and care professionals and the public.*

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

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

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

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

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

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

*20.8 act as a role model of professional behaviour*

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

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

*21.6 cooperate with the media only when it is appropriate*

- 41. The Registrant's actions can be properly characterised as extremely serious, deplorable, and dangerous to members of the public. The Registrant has acted considerably below the standards expected of a registered nurse.*
- 42. Over a significant period of time the Registrant has inappropriately used her status as a registered nurse to promote her own views which are contrary to official health advice and the law, encouraging members of the public to distrust official health advice and health professionals, making inflammatory and derogatory remarks about those who hold opposing views to her. The Registrant has actively sought to and has significantly undermined trust in and the reputation of healthcare professionals, the nursing profession, the NHS, the NMC as well as the wider medical and scientific community.*
- 43. It is accepted that the Registrant is personally entitled to those views however by seeking to promote them the Registrant has encouraged people to act in a way which places them and others at risk of serious harm. The near consensus view of the scientific and medical community is that by advising contrary to official health and medical advice, this will place members of the public and others they come into contact with at risk of contracting Covid-19 and therefore at risk of serious harm.*



44. *Furthermore, by using her status as a nurse and independent nurse prescriber to promulgate and support her views, the Registrant has sought to give her opinions credibility as well as appearing to have medical authority and relevant expertise on such matters, when she does not. The Registrant has abused her position of trust as a nurse for her own gain, putting her own views and priorities ahead of her professional duty to act within the Code.*
45. *The public are likely to be seeking information about how to protect themselves and others from the spread of the virus, and are therefore more vulnerable to such advice. The Registrant's use of her status as a nurse may cause members of the public to place their trust and confidence in her and her advice, and to distrust official health advice. If vulnerable members of the public were to believe and act upon the Registrant's views that she has expressed, they could take risks with their own lives, and this place them, and others through the spread of infection, at serious risk of harm that could prove fatal.*
46. *There has been significant and widespread public exposure of the Registrant's opinions, with the Registrant becoming a leading public figure and prominent speaker on theories relating to Covid-19 and vaccines. The Registrant's opinions have been seen by the UK general public and by people from all over the world. Because of the Registrant's platform and public image she is likely to have influenced a significant number of people, which national media has suggested the Registrant has done so. The Registrant's conduct may embolden people to act contrary to advice given and laws implemented for their safety. It is also likely to have reinforced the views of those people who do not accept the seriousness of the Covid-19 pandemic, the need for a lockdown, and vaccines.*
47. *The Registrant's conduct raises serious concerns about her integrity, trustworthiness, professionalism and attitude, which NMC guidance at FtP-3a, FtP-3b and FtP-3c explains will always be considered serious.*
48. *Given the significant departure from our code of conduct, the Registrant's conduct has fallen far below what would be expected of a registered nurse and a finding of misconduct must follow.*

## **Impairment**

49. *In relation to impairment, the general approach to what might lead to a finding of impairment was provided by Dame Janet Smith in her Fifth Shipman Report. A summary is set out in the case of CHRE v NMC & Grant [2011] EWHC 927 at paragraph 76 in the following terms:*

*“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.”*

50. *In this case, the first three limbs are engaged.*

51. *Although there is no evidence of direct harm to any patients, as outlined above, the Registrant’s conduct places the public and those that they come into contact with at serious risk of harm if they are not addressed.*

52. *The Registrant has breached fundamental tenets of the profession and has brought the reputation of the profession into disrepute. A nurse is expected to keep to and promote recommended practice and official advice, as well as to keep and promote the laws of the country. A nurse should ensure that they do not inappropriately express their personal beliefs or publish material where it is contrary to this and where it are not within their experience and qualifications. A nurse should also act as a role model of professional behavior and to uphold the reputation of the profession. The Registrant has failed to do so.*

53. *In considering whether the Registrant is currently impaired, there are relevant factors identified in the case of R (on application of Cohen) v General Medical Council [2008] EWHC 581 (Admin) that the Panel should consider. The Panel should consider whether the conduct which led to the charges is easily remediable, whether it has been remedied and whether it is highly unlikely to be repeated.*
54. *In principle, the concerns are remediable if the Registrant were to cease her conduct. However, the Registrant's beliefs appear to be deeply held and not amenable to change. It also appears that her view of others who challenge them are part of a conspiracy against the public. It would therefore be very difficult to remedy the concerns.*
55. *Furthermore, as the Registrant's conduct raises concerns about her attitude, professionalism and integrity, and by abusing her position of trust to pursue her own priorities, NMC guidance at FTP-3a and FtP-3c explains that this type of conduct is not easy to remedy.*
56. *There is no evidence that the Registrant has developed any insight or taken steps to remediate her conduct. The Registrant has continued to widely post, publish and promote her views and advice. Despite being banned on multiple social media platforms, she has gotten around this by moving her content to other social media platforms and for other social media accounts to post videos featuring her. The Registrant continues to be highly motivated to repeat her beliefs and widely promote them to the public, as well as to publically target and undermine trust in the nursing profession and the NMC. There is no evidence to suggest that this will change.*
57. *The Registrant has not significantly engaged with the NMC since August 2020 and the responses received demonstrate a fundamental lack of insight, remorse and understanding of the seriousness of her conduct.*
58. *The Registrant responses state that she has 'resigned' from the NMC and she has requested that her name be removed from the NMC register with immediate effect. The Registrant has stated that she does not accept 'your suspension', and that she will continue to use her title as a trained and qualified nurse. The*

*Registrant reaffirms her allegations that the NMC is corrupt and complicit in genocide stating:*

*“Please remove my name with immediate effect from the NMC register. I would like a full refund for this years registration. I will persue this.*

*The NMC is a corrupt organization facilitating and covering up murder of patients within NHS and private facilities. It is working under the governments guidance since 2001. Nurses have been given a ‘license to kill’ from NICE on April 29th 2020, ‘patients scoring 6 or above on the critical frailty score who cannot reach their desired goals, can have all treatment removed’. This is murder.*

*The NMC broke their contract with me and did not follow Due Process during hearings.*

*I will not have my outstanding reputation damaged by being associated with such a sinister organisation that is working on harming and killing people. Common purpose.*

*I wish to inform you that you personally and the NMC are now on notice of genocide. Documents will follow.*

*I am a trained and a qualified nurse. I will continue to use that title which I am entitled to do so.”*

*59. The Registrant provided a further response on 12 March 2021 to confirm again that she had “resigned from the corrupt NMC”.*

*60. The Registrant continues to be a risk to the health, safety or wellbeing of the public and a finding of impairment is necessary on public protection grounds.*

*61. A finding of impairment is also required on public interest grounds. Public trust and confidence in the nursing profession and in the NMC as a regulator would be undermined were a finding of impairment were not made in this case. An experienced nurse is expected to promote and practise in line with those national, evidence based standards as well as to act within the law. The Registrant is also expected to uphold trust in nurses and the reputation of the*

*profession. The Registrant's comments and conduct has undermined that trust and confidence in the profession. It may also cause a member of the public to take risks with their own health and wellbeing by avoiding treatment or care from nurses. Members of the public are likely to have been shocked and offended to learn of the Registrant's conduct, and public confidence in the profession and professional standards would be seriously undermined if the NMC did not take any action.*

### **Sanction**

*62. Whilst sanction is a matter for the Panel's independent professional judgment, the Panel are invited to consider the appropriate sanction in this case is a **striking off order**.*

*63. In determining sanction the panel should have regard to the NMC's published sanctions guidance. The panel will be aware that the purpose of sanctions is not to be punitive but to protect the public interest it follows, as in the case of Bolton, that 'since the professional body is not primarily concerned with matters of punishment, considerations which would normally weigh in mitigation of punishment have less effect on the exercise of this kind of jurisdiction'.*

*64. The aggravating factors identified are:*

*64.1. No insight, remorse or remediation*

*64.2. Abuse of position of trust*

*64.3. Pattern of misconduct over a significant period of time*

*64.4. Conduct which put the public at risk of suffering serious harm*

*64.5. No engagement*

*64.6. Continuing repetition of conduct*

*64.7. Concerns raised publically by national media outlets and experts about the spread of misinformation and falsehoods about the Covid-*

*19 and vaccines on social media, with calls for the Government and others to 'step in'.*

*65. There are no mitigating factors identified in this case.*

*66. In taking the available sanctions in ascending order and considering the least restrictive first, taking no further action would not be appropriate as this matter is too serious and would not protect the public nor uphold the public interest.*

*67. Caution order: This matter is too serious for a Panel to impose a caution order. The Registrant's conduct is not at the lower end of the spectrum of impaired fitness to practise nor would it reflect the seriousness of the case.*

*68. Conditions of practice order: this order is not appropriate, proportionate or workable in the circumstances. The Registrant's conduct is far too serious and there are outstanding public protection and public interest concerns. This is also not a clinical matter where there are identifiable areas of practice in need of assessment or retraining, and there is no evidence that the Registrant would engage and comply with any conditions imposed.*

*69. Suspension order: this order is not appropriate either. NMC guidance at SAN-3d explains that a suspension order would be appropriate where there is:*

*69.1 a single instance of misconduct but where a lesser sanction is not sufficient*

*69.2 no evidence of harmful deep-seated personality or attitudinal problems*

*69.3 no evidence of repetition of behaviour since the incident*

*69.4 the Committee is satisfied that the nurse, midwife or nursing associate has insight and does not pose a significant risk of repeating behaviour, and that*

*69.5 a period of suspension would be sufficient to protect patients, public confidence in nurses, midwives or nursing associates, or professional standards.*

*70. None of the above criteria are met in this case.*

*71. The Registrant's conduct is substantially serious and her views are dangerous to society. The Registrant has placed members of the public and those that they come into contact with at serious risk of harm. Her conduct raises fundamental concerns about her professionalism, trustworthiness, integrity and is evidence of a harmful deep-seated personality and attitudinal problem. There is also no evidence that the Registrant would be willing to cease her conduct, which has continued, and the Registrant has requested to be removed from the NMC register.*

*72. The Registrant's conduct is fundamentally incompatible with remaining on the register. Removing the Registrant from the NMC register is the only sanction that is sufficient to protect members of the public and ensure public confidence and trust in the professions is maintained.*

**Interim Order**

*73. It is necessary for the protection of the public and it is otherwise in the public interest for an interim suspension order of 18 months to be imposed. This is because any sanction imposed by the panel will not come into immediate effect but only after the expiry of 28 days beginning with the date on which the notice of the order is sent to the Registrant or after any appeal is resolved. An interim suspension order is appropriate as this would be consistent with the sanction imposed by the Panel and would address public protection and public interest concerns already identified in this document."*

Here ends the NMC's statement of case.

## **Decision and reasons on facts**

In reaching its decisions on the facts, the panel took account of all the documentary and video evidence adduced in this case. It heard and accepted the advice of the legal assessor.

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 noted that Mrs Shemirani has not provided any admissions to the charges.

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

### **Charge 1a**

1. On one or more occasions, in respect of the Covid-19 pandemic and/or vaccinations:
  - a. posted comments on a social networking site;

### **This charge is found proved.**

The panel had sight of 161 screenshots from a number of social media platforms such as Facebook and Twitter, which included references to the Covid-19 pandemic and/or vaccinations.

The panel was satisfied that Mrs Shemirani was the person who had posted this material, as the information comes from accounts Mrs Shemirani associates herself with and, in places, included her own photograph. The panel noted that Mrs Shemirani refers to herself as "*Natural Nurse in a Toxic World*" and "*Kate Shemirani*" on numerous occasions



throughout the documentary and video evidence which assisted the panel in identifying her.

Mrs Shemirani has also set up her own personal Facebook account, where she has posted a large picture of herself, along with the text "*I am Kay Allison Shemirani. I am known as Kate. Natural Nurse in a Toxic World*".

Mrs Shemirani has also quoted her own personal NMC reference number in the body of one of her social media posts on Facebook, purporting to come from the account '*Natural Nurse in a Toxic World*' which is located at page 94 of the NMC bundle. Indeed, Mrs Shemirani reproduced conversations which she had with the NMC via secure email, to which only she could have had access. Therefore, the panel considered Mrs Shemirani to be commenting on matters that only she would know about. She also references the interim suspension order that is imposed on her nursing registration in the same post.

Furthermore, a number of the social media posts from Twitter come directly from the account '@KateShemirani' and the headline name for that account is also '*Kate Shemirani*'.

Therefore, the panel was satisfied that between November 2019 and February 2021, on one or more occasions, Mrs Shemirani had posted comments in respect of the Covid-19 pandemic and/or vaccinations on a social networking site.

The panel found charge 1a proved.

### **Charge 1b**

- b. posted videos on a social networking site;

**This charge is found proved.**

The panel had sight of multiple videos that were posted by Mrs Shemirani on social networking sites. It noted that she often refers to herself as '*Kate*' and also gives herself

the title “*Natural Nurse in a Toxic World*” by way of self-promotion in these videos. The panel considered this to be consistent with Mrs Shemirani’s social media posts, and was in no doubt that this was the same person. The image of Mrs Shemirani seen in the videos was the same as that shown in the photographs on Mrs Shemirani’s social networking sites.

Therefore, the panel was satisfied that between November 2019 and February 2021, on one or more occasions, Mrs Shemirani had posted videos in respect of the Covid-19 pandemic and/or vaccinations on a social networking site.

The panel found charge 1b proved.

### **Charge 1c**

- c. spoke at public protests and/or events;

### **This charge is found proved.**

The panel had sight of a number of videos that were uploaded to social media sites with Mrs Shemirani purported as being the speaker at public protests and/or events. One of the videos appears to show Mrs Shemirani speaking at a public protest in Trafalgar Square, and another appears to show her speaking at a public protest outside of Downing Street.

The panel noted that a very large crowd had gathered in Trafalgar Square and Mrs Shemirani was using a megaphone at both events. There was another speaker present in one of the videos, and passers-by are encouraged to stop in the street and listen on the basis that the speakers are “*fighting for their futures*”. The panel was therefore of the view that these videos do show Mrs Shemirani speaking at public protests and/or events. At points, the audience is also encouraged to chant along with the speaker in support of her ideation.

The panel was satisfied that the person seen speaking in the videos was Mrs Shemirani, and the panel determined that these were indeed public protests and/or events. The panel

noted that Mrs Shemirani had previously advertised that she would be speaking at various public protests and/or events on her social media accounts, and these correlate with the dates that these public protests and/or events are said to have taken place.

Therefore, the panel was satisfied that between November 2019 and February 2021, on one or more occasions, Mrs Shemirani had spoken at public protests and/or events in respect of the Covid-19 pandemic and/or vaccinations.

The panel found charge 1c proved.

### **Charge 1d**

d. gave an interview to speak on the subject/s;

### **This charge is found proved.**

The panel had sight of video interviews from Sky News, ITV Wales and BBC One Panorama. It noted that Mrs Shemirani was introduced by name at the start of these interviews and was clearly the same person as already identified.

The panel noted the subject of the interviews which were conducted in the context of the Covid-19 pandemic, and specifically commented on the topic of vaccinations. For example, in the interview for Sky News, Mrs Shemirani is heard to be saying and is recorded by the subtitles as saying "*No vaccine has ever been proven safe and no vaccine has ever been proven effective*". When the interviewer responds to her by saying "*we know that is not true, millions and millions of lives have been saved by vaccines*", she responds by saying "*simply not true*". Furthermore, Mrs Shemirani then states, particularly in relation to Covid-19, "*there is no evidence that I can see that a pandemic exists*".

In the BBC One Panorama excerpt, footage of Mrs Shemirani speaking at a public protest is shown, and she is again heard to be saying "*No vaccine has ever been proven safe and no vaccine has ever been proven effective*". In the interview for BBC One Panorama, Mrs Shemirani says "*the vaccine has to be halted because it is so dangerous*".

Therefore, the panel was satisfied that between November 2019 and February 2021, on one or more occasions, Mrs Shemirani had given an interview to speak on the subject/s of the Covid-19 pandemic and/or vaccinations.

The panel found charge 1d proved.

### **Charge 2a**

2. One or more of your comments at charge 1 above were:

a. contrary to official health advice and/or the law;

### **This charge is found proved in part.**

In considering charge 2a, in conjunction with charge 1, the panel had regard to the comments made by Mrs Shemirani on social media, in her videos, at public protests and/or events and in her interviews on public broadcast.

The panel considered there to be no information before it which set out what the law was between November 2019 and February 2021, specifically in respect of Covid-19 and/or vaccinations at the dates and locations involved. The panel considered the NMC to be inviting it to have regard to what might be viewed as common/accessible knowledge around the time of the incidents, but the panel determined that the law surrounding Covid-19 had fluctuated frequently throughout this time.

Without having evidence as to what the law was at each separate point in time, the panel was not able to distinguish between what could have been law and what could have been guidance during this period. The panel noted that the law has been fast-changing and variable, both in respect of a regional and national scale. In the absence of any evidence confirming what the law was at the points Mrs Sherimani made her comments, the panel could not be satisfied that she had acted contrary to the law between November 2019 and February 2021 in making her comments.

However, notwithstanding the above finding, the panel was satisfied that Mrs Shemirani had repeatedly made comments contrary to official well-publicised public health advice.

The panel noted that Mrs Shemirani had actively sought to discourage people from wearing masks in public, often referring to them as “*dirty rags*” in her Facebook Live videos. She has also compared a mask to a “*muzzle*” in her social media posts and has exhorted “*Get out. Get hugging. Masks off*”. Mrs Shemirani has stated that wearing masks “*do not stop viruses*” and that “*wearing a mask makes people very sick and increases the risk of bacteria and the risk of infections*” which is contrary to official public health advice.

Furthermore, Mrs Shemirani has spoken out against the use of vaccinations, not limited to the Covid-19 pandemic. She has suggested that “*ingredients in vaccines include acetone and aborted foetal cell tissue that turns into cancer*” and has shared other theories, including that the HPV vaccine “*kills girls on the spot*”. Mrs Shemirani also responded to an ABC News post on 9 September 2020, referencing the Covid-19 vaccine as “*downright deadly*” and stating that “*there is no C-19 other than the one pre loaded into a syringe*”[sic].

The panel was satisfied that the above examples were contrary to official health advice at some point during the period between November 2019 and February 2021. The panel noted that it was made compulsory to wear masks in the UK in certain circumstances, and that this had been official well-publicised health advice for a substantial period of time. Furthermore, the official public health advice throughout this period has been to socially distance oneself from others. Accordingly, by encouraging members of the public to “*Get out. Get hugging*” Mrs Shemirani was making comments that were clearly contrary to official health advice.

In addition to this, people have been encouraged to take the Covid-19 vaccination and have been advised that they are safe. The panel noted that the Covid-19 vaccine is a prescription only medication which people can and do decline. However, the panel was aware that there has been no variation in the official health advice to take the Covid-19 vaccine, since it became available. The panel was of the view that the official health advice received by the public had been consistent and widely accessible.

Therefore, the panel found charge 2a proved, in part, as it was satisfied that between November 2019 and February 2021, on one or more occasions, Mrs Shemirani had acted contrary to official health advice, in respect of charge 1. However, the panel also found charge 2a not proved, in part, as it could not be satisfied that between November 2019 and February 2021, on one or more occasions, Mrs Shemirani had acted contrary to the law, in respect of charge 1, in the absence of clear evidence of the relevant law at the dates and locations involved.

## **Charge 2b**

- b. inflammatory and/or derogatory;

### **This charge is found proved.**

In considering charge 2b, in conjunction with charge 1, the panel had regard to the comments made by Mrs Shemirani on social media, in her videos, at public protests and/or events and in her interviews.

The panel had sight of a multitude of comments from Mrs Shemirani in respect of the Covid-19 pandemic and vaccinations as a whole. The panel considered Mrs Shemirani to have targeted certain well-known individuals within the healthcare sphere, as well as the NMC and nursing practitioners as a whole.

The panel noted the following as some examples:

*“Without the help of the Doctors and Nurses, the extermination of Jews, gypsies, homosexuals, blacks, disabled.. in the Holocaust could not have been executed...”[sic].*

*“Can I state the obvious. There is no covid19. It’s a scam. There is however contaminated vaccines, contaminated tests and a lovely direct energy weapon system being primed to activate those nano particles you have injected, ingested and inhaled”[sic].*

*"You health care professionals... I use that term lightly... infact... The Nurse vaccination teams need to be renamed DEATH SQUADS!"[sic].*

*"You are not nurses. You are not angels. You are criminals and liars".*

*"Your hero status is well gone. The NMC are corrupt and common purpose. I wear that [interim] suspension [order from the NMC] like a badge of honour. It doesn't effect my excellent work and reputation. Many of you are murdering patients. Or looking on... You are rapidly turning into Angels of death. Speak up now. Or remain complicit in a crime against humanity"[sic].*

*"For all those foolish Covidiot's out there thinking I am in any way concerned about not being on a corrupt organisations register. I am not. I am far above being associated with a Common Purpose organisation that has worked to facilitate an agenda to:-*

- 1) cancel life saving treatments in order to cause premature death*
- 2) murder the old, infirm, disabled, vulnerable and sick*
- 3) Hide, deceive and coerce the public to follow the lying government covid agenda*
- 4) support the RACQUETERRING of the NHS...the industry formerly known as the healthcare system, swindling donations, discounts, food parcels for staff on full pay when there are many far more deserving and in need.*

*For those that danced in full uniform and PPE gear thinking you were funny or entertaining ... you were not. You are a disgrace. An embarrassment. You have damaged a flagging job that used to be a profession. Shame on each of you...The NMC is a corrupt organisation facilitating and covering up murder of patients within NHS and private facilities...Nurses have been given a 'license to kill' from NICE on April 29<sup>th</sup> 2020, 'patients scoring 6 or above on the critical frailty score who cannot reach their desired goals, can have all treatment removed'. This is murder..."[sic].*

*"We are now in possession of enough evidence against the NMC in relation to the facilitation of the TERRORIST AGENDA TO COMMIT GENOCIDE".*

*"Friend just sent me her txt! Pimps for pharma. The Nazification of the NHS formerly known as the health care industry"[sic].*

*“This is a conspiracy to commit mass Genocide and there is prima facie evidence to support this. Contaminated vaccines increase the lethality of 5G and the switch on in Wuhan confirmed the pathogens activation using microwave radiation as a weapon”[sic]*

*“Patients all with DNRs on arrival. Patient and relatives unaware. Murdered. Genocide. The NHS is the new Auschwitz. 4 th generation warfare. Silent weapons for quiet wars. You are the target”.*

*“Unlawful ‘do not resuscitate’ orders are being placed on patients with a learning disability during the coronavirus pandemic without families being consulted. I call it Genocide. Nurses and Drs of ‘The Third Reich”[sic].*

*“This is called ‘Terrorism’ against the children of the world. But we must remember that the WHO is indeed ran by Tedros The Terrorist [The Director General of the WHO]”.*

The panel considered Mrs Shemirani’s language to be deeply offensive to registered nurses and to other healthcare professionals, and indeed, the vast majority of the public. In particular, Mrs Shemirani accuses healthcare professionals of intending to “murder” patients and allies this with the holocaust and genocide. The panel was satisfied that all of the above comments were examples of Mrs Shemirani using inflammatory and/or derogatory language.

Therefore, the panel was satisfied that between November 2019 and February 2021, on one or more occasions, Mrs Shemirani had made inflammatory and/or derogatory comments in respect of the Covid-19 pandemic and/or vaccinations.

The panel found charge 2b proved.

### **Charge 3a**

3. Your conduct at charge 1 was carried out to:

- c. promote health advice which is contrary to official health advice;



**This charge is found proved.**

In having regard to its earlier findings, specifically in respect of charge 2a, the panel was satisfied that Mrs Shemirani had been promoting health advice which is contrary to official health advice.

The panel noted that Mrs Shemirani had actively discouraged people from social distancing and from wearing masks, both of which have been official health advice for a substantial period of time. It also noted that this advice had also been largely consistent throughout the duration of the Covid-19 pandemic.

Furthermore, Mrs Shemirani calls vaccinations “*dangerous*” and suggests that nurses who administer them are “*murderers*”. In particular, Mrs Shemirani refers to the AstraZeneca vaccine as “*that ‘change your dna’ death shot*”[sic] in one of her posts on Facebook.

The panel considered Mrs Shemirani to be promoting her own agenda during the Covid-19 pandemic contrary to the official health advice.

Therefore, the panel found charge 3a proved.

**Charge 3b**

- b. encourage members of the public to distrust and/or disregard official health advice;

**This charge is found proved.**

In having regard to its earlier findings, specifically in respect of charge 2a, the panel was satisfied that Mrs Shemirani had been encouraging members of the public to distrust and/or disregard official health advice.

Mrs Shemirani had actively encouraged people to breach social distancing guidelines, and to not wear masks during the Covid-19 pandemic. Mrs Shemirani also actively encouraged people to refrain from taking vaccinations.

The panel was of the view that the whole tenor of Mrs Shemirani's comments was to undermine the official health advice given to the general public, specifically in respect of how to prevent infection with and transmission of Covid-19, and in taking vaccinations generally.

Mrs Shemirani denies the existence of the Covid-19 pandemic, calling it a "*scam*" and a "*plandemic*".

In acting in the above manner, the panel considered Mrs Shemirani to be encouraging members of the public to distrust and/or disregard official health advice; Mrs Shemirani advances conspiracy theories that are anti-establishment, intending to create the impression that the government cannot be trusted.

Therefore, the panel found charge 3b proved.

### **Charge 3c**

- c. encourage members of the public to distrust and/or disregard other nurses and/or healthcare professionals whom hold opposing views to you;

### **This charge is found proved.**

The panel had sight of the documentary and video evidence, in which Mrs Shemirani can clearly be seen and heard to be undermining the opinions and efforts of other registered nurses and/or healthcare professionals who think differently to her. The panel considered Mrs Shemirani's comments to be highly offensive towards registered nurses and/or healthcare professionals.

The panel noted the following examples, including those referenced previously:

*“Without the help of the Doctors and Nurses, the extermination of Jews, gypsies, homosexuals, blacks, disabled.. in the Holocaust could not have been executed...”[sic].*

*“You health care professionals... I use that term lightly... infact... The Nurse vaccination teams need to be renamed DEATH SQUADS!”[sic].*

*“You are not nurses. You are not angels. You are criminals and liars”.*

*“Patients all with DNRs on arrival. Patient and relatives unaware. Murdered. Genocide. The NHS is the new Auschwitz. 4 th generation warfare. Silent weapons for quiet wars. You are the target”[sic].*

*“Unlawful ‘do not resuscitate’ orders are being placed on patients with a learning disability during the coronavirus pandemic without families being consulted. I call it Genocide. Nurses and Drs of ‘The Third Reich’”[sic].*

The panel determined that Mrs Shemirani was aware that her language would be considered to be highly offensive by registered nurses and/or healthcare professionals. It considered her to be using scaremongering tactics to convince other members of the general public to accept her views. Mrs Shemirani attempts to cause offense to anyone who holds an opposing view by suggesting that registered nurses and other members of the healthcare profession are “murdering” patients and are “*complicit in genocide*”.

In taking account of the above, the panel was satisfied that between November 2019 and February 2021, on one or more occasions, Mrs Shemirani had encouraged members of the public to distrust and/or disregard other nurses and/or healthcare professionals who hold opposing views to her on the subject/s of the Covid-19 pandemic and/or vaccinations.

Therefore, the panel found charge 3c proved.

### Charge 3d

- d. encourage members of the public to act contrary to the law and/or official health advice;

#### **This charge is found proved in part.**

In having regard to its earlier findings, specifically in respect of charge 2a, the panel noted that it was not satisfied that Mrs Shemirani's comments had been contrary to the law. It had considered there to be no information before it which set out what the law was at any given time between November 2019 and February 2021, specifically in respect of Covid-19 and/or vaccinations. Therefore, the panel decided that the same principle applied in charge 3d, as there was no evidence to confirm that Mrs Shemirani had encouraged members of the public to act contrary to the law, without knowing what the law was at each point in time she made her comments.

Nonetheless, the panel was satisfied that Mrs Shemirani had been encouraging members of the public to act contrary to official health advice through her posts on social networking sites, in her videos, at public protests and/or events, as well as in her interviews for radio and television networks. Mrs Shemirani has made her views known on the Covid-19 pandemic, calling it both a "*scam*" and a "*plandemic*", implying that the situation has been orchestrated by those in government and those at the WHO. Mrs Shemirani had also shared incorrect and misleading information about various vaccines, in an attempt to scare and discourage people from adhering to official health advice.

Therefore, the panel found charge 3d proved, in part, as it was satisfied that between November 2019 and February 2021, on one or more occasions, Mrs Shemirani had encouraged members of the public to act contrary to official health advice. However, the panel also found charge 3d not proved, in part, as it could not be satisfied that between November 2019 and February 2021, on one or more occasions, Mrs Shemirani had encouraged members of the public to act contrary to the law.

## **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 Mrs Shemirani's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

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, Mrs Shemirani's fitness to practise is currently impaired as a result of that misconduct.

## **Decision and reasons on misconduct**

The panel heard and accepted the advice of the legal assessor, which included reference to a number of judgments, including: *Roylance v General Medical Council (No 2) [2000] 1 A.C. 311*. It also had regard to the NMC's statement of case.

When determining whether 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").

The panel was of the view that Mrs Shemirani's actions did fall significantly short of the standards expected of a registered nurse, and breached the following provisions of the Code:

**“Practise effectively**

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

**Preserve safety**

*You make sure that patient and public safety is not affected. You work within the limits of your competence...*

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

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

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

**Promote professionalism and trust**

*You uphold the reputation of your profession at all times. You should display a personal commitment to the standards of practice and behaviour set out in the Code. You should be a model of integrity and leadership for others to aspire to. This should lead to trust and confidence in the professions from patients, people receiving care, other health and care professionals and the public.*

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

*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*

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

*20.8 act as a role model of professional behaviour*

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

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

*21.6 cooperate with the media only when it is appropriate”*

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 in these particular circumstances, Mrs Shemirani’s actions were sufficiently serious so as to justify a finding of misconduct.

The panel considered the charges to be serious and to be inextricably linked to healthcare, albeit having occurred outside of the nursing environment. Nonetheless, the panel was of the view that Mrs Shemirani has been using her status as a registered nurse as a way of promoting her own distorted version of the truth. The panel noted that Mrs Shemirani has been using conspiracy theories to sway public opinion against following official health advice, thereby putting the public at a significant risk of harm during a pandemic. It determined that her actions particularly have the potential to influence vulnerable and impressionable people. Mrs Shemirani is seen to be saying “*the government will have your children removed*” and other inaccurate and chilling matters of a similar nature in the videos she has posted to her social media platforms. It considered this to be a serious breach of the trust placed in her.

The panel was satisfied that Mrs Shemirani has been using scaremongering tactics in trying to convince others that the information she has been presenting is the truth. She has repeatedly and intentionally spread misinformation, and has put the general public at a significant risk of harm in doing so.

Furthermore, the panel considered Mrs Shemirani to have made derogatory and inflammatory statements that damage and undermine providers of healthcare and advisory bodies. She has attempted to cause distrust in both non-pharmacological interventions and vaccinations, further undermining epidemiological advice adopted by the UK government, and by international organisations such as the WHO.

In all of the circumstances identified, the panel determined that there was a higher expectation on Mrs Shemirani to act appropriately, given that she is a qualified registered nurse. The panel was of the view that she should have known better than to present misinformation as the truth. The panel was in no doubt that other members of the nursing profession, and indeed, the general public, would find Mrs Shemirani's behaviour utterly distasteful, deeply chilling and deplorable.

In taking account of all the above, the panel determined that both individually and collectively, Mrs Shemirani's behaviour fell seriously short of the standards expected of a registered nurse and amounted to misconduct.

### **Decision and reasons on impairment**

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

Registered 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 registered nurses with their lives and the lives of their loved ones. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

*'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the*



*public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'*

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

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

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

The panel considered limbs a, b and c to be engaged in this case.

The panel determined that Mrs Shemirani had exposed patients to an unwarranted risk of harm in the past, and is liable to do so in future. It found Mrs Shemirani to have breached fundamental tenets of the nursing profession, namely, to protect and promote health and wellbeing. It also found Mrs Shemirani to have brought the reputation of the nursing profession into disrepute by virtue of her actions. Mrs Shemirani had attempted to encourage people to act contrary to public health guidance issued by the UK government by spreading this information through social media platforms and at public events. She had

actively discouraged people from wearing masks, adhering to social distancing, and taking vaccinations.

In assessing Mrs Shemirani's level of insight, the panel had no evidence before it to suggest that she had begun to reflect upon the severity of her conduct or, indeed, considered that she had done anything wrong. In circumstances where a registrant has no insight, there remains a significant risk of repetition of the misconduct. The panel was clear that Mrs Shemirani had no appreciation of the consequences of her actions, which clearly have the potential to adversely impact upon the health and wellbeing of the general public, which significantly undermined official health advice and which were deeply offensive to other healthcare professionals working tirelessly to help save lives during the Covid-19 pandemic.

The panel had regard to the correspondence between the NMC and Mrs Shemirani which appeared to show Mrs Shemirani maintaining her views and expressing an unwillingness to retract her previous comments. Mrs Shemirani has not shown any remorse, nor given any explanation for repeatedly spreading misinformation. The panel considered Mrs Shemirani to have had no constructive engagement with the NMC throughout the investigation, and she now appears to have disengaged entirely.

In assessing remediation, the panel decided that, without the beginnings of insight, Mrs Shemirani would be of the view that she has absolutely nothing to remediate. The panel noted that Mrs Shemirani appears to see herself as some sort of standard-bearer, referring to herself as a '*Natural Nurse in a Toxic World*', but determined that this could not be further from the truth. It noted that Mrs Shemirani has used the Covid-19 pandemic as an excuse to promote her own distorted version of events. Mrs Shemirani makes incorrect and outdated comments on pharmacological improvements, and presents in a dramatic and hysterical fashion to garner interest. The panel considered Mrs Shemirani to have been deeply offensive to the nursing and medical professions, by using inflammatory and derogatory language to describe other nursing and healthcare professionals.

Mrs Shemirani has acted contrary to public health guidance and, in the panel's judgment, is likely to continue doing so in the future. The panel considered there to be evidence of a deep-seated attitudinal concern in Mrs Shemirani's case. Therefore, the panel was

satisfied that there was no evidence of remediation, and it considered there to be a high risk of repetition of the misconduct identified. The panel also noted Mrs Shemirani's refusal to accept the interim suspension order imposed on her by the NMC.

In light of the above, the panel had no evidence before it to allay its concerns that Mrs Shemirani may currently pose a risk to patient safety. It considered there to be a continuing risk of unwarranted harm to the general public, should she be permitted to practise as a registered nurse without some form of restriction. The panel concluded that Mrs Shemirani is not a safe and effective registered nurse. Therefore, the panel decided that a finding of impairment is necessary on the grounds of public protection.

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

The panel considered there to be a high public interest in the consideration of this case, as shown by the significant number of referrals received from members of the public. It was of the view that a fully informed member of the public would be extremely concerned by Mrs Shemirani's misconduct and current impairment. Mrs Shemirani is using her nursing status as a way of endorsing her own distorted propaganda. It concluded that public confidence in the nursing profession would be seriously undermined if a finding of impairment were not made in this case. Therefore, the panel determined that a finding of impairment on public interest grounds was also required.

Having regard to all of the above, the panel was satisfied that Mrs Shemirani's fitness to practise as a registered nurse 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 Shemirani's name off the NMC register. The effect of this order is that the NMC register will show that Mrs Shemirani has been struck-off.

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 heard and accepted the advice of the legal assessor.

## **Decision and reasons on sanction**

Having found Mrs Shemirani'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 considered the following aggravating factors to be involved in this case:

- Mrs Shemirani has not demonstrated any insight, remorse or remediation into her misconduct.
- Mrs Shemirani has abused her position of trust.
- Mrs Shemirani's misconduct was repeated and lasted for a significant period of time.
- Mrs Shemirani has engaged in behaviour which has put the public at a significant risk of harm.
- Mrs Shemirani has not constructively engaged with the NMC throughout its investigation, and she is no longer engaging in any capacity.

- Mrs Shemirani's misconduct, occurring in the context of a global pandemic, has put the public at an elevated risk of harm.
- Concerns have been raised publicly by experts and national media outlets about the spread of misinformation and falsehoods regarding Covid-19 and vaccinations on social media, with calls for the government and others to '*step in*'.

The panel did not consider there to be any mitigating factors in this 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 action.

Next, in considering whether a caution order would be appropriate in the circumstances, the panel took into account the SG, which 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 was of the view that Mrs Shemirani's behaviour was not at the lower end of the spectrum of fitness to practise and it determined 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 a conditions of practice order on Mrs Shemirani's nursing registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the misconduct in this case. The panel noted that the charges did not relate to any clinical deficiencies in Mrs Shemirani's nursing practice. It was of the view that Mrs Shemirani had purposefully been spreading misinformation, and it considered there to be an underlying attitudinal issue present in this case, which may prevent her from reflecting upon the extent of her actions and how it had impacted on patients, colleagues, the nursing profession and the wider public.

In any event, the panel determined that the public protection and public interest elements of this case would not be met by the imposition of a conditions of practice order. It considered Mrs Shemirani's misconduct to be wholly inappropriate, as she is using her status as a registered nurse to portray herself as someone who has more specialist knowledge than the average member of the public, and she is using this to promote misinformation.

In taking account of the above, the panel determined that placing a conditions of practice order on Mrs Shemirani's nursing registration would not adequately address the seriousness of this case, nor would it satisfy the public interest considerations.

The panel then went on to consider whether a suspension order would be an appropriate sanction.

The panel noted that Mrs Shemirani had engaged in multiple instances of misconduct. It had found her to have breached multiple provisions of the Code, as well as fundamental tenets of the nursing profession. It had found Mrs Shemirani to have put patients and the wider public at a risk of significant harm, set against the backdrop of a global pandemic, which the panel had no doubt would have exacerbated the significant risk of harm. Mrs Shemirani has played on the public's emotions to promote her own agenda, and this could have serious consequences for those who listen to her damaging and distorted messages

Mrs Shemirani has offered no evidence by way of insight, remorse or remediation into her misconduct; despite having a substantial amount of time to reflect. The panel could not be satisfied that Mrs Shemirani would attempt to alleviate the outstanding concerns at some point in the future, and had found her to be highly likely to repeat her misconduct. Therefore, there remains a significant risk of harm to the public, should Mrs Shemirani be permitted to practise, or refer to herself as a registered nurse at some point in the future.

Mrs Shemirani's misconduct was of the utmost seriousness and was not a one-off incident. In the panel's view, she has embarked upon a calculated course of conduct, intending to cause distress, panic and alarm amongst the general population, as well as being offensive to the nursing and healthcare profession. Mrs Shemirani has used her platform

to promote her own propaganda and encourage people to act contrary to public health guidance during the Covid-19 pandemic. The panel was satisfied that Mrs Shemirani has deep-seated attitudinal issues.

Taking account of the above, the panel determined that Mrs Shemirani's misconduct was not merely a serious departure from the standards expected of a registered nurse and a serious breach of professional standards, it was fundamentally incompatible with her remaining on the NMC register. In the panel's judgment, to allow someone who had behaved in this way to maintain her NMC registration would undoubtedly undermine public confidence in the nursing profession and in the NMC as a regulatory body.

In reaching its decision, the panel bore in mind that its decision could have an adverse effect on Mrs Shemirani, both professionally and personally. However, the panel was satisfied that the need to protect the public and address the public interest elements of this case outweighs the impact on Mrs Shemirani in this respect.

In balancing all of the factors, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of Mrs Shemirani's misconduct 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 a striking-off order would be sufficient in this case.

The panel considered that this order was necessary to mark the importance of maintaining public confidence in the nursing profession. It determined that a striking-off order would send a clear message to the public and the nursing profession that behaviour of this kind will not be tolerated. Mrs Shemirani's actions were completely contrary to the standards expected of a registered nurse.

### **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 is in Mrs Shemirani's own interest, until the striking-off order takes effect.

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

### **Determination on Interim Order**

The panel accepted the advice of the legal assessor.

The panel noted that the NMC had invited it to impose an interim suspension order on the grounds of public protection and public interest.

The panel considered the imposition of an interim order and determined that an interim order is necessary for the protection of the public and it is otherwise in the public interest. In deciding this, it had regard to the seriousness of the facts found proved, and the reasons set out in its determination for imposing a striking-off 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. Owing to the seriousness of the misconduct in this case and the risk of repetition identified, it determined that Mrs Shemirani's conduct was sufficiently serious to justify the imposition of an interim suspension order, until the striking-off order takes effect. In the panel's judgment, public confidence in the regulatory process would be damaged if Mrs Shemirani were to be permitted to practise as a registered nurse, prior to the striking-off order coming into effect.

The panel decided to impose an interim suspension order in the particular circumstances of this case. To conclude otherwise would be incompatible with its earlier findings.

The panel therefore imposed an interim suspension order for a period of 18 months.



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

This will be confirmed to Mrs Shemirani in writing.

That concludes this determination.