

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

**Substantive Meeting
Thursday, 10 February 2022**

Virtual Meeting

Name of registrant: Dean George Brookes

NMC PIN: 00B0289E

Part(s) of the register: Registered Nurse
Mental Health Nursing (February 2003)

Area of registered address: Nottingham

Type of case: Conviction

Panel members: John Penhale (Chair, Lay member)
Terry Shipperley (Registrant member)
Judith Webb (Lay member)

Legal Assessor: Ian Ashford-Thom

Hearings Coordinator: Philip Austin

Consensual Panel Determination: Accepted

Facts proved: Charge 1

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 Mr Brookes on the NMC register as of 27 January 2022. The notice of meeting was also sent to Mr Brookes' representative at the Royal College of Nursing ("RCN") on the same day. The panel noted that the statutory instrument in place allows for electronic service of the notice of meeting to be deemed reasonable in the circumstances surrounding COVID-19.

The panel was aware that as this matter is being considered at a meeting, Mr Brookes would not be able to attend. In any event, the panel noted that Mr Brookes had indicated in his case management form that he wanted this matter dealt with by way of a meeting, therefore confirming that he did not want to attend to make representations. The panel further noted that Mr Brookes had been sent all of the evidence relating to this matter in advance, and the RCN has been engaging with the NMC on Mr Brookes' behalf in the lead up to this 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 meeting. A provisional Consensual Panel Determination ("CPD") agreement had been reached between Mr Brookes and the NMC which the panel was being invited to consider.

Therefore, the panel was satisfied that referring this matter to a hearing would not serve any useful purpose. It determined that Mr Brookes would be unlikely to attend a hearing in any event. The panel was of the view that it had all the information necessary before it to reach a decision on this matter today. It decided that it would be able to consider this matter solely based on the documentary evidence it had received.

The panel noted that the notice of meeting had been served on 27 January 2022, which was less than 28 days before this meeting. The panel had sight of an email from the RCN dated 24 January 2022 which confirmed that Mr Brookes was willing to accept short notice of this meeting. It therefore considered him to be waiving the statutory notice period, that being 28 days. 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, a registered nurse:

1. Were convicted on 7 January 2021 of 3 counts of; make an indecent photograph / pseudo-photograph of a child, contrary to section 1(1)(a) of the Protection of Children Act 1978.

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

Consensual Panel Determination

At the outset of this meeting, the panel noted that a provisional CPD agreement had been reached between the NMC and Mr Brookes.

The provisional agreement, which was put before the panel, sets out Mr Brookes’ admission to the facts alleged in the charges, and that his fitness to practise is currently impaired by reason of his convictions. It is further stated in the agreement that an appropriate sanction in this case would be a striking-off order.

The panel has considered the provisional CPD agreement reached by the parties.

That provisional CPD agreement, as presented to the panel, reads as follows:

“Fitness to Practise Committee

Consensual panel determination: provisional agreement

The Nursing & Midwifery Council and Mr Dean George Brookes, PIN 00B0289E (“the Parties”) agree as follows:

1. Mr Dean George Brookes is content for his case to be dealt with by way of a CPD meeting.

The charge

2. Mr Brookes admits the following charge. Accordingly, the Panel is invited to find the charge proved.

That you, a registered nurse:

Were convicted on 7 January 2021 of 3 counts of;

make an indecent photograph / pseudo-photograph of a child, contrary to section 1(1)(a) of the Protection of Children Act 1978.

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

The facts

3. Mr Brookes appears on the register of nurses, midwives and nursing associates maintained by the NMC as a Registered Nurse Mental Health (RNMH), sub part 1 and has been a registered nurse since 24 February 2003.

4. The NMC opened a referral against Mr Brookes on 4 September 2020 having received information from the Associate Director of Nursing, at Nottinghamshire Healthcare NHS Foundation Trust ('the Trust') in relation to Mr Brookes. The information was that Mr Brookes had been arrested and charged with three counts of making indecent photographs of children.

5. At the material time Mr Brookes was working as a Community Psychiatric Nurse at the Trust within the Intensive Recovery Intervention Team until his dismissal on 18 December 2020.

6. On 21 August 2020 Mr Brookes was arrested by Nottinghamshire Police ('the Police') for having indecent images of children on his laptop and mobile phone. The Police informed the NMC on 25 November 2020 that Mr Brookes had been charged with accessing 113 Category A images, 104 Category B images and 343 Category C images. These images are categorised as follows: Category A - Images involving penetrative sexual activity, sexual activity with an animal or sadism; Category B Images involving non-penetrative sexual activity; Category C - Indecent images not falling within categories A or B.

7. These were all indecent images that Mr Brookes accessed over a ten year period between 2011 and 2020.

8. On 7 January 2020 Mr Brookes appeared before Nottingham Magistrates Court ('the Magistrates') where he entered a guilty plea to three counts of make indecent photographs or pseudo photographs of children and was convicted of all three counts. The Magistrates referred the matter to Nottingham Crown Court ('the Court') for sentencing and released Mr Brookes on bail.

9. On 28 January 2021 Mr Brookes appeared before the Court for sentencing. The Judge made the following relevant comments in his sentencing remarks: ‘

You had every opportunity, day in day out for ten years, to seek help if you really wanted it. And you did not take it. You had every opportunity during those ten years to tell the people who have written references about you that your addiction, so described, had extended to child pornography...you became involved quite clearly on your own account, not simply in viewing child pornography, but in chat rooms where such things were discussed.’

‘So, I am satisfied that not merely had you dabbled in child pornography, but you had entered it deliberately and persistently over all of those years.’

‘I propose to impose, which is concurrent on all matters and is a community order for two years... inevitably because of this conviction, you will have to sign the sexual offenders register and you will do so before you leave court today....you will be subject now to a restraining order for five years in the terms that have been set out.’

Impairment

10. Mr Brookes’ fitness to practise is currently impaired by reason of his conviction on public protection and public interest grounds.

11. Current impairment is not defined in the Nursing and Midwifery Order 2001 or The Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (SI2004/1761). The question of current impairment is often approached by addressing the questions posed by Dame Janet Smith in her Fifth Shipman Report, as endorsed by Mrs Justice Cox in the leading case of Council for Healthcare Regulatory Excellence v (1) NMC (2) Grant [2011] EWHC 927 (Admin):

“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, and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm;

b) has in the past, and/or is she liable in the future to bring the professions into disrepute;

c) has in the past, and/or is she liable in the future to breach one of the fundamental tenets of the professions;

d) has in the past, and/or is she liable in the future to act dishonestly.”

12. The first three limbs are engaged in this case. The nature of the conviction carries with it an inherent risk Mr Brookes posed to vulnerable individuals and young persons. The Judge made the following relevant comments in his sentencing remarks:

‘what you need to think about and what you need to accept is that every time you looked at an image of a child, whether that child was smiling or not, that child was a real person and not just an image on a screen. And that child was being exploited so that in our case her life was being damaged and her dignity being taken away from her with every single viewing of each image... you have been contributing to that vile industry and that is not borne of addiction, that is borne of something far more serious.’

13. The nature of the offending is a gross breach of the trust that members of the public place in registered and regulated professionals, in this case a nurse.

14. The nature of the conviction and the sentence imposed has brought the profession into disrepute in that the public's trust in the nursing profession will have been very seriously undermined.

15. *Mr Brookes has breached the following standards of The Code (2018):-*

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.

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

16. For the reasons set out in paragraphs 10-15, above, Mr Brookes accepts that at the time of committing the offences, his fitness to practise as a nurse was impaired.

Reflection, insight, remediation and remorse

17. In considering the question of whether Mr Brookes' fitness to practise is currently impaired, the Parties have considered Cohen v General Medical Council [2207] EWHC 581 (Admin), in which the court set out three matters which it described as being "highly relevant" to the determination of the question of current impairment:

a) whether the conduct that led to the charge(s) is easily remediable

b) Whether it has been remedied

c) whether it is highly unlikely to be repeated

18. The conduct which led to Mr Brookes' conviction for a serious sexual offence involving children is difficult to remediate, both in terms of public protection and the wider public interest.

*19. In a letter dated 26 May 2021 to the Case Examiners the Royal College of Nursing (RCN) on behalf of Mr Brookes state 'Please note that our member does not propose to make any comments at this stage.' However, subsequent to his arrest by the police Mr Brookes did take part in a local investigation by the Trust and submitted the attached letter as part of that local investigation (**Appendix 1**). In*

the letter Mr Brookes states that he understands that there is no excuse for his behaviour, and has provided some personal background information.

20. In Mr Brookes' completed Case Management Form dated 13 September 2021 he admits all three convictions and that his fitness to practise is currently impaired. Mr Brookes is not yet able to demonstrate and evidence how he no longer presents as a risk to vulnerable patients or the public. In the absence of any such independent evidence, it must be said that Mr Brookes continues to present a risk to vulnerable patients and the public. The fact that the Judge found it necessary to impose a Sexual Harm Prevention Order for a period of 5 years and Mr Brookes being made to appear on the Sex Offenders Register for a period of 5 years demonstrates that Mr Brookes is a real risk to the public.

21. Mr Brookes accepts that his fitness to practice is currently impaired on public protection grounds.

Public interest impairment

22. A finding of impairment is necessary on public interest grounds.

23. In Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) at paragraph 74 Cox J commented that:

“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.”

24. The conduct of Mr Brookes has fallen so far short of the standards the public would expect of professionals caring for them, public confidence in the professions has been undermined. A finding of impairment is therefore required to maintain public confidence in the profession and professional standards by marking Mr Brookes' conduct as unacceptable behaviour for a registered professional.

25. Mr Brookes accepts his fitness to practice is currently impaired on public interest grounds.

Sanction

26. Mr Brookes accepts that the only appropriate sanction in this case is a Striking Off Order.

27. The parties have considered the NMC's Sanction Guidance, bearing in mind that it provides guidance, not firm rules. The purpose of sanction is not to be punitive; however, in order to address the public interest including protecting the public, maintaining confidence in the profession and upholding proper standards of conduct and behaviour, sanctions may have a punitive effect.

28. The aggravating features in this case are as follows:

a) Mr Brookes' conduct has resulted in convictions for serious criminal offences.

b) Mr Brookes will not have completed his Community Order until 2023, and will be subject to the sex offenders register and under a Sexual Harm Prevention Order until 2026.

c) The offences were ongoing for a period of ten years.

29. The sole mitigating feature in this case is as follows:

a) Mr Brookes has admitted the charge and that his fitness to practice is impaired by reason of his conviction.

30. NMC guidance on considering sanctions for serious cases gives specific guidance on sanctions for sexual offences and criminal convictions. Sexual offending, particularly against children, is identified as likely to seriously undermine confidence in the profession and involves a serious and fundamental breach of public trust in nurses, midwives and nursing associates. As a general rule a registered professional should not be permitted to start practising again, if at all, until they have completed a sentence for a serious offence (Council for the Regulation of Health Care Professionals v [1] General Dental Council and [2] Fleischmann [2005] EWHC 87 [QB]). Mr Brookes will not have completed his sentence until 2023 and will be subject to the sex offenders register and the Sexual Harm Prevention Order until 2026.

31. Taking no further action or imposing a caution order would be inappropriate as they would not address the public protection concerns identified in this document. These sanctions would not reflect the seriousness of the convictions and therefore public confidence in the professions and professional standards would not be maintained.

32. Imposing a Conditions of Practice Order would not be appropriate as there are no identified clinical concerns that could be addressed with conditions. This sanction would not reflect the seriousness of the convictions therefore public confidence in the professions and professional standards would not be maintained.

33. Imposing a suspension order would temporarily protect the public but would not be appropriate as Mr Brookes would still be subject to a criminal sentence at the conclusion of a maximum period of suspension. This sanction would not reflect the seriousness of the convictions therefore public confidence in the professions and professional standards would not be maintained.

34. Mr Brookes' criminal offending and subsequent sentence is fundamentally incompatible with being a registered professional. Only a Striking Off Order will be sufficient to protect patients, maintain public confidence in the profession and maintain professional standards.

Interim order

35. An interim order is required in this case. The interim order is necessary for the protection of the public and otherwise in the public interest. 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 order of 18 months is necessary to cover any possible appeal period. 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.

The parties understand that this provisional agreement cannot bind a panel, and that the final decision on findings, impairment and sanction is a matter for the panel. The parties understand that, in the event that a panel does not agree with this provisional agreement, the admissions to the charges and the agreed statement of facts set out above, may be placed before a differently constituted panel that is determining the allegation, provided that it would be relevant and fair to do so.”

Here ends the provisional CPD agreement between the NMC and Mr Brookes. The provisional CPD agreement was signed by Mr Brookes and the NMC on 20 January 2022.

Decision and reasons on the CPD

The panel heard and accepted the legal assessor's advice. He referred the panel to the 'NMC Sanctions Guidance' and to the 'NMC's guidance on Consensual Panel Determinations'. He reminded the panel that they could accept, amend or outright reject the provisional CPD agreement reached between the NMC and Mr Brookes. Further, the panel should consider whether the provisional CPD agreement would be in the public interest. This means that the outcome must ensure an appropriate level of public protection, maintain public confidence in the professions and the regulatory body, and declare and uphold proper standards of conduct and behaviour.

The panel decided to accept the provisional CPD agreement between Mr Brookes and the NMC.

It took into account that the provisional CPD agreement contained an admission to the charge, as well as an admission that Mr Brookes' fitness to practise as a registered nurse is currently impaired.

Whilst the panel noted that the question of impairment is a matter for its consideration alone, the panel was satisfied that charge 1 was proved by way of Mr Brookes' admission as set out in the signed provisional CPD agreement. For the avoidance of doubt, the Certificate of Conviction from Nottinghamshire Magistrates' Court, where Mr Brookes entered a guilty plea, confirmed that Mr Brookes had been convicted of the offences specified in the charge.

Decision and reasons on impairment

The panel then went on to consider whether Mr Brookes' fitness to practise as a registered nurse is currently impaired.

Nurses occupy a position of privilege and trust in society and are expected at all times to maintain their professionalism. Patients and their families must be able to trust nurses with

their lives and the lives of their loved ones. To justify that trust, registered nurses must 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 judgement of Mrs Justice Cox in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) 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.

Mrs Justice Cox went on to say in Paragraph 76:

I would also add the following observations in this case having heard submissions, principally from Ms McDonald, as to the helpful and comprehensive approach to determining this issue formulated by Dame Janet Smith in her Fifth Report from Shipman, referred to above. At paragraph 25.67 she identified the following as an appropriate test for panels considering impairment of a doctor's fitness to practise, but in my view the test would be equally applicable to other practitioners governed by different regulatory schemes.

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 finds that limbs a, b and c in the case of Grant are engaged.

The panel noted that the regulatory concern relates to Mr Brookes' conduct and behaviour, which did not relate to his clinical nursing practice. It noted that Mr Brookes was arrested by the Police for having indecent images of children on his laptop and mobile phone on 21 August 2020. Mr Brookes was charged with:

- accessing 113 images involving penetrative sexual activity, sexual activity with an animal or sadism.
- accessing 104 images involving non-penetrative sexual activity.
- accessing 343 indecent images not related to the above.

The panel also noted that these were all indecent images that Mr Brookes accessed over a ten year period between 2011 and 2020. Mr Brookes entered a guilty plea to three counts of making indecent photographs or pseudo photographs of children and was convicted of all three counts at Nottinghamshire Magistrates' Court.

The panel was of the view that, in acting the way that he did, Mr Brookes has in the past, and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of

harm. It agreed that the nature of Mr Brookes' conviction carries an inherent risk to vulnerable individuals and young persons.

The panel also considered Mr Brookes to have brought the nursing profession into disrepute, as he has breached fundamental tenets of the nursing profession. It determined that Mr Brookes had grossly breached the trust placed in him by behaving in the manner set out in his conviction, which was contrary to the standards expected of a registered nurse.

The panel had regard to the comments made by the Judge at Nottingham Crown Court in sentencing Mr Brookes:

“You had every opportunity, day in day out for ten years, to seek help if you really wanted it. And you did not take it. You had every opportunity during those ten years to tell the people who have written references about you that your addiction, so described, had extended to child pornography...you became involved quite clearly on your own account, not simply in viewing child pornography, but in chat rooms where such things were discussed.”

So, I am satisfied that not merely had you dabbled in child pornography, but you had entered it deliberately and persistently over all of those years.

I propose to impose, which is concurrent on all matters and is a community order for two years... inevitably because of this conviction, you will have to sign the sexual offenders register and you will do so before you leave court today....you will be subject now to a restraining order for five years in the terms that have been set out.”

The panel noted that whilst Mr Brookes has accepted that his fitness to practise as a registered nurse is currently impaired, it had very little, if any, evidence before it pertaining to insight, remorse, or remediation demonstrated by Mr Brookes. It noted that from the

provisional CPD agreement that Mr Brookes had previously submitted a letter to his employer setting out some background information and stating that he has no excuse for his behaviour. The panel recognised that remediation would be extremely difficult given the nature of his conviction and the particular circumstances of the case. Mr Brookes has provided no explanation for his actions. The panel considered there to be an underlying attitudinal concern present in this case.

Furthermore, the panel noted that the Judge at Nottingham Crown Court decided to impose a Sexual Harm Prevention Order for a period of 5 years and determined that Mr Brookes should appear on the Sex Offenders Register for a period of 5 years which demonstrates that Mr Brookes continues to present a risk to the public.

In taking account of the above, the panel determined that a finding of impairment on public protection grounds is required.

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. It determined that a fully informed member of the public would be appalled by Mr Brookes' convictions, and extremely concerned should a finding of no current impairment be made in this case.

Having regard to the above, the panel was also satisfied that Mr Brookes' fitness to practise as a registered nurse is currently impaired on public interest grounds.

Decision and reasons on sanction

Having found Mr Brookes' fitness to practise to be 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 accepted the advice of the legal assessor. It had careful regard to the Sanctions Guidance.

It recognised that the decision on sanction is a matter for the panel, exercising its own independent judgement.

The panel considered the following aggravating factors to be present in this case:

- Mr Brookes' conduct has resulted in convictions for serious criminal offences.
- Mr Brookes will not have completed his Community Order until 2023, and will be subject to the Sex Offenders Register and under a Sexual Harm Prevention Order until 2026.
- The offences were ongoing for a period of ten years.

The panel considered the following mitigating factors to be present in this case:

- Mr Brookes has admitted the charge and that his fitness to practice is impaired by reason of his conviction.

The panel first considered whether to take no further 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.

Next, in considering whether a caution order would be appropriate in the circumstances, the panel took into account the Sanctions Guidance, 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 Mr Brookes' actions and conviction were not at the lower end of the spectrum of fitness to practise 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 a conditions of practice order on Mr Brookes' 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 was of the view that there are no practical or workable conditions that could be formulated, given the nature of the conviction involved in this case. It considered there to be no practical identifiable areas of retraining for Mr Brookes to embark on as there are no outstanding concerns relating to his clinical nursing practice. The concerns identified solely relate to Mr Brookes' conduct and behaviour, which did not relate to his clinical nursing practice. The panel determined that placing a conditions of practice order on Mr Brookes' 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 Mr Brookes had received a serious criminal conviction relating to making indecent photographs or pseudo photographs of children on three counts. It had found Mr Brookes to have grossly breached the trust placed in him as a registered nurse. Furthermore, Mr Brookes has not offered anything by way of insight or remediation for this panel to take account of in making its determination. In the panel's judgment, Mr Brookes' behaviour was indicative of a deep-seated attitudinal issue.

The panel therefore determined that a suspension order would not be a sufficient, appropriate or proportionate sanction. Whilst a suspension order would prevent Mr

Brookes from practising as a registered nurse for a period of time up to one year, the panel was not satisfied that this sanction would be sufficient in having regard to the public protection and public interest concerns identified. Mr Brookes would still be subject to his Sexual Harm Prevention Order and ordered to sign on the Sex Offenders Register even if the maximum term for a suspension order was imposed.

Taking account of all the above, the panel determined that Mr Brookes' actions and convictions were not merely serious departures from the standards expected of a registered nurse, they were also serious breaches of the law, serious breaches of fundamental tenets of the nursing profession, and were fundamentally incompatible with him remaining on the NMC register. It was of the view that to allow someone who had behaved in this way to maintain an NMC registration would 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 would have an adverse effect on Mr Brookes 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 any negative impact on Mr Brookes in this regard.

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 Mr Brookes' actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct himself, the panel has concluded that nothing short of this would be sufficient in this case.

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

Determination on Interim Order

The panel accepted the advice of the legal assessor.

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.

The panel determined that an interim conditions of practice order was inappropriate given its earlier findings.

The panel was satisfied that an interim suspension order is necessary in the circumstances of this case. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order. To do otherwise would be incompatible with its earlier findings.

The period of this order is for 18 months to allow for the possibility of an appeal to be made and determined.

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

That concludes this determination.