

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

**Substantive Hearing
Tuesday, 18 October 2022 – Wednesday, 19 October 2022**

2 Stratford Place, Montfichet Road, London, E20 1EJ

Name of registrant:	Imran Ismail Hasan	
NMC PIN:	14J0314E	
Part(s) of the register:	Registered Nurse – Sub-part 1 Mental Health Nursing – Level 1 – 18 September 2015	
Relevant Location:	London	
Type of case:	Misconduct	
Panel members:	Tracy Stephenson	(Chair, Lay member)
	Suzy Ashworth	(Lay member)
	John McGrath	(Registrant member)
Legal Assessor:	John Bromley-Davenport	
Hearings Coordinator:	Philip Austin	
Nursing and Midwifery Council:	Represented by Sophie Stannard, Case Presenter	
Mr Hasan:	Not present and not represented in absence	
Facts proved by way of admission:	All charges	
Facts not proved:	None	
Fitness to practise:	Currently impaired	
Sanction:	Striking-off order	
Interim order:	Interim suspension order – 18 months	

Decision and reasons on service of Notice of Hearing

At the start of this hearing, the panel noted that Mr Hasan was not in attendance, nor was he represented in his absence.

The panel was informed that notice of this hearing was sent by email to the address that the Nursing and Midwifery Council (“NMC”) had on the NMC Register for Mr Hasan on 9 31 August 2022. The panel noted that the statutory instrument in place allows for electronic service of the notice of hearing to be deemed reasonable in the current circumstances, involving COVID-19. The panel further noted that the notice of hearing was also sent to Mr Hasan’s representative at the Royal College of Nursing (“RCN”) by email on the same date.

Ms Stannard, on behalf of the NMC, submitted that the service by email had complied with the requirements of Rules 11 and 34 of the ‘Nursing and Midwifery Council (Fitness to Practise) Rules 2004’, as amended (“the Rules”).

The panel accepted the advice of the legal assessor.

The panel took into account that the notice of hearing provided details of the time, date and venue of the hearing and, amongst other things, information about Mr Hasan’s right to attend, be represented and call evidence, as well as the panel’s power to proceed in his absence.

In light of the information available, the panel was satisfied that the notice of hearing had been served in compliance and in accordance with Rules 11 and 34 of the Rules.

Decision and reasons on proceeding in the absence of Mr Hasan

The panel next considered whether it should proceed in the absence of Mr Hasan. It had regard to Rule 21 (2) which states:

- (2) Where the registrant fails to attend and is not represented at the hearing, the Committee—
 - (a) shall require the presenter to adduce evidence that all reasonable efforts have been made, in accordance with these Rules, to serve the notice of hearing on the registrant;
 - (b) may, where the Committee is satisfied that the notice of hearing has been duly served, direct that the allegation should be heard and determined notwithstanding the absence of the registrant; or
 - (c) may adjourn the hearing and issue directions.

Ms Stannard referred the panel to an email from the RCN dated 7 October 2022. In this email, it is stated “*Further to the case conference earlier this week, please be advised that our member will not be engaging with the upcoming hearing...*”. In addition to this, Ms Stannard submitted that the NMC was communicating with the RCN yesterday prior to this hearing commencing, and it was confirmed that the position remains the same.

In taking account of the above, Ms Stannard submitted that neither Mr Hasan nor the RCN will be attending this substantive hearing. She said that there has been a delay in proceeding with this matter due to reasons which will later become apparent. However, Ms Stannard submitted that an adjournment of this hearing has not been requested, and there is no reason to believe that an adjournment would secure Mr Hasan’s attendance on some future occasion. She submitted that Mr Hasan has voluntarily absented himself from this hearing as it is clear that he no longer wishes to participate or engage with these proceedings.

Ms Stannard invited the panel to proceed in the absence of Mr Hasan and a representative of the RCN.

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised ‘*with the utmost care and caution*’ as referred to in the case of *R v Jones (Anthony William) (No.2) [2002] UKHL 5.*

The panel has decided to proceed in the absence of Mr Hasan. In reaching this decision, the panel has considered the submissions of Ms Stannard and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba [2016] EWCA Civ 162* and had regard to the overall interests of justice and fairness to all parties. It noted that:

- Mr Hasan’s representative has provided a clear indication that he will not be attending the hearing, as evidenced in an email dated 7 October 2022.
- No application for an adjournment has been made by Mr Hasan;
- There is no reason to suppose that adjourning would secure Mr Hasan’s attendance at some future date;
- Mr Hasan had provided a reflective account to the NMC in January 2020 which the panel is able to take account of in considering this matter;
- The charges relate to events that occurred as far back as 2019;
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Mr Hasan in proceeding in his absence. Although the evidence upon which the NMC relies will have been sent to him at his registered address, he will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give oral evidence on his own behalf. However, in the panel’s judgement,

this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by him and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Mr Hasan's decisions to absent himself from the hearing, waive his rights to attend, and/or be represented, and to not provide evidence or make submissions on his own behalf.

In these circumstances, the panel has decided that it is fair, appropriate and proportionate to proceed in the absence of Mr Hasan. The panel will draw no adverse inference from Mr Hasan's absence in its findings of fact.

Details of charge

That you, a registered nurse:

- 1) On 10 July 2019 and/or 15 July 2019, submitted an online application form which gave the incorrect impression that:
 - a) You had 14 years' Director experience working for a FTSE 100 company
 - b) You were a Finance Director for a company with an annual turnover of over £585 million
 - c) You worked for a sister company of Vodafone called Bulk GSM PLC for 14 years of which 8 were as Finance Director
 - d) PricewaterhouseCoopers were the auditors for the company you worked for (Bulk GSM PLC)
 - e) You had commenced the role of Head of Healthcare in January 2010

- f) You had been employed for a significant period of time as the Head of Healthcare for the Central and North West London (CNWL) NHS Foundation Trust
 - g) You had qualified as a Mental Health Nurse in 2014
- 2) And your actions specified in 1.a) and/or 1.b) and/or 1.c) and/or 1.d) and/or 1.e) and/or 1.f) and/or 1.g) were dishonest and/or lacking in integrity in that:
- a) You intended to induce others to believe that the impression given was accurate; or
 - b) You were reckless as to whether others would believe that the impression given was accurate
- 3) On 10 July 2019 and/or 15 July 2019 you submitted a Curriculum Vitae (CV) which gave the incorrect impression that:
- a) You had over 20 years' Senior Management/Director experience working for a FTSE 100 telecommunications company
 - b) You were responsible for the Director role in the Accounts Department of a FTSE 100 company namely Bulk GSM PLC
 - c) You had held the position of Head of Healthcare at the Central and North West London (CNWL) NHS Foundation Trust from January 2011 to July 2017
 - d) You had qualified as a Mental Health Nurse in 2014
- 4) And your actions specified in charge 3.a) and/or 3.b) and/or 3.c) and/or 3.d) were dishonest and/or lacking in integrity in that:
- a) You intended to induce others to believe that the impression given was accurate; or

b) You were reckless as to whether others would believe that the impression given was accurate

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

Admissions to charges

After the charges were read, Ms Stannard drew the panel's attention to the email correspondence between the RCN and the NMC Case Coordinator dated 17 October 2022. She submitted that it is clear from this email correspondence that Mr Hasan admits all of the charges against him, and the panel is able to take these admissions into account given that the RCN is instructed to represent Mr Hasan in this matter. Ms Stannard submitted that the RCN has also confirmed that Mr Hasan has provided an acceptance that his fitness to practise as a registered nurse is currently impaired, albeit this is a decision entirely for the panel's independent judgement.

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

The panel had sight of the email correspondence between the RCN and the NMC Case Coordinator dated 17 October 2022. It noted that the RCN had stated in an email "*I confirm the registrant admits the charges and current impairment as stated in his reflection*".

The panel was satisfied that the RCN was able to provide admissions on behalf of Mr Hasan, given that they have been instructed to represent him. In taking account of the above, the panel found all of the charges in this case proved by way of admission.

Because the panel had found all of the facts proved by way of admission, Ms Stannard informed the panel that she would not need to call the two witnesses warned to give evidence on behalf of the NMC.

NMC Opening

The NMC received a referral in relation to Mr Hasan from the Priory Healthcare Group (“the Group”) on 29 July 2019.

On 10 July 2019, Mr Hasan attended an interview for the role of Ward Manager at The Priory Hospital (“the Hospital”). Mr Hasan was interviewed by the Director of Clinical Services, Ms 1, and the Medical Director, Dr 2.

During the interview, Ms 1 and Dr 2 were of the view that the skills Mr Hasan had described himself to have as he went through his CV were more suitable for a forthcoming position of Director of Clinical Services. As such, Mr Hasan submitted an application with his CV for that role.

During the shortlisting process for the role of Director of Clinical Services, the Hospital Director, Mr 3, reviewed Mr Hasan’s application. Mr Hasan had used the same CV he used to apply for the Ward Manager role, but a different application form.

When Mr 3 reviewed the documents, he noticed that there were inconsistencies between Mr Hasan’s CV and the application form that he had submitted.

Mr 3 undertook his own research in respect of these inconsistencies. Mr 3’s research led him to believe that Mr Hasan had made misrepresentations and dishonest claims in applying for the role of Director of Clinical Services.

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 Mr Hasan'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. Firstly, 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, Mr Hasan's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

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

Ms Stannard invited the panel to take the view that your conduct amounted to breaches of *The Code: Professional standards of practice and behaviour for nurses and midwives* (2015) ("the Code"). She then directed the panel to specific paragraphs and identified where, in the NMC's view, your actions amounted to misconduct.

Ms Stannard submitted that Mr Hasan's behaviour as set out in the charges are clearly serious and are significant departures from the expected standards of a registered nurse. She submitted that the charges are numerous in nature and do not consist of minor misrepresentations. Ms Stannard submitted that Mr Hasan's actions were deliberate and intentional, and they raise fundamental concerns about his honesty and integrity, both of which are basic moral and ethical requirements, particularly for those working in the nursing profession. She submitted that nursing is about serving the public, so honesty and integrity is at the centre of good nursing practice.

Ms Stannard submitted that Mr Hasan inflated/lie about his level of competence in order to obtain work and, in so doing, there was a potential for patients at the Hospital to be exposed to a risk of unwarranted harm had he succeeded.

Submissions on impairment

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

Ms Stannard submitted that there are clear public protection concerns involved in this case. She submitted that Mr Hasan wanted to obtain the role he applied for when he knew he was not adequately qualified for it. Ms Stannard submitted that in being dishonest and in inflating his own abilities, Mr Hasan was hoping to deceive staff at the Hospital into thinking he was more competent than he actually is.

Ms Stannard submitted that Mr Hasan's behaviour could have had far-reaching consequences for both patients and staff at the Hospital, as he may not have been able to practice to the standards expected of a registered nurse in that role.

Ms Stannard submitted that despite submitting a reflective piece to the NMC in January 2020, Mr Hasan has not demonstrated any real insight into the concerns identified.

Furthermore, Ms Stannard submitted that Mr Hasan has not made any real attempts to rectify his wrongdoing. She submitted that Mr Hasan has informed the NMC that he undertook a training course in relation to drafting CVs, however, in her submission, this dishonesty is not something that can be addressed easily. Ms Stannard submitted that Mr Hasan has been found to have been dishonest on multiple occasions, which could be indicative of a deep-seated attitudinal concern. She submitted that there are moral issues that have been found proven, and these cannot simply be addressed through undertaking a training course in how to draft CVs.

In the absence of any real insight, Ms Stannard submitted that there remains a real risk of repetition in this case.

Ms Stannard submitted that through his representative at the RCN, Mr Hasan accepts that his fitness to practise as a registered nurse is currently impaired. However, she submitted that this is a matter for the panel's own independent judgement. Ms Stannard submitted that there is significant evidence before the panel to demonstrate that Mr Hasan's fitness to practise is currently impaired on both public protection and public interest grounds. She concluded by saying that the public interest would be severely undermined if a finding of current impairment was not made.

Decision and reasons on misconduct

The panel heard and accepted the advice of the legal assessor which included reference to a number of relevant judgments.

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel was of the view that your actions did fall significantly short of the standards expected of a registered nurse, and it considered them to amount to several breaches of the Code. Specifically:

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

20 Uphold the reputation of your profession at all times

To achieve this, you must:

20.2 act with honesty and integrity at all times...

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

To achieve this, you must:

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”

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, in these circumstances, the panel decided that Mr Hasan’s actions in each of the charges found proved fell significantly short of the standards expected so as to justify a finding of misconduct.

The panel noted that Mr Hasan's behaviour occurred outside of the workplace environment. It also noted that as Mr Hasan accepts that his fitness to practise is currently impaired, it can be inferred that he agrees that his actions amounted to misconduct.

In any event, the panel considered the charges to be serious, particularly, Mr Hasan's dishonesty and lack of integrity. It was satisfied that Mr Hasan had purposefully intended to mislead and deceive staff at the Hospital into thinking he was qualified for the role of Director of Clinical Services. Whilst the panel only had limited information before it in respect of Mr Hasan's performance as a registered nurse, the detailed investigation undertaken by Mr 3 and the strong evidence presented by the NMC showed that Mr Hasan had clearly attempted to embellish his achievements in his application form and manufacture information that he was purporting to be true when it was not.

The panel determined that Mr Hasan would have been fully aware of what he was doing at the time. It was of the view that Mr Hasan had been calculated and deceitful in his attempts to obtain the role of Director of Clinical Services; this was not a spontaneous act.

The panel was of the view that other registered nurses would consider Mr Hasan's actions to be deplorable in the particular circumstances of this case. It determined that Mr Hasan had fallen far below expected standards in behaving in the way that he did.

The panel found that Mr Hasan's actions in charges 1, 2, 3 and 4 did fall seriously short of the conduct and 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, Mr Hasan'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. To justify that trust, registered nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

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

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

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

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

c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or

d) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'

The panel considered all of the above limbs to be engaged in this case. The panel noted that it had limited information before it about Mr Hasan's nursing practice, and it also noted that he was unsuccessful in obtaining employment for the role of Director of Clinical Services. Mr Hasan's clinical nursing practice has not been brought into question at this hearing. However, the panel considered Mr Hasan to be liable to act in a way that could put patients at an unwarranted risk of harm in the future, should he embark on a similar course of conduct. Furthermore, the panel had also found Mr Hasan to have breached fundamental tenets of the nursing profession, including by acting dishonestly, and it found him to have brought the reputation of the nursing profession into disrepute by virtue of his actions.

The panel had regard to the case of *Cohen v General Medical Council [2008] EWHC 581 (Admin)*, and considered whether the concerns identified are capable of remediation, whether they have been remediated, and whether there is a risk of repetition of the incidents occurring at some point in the future.

The panel considered honesty, integrity and trustworthiness to be the bedrock of the nursing profession. It noted that, in principle, dishonesty is often more difficult to remediate than clinical issues as it could be indicative of a more deep-seated attitudinal concern. However, the panel was aware that insight and remediation are key in determining this, as it means a registrant will be less likely to repeat their failings.

The panel noted that Mr Hasan's actions represented multiple instances of misconduct, and that this was a calculated attempt intending to deceive staff at the Hospital into offering him employment in the role of Director of Clinical Services.

The panel considered Mr Hasan to have demonstrated no insight in relation to the charges found proved. It was aware that Mr Hasan had not been able to comment on the panel's earlier findings because he is not present at this hearing. However, in having regard to Mr Hasan's undated reflective piece submitted in January 2020 to the NMC, it was clear from this that Mr Hasan had failed to appreciate the extent of his behaviour. Mr Hasan does not appear to have reflected on the gravamen of his actions in providing false information on an application form. He has not shown any understanding of the impact his actions could have had on patients, colleagues, the nursing profession or the wider public as a whole, had he been successful in his attempt. Mr Hasan has not explained any real reason for why he behaved in this way, nor has he made any attempt to articulate what he would do differently if faced with a similar set of circumstances in future. In the panel's view, Mr Hasan appeared to defend his behaviour. The panel did not find Mr Hasan to have displayed any remorse for his misconduct.

The panel agreed with the submission of Ms Stannard that the training course Mr Hasan had undertaken in relation to drafting CVs does not address the fundamental issue identified in this case. Mr Hasan has been found to have acted dishonestly and with a lack of integrity in multiple aspects of his application form, and undertaking a course on how to draft CVs does not rectify this. As such, the panel determined that there are outstanding public protection concerns that still need to be addressed.

The panel did have sight of positive references provided by former colleagues of Mr Hasan. However, the focus of these references were on Mr Hasan's clinical nursing abilities, as opposed to his honesty, integrity and trustworthiness. The panel found these references to be of limited assistance in considering the matters found proved.

In summary, the panel determined that there is no evidence before it to demonstrate that Mr Hasan has fully remediated his misconduct, or developed a significant amount of insight into the concerns identified.

In light of all the above, the panel had insufficient evidence before it to allay its concerns that Mr Hasan may currently pose a risk to patient safety. It considered there to be a risk of repetition of the incidents found proved and a risk of significant harm to patients in Mr Hasan's care, should adequate safeguards not be imposed on his nursing practice. 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 also considered there to be a high public interest in the consideration of this case. It was of the view that a fully informed member of the public would be appalled by Mr Hasan's behaviour, taking account of the panel's findings throughout these proceedings, with particular regard to Mr Hasan's multiple dishonest actions. The panel concluded that public confidence in the nursing profession would be 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 Mr Hasan's fitness to practise as a registered nurse is currently impaired.

Consideration given to voluntary removal

After handing down its decision on impairment, Ms Stannard informed the panel that Mr Hasan had made an application for voluntary removal prior to the panel commencing this hearing on 17 October 2022. She invited the panel to consider whether it would be

appropriate to refer this matter back to the NMC Assistant Registrar, now that it has made its own findings on current impairment.

The panel decided that sending this matter back to the NMC Assistant Registrar would not serve any useful purpose. It was aware that the application for voluntary removal had been rejected by them, which is why this hearing proceeded. In any event, the panel was of the view that the serious nature of the charges and the public interest elements of this case would be better served by the panel moving on to make its own finding on sanction.

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the NMC Registrar to strike Mr Hasan's name off the NMC register. The effect of this order is that the NMC register will show that Mr Hasan has been struck off the NMC register.

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

Submissions on sanction

Ms Stannard submitted that any sanction imposed has to be proportionate, balancing the nurse's rights with the overarching objective of public protection.

Ms Stannard took the panel through aggravating factors which, in the NMC's view, were present in this case. She did not identify any contextual factors which may have given rise to mitigation.

Ms Stannard observed that the panel had now seen the voluntary removal application that had been completed by Mr Hasan in advance of the hearing. She drew the panel's attention to a further reflective piece completed by Mr Hasan for the purposes of voluntary removal, but submitted that this more recent reflection does not demonstrate that Mr Hasan now appreciates the extent of his misbehaviour, or the potential effects his actions could have had.

Ms Stannard invited the panel to consider the available sanctions in turn, starting with the lowest. She submitted that as there is a continuing risk to patient safety, no further action would be inappropriate, as would a caution order, in the particular circumstances of this case.

Ms Stannard also submitted that a conditions of practice order would not be a sufficient sanction to reflect the gravity of Mr Hasan's misconduct, particularly, his dishonesty. She submitted that there are no identifiable areas of retraining for Mr Hasan to embark on, given that there are no clinical concerns involved in this case. Furthermore, Ms Stannard submitted that the SG makes it clear that a conditions of practice order is only suitable for when a registrant is motivated to engage with the NMC to address these concerns, thereby demonstrating a willingness to comply. She submitted that Mr Hasan has indicated that he has no intention of returning to nursing at some point in the future in his voluntary removal application.

In addressing whether a suspension order would be appropriate, Ms Stannard submitted that the panel should consider whether temporary removal from the NMC register is sufficient to address the public protection and public interest elements of this case. She submitted that whilst Mr Hasan's conduct may have related to a single incident, there was multiple statements in more than one document, and his behaviour is clearly serious. Ms Stannard submitted that Mr Hasan provided a false picture to the Hospital, and this raises serious concerns about his professionalism and trustworthiness. She submitted that the public would have a difficulty trusting a registered nurse who has been found to have acted in such a dishonest fashion.

Ms Stannard invited the panel to consider whether Mr Hasan's behaviour is incompatible with him remaining on the NMC register. She submitted that, in the NMC's view, the only appropriate sanction is that of a striking-off order as it is the only sanction which sufficiently addresses the public protection and public interest considerations in this case.

Decision and reasons on sanction

Having found Mr Hasan's fitness to practise as a registered nurse 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 and the guidance issued titled '*Considering sanctions for serious cases*' with particular regard to Mr Hasan's dishonesty. The decision on sanction is a matter for the panel independently exercising its own judgement.

In respect of aggravating factors, the panel has considered the following as relevant:

- Mr Hasan had made a number of dishonest claims in his CV and in his application form for the role of Director of Clinical Services.
- Mr Hasan's dishonesty was pre-meditated and systemic; it was not spontaneous or opportunistic.
- There is some evidence of deep-seated attitudinal issues.
- There is no real evidence of any insight, remorse or remediation demonstrated by Mr Hasan.

The panel noted that there were a few positive references which spoke well of Mr Hasan, but the panel did not identify any mitigating factors in the particular circumstances of this case.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of this case. Taking no further action would place no restriction on Mr Hasan's nursing registration, and would therefore not protect the public. Furthermore, the panel determined that it would not address the high public interest concerns identified.

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.'* Mr Hasan had embarked on a course of dishonest conduct, and the panel determined that his actions were not at the lower end of the spectrum of impaired fitness to practise. The panel decided that a caution order would be inappropriate in view of the seriousness involved in the case, and the public protection concerns identified. Further, the panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Mr Hasan's registration would be a sufficient and appropriate response. The panel was mindful that any conditions imposed must be proportionate, measurable and workable.

The panel was of the view that there were no practical or workable conditions that could be formulated, given the nature of Mr Hasan's misconduct. The panel was of the view that Mr Hasan's behaviour in this case is not something that could be addressed through retraining as there are no clinical deficiencies that have been identified. All of the charges relate to Mr Hasan's conduct and behaviour, specifically dishonesty.

Furthermore, the panel noted that Mr Hasan has indicated a willingness to be removed from the NMC register through his voluntary removal application. Therefore, the panel was of the view that Mr Hasan was unlikely to engage with any stipulated conditions in any event.

Nonetheless, the panel concluded that the placing of conditions on Mr Hasan's NMC registration would not adequately address the seriousness of his misconduct and would not satisfy the wider public interest considerations.

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

The panel considered whether the seriousness of this case could be addressed by temporary removal from the NMC register and whether a period of suspension would be sufficient to protect the public and satisfy the wider public interest concerns. When considering seriousness, the panel took into account the extent of the departure from the standards to be expected of a registered nurse and the risk of harm to the public interest caused by that departure.

The panel was of the view that Mr Hasan's dishonesty was serious and repeated in multiple aspects of his CV and his application form for the role of Director of Clinical Services. His actions were intended to mislead staff at the Hospital into offering him a job that he was not qualified to perform, which could have then exposed patients to a risk of unwarranted harm. Whilst Mr Hasan's dishonesty did not directly relate to the performance of his role as a registered nurse, it was related to nursing practice. It had found Mr Hasan's dishonesty to be pre-meditated and systemic.

The panel also noted that it had found Mr Hasan to have offered no real insight, remorse or remediation for his behaviour. To the contrary, it appeared that he had defended his actions in his reflective piece. Therefore, the panel considered there to be limited evidence to suggest that Mr Hasan appreciates the serious ramifications of his actions, and the impact this could have had on patients, colleagues, the nursing profession, or the wider public as a whole. Consequently, the panel found there to be a real risk of repetition.

The panel considered Mr Hasan to have shown little attempt to remediate the concerns. It determined that he had already had a significant period of time to reflect on his actions, given that these incidents took place over three years ago. The panel was satisfied that there was an underlying attitudinal issue in this case; one that raises fundamental concerns about Mr Hasan's level of professionalism.

Taking account of the above, the panel determined that Mr Hasan's misconduct was not merely a serious departure from the standards expected of a registered nurse and a serious breach of the fundamental tenets of the nursing profession, it was fundamentally incompatible with him remaining on the NMC register. In the panel's judgement, to allow someone who had behaved in this way to maintain their 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 Hasan 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 him in this regard.

Balancing all of these factors and after taking into account all the evidence before it, the panel determined that the only appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of Mr Hasan's misconduct in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct themselves, 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.

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 Mr Hasan's own interest until the striking-off order takes effect.

Submissions on interim order

Ms Stannard invited the panel to impose an interim suspension order for a period of 18 months. She submitted that this interim order is necessary on the grounds of public protection and public interest, having regard to the panel's findings.

Decision and reasons on interim order

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

The panel was satisfied that an interim order is necessary on the ground of it being in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. Owing to the seriousness of the case, along with the risk of repetition identified, it determined that Mr Hasan's actions were sufficiently serious to justify the imposition of an interim suspension order until the striking-off order takes effect. In the panel's judgement, public confidence in the regulatory

process would be undermined if Mr Hasan was to be permitted to practise as a registered nurse prior to the substantive order coming into effect.

The panel decided to impose an interim suspension order in the 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 Mr Hasan is sent the decision of this hearing in writing.

That concludes this determination.