Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday, 1 December 2025 – Friday, 5 December 2025

10 George Street, Edinburgh, EH2 2PF

Name of Registrant:	**Caroline Pattie**
NMC PIN:	08A0151S
Part(s) of the register:	Registered Nurse - Sub part 1 Adult Nursing - 8 September 2011
Relevant Location:	Dumfries and Galloway
Type of case:	Misconduct
Panel members:	Graham Coulston-Herrmann (Chair, lay member) Ivan McGlen (Registrant member) Fay Jackson (Lay member)
Legal Assessor:	Gerard Coll
Hearings Coordinator:	Catherine Blake
Nursing and Midwifery Council:	Represented by Graham Macdonald, Case Presenter
Mrs Pattie:	Not present and not represented at the hearing
Facts proved:	Charge 1 (in its entirety), 2, 3, 4, 5 (in its entirety)
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mrs Pattie was not in attendance and that the Notice of Hearing letter had been sent to Mrs Pattie's registered email address by secure email on 28 October 2025.

Mr Macdonald, on behalf of the Nursing and Midwifery Council (NMC), submitted that it 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 allegation, the time, dates and venue of the hearing and, amongst other things, information about Mrs Pattie's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In the light of all of the information available, the panel was satisfied that Mrs Pattie has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Mrs Pattie

The panel next considered whether it should proceed in the absence of Mrs Pattie. It had regard to Rule 21 and heard the submissions of Mr Macdonald who invited the panel to continue in the absence of Mrs Pattie.

Mr Macdonald submitted that there had been no engagement at all by Mrs Pattie with the NMC in relation to these proceedings and, as a consequence, there was no reason to believe that an adjournment would secure her attendance on some future occasion.

Mr Macdonald referred the panel to Mrs Pattie's Regulatory concerns response form dated 21 February 2024:

> *'I have not renewed my registration nor do I intend to in the future…I will not be returning now or ever to nursing.'*

Mr Macdonald informed the panel that Mrs Pattie had ceased contact with the NMC. He submitted that she had voluntarily absented herself.

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 Mrs Pattie. In reaching this decision, the panel has considered the submissions of Mr Macdonald, 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:

- No application for an adjournment has been made by Mrs Pattie;
- Mrs Pattie has ceased engaging with the NMC and has not responded to any of the letters sent to her about this hearing;
- Mrs Pattie has not provided the NMC with details of how she may be contacted other than her registered address;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- Two witnesses are attending today to give live evidence, and another is due to attend;

- This matter is a linked case that is also due to be heard today, and for which Mrs Pattie is attending;
- Not proceeding may inconvenience the witnesses, their employer(s) and, for those involved in clinical practice, the clients who need their professional services;
- The charges relate to events that occurred in 2022;
- Further delay may have an adverse effect on the ability of witnesses accurately to recall events; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Mrs Pattie in proceeding in her absence. Although the evidence upon which the NMC relies will have been sent to her at her registered address, she has made no response to the charges. She will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on her 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 cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Mrs Pattie's decisions to absent herself from the hearing or be represented, and to not provide evidence or make submissions on her own behalf.

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

Decision and reasons on application to amend the charge

The panel heard an application made by Mr Macdonald to amend the wording of charges 1b, 5a, and 5b.

This case is linked to another matter against a different registrant that concerns similar allegations. While the charges for each matter are not exactly the same, the panel is hearing the evidence for both cases at the same time.

Mr Macdonald submitted that there is an anomaly between the schedule of charges for this case, and the schedule for the linked case: while the charges for this matter refer to anonymised colleagues numerically, the charges for the other matter refer to the same colleagues alphabetically. Mr Macdonald submitted that this is very confusing, especially as the panel is addressing both matters at the same time.

The proposed amendment was to change the references to 'Colleague 1' to 'Colleague C', and to change references to 'Colleague 2' to 'Colleague A' in order to standardise the anonymisation across both matters before the panel. Mr Macdonald submitted that the proposed amendment would provide greater clarity of who is being referred to, and consistency across both cases. He submitted there would be no prejudice to either party in allowing the amendments.

During the presentation of the NMC's case and following the completion of Witness 3's evidence, Mr Macdonald made a further application to amend the charges to remove 1a iv) referring to Haloperidol. This application was made under Rule 28.

In relation to this application, Mr Macdonald submitted that there was no reference in the papers available to him regarding the drug Haloperidol and therefore no evidence to support this charge. Accordingly, it was appropriate and fair to amend the charges to delete charge 1a iii) where it refers to Haloperidol.

'That you, a registered nurse:

1) On or after 21 August 2022:

a. took one or more of the following medications from your employer without permission and/or authority;

…

~~iv. Haloperidol;~~

b. *Gave ~~Colleague 1~~* ***Colleague C*** *Morphine, a controlled drug, to administer to ~~Colleague 2~~* ***Colleague A*** *without a prescription;*

…

5) *On or after 22 August 2022, in an attempt to undermine the investigation into your conduct, you:*
   a. *On one or more occasions, called and/or sent WhatsApp messages to ~~Colleague 2~~* ***Colleague A;***
   b. *Told ~~Colleague 2~~* ***Colleague A*** *to destroy the ampoules of Morphine;*

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

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

The panel was of the view that such amendments, as applied for, were in the interest of justice. The panel was satisfied that there would be no prejudice to Mrs Pattie, and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment to the anonymised witness names, as applied for, to ensure clarity and consistency in its determination of both cases.

The panel also determined it appropriate to allow the amendment removing charge 1a iv) to better reflect the evidence before it.

Decision and reasons on application to further amend the charge

During its determination of the facts of this case, the panel noted a potential error in the drafting of the stem of charge 1a. The panel took into account the evidence it has seen that Morphine referred to in charge 1a i) was allegedly obtained prior to 21 August 2022. It invited submissions from Mr Macdonald in this respect.

Mr Macdonald made an application under Rule 28 to amend the date at charge 1 to 19 August 2022. He submitted that this would bring the charges in line with the evidence in this case. Mr Macdonald submitted that Mrs Pattie has been made aware of the NMC's case in respect of this issue from the start of these proceedings. He submitted that there would be no prejudice to Mrs Pattie in amending the charge. Accordingly, it was appropriate and fair to amend the date at charge 1:

'That you, a registered nurse:

1) On or after ~~21 August 2022~~ ***19 August 2022'***

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

The panel was of the view that such an amendment was in the interest of justice. The panel was satisfied that there would be no prejudice to Mrs Pattie, and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment to change the date at charge 1 to reflect the evidence in the case.

Details of charge

'That you, a registered nurse:

1) On or after 19 August 2022:
    a. took one or more of the following medications from your employer without permission and/or authority;
        iv. Morphine;
        v. Levomepromazine;
        vi. Buscopan;
    b. Gave Colleague C Morphine, a controlled drug, to administer to Colleague A without a prescription;

2) Your conduct at Charge 1(a) was dishonest as you knew that you did not have permission or authority to take medication from your employer;

3) On or before 31 August 2022 you provided an inaccurate account in your local statement to your employer;

4) Your action at charge 3 was dishonest in that you sought to mislead your employer into believing that the Morphine belonged to a family member when you knew it did not;

5) On or after 22 August 2022, in an attempt to undermine the investigation into your conduct, you:
    a. On one or more occasions, called and/or sent WhatsApp messages to Colleague A;
    b. Told Colleague A to destroy the ampoules of Morphine;

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

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

At the outset of the hearing, the panel noted that the information in the bundles makes references to the private health matters of third parties. It invited submissions from Mr Macdonald in respect of the notion to hold the hearing partly in private pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Mr Macdonald indicated that he did not oppose the notion that any reference to the private health matters of any person or persons should be heard in private.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold

hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

The panel determined to go into private session in connection with health matters as and when such issues are raised in order to protect the privacy of the person or persons concerned.

Background

The charges arose whilst Mrs Pattie was employed as a registered nurse by NHS Dumfries and Galloway (the Board).

On 21 August 2022, Mrs Pattie was contacted by Colleague A who had hurt her back. Mrs Pattie offered to come around to Colleague A's house and bring her some Morphine.

Mrs Pattie was in the office about to leave when she ran into Colleague C who then joined Mrs Pattie, and they allegedly went to the office and collected Levomepromazine and Buscopan before heading to Colleague A's house.

On arrival at Colleague A's house, Mrs Pattie offered Morphine which she had in her car and said that it belonged to her daughter. Mrs Pattie drew up the Morphine and Colleague C administered it to Colleague A. This was done via a subcutaneous line.

Concerns were raised the following week when Colleague A and Mrs Pattie disclosed the incident to other colleagues. The incident was escalated and an investigation commenced.

It later transpired that the Morphine was not prescribed for Mrs Pattie's daughter.

These concerns were referred to Police Scotland.

On 22 November 2023, Mrs Pattie was admonished under the Misuse of Drugs Act 1971 by the Dumfries Sheriff's Court, and the following outcomes were recorded:

- Theft – accepted not guilty
- Misuse of Drugs 1971 S5(3) Possess drug with intent to supply – Accepted not guilty
- Misuse of Dugs 1971 S4(3)(A) Supply controlled drug – Accepted plea of guilty

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Mr Macdonald on behalf of the NMC.

The panel has drawn no adverse inference from the non-attendance of Mrs Pattie.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

The panel heard live evidence from the following witnesses called on behalf of the NMC:

- Witness 1: Charge Nurse at the Board at the time of the charges
- Witness 2: Senior Charge Nurse at the Board at the time of the charges
- Witness 3: Clinical Nurse Leader at the Board at the time of the charges

- Colleague C: Registered nurse at the Board at the time of the charges

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

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

Charge 1a i)

> *'That you, a registered nurse, on or after 19 August 2022, took one or more of the following medications from your employer without permission and/or authority;*
>
> *i. Morphine'*

This charge is found proved.

In reaching this decision, the panel took into account the oral and documentary evidence of Witness 3 and Colleague C. It also considered the transcript of the investigatory meeting held 23 November 2022, and the NHS Scotland Workforce Investigation Report dated 2 March 2023.

The panel took into account the following from Mrs Pattie's interview transcript:

> *'I took a box of Morphine which, I'll come to that, I thought was a box Morphine. There was one Morphine in it. But the other vials that was in it and we didn't know until just lately and [Witness 3] confirmed this – that when [Witness 3] opened the box and she said "Caroline, it's not Morphine that's in the box. It's actually Midazolam." So which I thought I'd took three vials of Morphine out of the drawer the night before, was actually one bottle of Morphine and two bottles of Midazolam in the same box*.'

This is supported by the written statement of Witness 3, who reports recovering the other two bottles of Midazolam:

> *'I went to Caroline's home next day I picked up the 2 ampoules of midazolam and returned them to the pharmacy for destruction and have documented the whole process. These documents didn't form part of the investigation process however this was bad practice. This is because Caroline removed controlled drugs from a locked cupboard, there was no controlled drug book register or record and she removed them and stored them in her house.'*

The panel also considered the written statement of Witness 3:

> *'Caroline said that her colleague [Colleague A] was distressed and she was trying to help her. Caroline admitted to taking medication from district nurses cabinet on the Friday prior to the incident and on the day.'*

The panel considered that Mrs Pattie's admission in the local investigation interview transcript is consistent with the other accounts of Witness 1, Witness 2, and Colleague C. The panel was therefore satisfied that Mrs Pattie did take Morphine from the Board without permission and/or authority.

Accordingly, this charge is found proved.

Charge 1a ii) and 1a iii)

> *'That you, a registered nurse, on or after 19 August 2022, took one or more of the following medications from your employer without permission and/or authority;*
>
> *ii. Levomepromazine*
>
> *iii. Buscopan'*

These charges are found proved.

In reaching this decision, the panel took into account the oral and documentary evidence of Colleague C and Witness 3. It also considered the transcript of the investigatory meeting held 23 November 2022.

The panel took into account the following from Mrs Pattie's interview transcript:

> *'I said to Colleague C I remember having the conversation "I don't know if this is going to help but what else can we do?" Colleague C said "I might have something in the office that might help." I said "Right okay." We went to the office but I didn't know actually what she was referring to at that time. She went and got the keys – they have a box in a cupboard, away from their office and she went and got the keys and went into the cupboard and she was ratching through the cupboard and she says "Oh, I've got Buscopan here we could give her." It was the vials of Buscopan and she said "We could give her that." I said "Well, we could only try it."*
> *…*
> *'I was aware of a wee tray. They weren't in any new packaging or anything because I actually took the Oramorph – not the Oramorph. I actually took the Levomepromazine out of her hand and had a look at it because I had to put my glasses on to see what it was. I said "Well, we might as well take it." And I gave it her back and she'd slipped it onto this tray.'*

In response to a question of what Colleague C had with her, Mrs Pattie said:

> *'Buscopan and Levomepromazine and there was a 10ml vial of water'*

The panel bore in mind the oral evidence of Colleague C that she removed the Buscopan, but that Mrs Pattie was the one who removed the Levomepromazine from the controlled drug stores.

The panel considered the legal assessor's advice, which included reference to the principle of silent assent. The panel has seen no evidence that Mrs Pattie objected or intervened in the taking of the Buscopan, and that this indicated silent assent on her part.

The panel determined that, irrespective of who precisely handled the Buscopan in removing it from the stores, the endeavour as a whole was a joint enterprise between Mrs Pattie and Colleague C. Accordingly, the panel was satisfied that Mrs Pattie did take Buscopan and Levomepromazine without permission and/or authority.

Accordingly, the panel found these charges proved.

Charge 1b

> *'That you, a registered nurse, on or after 21 August 2022, gave Colleague C Morphine, a controlled drug, to administer to Colleague A without a prescription'*

This charge is found proved.

In reaching this decision, the panel took into account Mrs Pattie's Regulatory concerns response form sent to the NMC and signed and dated 21 February 2024, as well as screenshots of text messages between her and Colleague A.

The panel considered the following from the response form:

> *'Yes I did provide a colleague with a controlled medication'*

The panel considered this was supported by a text message sent from Mrs Pattie to Colleague A on 21 August 2022:

> *'do you need me to nip around with the morphine later'*

The panel has seen no evidence that Colleague A had a prescription for Morphine. The panel has seen no evidence of where the Morphine administered to Colleague A came from or if it was originally prescribed to someone else.

The panel was satisfied of Mrs Pattie's admission to this charge and accordingly found it proved.

Charge 2

> *'Your conduct at Charge 1(a) was dishonest as you knew that you did not have permission or authority to take medication from your employer'*

This charge is found proved.

In reaching this decision, the panel took into account the oral and documentary evidence of Witness 1, Witness 2 and Witness 3. It also considered the Board's Protocol for the handling of Controlled Drugs.

The panel considered the statements of Witness 1, Witness 2 and Witness 3, all of whom expressed shock at this incident.

Witness 1 stated:

> *'I was stunned of what Colleague B said and the implications of putting a line in another nurse or anyone without a prescription of morphine. Morphine is a controlled drug which is prescribed by a doctor or a consultant and putting a line in a colleague was serious. I have never heard of anything like this before.'*

Witness 2 stated:

'I was also concerned because medication administered wasn't prescribed to Colleague A it was stolen medication that was prescribed to somebody else. I was concerned because this was theft. I was also very concerned that none of the nurses realized[sic] what they were doing was wrong and stopped. There were other avenues they should have taken to ensure that received pain relief like taking her to A&E.'

Witness 3 stated:

'The incident was only escalated to management sometime later after happening. I was shocked when I first learned about the incident and I am still shocked by it. I was concerned about the incident because the medication administration protocol wasn't followed and considering what [the interviewer] told me was a misuse of drugs and an illegal activity.'

The panel considered the Board's Protocol for the handling of Controlled Drugs and that nurses are not permitted to take medication from the stores. The panel has seen no evidence that Mrs Pattie had permission to take medication from the controlled drug stores, nor has it seen any evidence of any sound justification for doing so. The panel were of the view that any experienced nurse would know that they could not take medication from controlled drug stores to give to a colleague without it being prescribed.

Accordingly, the panel was satisfied that Mrs Pattie knew she was not permitted to take medication from her employer, and in doing so acted dishonestly. In reaching this decision the panel followed the test for dishonesty in *Ivey v Genting Casinos* [2017] UKSC 67 and determined that any honest and decent person would recognise this conduct as dishonest.

Therefore, the panel finds this charge proved.

Charge 3

‘That you, a registered nurse, on or before 31 August 2022 you provided an inaccurate account in your local statement to your employer’

This charge is found proved.

In reaching this decision, the panel took into account Mrs Pattie’s Regulatory concerns response form sent to the NMC and signed and dated 21 February 2024.

The panel considered the following from the response form:

‘Yes I was dishonest in my first statement – as I panicked. Yes there was fauls[sic] statement, which I have taken responsibility for.’

The panel considered the variation across Mrs Pattie’s accounts of this incident in the local investigation, and that her versions of events are inconsistent throughout.

The panel was satisfied of Mrs Pattie’s admission to this charge and accordingly found it proved.

Charge 4

‘Your action at charge 3 was dishonest in that you sought to mislead your employer into believing that the Morphine belonged to a family member when you knew it did not’

This charge is found proved.

In reaching this decision, the panel took into account the oral and documentary evidence of Witness 1, as well as Mrs Pattie’s Regulatory concerns response form dated 21 February 2024.

The panel considered the following from the response form:

> *'Yes I was dishonest in my first statement – as I panicked. Yes there was fauls[sic] statement, which I have taken responsibility for.'*

The panel also considered the variation across Mrs Pattie's accounts of this incident at the local investigation, and that her versions of events are inconsistent throughout.

Regarding dishonesty, the panel again followed the test in Ivey v Genting Casinos. The panel considered the following from Witness 1's written statement:

> *'I said that last week you disclosed to me that you put a line in [Colleague A] and gave her morphine. I said I can't sit on this information and told them that they needed to go to the management and tell them what happened. After I suggested Caroline and [Colleague A] spoke to the managers Caroline started saying things like* 'it wasn't me who put it in' 'it was my lunch break, I can do what I want on my lunch break' *and* 'it was my daughter's medication, and we are all consenting adults'.'

The panel determined that this indicates a state of mind at the time of wanting to cover up her actions.

The panel was satisfied of Mrs Pattie's admission to this charge and accordingly found it proved.

Charge 5a

> *'That you, a registered nurse, on or after 22 August 2022, in an attempt to undermine the investigation into your conduct, you, on one or more occasions, called and/or sent WhatsApp messages to Colleague A'*

This charge is found proved.

In reaching this decision, the panel took into account the oral and documentary evidence of Witness 1 and the screenshots of WhatsApp messages between Mrs Pattie and Colleague A, and messages between Mrs Pattie and Colleague C, as well as Colleague A's signed statement for the local investigation dated 20 September 2022.

The panel considered the screenshots of the WhatsApp messages between Mrs Pattie and Colleague A. It noted that many messages had been deleted by the time the screenshots were taken. In the messages that remain, the panel could see nothing from Mrs Pattie that overtly sought to undermine the local investigation. However, the panel was concerned that Mrs Pattie would have no reason to delete these messages if not to undermine the investigation. It noted the following response from Colleague A to a since deleted message from Mrs Pattie:

> *'I'm not sure what's going to happen Caroline, but I really believe that honesty is the best policy now – if we get caught out on a half truth later on the consequences are going to [be] worse for everyone…'*

The panel further considered that the notion Mrs Pattie sought to undermine the local investigation is supported by other evidence the panel has seen. The panel noted the following from Colleague A's local statement:

> *'On Wednesday 31st August, [Caroline] and I had a telephone conversation where [Caroline] reiterated the importance of "sticking to the story" and instructed me to destroy the remaining drugs in my cupboard.'*

The panel also noted the following message sent from Mrs Pattie to Colleague C:

> *'Got nothing xx get to sleep then xx hopeful due[sic] will say you were there but went away and knew nothing of the morphine x'*

The panel considered this to be an attempt to control the narrative by Mrs Pattie, and along with many similar messages indicates a pattern of behaviour by Mrs Pattie attempting to undermine the local investigation.

The panel considered the following from Witness 1's statement:

> *'Caroline also later sent messages to [Colleague A] about not getting [Colleague C] involved. Caroline said why did we have to get [Colleague C] involved into it and that she was only there to help, because [Colleague A] had hurt her back and [Colleague C] was told that [Colleague A] was on the floor in terrible pain. Caroline said that they didn't need to drag [Colleague C] into this. Caroline later deleted messages about [Colleague C] but [Colleague A] had already shown them to us.'*

The panel considered this to be corroborative evidence of Mrs Pattie's pattern of behaviour, albeit hearsay.

Accordingly, the panel was satisfied on the balance of probabilities that Mrs Pattie called or sent messages to Colleague A in an attempt to undermine the investigation.

The panel therefore finds this charge proved.

Charge 5b

> *'That you, a registered nurse, on or after 22 August 2022, in an attempt to undermine the investigation into your conduct, you told Colleague A to destroy the ampoules of Morphine.'*

This charge is found proved.

In reaching this decision, the panel took into account the oral and documentary evidence of Witness 1, and the screenshots of Facebook messages between Mrs Pattie and

Colleague A, the NHS Scotland Workforce Investigation Report dated 2 March 2023, and Colleague A's signed statement for the local investigation dated 20 September 2022.

The panel noted the following from Colleague A's local statement:

> *'On Wednesday 31st August, [Caroline] and I had a telephone conversation where [Caroline] reiterated the importance of "sticking to the story" and instructed me to destroy the remaining drugs in my cupboard. Early on 1st September, I did as instructed, and destroyed the remaining 3 vials of morphine, and vials of buscopan. When I went to destroy the box the morphine was in, I realised they were a patient's drugs and not [Caroline's daughter] as I had been advised…'*

This was supported by the recorded investigatory interview summaries contained in the Investigation Report:

> *'[Colleague A] said Caroline's been telling her what to say, she's been phoning her and she said Caroline phoned her and told her to destroy the morphine that was left in the house.'*

The panel bore in mind the following from the recorded investigatory interview summaries in which Mrs Pattie refutes this:

> *'When checking for clarification purposes that Caroline was refuting the allegation made by that she had told to destroy the medication they had brought to her house, Caroline stated, "I told her to put it in the box (whether she's saying that's destroying it or not) into the sharps box." … She then clarified herself by stating "No, I never said that, no. At the time, I would say it, you know, about the sharp box, "I'm putting the stuff into the sharps box". But I never blurted "destroy any evidence.""*

The panel considered the following from Witness 1's statement:

‘[Colleague A] said that Caroline was calling her and telling her what to say, telling her to destroy evidence of morphine ampoules and that she bombarded her with calls. [Colleague A] said she needed her to stop and asked me if I can get Caroline to stop calling her. [Colleague A] said that she ripped up the morphine box and disposed of it in the sharps box which is where we dispose of used medication.

While hearsay, this is supported by the evidence of Witness 1 that the sharps box contained a ripped-up Morphine box, and she has provided an image of the empty Morphine ampoules.

The panel did not have the benefit of hearing from Colleague A nor Mrs Pattie in live evidence, nor did it have written statements from either of them in relation to this hearing.

The panel noted inconsistencies in their evidence that suggest both nurses have been less than forthright with the truth at times during the local investigation. However, in assessing the evidence in relation to this charge the panel took into account the hearsay evidence of Witness 1, which was recorded closer in time to the event and is corroborated by Witness 1’s direct evidence, the fact that the WhatsApp messages had been deleted, Colleague A’s local statement, and the physical evidence it has seen of the contents of the sharps box. Taking a holistic view of this evidence and bearing in mind its decision at charge 5a the panel concluded that, on the balance of probabilities, it was more likely than not that Mrs Pattie sought to undermine the investigation by telling Colleague A to destroy ampoules of Morphine.

The panel therefore finds this charge proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether your fitness to practise is currently impaired. There is no statutory definition of fitness to

practise. However, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage, and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, your fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (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.'*

Mr Macdonald invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code) in making its decision.

Mr Macdonald identified the specific, relevant standards where Mrs Pattie's actions amounted to misconduct. He submitted the following sections of the Code had been breached: 13, 14, 16, 17, 18, and 20.

Submissions on impairment

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

Mr Macdonald referred to the test as outlined in *Grant* and submitted that Mrs Pattie's practise is currently impaired by reason of the facts found proved, and her conviction.

Mr Macdonald submitted that Mrs Pattie's behaviour put patients and members of the public at unwarranted risk of harm. He submitted that, without remediation, she was likely to do so again in future. Mr Macdonald further submitted that in breaching those sections of the Code outlined above Mrs Pattie has breached fundamental tenets of the nursing profession. Mr Macdonald submitted that confidence in community nursing and the profession would be undermined if the NMC as regulator did not regard the misconduct in this case as serious.

Mr Macdonald submitted that Mrs Pattie's dishonest misconduct is of particular concern. He referred to her attempt to destroy evidence of her misconduct in the deletion of potentially incriminating messages, as well as her attempts to undermine the local investigation. Mr Macdonald submitted that this behaviour indicates dishonesty and poor decision making. He submitted that, as Mrs Pattie has ceased engaging with the NMC, there is nothing to suggest that she has identified her errors and learnt from them such that the panel can be satisfied that she is capable of safe and effective practice. Accordingly, Mr Macdonald submitted that there is a real risk of repetition and that public protection is engaged.

Mr Macdonald submitted that a finding of impairment is also needed in order to declare and uphold proper standards of conduct.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), and *General Medical Council v Meadow* [2007] QB 462 (Admin).

Decision and reasons on misconduct

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

The panel was of the view that Mrs Pattie's actions did fall significantly short of the standards expected of a registered nurse, and that Mrs Pattie's actions amounted to a breach of the Code. Specifically:

> ***'8 Work co-operatively***
> *To achieve this, you must:*
> *8.7 be supportive of colleagues who are encountering health or performance problems. However, this support must never compromise or be at the expense of patient or public safety*
>
> ***10 Keep clear and accurate records relevant to your practice***
> ***This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.***
> *To achieve this, you must:*
> *10.1 complete records at the time or as soon as possible after an event, recording if the notes are written sometime after the event*
>
> ***14 Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place***
> *To achieve this, you must:*

The professional duty of candour is about openness and honesty when things go wrong. "Every healthcare professional must be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm or distress." Joint statement from the Chief Executives of statutory regulators of healthcare professionals.

16 Act without delay if you believe that there is a risk to patient safety or public protection

To achieve this, you must:

16.1 raise and, if necessary, escalate any concerns you may have about patient or public safety, or the level of care people are receiving in your workplace or any other health and care setting and use the channels available to you in line with our guidance and your local working practices

16.2 raise your concerns immediately if you are being asked to practise beyond your role, experience and training

16.3 tell someone in authority at the first reasonable opportunity if you experience problems that may prevent you working within the Code or other national standards, taking prompt action to tackle the causes of concern if you can

16.4 acknowledge and act on all concerns raised to you, investigating, escalating or dealing with those concerns where it is appropriate for you to do so

16.5 not obstruct, intimidate, victimise or in any way hinder a colleague, member of staff, person you care for or member of the public who wants to raise a concern

16.6 protect anyone you have management responsibility for from any harm, detriment, victimisation or unwarranted treatment after a concern is raised

18 Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations

To achieve this, you must:

18.4 take all steps to keep medicines stored securely

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, treating people fairly and without discrimination, bullying or harassment

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

23 Cooperate with all investigations and audits

This includes investigations or audits either against you or relating to others, whether individuals or organisations. It also includes cooperating with requests to act as a witness in any hearing that forms part of an investigation, even after you have left the register.'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct.

In relation to charge 1, the panel found these sub-charges amounted to misconduct. The panel considered that the removal of medicines Mrs Pattie knew she should not take, and assisting Colleague C to administer a controlled drug via subcutaneous line to Colleague A fell well below the standards expected of a registered nurse. The panel did not consider this to be a single, isolated incident, but a series of premeditated acts. The panel determined Mrs Pattie's behaviour at this charge had the potential to cause significant harm as neither she nor Colleague C knew what other medication Colleague A had taken. Further, the panel considered Mrs Pattie's conviction for the provision of a controlled drug added to the gravitas of the misconduct, especially as this conviction was established under the criminal standard of proof. Accordingly, the panel determined that this behaviour met the high threshold for misconduct.

In relation to charges 2, 3 and 4 of dishonesty and providing an inaccurate statement, the panel found these charges and sub-charges amounted to misconduct. The panel considered that removing medicine without permission and then attempting to cover this

up by knowingly providing an inaccurate statement to her employer fell well below the standards expected of a registered nurse.

In relation to charge 5 of attempting to undermine the local investigation, the panel found these sub-charges amounted to misconduct. The panel considered the deliberate obfuscation of a local investigation where a colleague was put at significant risk of harm, including an attempt to destroy evidence, fell significantly below the standards expected of a registered nurse.

Decision and reasons on impairment

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

In coming to its decision, the panel had regard to the NMC Guidance on *'Impairment'* (Reference: DMA-1 Last Updated: 03/03/2025) in which the following is stated:

> *'The question that will help decide whether a professional's fitness to practise is impaired is:*
>
> *"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"*
>
> *If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'*

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

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

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

> *'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ fitness to practise is impaired in the sense that S/He:*
>
> a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
>
> b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
>
> c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
>
> d) *has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel found that a colleague was put at risk of significant harm as a result of Mrs Pattie's misconduct. While Colleague A had not been admitted as a patient, she was the recipient of medical treatment by Mrs Pattie. Accordingly, the panel was satisfied that the first limb is engaged. Further. Mrs Pattie's misconduct breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious. The panel therefore found all four limbs of the test in *Grant* were engaged.

The panel went on to consider the following elements set out in *Cohen v General Medical Council [2008] EWHC 581 (Admin).:*

- Whether the conduct which led to the charge(s) is easily remediable;
- Whether the conduct has been remedied; and
- Whether the conduct is highly unlikely to be repeated.

The panel came to the conclusion that the misconduct in this case may be capable of being addressed, but that this would be difficult. In this case, the panel bore in mind that no harm was caused to Colleague A. Due to the fact that Mrs Pattie did not know what other medication Colleague A had taken, Colleague A could have been caused significant harm as a consequence of Mrs Pattie's actions. The panel considered this was not an isolated incident, but a series of events that began with an offer of Morphine earlier in the day and culminated in a visit to supply other drugs. Therefore, the panel carefully considered the evidence before it in determining whether Mrs Pattie has taken steps to remediate or strengthen her practice.

The panel took into account that while dishonesty can be very difficult to remediate, it is not impossible. The panel considered that it has seen no recent information from Mrs Pattie in respect of her current levels of insight. It noted that she made early admissions to some of the regulatory concerns but has since ceased engagement with the NMC. In the lack of such information, the panel could not be assured that Mrs Pattie will not repeat the

misconduct in this case and therefore concluded that there is a risk of repetition. The panel therefore decided that a finding of impairment is necessary on the ground of public protection.

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

These events involved the removal of three different drugs from the NHS without permission, and the supply of those drugs to a colleague. Additionally, one of the drugs was a controlled drug Morphine, which was then administered to a colleague via subcutaneous line. The panel determined that providing unprescribed Morphine to someone who Mrs Pattie did not know the medical history of could have had catastrophic consequences. The panel concluded that an ordinary member of the public would be appalled if the regulator did not treat this matter with the utmost seriousness.

The panel has seen evidence that Mrs Pattie received a conviction for supplying a controlled drug. In the lack of any engagement from Mrs Pattie in relation to this hearing, or evidence of remediation, the panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case. Therefore, the panel finds Mrs Pattie's fitness to practise impaired on the ground of public interest.

Having regard to all of the above, the panel was satisfied that Mrs Pattie's fitness to practise is currently impaired.

Sanction

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

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

Submissions on sanction

Mr Macdonald informed the panel that in the Notice of Hearing, dated 28 October 2025, the NMC had advised Mrs Pattie that it would seek the imposition of a striking-off order if it found her fitness to practise currently impaired.

Decision and reasons on sanction

Having found Mrs Pattie'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 took into account the following aggravating features:

- Lack of insight into failings
- Misconduct that was not a single isolated incident
- Misconduct which put a colleague at risk of suffering harm
- Dishonesty, including encouraging others to be dishonest
- A conviction for the supply of controlled drugs

The panel also took into account the following mitigating features:

- That Mrs Pattie's misconduct did not result in actual harm to Colleague A

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, the public protection issues identified, and the dishonesty, an order that does not restrict Mrs Pattie's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Mrs Pattie's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Mrs Pattie's registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case, and the dishonesty found proved, which would protect the public and meet the public interest. The misconduct identified in this case was not something that can be addressed through retraining, and the panel has seen no evidence of insight, remorse or remediation from Mrs Pattie, nor has she continued to engage with the NMC. The panel concluded that the placing of conditions on Mrs Pattie's registration would not adequately address the seriousness of this case and would not protect the public.

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

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

The panel considered that none of these factors applied to Mrs Pattie's case.

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel determined that the serious breach of the fundamental tenets of the profession evidenced by Mrs Pattie's actions is fundamentally incompatible with her remaining on the register. Accordingly, in this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

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

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

Mrs Pattie's actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with her remaining on the register.

The panel was of the view that the findings in this particular case demonstrate that Mrs Pattie's actions were serious and to allow her to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of Mrs Pattie's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case.

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

This will be confirmed to Mrs Pattie in writing.

Interim order

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

Submissions on interim order

The panel took account of the submissions made by Mr Macdonald. He invited the panel to impose an interim suspension order for up to a period of 18 months to allow time for any appeal to be resolved.

Decision and reasons on interim order

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

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months due to allow time for any appeal to be resolved.

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

That concludes this determination.