

Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday, 15 December 2025- Tuesday, 16 December 2025

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

Name of Registrant:	Aiza Tan
NMC PIN:	20A0981O
Part(s) of the register:	Registered Nurse – Adult Nurse (January 2020)
Relevant Location:	Basildon
Type of case:	Misconduct
Panel members:	Vanessa Rolfe (Chair, lay member) Charlotte Cooley (Registrant member) Joanne Stewart (Lay member)
Legal Assessor:	Ian Ashford-Thom
Hearings Coordinator:	Eidvile Banionyte
Nursing and Midwifery Council:	Represented by Iwona Boesche, Case Presenter
Ms Tan:	Not present and not represented
Facts proved by a way of admission:	Charges 1a and 1b
Facts not proved:	N/A
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 Ms Tan was not in attendance and that the Notice of Hearing letter had been sent to Ms Tan's registered email address by secure email on 10 November 2025.

Ms Boesche, 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 Ms Tan'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 Ms Tan 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 Ms Tan

The panel next considered whether it should proceed in the absence of Ms Tan. It had regard to Rule 21 and heard the submissions of Ms Boesche who invited the panel to continue in the absence of Ms Tan. She submitted that Ms Tan had voluntarily absented herself.

Ms Boesche referred the panel to the documentation which included an email correspondence chain between Ms Tan and the NMC where Ms Tan confirmed that she wished for the hearing to proceed without her and that she would not be attending. In her email dated 8 December 2025 specifically, Ms Tan stated:

"I am ok for the hearing date nextweek [sic] but im [sic] not able to attend"

"yes please proceed without me".

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 Ms Tan. In reaching this decision, the panel has considered the submissions of Ms Boesche, the representations from Ms Tan, 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 Ms Tan;
- Ms Tan has informed the NMC that she has received the Notice of Hearing and confirmed she is content for the hearing to proceed in her absence;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Ms Tan in proceeding in her absence. Although the evidence upon which the NMC relies will have been sent to her at her registered address, 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 Ms Tan's decisions to absent herself from the hearing, waive her rights to attend, and/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 Ms Tan. The panel will draw no adverse inference from Ms Tan's absence in its findings of fact.

Details of charge

'That you, a registered nurse:

- 1) *Failed to maintain professional boundaries, in that between November 2023 and March 2024, on one or more occasions you:*
 - a. *took money from Patient A;*
 - b. *made contact with Patient A for matters unrelated to their care and/or without clinical justification;*

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

Background

Ms Tan was referred to the NMC by Basildon and Thurrock University Hospitals NHS Foundation Trust ('the Trust') on 24 July 2024 in relation to her alleged breach of professional boundaries.

The allegations arose whilst Ms Tan was employed as a staff nurse on the Renal Unit at Basildon Hospital ('the Hospital'). The Trust alleged that, between 23 November 2023 and 30 April 2024, Ms Tan borrowed money from Patient A on more than one occasion and contacted them by text on several occasions, which was not in relation to their care. It is

alleged that Ms Tan asked Patient A for money on approximately five occasions and that she was in contact with them via WhatsApp in relation to Patient A's removals business, asking for their assistance with moving furniture initially, and then later asking to borrow money.

During this period, Patient A lent Ms Tan approximately £550-£580. Ms Tan provided evidence to show that she had made repayments to Patient A totalling £330. At the time of the local investigation, in June 2024, Patient A was still owed approximately £220-£250.

The Trust informed the NMC that it conducted an internal investigation, and Ms Tan was found guilty of professional misconduct. She was dismissed on 24 July 2024.

Decision and reasons on facts

At the outset of the hearing, the panel heard from Ms Boesche who informed the panel that Ms Tan made full admissions to charges 1a and 1b in her Case Management Form, dated 19 May 2025.

The panel therefore finds charges 1a and 1b proved in their entirety, by way of Ms Tan's admissions.

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 Ms Tan'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 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, Ms Tan's 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.*'

Ms Boesche 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.

Ms Boesche identified the specific, relevant standards where Ms Tan's actions amounted to misconduct. Ms Boesche referred the panel to these specific provisions of the Code: 1.1, 20.1, 20.3, 20.6, 20.8, 21.1 and 21.2.

Ms Boesche submitted that Ms Tan's conduct, as detailed in the charges, fell significantly short of what would be expected of a nurse and therefore amounted to misconduct.

Submissions on impairment

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

Ms Boesche submitted the first three limbs of the Grant test were engaged in this case. She submitted that Ms Tan's actions put Patient A at unwarranted risk of harm. This patient, who relied on life-saving dialysis felt that Ms Tan was ignoring him, which could have been dangerous in case he needed assistance and Ms Tan was the only nurse available. Ms Boesche submitted that Ms Tan's misconduct exposed Patient A to unwarranted distress.

With regards to the second limb, Ms Boesche submitted that a member of the public or a colleague would be shocked to find out about Ms Tan's actions of using her patient for financial loans and having personal contact with him.

In relation to the third limb, Ms Boesche submitted that through her actions, Ms Tan showed that she cannot be trusted to practise safely and kindly. She has breached the fundamental tenets of prioritising people and promoting professionalism and trust in the profession.

Ms Boesche submitted that although Ms Tan admitted her actions at a local level and accepted the charges, she still maintains that she did not understand that what she was doing was wrong. Ms Boesche submitted that as such, Ms Tan has shown only limited, if any, insight into her failures.

Ms Boesche told the panel that Ms Tan had not worked as a registered nurse since the matter came to light, nor has she undertaken any relevant training.

Ms Boesche submitted that there is a continuing risk to the public, due to Ms Tan's lack of insight, failure to undertake relevant training and not having had the opportunity to demonstrate strengthened practice through work in a relevant area. She submitted that Ms Tan's practice is currently impaired on public protection grounds.

Ms Boesche submitted that Ms Tan's practice is also impaired on public interest grounds.

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 *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant*.

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

'1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 *treat people with kindness, respect and compassion.*

20 Uphold the reputation of your profession at all times

To achieve this, you must:

- 20.1 *keep to and uphold the standards and values set out in the Code.*
- 20.3 *be aware at all times of how your behaviour can affect and influence the behaviour of other people.*
- 20.6 *stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers.*
- 20.8 *act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to.*

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

To achieve this, you must:

- 21.1 *refuse all but the most trivial gifts, favours or hospitality as accepting them could be interpreted as an attempt to gain preferential treatment.*
- 21.2 *never ask for or accept loans from anyone in your care or anyone close to them.'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that Ms Tan's actions amounted to serious professional misconduct.

The panel noted the outcome of an informal meeting letter, dated 13 February 2024, which was sent to Ms Tan following an informal meeting held on 12 December 2023. It is recorded that in this meeting Ms Tan was reminded about the NMC Code of Conduct and the specific provisions within it, relevant to the allegations against her at the time. The panel noted that whilst Ms Tan said that she had "*read the NMC Code of conduct briefly, [she] could not remember it anymore*". The record of this meeting shows that Ms Tan did have a discussion about it, including the prohibition against borrowing money from patients.

The panel had regard to the fact that this meeting was held following allegations of Ms Tan asking patients for money. However, it is now known ,as per the facts admitted and therefore found proved in this case, that at that time Ms Tan had already borrowed money from Patient A in November 2023.

The panel noted that you were offered and signposted to a number of health and wellbeing support services through your employer.

The panel had evidence before it, that following this meeting, Ms Tan continued to contact Patient A to request further money on at least two occasions in March 2024.

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

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Ms Tan'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 and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

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

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

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

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

- b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

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

d) ...'

The panel finds that Patient A was put at risk of harm as a result of Ms Tan's misconduct. The panel determined that Patient A would have been caused emotional distress if he needed medical help and if Ms Tan would have been the only nurse available, particularly because Patient A felt she was ignoring him at the time. The panel also determined that due to Ms Tan's lack of insight and strengthening of practice, there was a risk of repetition of the matters found proved and therefore she was liable to put patients at risk of harm in the future.

With regards to the two other limbs of Grant, the panel determined that Ms Tan's misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that Ms Tan was liable to do so again in the future.

Regarding insight, the panel considered that whilst Ms Tan made admissions, she did not demonstrate any understanding that what she had done was wrong, how this impacted negatively on the reputation of the nursing profession and the potential impact on Patient A. The panel was of the view that Ms Tan's reflective piece was focused on the effect of her nursing career and failed to address the impact it had on Patient A.

The panel was satisfied that whilst the misconduct in this case is capable of being addressed, Ms Tan had not demonstrated that she had taken any steps to address it. The panel noted that Ms Tan had not worked in her registered capacity since her dismissal from the Trust and that she had not undertaken any training courses. The panel therefore determined that Ms Tan had not strengthened her practice and has therefore not addressed the misconduct in this case.

Additionally, the panel is of the view that there is a risk of repetition based on lack of insight, remorse and any strengthening of practice. The panel therefore 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: to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a member of the public, knowing about a nurse who borrowed money from a patient and contacted him without clinical justification, would have concerns about being cared for by a nurse who had acted in this way. This would impact negatively on the confidence and trust they could place in the nursing profession. In such circumstances, the panel was of the view that public confidence in the profession and the NMC as a regulator would be undermined if a finding of impairment were not made. Therefore, the panel also finds Ms Tan's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Ms Tan'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 Ms Tan off the register. The effect of this order is that the NMC register will show that Ms Tan 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.

Submissions on sanction

Ms Boesche invited the panel to impose a striking-off order in this case, the only appropriate sanction in the circumstances.

Ms Boesche referred the panel to the proposed aggravating and mitigating factors.

Ms Boesche submitted that taking no further action in this case would not be suitable as there remain public protection and public confidence concerns that require addressing.

With regards to a caution order, Ms Boesche submitted that this would not be sufficient given the seriousness of the case.

Ms Boesche submitted that conditions of practice order would not be an appropriate sanction for the following reasons: the misconduct is not of clinical nature and there are no identifiable areas of Ms Tan's practice in need of assessment and/or retraining; there is evidence of harmful deep-seated personality or attitudinal problems; Ms Tan has not demonstrated willingness to do further training; there is no evidence of meaningful insight and a lack of understanding of the requirement to adhere to the Code. Ms Boesche submitted that there would be no workable conditions which would protect the public in this case.

Ms Boesche further submitted that a suspension order would not be an appropriate sanction in this case. She referred the panel to the NMC Guidance on Sanctions for particularly serious cases, SAN-2, and specifically the examples of cases which are more difficult to put right: '*inappropriate personal...relationships with people receiving care or other vulnerable people or abusing their position as a registered nurse, midwife or nursing associate or other position of power to exploit, coerce or obtain a benefit*'.

Ms Boesche submitted that temporary removal from the Register, whilst serious, does not accurately reflect the gravity of Ms Tan's misconduct in this case. She submitted that Ms Tan lacked insight and there was a risk of repetition. The misconduct was repeated on a number of occasions and has not been remedied nor is it capable of being remedied. She further submitted that the misconduct raised fundamental questions about Ms Tan's professionalism as she breached professional boundaries with a patient. Ms Boesche submitted that a member of the public would be shocked to learn of a nurse who was using a patient for financial gain.

Ms Boesche submitted that Ms Tan's actions are fundamentally incompatible with her remaining on the Register and invited the panel to impose a striking-off order.

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

Decision and reasons on sanction

Having found Ms Tan'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:

- Misuse of a position of trust
- Lack of insight into failings
- A pattern of misconduct over a period of time
- Lack of remediation
- Outstanding debt
- Conduct which put Patient A at risk of suffering harm

- Pattern of behaviour repeated following an offer of support.

The panel also took into account the following mitigating features:

- Admissions following being confronted about Patient A
- [PRIVATE]
- Repayment of some of the money to Patient 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, and the public protection issues identified, an order that does not restrict Ms Tan'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 Ms Tan'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 Ms Tan'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. The misconduct identified in this case, which did not relate to Ms Tan's clinical practice but to her attitudinal issues, was not something that can be addressed through training. The panel also noted that there was no evidence of any meaningful insight or attempts to undertake any training. Furthermore, the panel concluded that the placing of conditions on Ms Tan'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;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- ...
- ...

The panel determined that in this case, there was evidence of repetition and harmful deep-seated attitudinal problems. The panel also determined that Ms Tan did not demonstrate any insight into her failings and that there was a risk of repetition of the misconduct found proved.

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Ms Tan's actions is fundamentally incompatible with Ms Tan remaining on the register.

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?*

Ms Tan'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 Ms Tan's actions were so serious that to allow her to continue practising would amount to a failure to protect the public and 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 Ms Tan'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 Ms Tan 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 Ms Tan'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 Ms Boesche. She invited the panel to impose an interim suspension order, in line with the panel's decision on the substantive order, to cover any appeal period.

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 to cover any appeal period.

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

That concludes this determination.