Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Wednesday, 14 January 2026

Virtual Meeting

Name of Registrant:	**Miss Karli Susan Anderson**
NMC PIN:	95I2378E
Part(s) of the register:	Registered Nurse – Mental Health (14 September 1998)
Relevant Location:	Hampshire
Type of case:	Misconduct
Panel members:	Margaret Wolff (Chair, lay member) Alison Thomson (Registrant member) Sally Kitson (Lay member)
Legal Assessor:	Mark Ruffell
Hearings Coordinator:	Dilay Bekteshi
Consensual Panel Determination:	Accepted
Facts proved by way of admission:	All charges
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Miss Anderson's registered email address by secure email on 4 December 2025.

Further, the panel noted that the Notice of Meeting was also sent to Miss Anderson's representative at the Royal College of Nursing (RCN) on 4 December 2025.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, and the potential dates for this hearing.

In the light of all of the information available, the panel was satisfied that Miss Anderson has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Details of charge

That you, a registered nurse:
Failed to maintain professional boundaries in that: -

1. On more than one occasion in 2018 and/or 2019 consumed:
a. cannabis and/or
b. ecstasy
with patient A.

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

Consensual Panel Determination

At the outset of this meeting, the panel was made aware that a provisional agreement of a Consensual Panel Determination (CPD) had been reached with regard to this case between the Nursing and Midwifery Council (NMC) and Miss Anderson.

The agreement, which was put before the panel, sets out Miss Anderson's full admissions to the facts alleged in the charges, that her actions amounted to misconduct, and that her fitness to practise is currently impaired by reason of that misconduct. It is further stated in the agreement that an appropriate sanction in this case would be a striking-off order.

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

"That provisional CPD agreement reads as follows:

The Nursing & Midwifery Council ("the NMC") and Karli Susan Anderson, PIN 95I2378E ("the Parties") agree as follows:

1. *Ms Anderson is content for her case to be dealt with by way of a CPD meeting.*

The charge

2. *Ms Anderson admits the following charges: That you, a registered nurse:*

   Failed to maintain professional boundaries in that: -

   1. *On more than one occasion in 2018 and/or 2019 consumed:*
      a. *cannabis and/or*
      b. *ecstasy with Patient A.*

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

The facts

3. *Ms Anderson appears on the register of nurses, midwives and nursing*

associates maintained by the NMC as a Registered Nurse specialising in Mental Health and has been on the NMC register since 14 September 1998.

4. *On 28 November 2019, the NMC received a referral from Patient A's cousin ("the Referrer"). The Referrer reported, amongst other things, that Ms Anderson had used substances with Patient A, who has schizophrenia and a personality disorder.*

5. *At the material time, Ms Anderson was employed as a Band 5 Mental Health Nurse* [PRIVATE], *an in-patient mental health unit under Southern Health Foundation NHS Foundation Trust ("the Trust").*

6. *Patient A had been a regular in-patient* [PRIVATE] *and Ms Anderson acted as Patient A's primary nurse for most of their admissions. In the summer of 2018, following Patient A's discharge, Ms Anderson bumped into Patient A in the community and a friendship developed between the two.*

7. *As a result of a personal stressor, Patient A's health subsequently declined and they were re-admitted* [PRIVATE] *in October 2018. Ms Anderson reported her friendship with Patient A to the Trust and she was redeployed during Patient A's readmissions. The Trust completed an informal investigation at that time, and as a result, Ms Anderson was instructed to complete training regarding maintaining professional boundaries and reflective practice sessions with her supervisor.*

8. *On 28 November 2019, Patient A's brother raised concerns to the City Council regarding Ms Anderson's relationship with Patient A. His report included that Ms Anderson and Patient A took illicit drugs together. The Trust were informed of the report via a Public Protection Notice and investigated the matter accordingly.*

9. *On 17 January 2020, during an investigation meeting at the Trust, Ms Anderson denied that she had ever taken illicit drugs and denied being aware that Patient A had been using such substances. Ms Anderson reported that Patient A had told their brother that they had taken illicit drugs together, so that Ms Anderson would seem more personable to him.*

10. *On 4 March 2020, the Trust received further concerns about Patient A and Ms Anderson taking illicit drugs together. Ms Anderson was re-interviewed and, at that point, confirmed that she had taken illicit drugs (cannabis and ecstasy) with Patient A, when Patient A was in the community. Ms Anderson stated this occurred on a handful of occasions and was initiated by Patient A. Ms Anderson also admitted that, on one occasion, she used the Trust's urine drug screen on herself. Ms Anderson said that she did so as Patient A had asked her to see what was in the ecstasy they had taken.*

11. *The Trust also interviewed Patient A. Patient A confirmed that they had taken cannabis and ecstasy with Ms Anderson and that they had mainly initiated the drug taking, as they were the one who bought the drugs for the two to consume.*

12. *In her submissions to the NMC's Case Examiners, dated 10 November 2023, Ms Anderson confirmed to the NMC that she admits the concerns. On 8 August 2025, in a response to a case management form, sent to Ms Anderson on 3 July 2025, Ms Anderson admitted the charges, as stipulated, and admitted to current impairment. Ms Anderson completed further professional boundaries training in 2022.*

Misconduct

13. *The parties agree that the facts as particularised in the charges amount to misconduct.*

14. *Although not defined in statute, the comments of Lord Clyde in Roylance v General Medical Council [1999] UKPC 16 provides some assistance when seeking to define misconduct:*

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

15. *Further assistance may be found in the comments of Jackson J in Calhaem v General Medical Council [2007] EWHC 2606 (Admin) and Collins J in Nandi v General Medical Council [2004] EWHC 2317 (Admin):*

[Misconduct] connotes a serious breach which indicates that the [nurse's] fitness to practise is impaired
And

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

16. *Following the guidance in Roylance, the parties have referred to the NMC's Code of Conduct when considering what would have been proper conduct for a registered nurse in the circumstances.*

17. *The parties agree that the following provisions of the Code have been breached:*

3 Make sure that people's physical, social and psychological needs are assessed and responded to
To achieve this, you must:
3.1 *pay special attention to promoting wellbeing, preventing ill health and meeting the changing health and care needs of people during all life stages*
3.3 *act in partnership with those receiving care, helping them to access relevant health and social care, information and support when they need it*

8 Work co-operatively

To achieve this, you must:
8.6 *share information to identify and reduce risk*

16 Act without delay if you believe that there is a risk to

patient safety or public protection

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

17 Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection

To achieve this, you must:

17.1 *take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse*

17.2 *share information if you believe someone may be at risk of harm, in line with the laws relating to the disclosure of information*

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*

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

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

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

20.6 *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*

18. *On the occasions when Ms Anderson accepted and consumed cannabis and/or ecstasy with Patient A, she failed to maintain clear professional boundaries. It is essential for nurses to maintain professional boundaries at all times, even with former patients, as blurred boundaries can impact the healthcare and support that patients obtain in the future.*

19. *Such a breach of professional boundaries also threatens the credibility of the profession, as the public expect nurses to act responsibly and in the best interest of people they've care for.*

20. *Cannabis is a Class B drug and ecstasy a Class A drug (under Schedule 2 of the Misuse of Drugs Act 1971). The criminal penalties for possession of these drugs are severe, and include a term of imprisonment and/or an unlimited fine. Engaging with a former patient in activity that is not only potentially unlawful, but could cause physical harm, is a serious departure from the standards expected from a registered nurse.*

21. *Prioritising people and preserving safety are fundamental tenets of the nursing profession. Ms Anderson failed to adhere to this when she consumed cannabis and/or ecstasy with Patient A, who is known to be vulnerable (particularly due to their mental health conditions). As Ms Anderson's conduct clearly goes against these fundamental tenets of the profession, fellow practitioners would find such conduct deplorable.*

22. *Further, when concerns were raised with the Trust regarding Ms Anderson's relationship with Patient A, she had the opportunity to report the full extent of her conduct but chose not to. This caused a delay in the Trust's ability to manage the concerns and protect Patient A from future harm.*

Impairment

23. *Ms Anderson's fitness to practise is currently impaired by reason of her misconduct.*

24. *The NMC's guidance (DMA-1) explains that impairment is not defined in legislation but is a matter for the Fitness to Practise Committee to decide.*

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?

25. *This involves a consideration of both the nature of the concern and the public interest.*

26. *The parties agree that consideration of the nature of the concern involves looking at the factors set out by Dame Janet Smith in her Fifth Report from Shipman, approved in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) by Cox J;*

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 professions 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 professions; and/or*
d) *Has in the past acted dishonestly and/or is liable to act dishonestly in the future?*

27. *The parties agree that limbs a, b and c are engaged in this case. Considering each limb in turn:*

Limb a

28. *Ms Anderson's past conduct put Patient A at risk of harm. Given that the risk of harm was obvious and the conduct occurred on more than one occasion, the parties agree that Ms Anderson is also liable to put a patient, or patients, at risk of harm in the future.*

29. *Ecstasy and cannabis are classified as Class A and B controlled drugs as they are substances that are harmful to human health. It therefore follows that*

Patient A's health and wellbeing could have been negatively affected by their consumption. Whilst the Trust's investigator confirms that there are a lot of mental health service users that take illicit drugs, it does not diminish the fact that the behaviour is potentially dangerous and risky, particularly for Patient A who was quite fragile.

30. *By taking the drugs too, Ms Anderson risked Patient A minimising the serious effects the drugs could have on their health, because her presence, as a registered nurse, had the potential to legitimise the behaviour.*

31. *In turn, Ms Anderson's conduct also risked Patient A potentially disregarding warnings from healthcare practitioners on the negative effects of illicit drugs and/or risked Patient A failing to disclose to their healthcare practitioners that they were consuming such drugs.*

32. [PRIVATE].

33. *Further, although the incidents occurred in a community setting, Patient A knew Ms Anderson as a registered nurse and therefore a level of trust would have been awarded to her. Ms Anderson breached this trust, which she accepts is important in helping patients in their recovery, particularly mental health patients. She notes:*

> *There are various potential consequences if professional boundaries with patients are not maintained. This includes loss of trust in the professional relationship, and confusion within the relationship as to its purpose, goals, benefits; inequality in provision of care, poorer outcomes for wider patient group; and increased distress to the patient, potentially exacerbating mental health difficulties and increasing dependence on services.*

34. *The parties agree that there would have been a power imbalance in Ms Anderson's relationship with Patient A, which blurred professional and personal boundaries.*

Limb b

35. *Members of the public must be able to trust registered professionals with their lives and the lives of their loved ones. Due to Ms Anderson's breach of professional boundaries, Patient A's family were concerned with Patient A's welfare and reported their concerns to the City Council. This would have brought the profession into disrepute.*

36. *By breaching professional boundaries in such a grave manner, Ms Anderson's conduct would have a negative impact on the public's perception of the profession.*

37. *Moreover, having acted as Patient A's nurse previously, Ms Anderson had access to sensitive personal information regarding Patient A's health, as well as their personal and family history. The public expect registered nurses to uphold the highest standards of proper conduct due to their privileged access to patients' sensitive information.*

38. *As a registered nurse, Ms Anderson is required under the Code to keep to the laws of the country. By engaging in potentially unlawful activity with a former patient, the public would likely be concerned if such an individual was permitted to care for vulnerable people.*

39. *Ms Anderson is required to be a model of integrity and leadership for others to aspire to. Ms Anderson was an experienced member of staff* [PRIVATE] *and was entrusted to hold the ward bleep. She also worked for a brief period as a Charge Nurse. Her conduct therefore had the potential to create a damaging impression to her colleagues on what is acceptable behaviour from a registered nurse. This damaging impression may continue should Ms Anderson practise again.*

Limb c

40. *All nurses must act first and foremost to care for and safeguard the public. It is well established that consuming illicit drugs is not only unlawful but can have a detrimental effect on an individual's health and wellbeing. Patient A was*

particularly vulnerable, and Ms Anderson was aware of this. Patient A was known to have a fragile mental state and display risky behaviours.

41. *The parties agree that by consuming cannabis and/or ecstasy with Patient A, Ms Anderson supported Patient A in abusing substances and risked Patient A's mental health deteriorating, which could have led to them being admitted into hospital.*

42. *The Trust's investigator confirms that as someone with unstable emotional personality traits, taking cannabis long term would have been quite risky for Patient A, and taking ecstasy riskier as it can alter a very already dysregulated person. Patient A also has a diagnosis of schizophrenia. It is said that for such patients, using drugs can cause a relapse or stop symptoms from getting better.*

43. *In light of the above, the parties agree that Ms Anderson did not fulfil her responsibility to act in the best interests of people at all times. Instead, she actively engaged in conduct which was against Patient A's best interests.*

Future practice

44. *Assessing Ms Anderson's future practice further, the parties have considered the case of Cohen v General Medical Council [2008] EWHC 581 (Admin) where the court sets out three matters which it described as being 'highly relevant' to the determination of the question of current impairment;*

- *Whether the conduct that led to the charge(s) is easily remediable.*
- *Whether it has been remedied.*
- *Whether it is highly unlikely to be repeated.*

45. *The NMC's guidance on Can the Concern Be Addressed (FTP-15a) states that inappropriate personal…relationships with people receiving care or other vulnerable people or abusing their position as a registered nurse … or other position of power to exploit, coerce or obtain a benefit is conduct which may not be possible to address.*

46. *Ms Anderson's relationship with Patient A reached a seriously inappropriate level when Ms Anderson consumed drugs with them. Ms Anderson abused her position as a registered nurse by accepting drugs from Patient A. Ms Anderson admits that she would not know where to buy drugs from and had never bought drugs herself. She therefore relied on a vulnerable mental health service user to consume drugs on more than one occasion.*

47. *Knowingly taking unreasonable risks with patient safety is also conduct which is difficult to remediate as it suggests a deep-seated attitudinal concern. There is no justifiable explanation for Ms Anderson's conduct, therefore it's possible she may take such unwarranted risks in the future, particularly as the concerns have not been remedied.*

48. *Ms Anderson began taking steps to remedy the concerns by completing relevant training, namely a Professional Boundaries - Level 2 course on 11 November 2022 and a further Professional Boundaries course on 13 November 2022. Additionally, Ms Anderson submitted a best practice reflection to the NMC on 20 December 2022, where she accepts she breached professional boundaries and recognises the potential consequences if professional boundaries with patients are not maintained. However, this follows training already completed in this area in 2018. Ms Anderson committed the conduct charged despite undertaking this training, and being warned by the Trust about the importance of professional boundaries with Patient A.*

49. *Ms Anderson has not reflected on or undertaken any relevant training relating to the risks of taking drugs with a former patient, though, given the serious nature of the misconduct, it is unlikely training in this area would be sufficient to address the concerns, in any event.*

50. *Whilst the concerns did not take place in a clinical setting, NMC's guidance on misconduct (FTP-2a) states that important factors when determining whether conduct outside professional practice could impair fitness to practise include:*

- *the duration or frequency of the conduct in question*

- *the professional's relationship or position in relation to those involved*
- *the vulnerabilities of anyone subject to any alleged conduct*

51. *The parties agree that impairment must be found because the misconduct occurred on multiple occasions, Ms Anderson had a position of trust (having previously cared for Patient A) and because Patient A was known to be vulnerable.*

52. *The parties have considered NMC guidance on has the concern been addressed (FTP-15b) and agree that there are factors which demonstrate that Ms Anderson's insight is yet to be fully developed to address the concerns. This includes the following:*

- *Ms Anderson did not accept the concerns against her when first raised by her employer. Ms Anderson submitted a written statement strongly denying the concern and offering an alternative explanation for why the concern was alleged. Ms Anderson then repeated this false information at an investigation meeting with the Trust.*

- *Ms Anderson accepts in general terms that she failed to maintain professional boundaries, but she is yet to demonstrate sufficient insight into the extent of her failings by reflecting on the manner in which she breached professional boundaries.*

- *Ms Anderson is yet to sufficiently acknowledge the risk of harm in a patient taking drugs, a registered nurse supporting them to do so, and the grave damage to the public confidence in the profession that such conduct can have.*

<u>Remorse, reflection, insight, training and strengthening practice</u>

53. *The parties cannot be confident that the concerns will not be repeated. Ms Anderson has shown remorse and some insight into the concerns, however she has demonstrated limited understanding on the impact her conduct had on Patient A specifically and what she would do differently in the future. The*

Trust's investigator considered that Ms Anderson clearly did not see the correlation between what she was doing with Patient A and the impact this had on Patient A's mental health.

54. *When considering future conduct, Ms Anderson's reflection only goes as far as to say professionals are responsible for accessing additional support/advice if they need it, and training helps to identify signs that this may be required.*

55. *Ms Anderson no longer works in the healthcare profession so has not had the opportunity to demonstrate strengthened practice.*

56. *Given the profound unacceptability of the behaviour and the risk of it being repeated in the future, the parties agree that a finding of impairment is required.*

Public protection impairment

57. *A finding of impairment is necessary on public protection grounds due to the above public protection issues identified. Ms Anderson would have been aware of the potential harm that could be caused to Patient A by taking drugs and chose not to intervene to safeguard Patient A. The ecstasy Ms Anderson consumed with Patient A, on at least on one occasion, impacted them so significantly that Ms Anderson completed a urine test to determine whether they had unknowingly consumed any further substances.*

Public interest impairment

58. *A finding of impairment is also necessary on public interest grounds.*

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

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

60. *Consideration of the public interest therefore requires the Fitness to Practise Committee to decide whether a finding of impairment is needed to uphold proper professional standards and conduct and/ or to maintain public confidence in the profession.*

61. *In upholding proper professional standards and conduct and maintaining public confidence in the profession, the Fitness to Practise Committee will need to consider whether the concern is easy to put right. For example, it might be possible to address clinical errors with suitable training. A concern which hasn't been put right is likely to require a finding of impairment to uphold professional standards and maintain public confidence.*

62. *However, there are types of concerns that are so serious that, even if the professional addresses the behaviour, a finding of impairment is required either to uphold proper professional standards and conduct or to maintain public confidence in the profession.*

63. *Ms Anderson's conduct falls far below the standard required of a registered nurse and has the potential to damage the reputation of the profession as well as the public's confidence in the profession. The parties therefore agree that it is necessary to find Ms Anderson's fitness to practise impaired on public interest grounds in order to mark the importance of maintaining public confidence in the profession, and to send a clear message about the standards required of a registered nurse.*

Sanction

64. *The appropriate sanction in this case is a Striking-Off Order.*

65. With regard to the NMC's sanctions guidance the following aspects have led us to this conclusion:

66. Aggravating factors

- *Ms Anderson's conduct is a very serious failure to maintain professional boundaries.*
- *Ms Anderson put Patient A, a very vulnerable mental health patient, at severe risk by consuming illicit drugs with them.*
- *The conduct took place on more than one occasion.*
- *Ms Anderson failed to adhere to the warnings issued to her by the Trust in late 2018 about the need to maintain appropriate boundaries with Patient A.*
- *Ms Anderson has displayed limited insight into the concerns.*

67. Mitigating factors

- *At the relevant time, Ms Anderson* [PRIVATE], *as well as a challenging time on the ward.*

<u>No Action or a Caution Order</u>

68. Taking into account the NMC's sanction guidance (at SAN-3a and SAN-3b), the case is too serious for taking no action or a caution order. This is because there remains a risk to the public or to patients requiring Ms Anderson's practice to be restricted. Additionally, there remains public interest/confidence concerns that cannot be address by resolving the case in this manner.

<u>Conditions of Practice Order</u>

69. NMC sanction guidance (at SAN-3c) states that a conditions of practice order may be appropriate when there is no evidence of harmful deep-seated personality or attitudinal problems; there are identifiable areas of the

registered professionals practice in need of assessment and/or retraining; and conditions can be created that can be monitored and assessed. It is a sanction that is more suited to cases where there are clinical concerns and identifiable areas where the nurse can be supported to return to safe practice.

70. *In light of the criteria set out in SAN-3c, a conditions of practice order would not be suitable. By progressing and/or continuing to consume drugs with Patient A, despite being warned of the need to maintain appropriate boundaries, suggests that Ms Anderson has an attitudinal problem which would be difficult to address through conditions of practice. By completing a professional boundaries course in 2018, Ms Anderson has had the opportunity to gain insight on the harm that can be caused to patients by failing to maintain appropriate boundaries; however, any learning she received from the course appears to have been short lived.*

Suspension Order

71. *In determining whether a period of suspension would be sufficient to protect the public, the NMC's sanction guidance (at SAN-3d) indicates that the following would be suitable circumstances for temporary removal from the register:*

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

72. *The misconduct in this instance was not isolated. Ms Anderson admits that she consumed drugs with Patient A on a handful of occasions. Ms Anderson did so despite being aware of the dangers of consuming illicit drugs, particularly for individuals with mental health conditions. This suggests Ms Anderson has a concerning mindset in relation to public safety and risk taking. Further, despite completing a professional boundaries course, Ms Anderson continued to breach professional boundaries and has failed to sufficiently demonstrate how her conduct impacted Patient A.*

73. Given the gravity of the misconduct, which is difficult to remediate and has not been remediated, the parties agree that a period of suspension would not be sufficient to demonstrate the seriousness of the case and uphold the standards of the profession.

Striking-Off Order

74. The parties have considered the NMC's sanctions guidance (at SAN-3e) which outlines the considerations when considering imposing a striking off order. It notes:

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

75. The parties agree that Ms Anderson's conduct does raise fundamental questions about her professionalism. Taking drugs with a vulnerable service user, with the knowledge that the drugs could exacerbate the service user's condition, is an affront to the caring nature of the nursing profession and strikes right at the heart of what it means to be a registered nurse.

76. Ms Anderson's complete failure to safeguard a vulnerable patient, casts serious doubts about whether she could practise kindly, safely and professionally as a registered nurse in future.

77. Although, apart from her inappropriate relationship with Patient A, Ms Anderson has had an unblemished career, her conduct in this case is such a significant departure from the standards expected of a registered nurse, nothing short of a striking off order would be sufficient to address the public protection and public interest concerns.

Maker of allegation comments

78. *On 1 September 2025, the NMC invited the Referrer to submit any comments on the proposed CPD provisional agreement by 15 September 2025. The Referrer did not submit any comments.*

Interim order

79. *An interim order is required in this case. The interim order is necessary for the protection of the public and otherwise in the public interest for the reasons given above. The interim order should be for a period of 18 months in the event that Ms Anderson seeks to appeal the panel's decision. The interim order should take the form of an interim suspension order.*

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

Here ends the provisional CPD agreement between the NMC and Miss Anderson. The provisional CPD agreement was electronically signed by Miss Anderson and the NMC on 25 November 2025.

Decision and reasons on the CPD

The panel decided to accept the CPD.

The panel heard and accepted the legal assessor's advice. He referred the panel to the 'NMC Sanctions Guidance' (SG) and to the 'NMC's guidance on Consensual Panel Determinations'. He reminded the panel that they could accept, amend or outright reject the provisional CPD agreement reached between the NMC and Miss Anderson. Further, the panel should consider whether the provisional CPD agreement would be in the public interest. This means that the outcome must ensure an appropriate level of public protection, maintain public confidence in

the professions and the regulatory body, and declare and uphold proper standards of conduct and behaviour.

The panel noted that Miss Anderson admitted the facts of the charges. Accordingly the panel was satisfied that the charges are found proved by way of Miss Anderson admissions as set out in the electronically signed provisional CPD agreement which was sent from Miss Anderson's email address.

Decision and reasons on impairment

The panel then went on to consider whether Miss Anderson's fitness to practise is currently impaired. Whilst acknowledging the agreement between the NMC and Miss Anderson, the panel has exercised its own independent judgement in reaching its decision on impairment.

In respect of misconduct, the panel determined that Miss Anderson's actions do amount to serious professional misconduct. The panel endorsed paragraphs 13 to 22 of the provisional CPD agreement in respect of misconduct.

The panel then considered whether Miss Anderson's fitness to practise is currently impaired by reasons of misconduct.

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.'*

The panel then considered whether Miss Anderson's fitness to practise is currently impaired by reason of her misconduct. The panel determined that Miss Anderson's fitness to practise is currently impaired. In doing so, the panel endorsed paragraphs 23 to 63 of the provisional agreement.

Decision and reasons on sanction

Having found Miss Anderson'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:

- Miss Anderson's conduct is a very serious failure to maintain professional boundaries.
- Miss Anderson put Patient A, a very vulnerable mental health patient, at severe risk by consuming illicit drugs with them.
- The conduct took place on more than one occasion.
- Miss Anderson failed to adhere to the warnings issued to her by the Trust in late 2018 about the need to maintain appropriate boundaries with Patient A.
- Miss Anderson has displayed limited insight into the concerns.

While the provisional agreement (paragraph 67) cited Miss Anderson's [PRIVATE] and a challenging time on the ward as a mitigating factor, the panel does not have full details of these circumstances. The panel therefore does not accept this as a mitigating factor for such serious misconduct.

The panel first considered whether to take no action or a caution order but concluded that this would be inappropriate in view of the seriousness of the case. In doing so, the panel endorsed the reasons set out in paragraph 68 of the provisional agreement.

The panel next considered whether placing conditions of practice on Miss Anderson's registration would be a sufficient and appropriate response. In doing so, the panel endorsed the reasons set out in paragraph 69 of the provisional agreement.

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 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 Miss Anderson's actions is fundamentally incompatible with Miss Anderson remaining on the register. The panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction. In doing so, the panel endorsed the reasons set out in paragraphs 71 – 73 of the provisional agreement.

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?*

Miss Anderson'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 Miss Anderson'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. The panel endorsed the reasons set out in paragraphs 74 – 77 of the provisional agreement.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel agreed with the CPD that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Miss Anderson'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.

Decision and reasons on interim order

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 Miss Anderson's own interest. The panel heard and accepted the advice of the legal assessor.

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interests. 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 agreed with the CPD 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 in order to cover any appeal period.

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

That concludes this determination.