Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Monday, 28 September 2026 – Thursday, 1 October 2026

Virtual Meeting

Name of Registrant:	**Carol Ann Stanton**
NMC PIN:	85B0025W
Part(s) of the register:	Registered Nurse – Sub Part 1 Adult Nursing – (February 1989)
Relevant Location:	Wales
Type of case:	Misconduct
Panel members:	Chris Weigh (Chair, Lay member) Mordecai Edziyie Dadzie (Registrant member) Robin John Barber (Lay member)
Legal Assessor:	Lee Davies
Hearings Coordinator:	Petra Bernard
Facts proved:	Charges 1, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9, 10, 11, 12, 13
Facts not proved:	Charge 14
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim order:	Interim suspension order (18 months)
Final outcome:	FTP impaired – striking-off order

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Mrs Stanton's registered email address by secure email on 27 August 2026.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegations, the date and the fact that this meeting was to be held virtually. The panel noted that Mrs Stanton waived her right to the requisite 28 days' notice and accepted short notice on 27 August 2026.

In the light of all of the information available, the panel was satisfied that Mrs Stanton 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;

1) On 10 January 2024 purported to supply Person A with 'Ozempic'/or a licensed drug but instead provided them with an unlicensed drug.

2) Your action in charge 1 above was dishonest as you knowingly misrepresented Semaglutide + Bpc-157 as Ozempic

3) On 10 January 2024 told Person A they were completing a prescription, when it was a consent form.

4) Your actions in charge 2 were dishonest as you knowingly misrepresented a consent form as a prescription.

5) On 23 or 24 January 2024 purported to supply a licensed weight-loss medication to Person B but instead sold them an unlicensed drug

6) Your action in charge 4 was dishonest as you knew the product was not licensed

7) Failed to provide support to clients following the initiation and titration of medications on;
   a) 10 January 2024
   b) 23 or 24 January 2024

8) Failed to provide Clients with information regarding safe disposal of medication and/or sharps on;
   a) 10 January 2024
   b) 23 or 24 January 2024

9) On 23 or 24 January 2024 told Person B they were completing a prescription, when it was a consent form

10) Your actions in charge 9 and were dishonest in that you knew the document was not a prescription

11) On 10 January 2024 and/or 23 or 24 January 2024 you supplied medication to Person A without undertaking adequate clinical consultation and/or assessment

12) On 23 or 24 January 2024 you supplied medication to Person B without undertaking adequate clinical consultation and/or assessment

13) On one or more occasions did not provide patients with a follow-up appointment for ongoing care and/or monitoring of side effects;

14) On an unknown date in 2023 advertised for sale a prescription only and or unlicensed product

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

Decision and reasons on amendments to charges 4 and 6

The panel having noted the typographical errors in charges 4 and 6 decided to make the following amendments to the charges:

Original charges

4) Your actions in charge 2 were dishonest as you knowingly misrepresented a consent form as a prescription.

6) Your action in charge 4 was dishonest as you knew the product was not licensed

Proposed amendments

4) Your actions in charge ~~2~~ **3** were dishonest as you knowingly misrepresented a consent form as a prescription.

6) Your action in charge 4 **5** was dishonest as you knew the product was not licensed

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

The panel was of the view that the amendment sought was in the interests of justice. The panel was satisfied that there would be no prejudice to Mrs Stanton and no injustice would be caused to either party by the proposed amendment being allowed. It was, therefore, appropriate to allow the amendment to ensure clarity and accuracy.

Background

Mrs Stanton first entered onto the Nursing and Midwifery Council (NMC) register on 1 March 2001 as a Registered Nurse.

On 15 April 2024, the NMC received an NMC Article 22(6) referral about an unidentified nurse who featured in an ITV television report in February 2024, who was allegedly supplying Prescription Only Medicines (POM) weight loss injections to undercover reporters.

The ITV television footage suggests that Mrs Stanton allegedly used a document described as a prescription, although it may only have been a consent form, and gave instructions requiring patients to measure and administer the medication themselves.

It is alleged that Mrs Stanton supplied unlicensed or incorrectly prescribed Semaglutide related medication without an adequate clinical consultation and assessment, appropriate prescribing qualifications and was also giving inaccurate or unsafe information. Mrs Stanton allegedly did not arrange follow-up appointments and also failed to give information about safe disposal of medications and/or sharp bins. It is also alleged that Mrs Stanton gave her client a consent form to sign but told them that it was a prescription form.

It is further alleged that Mrs Stanton advertised Semaglutide for weight loss on social media through her aesthetics business while self-employed. However, the drug being provided in the vials was in fact not 100% Semaglutide but Semaglutide + Bpc-157 which was an unapproved unlicensed drug.

Mrs Stanton does not deny the underlying facts of the charges.

Decision and reasons on facts

In reaching its decisions on the facts, the panel took into account all the documentary evidence in this case together with the representations made by the NMC.

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 had regard to the written statements of the following witnesses on behalf of the NMC:

- Person A: Journalist at ITV Wales, at the material time
- Person B: Digital Development Producer at ITV Wales, at the material time
- Nest Jenkins (Ms Jenkins): Programmes Journalist/Reporter at ITV Wales, at the material time
- Vikkiann Seeney (Ms Seeney): Registered general nurse and author of the Nursing Practice Report in relation to Mrs Stanton's fitness to practise

Before making any findings on the facts, the panel accepted the advice of the legal assessor. In addition to the documentary evidence provided by the NMC, including the above witness statements, the panel took account of the Expert Report of Ms Seeney.

The panel was of the view that the witnesses are credible and had no reason to doubt

the veracity of the accounts in their respective witness statements, noting that they have been signed by them as statements of truth. The panel further noted that Mrs Stanton does not dispute the material facts of the case.

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

Charge 1

That you, a registered nurse;

1) On 10 January 2024 purported to supply Person A with 'Ozempic'/or a licensed drug but instead provided them with an unlicensed drug

This charge is found proved.

In reaching its decision, the panel first considered the date of the allegations and was satisfied that the events alleged at charge 1 took place on 10 January 2024. The panel took account of Person A's witness statement which states:

'My initial interaction with Mrs Stanton on 10 January 2024 took place at [PRIVATE]. No other individuals were present during the initial visit.

Mrs Stanton provided the Semaglutide, referring to it as Ozempic while clarifying that it was not branded as such and confirming that she mixed it at home. I did not have a prescription for this medication, nor did she ask if I had one. Mrs Stanton then provided me with a form which she said was a prescription. I filled out the form however she did not ask me any medical questions, such as what medication I was on or why I wanted the Semaglutide...I can recall there were spelling mistakes on the documentation that Ms Stanton provided me with. Mrs Stanton had the spelling of Semaglutide incorrectly on the leaflet within the package.'

The panel had regard to the Expert Report of Ms Seeney, which states:

'The medication issued on 10/01/24 and 24/01/24, was obtained by Mrs Stanton from an online source without a prescription; for Mrs Stanton to obtain Wegovy/semiglutide ... she would have been required to provide the client with a consultation, then required a prescriber qualified in weight loss to provide a private prescription for the client. ... the fact that Mrs Stanton was able to obtain this semiglutide without a prescription means this product is unlicensed and is readily available online or from other practitioners without a prescription. Semiglutide/Wegovy or Ozempic come in prefilled pens and not in vials for the clinician to mix and draw up. Therefore, only licensed products for use as medicines are required to have a prescription.'

The panel took account that Person A and Ms Seeney's evidence has not been challenged by Mrs Stanton and she has admitted the underlying facts.

Accordingly, on the balance of probabilities the panel found charge 1 proved.

Charge 2

That you, a registered nurse;

2) Your action in charge 1 above was dishonest as you knowingly misrepresented Semaglutide + Bpc-157 as Ozempic

This charge is found proved.

In considering this charge the panel applied the principles in the case of *Ivey v Genting Casinos* [2017] UKSC 67 and the *"test"* before establishing dishonesty. The panel asked itself the following questions:

1. *'What did the Registrant know or believe as to the facts and circumstances in which the alleged dishonesty arose?*

2. *Given the Registrant's knowledge and belief of the circumstances they were in, was the Registrant's conduct dishonest by the standards of an "ordinary decent person"?'*

The panel had sight of a statement from Mrs Stanton of 11 July 2024 in which she admits to obtaining the Semaglutide, as follows:

> *'This is what I've just found today on a quick Facebook scroll thought you may be interested in how easily available this is to the public in general I understand that this does not in anyway condone or excuse my involvement in what has happened but I was 2 wondering if you realised how easy it is to find without a prescription'*
>
> ...
>
> *'I provided semaglutide because I was aware that it could be very easily purchased on social media (as last email) I obtained it from a company who also provides fillers, saline and other aesthetic products It was advertised as 99.8% pure semaglutide and I wanted to help and support people on a weight loss journey with a product that said it was what it said it was I was unaware it went against NMC guidelines at the time I have had a wonderful fulfilling career with the NHS with nearly 40 years of service with no other issues I retired from service 2 years ago to carry on solely with aesthetics I understand I made a catastrophic mistake in doing what I did and would do anything to have not been so naive in providing a service that people could easily obtain...'.*

The panel took account of Ms Seeney's Expert Report, which states:

> *'...From the statement provided by Mrs Stanton it is evident that these products are readily available for anyone to purchase, not just healthcare professionals. Mrs Stanton has made it clear; she was not aware of any issues with these products as they are so easy to obtain.'*

Person A in her witness statement states:

> *'Mrs Stanton provided the Semaglutide, referring to it as Ozempic while clarifying that it was not branded as such and confirming that she mixed it at home.'*

The panel had sight of the contents of the package provided by Mrs Stanton to Person A and noted it included a consent leaflet entitled *'Semaglutide'.*

In seeking to ascertain Mrs Stanton's actual knowledge or belief as to the facts, the panel noted that she was a registered nurse of 39 years' experience and would have known that Ozempic and Semaglutide + Bpc -157 were two separate distinct drugs. The panel was of the view that Mrs Stanton would have clearly known that the medication was not Ozempic and not licensed. The panel noted that Mrs Stanton has never disputed the allegation.

The panel went on to consider whether Mrs Stanton's conduct would be regarded as dishonest by applying the objective standards of an ordinary decent person. The panel concluded that an ordinary decent person would find Mrs Stanton acted dishonestly in that she knowingly misrepresented Semaglutide + Bpc-157 as Ozempic. The panel therefore finds charge 2 proved.

Charge 3

> That you, a registered nurse;
>
> 3) On 10 January 2024 told Person A they were completing a prescription, when it was a consent form.

This charge is found proved.

In reaching this decision, the panel took into account of Person A's witness statement, which states:

'...I did not have a prescription for this medication, nor did she ask if I had one. Mrs Stanton then provided me with a form which she said was a prescription. I filled out the form however she did not ask me any medical questions, such as what medication I was on or why I wanted the Semaglutide. Mrs Stanton also mentioned that she obtained the medication from her pharmacy which believe she said was in Birmingham, though I cannot recall the precise location. I can recall there were spelling mistakes on the documentation that Ms Stanton provided me with. Mrs Stanton had the spelling of Semaglutide incorrectly on the leaflet within the package. This suggested to me that it was not official...'.

The panel had sight of the consent leaflet provided to Person A and noted it was headed *'Semaglutide consent form'*:

'I asked if it was a prescription, and she responded, "I know it does not look like a prescription, but it is". Mrs Stanton emphasised that everything was above board and legitimate, describing it as a prescription. She reiterated her role as a nurse, directing this explanation again to [Person B].'

The panel took account of Ms Seeney's Expert Report, which states:

'Mrs Stanton did not inform the clients that this medication was not a licensed product, and the consent form was described as a prescription, although a prescription was not required since this product is readily available online...'.

The panel determined that a prescription and a consent form are two totally different distinct documents. It was of the view that Person A's evidence was clear, cogent and consistent. The panel concluded therefore, that Mrs Stanton did tell Person A that she was completing a prescription, when it was a consent form. The panel therefore finds charge 3 proved.

Charge 4

That you, a registered nurse;

4) Your actions in charge 3 were dishonest as you knowingly misrepresented a consent form as a prescription.

This charge is found proved.

In considering this charge the panel applied the principles in the case of *Ivey* and the *"test"* before establishing dishonesty. The panel asked itself the following questions:

1. *'What did the Registrant know or believe as to the facts and circumstances in which the alleged dishonesty arose?*

2. *Given the Registrant's knowledge and belief of the circumstances they were in, was the Registrant's conduct dishonest by the standards of an "ordinary decent person"?'*

The panel had regard to Person A's witness statement. When Mrs Stanton was asked if it was a prescription she responded:

> *'..."I know it does not look like a prescription, but it is". Mrs Stanton emphasised that everything was above board and legitimate, describing it as a prescription.'*

The panel was of the view that when challenged Mrs Stanton knowing that it was a consent form tried to justify that it was a prescription. The panel was of the view due to her extensive experience as a registered nurse for 39 years, she would have known that the form was not a prescription. The panel determined that, in the absence of any other explanation, it would be implausible that she did not know that it was not a prescription.

The panel concluded that by Mrs Stanton presenting a form for a patient to sign purporting to be a prescription when she knew it was a consent form, an ordinary decent person would find Mrs Stanton had acted dishonestly having knowingly misrepresented a consent form as a prescription. The panel therefore finds charge 4 proved.

Charge 5

That you, a registered nurse;

5) On 23 or 24 January 2024 purported to supply a licensed weight-loss medication to Person B but instead sold them an unlicensed drug

This charge is found proved.

In reaching this decision, the panel took into account the witness statement of Person B, which states:

> '[Person A] *then introduced me as her friend and said that I was interested in what I believe was Semaglutide I can recall confirming I was interested and that I wanted to lose some weight for my holiday. Mrs Stanton talked us through the product, showed the product in the bag with the needle and the process of what to do with it explaining it should be injected into your leg or stomach. Mrs Stanton then made me fill out a form which she told me was a prescription where I wrote a fake name, phone number and address...Given that Mrs Stanton had mentioned the form was a prescription, I explained I did not live close by and asked if I could take this form to a pharmacist closer to home and receive the medication from there to which she made it very clear that she gets the prescription from her supplier so it must be through her.'*

The panel had regard to the Expert Report of Ms Seeney, which states:

'...a patient is asked to sign a consent form, which Mrs. Stanton incorrectly refers to as a prescription. She claims everything was legitimate and that she is a nurse, though the document is not a prescription and Mrs. Stanton is not a qualified prescriber. Selling semaglutide as medicine without a prescription is illegal...'

Person B states in her witness statement:

'I had forgotten the money in the car so I went back to the car to get the money, gave it to Mrs Stanton and she then gave us the medication. The medication which I believe was Semaglutide was given to us in a bag, with a needle and a little flyer...The leaflet provided did not look like a medical form or anything along those lines...'

The panel was of the view that whilst Person B is not certain about the date this event is alleged to have occurred, she does go on to confirm in her witness statement that the leaflet in the bag referred to Semaglutide. Further, Person A in her witness statement describes that her second interaction with Mrs Stanton, when she brought Person B with her, took place on 24 January 2024.

The panel was of the view that on the 23 or 24 January 2024, Mrs Stanton purportedly supplied a licensed medication but provided an unlicensed Semaglutide medication in the bag.

The panel had sight of the Semaglutide + Bpc-157 consent form Mrs Stanton provided to Person B. The panel had regard to evidence that Mrs Stanton was insistent on obtaining the prescription herself from her own pharmacist. The panel determined this to be supportive of the conclusion that the drug provided was not a licenced drug.

The panel considered whether there was a sufficient connection and similarity between the facts of the allegations to enable it to establish cross admissibility under the ground

of propensity, using the evidence to show that Mrs Stanton has a tendency to act in the way that she did.

The panel was of the view that it appears that both Person A and Person B had very similar interactions with Mrs Stanton. The panel reminded itself of the charges it had already found proved in relation to Person A and determined that there is sufficient similarity to Person B's experience with Mrs Stanton to establish the relevance of cross admissibility in this case.

The panel reminded itself that Mrs Stanton does not dispute the facts of the charge and has given an underlying admission.

Accordingly, the panel found it proved that on 23 or 24 January 2024, Mrs Stanton purported to supply a licensed weight-loss medication to Person B but instead sold them an unlicensed drug. In these circumstances, the panel determined that on the balance of probabilities, Mrs Stanton knew that Semaglutide + Bpc-157 was an unlicensed drug and purported to supply a licensed weight-loss medication to Person B but instead sold them an unlicensed drug. The panel therefore finds charge 5 proved.

Charge 6

> That you, a registered nurse;
>
> 6) Your action in charge 5 was dishonest as you knew the product was not licensed

This charge is found proved.

In considering this charge the panel applied the principles in the case of *Ivey* and the *"test"* before establishing dishonesty.

For the reasons set out above, the panel was satisfied that Mrs Stanton knew the Semaglutide was an unlicensed medication and supplied it to Person B purporting it to be licensed.

The panel determined that an ordinary decent person would consider Mrs Stanton's actions to be dishonest conduct. The panel therefore concluded Mrs Stanton was dishonest in that she knew the product was not licensed and finds charge 6 proved.

Charge 7

That you, a registered nurse;

7) Failed to provide support to clients following the initiation and titration of medications on;
a) 10 January 2024
b) 23 or 24 January 2024

This charge is found proved.

In reaching this decision the panel considered whether Mrs Stanton had a duty to provide adequate support when supplying and adjusting weight-loss medication, as required by section 18.1 of 'The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates 2015' (the Code). The evidence shows that Mrs Stanton provided limited advice on 10 January 2024 and conducted a brief, informal interaction on 23 or 24 January 2024, rather than a proper assessment with guidance on dosage and aftercare.

The panel determined that this was supported by the Expert Report of Ms Seeney, which states:

'In conclusion, in my opinion the following actions fall far below the standard of care of that expected of any reasonable and responsible body of registered nurses.

The Registrant failed to provide support for clients following the initiation and titration of medications, safe disposal of the medication and sharps...'

Further, Person A in her witness statement states:

'When explaining how to administer the medication, she again mentioned that the stomach might cause less nausea than injecting it into the arm and that was the extent of it. She pulled out a form for [Person B] *to fill in and glanced over it briefly before putting it down, which made it seem like she only looked at it for appearance's sake. I believe I filled out only one form during my interactions with her, though I cannot recall which visit it was.'*

Person B described Mrs Stanton's follow up information as rushed, informal and *'like a chit-chat,* rather than medical advice.

The panel took into account that Mrs Stanton was a registered nurse with 39 years' experience and would have been familiar with the Code, including section 18.1 which places a duty on a registered nurse to:

***'18.1** prescribe, advise on, or provide medicines or treatment, including repeat prescriptions (only if you are suitably qualified) if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs'*

The panel determined that following initiation and titration of medications falls within this criteria and Mrs Stanton failed to provide support and aftercare to her clients on the dates in question. The panel therefore determined on the balance of probabilities, charge 7 proved in its entirety.

Charge 8

That you, a registered nurse;

8) Failed to provide Clients with information regarding safe disposal of medication and/or sharps on;
a) 10 January 2024
b) 23 or 24 January 2024

This charge is found proved.

In reaching this decision the panel considered whether Mrs Stanton had a duty regarding the safe disposal of medication and/or sharps as required by the Code. The evidence shows that Mrs Stanton provided limited advice on 10 January 2024 and conducted a brief, informal interaction on 23 or 24 January 2024, rather than a proper assessment with guidance on dosage and aftercare.

The panel had regard to the Expert Report of Ms Seeney, which states:

> *'Mrs Stanton did advise the clients where to administer the medication and how to use the syringe. However there was no discussion about how to dispose of the sharps, therefore it is my opinion that clients will need to be advised that sharps do not go into domestic rubbish due to the risk of sharps injuries and cross infection, therefore each client will need to be advised this medication and the needles need to go into a yellow sharps box; if these are not supplied, where to get these from and that they cannot be put into domestic waste and need to be incinerated, this will incur a cost element and where to take these to dispose of them or who offers a collection service.'*

The panel took account that the Code provides a duty on a registered nurse to ensure proper handling and disposal of medications and to comply with the administration, disposal of medication and sharps as well as other policies.

The panel saw no evidence before it to show that any discussion took place between Mrs Stanton, Person A and Person B about the safe disposal of medication and/or sharps on either one of the dates in question.

The panel had sight of the photograph of the medication bag provided by Ms Stanton to Person B. The panel saw no evidence that provides proof of safe disposal of medication and/or sharps on the dates in question. The panel therefore finds charge 8 proved in its entirety.

Charge 9

That you, a registered nurse;

9) On 23 or 24 January 2024 told Person B they were completing a prescription, when it was a consent form.

This charge is found proved.

In reaching this decision, the panel took account of Person B's witness statement, which states:

'Mrs Stanton then made me fill out a form which she told me was a prescription...'

The panel had sight of the form Person B completed and noted that it was headed *'Semaglutide +BPC -157 Consent Form'* and was not a prescription.

In reaching this decision, the panel took account of Person B's witness statement, which states:

'...I did not have a prescription for this medication, nor did she ask if I had one. Mrs Stanton then provided me with a form which she said was a prescription. I filled out the form...'

Person A in her witness statement states:

> *'I asked if it was a prescription, and she responded, "I know it does not look like a prescription, but it is". Mrs Stanton emphasised that everything was above board and legitimate, describing it as a prescription. She reiterated her role as a nurse, directing this explanation again to* [Person B].*'*

The panel took account of Ms Seeney's Expert Report, which states:

> *'Mrs Stanton did not inform the clients that this medication was not a licensed product, and the consent form was described as a prescription, although a prescription was not required since this product is readily available online...'.*

The panel determined that a prescription and a consent form are two totally different distinct documents. It was of the view that Person B's evidence was clear, cogent and consistent.

The panel considered its previous decision as set out in charge 3 above in respect Person A on the same factual basis. The panel therefore determined that Mrs Stanton did tell Person B that she was completing a prescription, when in fact it was a consent form. Accordingly, the panel finds charge 9 proved.

Charge 10

> That you, a registered nurse;
>
> 10) Your actions in charge 9 and were dishonest in that you knew the document was not a prescription

This charge is found proved.

In considering this charge the panel applied the principles in the case of *Ivey* and the *"test"* before establishing dishonesty.

The panel had regard to Person B's witness statement, noting that she was told by Mrs Stanton that it was a prescription. Further, the panel considered Mrs Stanton's response when asked if it was a prescription, she responded:

> *'..."I know it does not look like a prescription, but it is". Mrs Stanton emphasised that everything was above board and legitimate, describing it as a prescription.'.*

The panel was of the view that when challenged, Mrs Stanton tried to explain that the consent form was a prescription. The panel was of the view that Mrs Stanton's state of knowledge at the time, owing to her extensive experience as a registered nurse of 39 years, would have known it was not a prescription. The panel determined that, absent any other explanation, it would be implausible for her not to have known that it was not a prescription.

The panel concluded that by Mrs Stanton presenting a form for a patient to sign purporting to bring a prescription when she knew it was a consent form, an ordinary decent person would find Mrs Stanton had acted dishonestly having knowingly misrepresented a consent form as a prescription. The panel therefore finds charge 10 proved.

Charge 11

> That you, a registered nurse;
>
> 11) On 10 January 2024 and/or 23 or 24 January 2024 you supplied medication to Person A without undertaking adequate clinical consultation and/or assessment

This charge is found proved.

In reaching this decision, the panel had regard to the Code which places a duty on a registered nurse under section 18.1 to have the required knowledge of a person's health.

The panel took account of Ms Seeney's Expert Report, which states:

> *'It is my opinion that when undertaking a consultation for weight management, Mrs Stanton should collect certain information from clients. This includes BMI, weight, height, understanding of their expectations, past medical history, current medications and medical conditions, pregnancy status, pregnancy history and future planned pregnancies, breastfeeding, and any history of thyroid issues, including previous thyroid cancers, mental health, and eating disorders...'*

The panel had regard to Person A's witness statement in which she describes her interaction with Mrs Stanton on 10 January 2024. She states that Mrs Stanton advised her to eat beforehand and that everything was *'above board'.*

In relation to her second interaction with Mrs Stanton on 24 January 2024, Person A states:

> *'Mrs Stanton once again did not conduct a formal consultation or assess my medical history, current medications, or overall suitability for the injection nor did she ask why either of us wanted the injections. However, Mrs Stanton was attentive, suggesting again that we can FaceTime her if anything went wrong, but she did not provide any formal aftercare advice beyond this.'*
>
> ...
>
> *'I filled out the form however she did not ask me any medical questions, such as what medication I was on or why I wanted the Semaglutide.'*

The panel was of the view that on 10 January 2024, Person A saw Mrs Stanton who conducted her consultation [PRIVATE]. There were no other individuals present and there is no mention within either their interactions as to whether Mrs Stanton conducted any form of assessment. The panel was of the view that to offer to '*FaceTime'* a patient if any problems arose does not amount to adequate clinical consultation and/or assessment.

The panel also noted the Expert Report produced by Ms Seeney in which she stated that Mrs Stanton had a duty within the Code to provide adequate clinical consultation and/or assessment. Accordingly, the panel determined that Mrs Stanton did supply medication to Person A without undertaking adequate clinical consultation and/or assessment. The panel therefore finds charge 11 proved.

Charge 12

> That you, a registered nurse;
>
> 12) On 23 or 24 January 2024 you supplied medication to Person B without undertaking adequate clinical consultation and/or assessment

This charge is found proved.

In reaching this decision, the panel took into account had regard to the Code which places a duty on a registered nurse under section 18.1 to have the required knowledge of a person's health.

The panel took account of Person B's witness statement, which states:

> *'Mrs Stanton asked if I was diabetic to which I responded no, and she then said "it doesn't look like you have but do you have high blood pressure" to which I responded I did not but Mrs Stanton did not ask any other questions about my medical history or any medication I was on.'*
> *...*

‘The whole encounter came across very personal, like a chit-chat. I recall there was a plumber working in Mrs Stanton's [PRIVATE] at the time so the encounter felt quite rushed and not medical at all. Mrs Stanton was very proud and she kept saying "it is all above board" which felt very odd as [Person A] *and I knew it was not. After Mrs Stanton had given us the medication, she did not provide any aftercare advice, she simply suggested that we call or FaceTime her if anything concerned us.’*

The panel took account of Ms Seeney’s Expert Report, which states:

‘It is my opinion that when undertaking a consultation for weight management, Mrs Stanton should collect certain information from clients. This includes BMI, weight, height, understanding of their expectations, past medical history, current medications and medical conditions, pregnancy status, pregnancy history and future planned pregnancies, breastfeeding, and any history of thyroid issues, including previous thyroid cancers, mental health, and eating disorders...’

The panel reminded itself that Person B described Mrs Stanton’s follow up information as rushed, informal and *‘like a chit-chat’,* rather than medical advice.

Taking all of the above into account, the panel determined that Ms Stanton’s duty to comply with the Code. The panel determined that Mrs Stanton did supply medication to Person A without undertaking adequate clinical consultation and/or assessment. The panel therefore finds charge 12 proved.

Charge 13

That you, a registered nurse;

13) On one or more occasions did not provide patients with a follow-up appointment for ongoing care and/or monitoring of side effects;

This charge is found proved.

In reaching this decision, the panel took into account the Code under section 18.1 which provides specific duties of a registered nurse in relation to ongoing care and monitoring of side effects. The panel determined that this duty clearly applied to Mrs Stanton in these circumstances.

The panel took account of Person A's witness statement, which states:

> *'When explaining how to administer the medication, she again mentioned that the stomach might cause less nausea than injecting it into the arm and that was the extent of it. She pulled out a form for* [Person B] *to fill in and glanced over it briefly before putting it down, which made it seem like she only looked at it for appearance's sake...'*

The panel took account of Person B's witness statement, which states:

> *'I had forgotten the money in the car so I went back to the car to get the money, gave it to Mrs Stanton and she then gave us the medication. The medication which I believe was Semaglutide was given to us in a bag, with a needle and a little flyer. I attach a photo of the contents of the bag as* ***...****The leaflet provided did not look like a medical form or anything along those lines, however I did not look at the package in depth once she had given it to us...'*

The panel had sight of the photograph Person B provided of the contents of the bag and noted it contained a Semaglutide leaflet, a needle, a swab pack, alcohol swab and Mrs Stanton's business card.

The panel noted from both Person A and Person B's witness statements that no follow-up appointment was arranged for ongoing care and/or monitoring of side effects.

The panel determined that Mrs Stanton's offer for them to *'FaceTime her if anything concerned us'* was wholly inadequate in the circumstances and did not represent a follow-up appointment. The panel therefore finds charge 13 proved.

Charge 14

That you, a registered nurse;

14) On an unknown date in 2023 advertised for sale a prescription only and or unlicensed product

This charge is found NOT proved.

In its consideration of this charge the panel construed the word *'advertised'* by its ordinary dictionary definition, meaning to offer a product to sell or promote a product to the general public.

In reaching this decision, the panel took into account the witness statement of Ms Jenkins dated 5 January 2025, which states:

> *'When doing my research, I came across Mrs Stanton's business Facebook page* [PRIVATE] *where she was advertising weight loss injections. We are no longer in possession of copies of these posts and Mrs Stanton has since deleted them so I am unable to provide a copy.'*

The panel had regard to the Expert Report of Ms Seeney, which states:

> *'Mrs. Stanton advertised weight loss services and injections on Facebook, which have since been deleted.'*

The panel had sight of the screenshots of the WhatsApp messages between Ms

Jenkins and Mrs Stanton prior to their first meeting. The messages show conversations taking place between 24 August 2023 and 26 August 2023.

Although the panel saw evidence of a discussion about unlicensed products within the WhatsApp message conversations between Mrs Stanton and Ms Jenkins, it did not regard this as a clear advertisement for sale. The panel saw evidence from Ms Jenkins that she had seen an advertisement on Facebook, although she said that this had since been deleted. Whilst the panel accepted her evidence in general terms, it would have wanted to have sight of the actual advertisement when considering this charge and without doing so, the panel determined that the NMC has not discharged its burden of proof in respect of this charge. Accordingly, the panel finds charge 14 not 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 Mrs Stanton'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 safely and effectively without restriction.

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, Mrs Stanton's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct

The NMC invited the panel to take the view that the facts found proved amount to misconduct.

The NMC identified the specific provisions of the nursing Code, where Mrs Stanton's actions amounted to misconduct: 1.2, 1.4, 4.2, 6.1, 18.1, 20.1, 20,2, 20.3, 20.4 and 20.8.

The NMC submitted the following:

> *'The concerns in this case are serious and relate to multiple instances of dishonesty, poor medication practice and failure in patient assessment. The dishonesty is directly linked to Mrs Stanton's professional practice and was an abuse of her position. Mrs Stanton's conduct, as detailed in the charges, fall significantly short of what would be expected of a registered nurse. The areas of concern identified go to the heart of nursing practice. The supply of unlicensed and therefore unregulated medication poses a significant risk to patients and the public. The concerns are behavioural in nature, which suggests an attitudinal issue.*
>
> *Honesty is of central importance to a nurse, midwife or nursing associate's practice thus allegations of dishonesty will always be serious...'*
> ...
>
> *'The conduct involves a serious departure from the standards expected of a registered nurse and the facts are sufficiently serious to constitute misconduct.'*

Representations on impairment

The NMC also invited the panel to find Mrs Stanton's fitness to practise impaired on the grounds that it is necessary for public protection and also in the public interest, to declare and uphold proper professional standards of conduct and performance.

The NMC submits that whilst there is no evidence of patient harm, Mrs Stanton's conduct exposed patients to an unwarranted and potentially serious risk of harm. Mrs Stanton failed to advise on the safe disposal of medication or sharps, arrange follow-up care and monitoring, conduct adequate risk assessments, or obtain full medical and family histories. Mrs Stanton also sourced or issued medication without prescriptions from illegal online or social media suppliers, increasing the risk of counterfeit or unlicensed products, and administered it without proper consultation or patient assessment.

The NMC submits that Mrs Stanton's failings are linked to her clinical practice and are attitudinal in nature, involving dishonesty, abuse of position and breach of trust. The NMC submits that concerns are not easily remediable and raise fundamental concerns about Mrs Stanton's integrity and trustworthiness as a registered professional.

The NMC submits that Mrs Stanton's dishonesty arose in her professional practice and, because the concerns remain unremediated, it is therefore highly likely to be repeated if she is permitted to continue to practise unrestricted in light of the allegations (found proved).

The NMC submits that Mrs Stanton has not taken any steps to remediate the concerns and has not demonstrated sufficient insight into the seriousness of her conduct, the risk of harm to patients, or its impact on the nursing profession. The NMC therefore submits that Mrs Stanton's fitness to practise remains impaired and that there is a continuing risk to the public.

Accordingly, the NMC submits that a finding of impairment is necessary to protect the public and to uphold proper professional standards and public confidence in the profession.

The NMC requires the panel to bear in mind its overarching objective to protect 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.

The panel accepted the advice of the legal assessor, which included reference to a number of relevant judgments. These included: *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin), *Cohen v General Medical Council* [2008] EWHC 581 (Admin), *Cheatle v GMC* [2009] EWHC 645 (Admin), as well as NMC guidance FTP-2a on '*Misconduct*' and DMA-1 on '*Impairment*'.

Decision and reasons on misconduct

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

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

The panel was of the view that Mrs Stanton's actions did fall significantly short of the standards expected of a registered nurse, and that Mrs Stanton's actions amounted to a breach of the Code, as set out below:

> ***'1.2** make sure you deliver the fundamentals of care effectively*
>
> ***1.4** make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay*
>
> ***4.2** make sure that you get properly informed consent and document it before carrying out any action*
>
> ***6.1** make sure that any information or advice given is evidence-based including information relating to using any health and care products or services*

6.2 *maintain the knowledge and skills you need for safe and effective practice*

18.1 *prescribe, advise on, or provide medicines or treatment, including repeat prescriptions (only if you are suitably qualified) if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs*

18.3 *make sure that the care or treatment you advise on, prescribe, supply, dispense or administer for each person is compatible with any other care or treatment they are receiving, including (where possible) over-the-counter medicines*

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, treating people fairly and without discrimination, bullying or harassment*

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*

20.8 *act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel determined that honesty is of central importance to a nurse, midwife or nursing associate's practice, thus Mrs Stanton's dishonesty, poor medication practice and inadequate patient assessment breached core nursing standards, abused her position, endangered patients and the public, and was indicative of an attitudinal issue.

The panel was of the view that Mrs Stanton acted dishonestly on two occasions with two clients in the course of her professional practice, by misrepresenting consent forms as prescriptions and supplying unregistered medication from unlicensed sources. Mrs Stanton also failed to assess patients adequately thereby creating a significant risk of harm. Furthermore, by representing herself as a registered nurse, she abused her position and patients' trust. The panel determined that when considering all of the charges individually, Mrs Stanton's behaviour fell far below the standards expected of a registered nurse. In reaching this decision, the panel bore in mind the Expert Report of Ms Seeney who stated:

- *'The Registrant failed to provide support for clients following the initiation and titration of medications, safe disposal of the medication and sharps.*
- *The Registrant failed to provide follow-up support and assessment of mental health, eating disorders and body dysmorphia.*
- *The Registrant failed to assess clients for the risk of eating disorders, mental health and body dysmorphia.*
- *The Registrant failed to provide support for stopping of medication once the goal weight was achieved.*
- *The Registrant failed to demonstrate safe prescribing.*
- *The Registrant failed to advise clients on the safe disposal of sharps.*
- *The Registrant failed to provide accurate advertisements.*
- *Registrant provided an unlicensed product to clients.*
- *Registrant failed to provide a full medical and family history.*
- *The Registrant failed to discuss pregnancy and future pregnancy with the medication.*
- *The Registrant advised the Client she was signing a prescription, when it was a consent form.*
- *The Registrant failed to discuss and advised on a range of side effects*
- *The Registrant advertised prescription only medication.*
- *The Registrant was not trained in weight management to be able to offer this service.'*

Accordingly, the panel concluded that all of the charges found proved amount to serious professional misconduct.

Decision and reasons on impairment

The NMC requires the panel to bear in mind its overarching objective to protect 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. The panel referred to the case of *CHRE v NMC and Grant.*

The panel next went on to decide if as a result of the misconduct, Mrs Stanton'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: 28 January 2026) in which the following is stated:

> *'Being fit to practise is not defined in our legislation but for us it means that a professional on our register can practise as a nurse midwife or nursing associate safely and effectively without restriction.'*

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/their fitness to practise is impaired in the sense that S/He/They:

a) *Has* [Mrs Stanton] *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* [Mrs Stanton] *in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

c) *Has* [Mrs Stanton] *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* [Mrs Stanton] *in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel found all four limbs to be engaged in this case.

The panel concluded that by supplying an unregistered weight-loss drug which Mrs Stanton had obtained online from an unregistered pharmacy and failing to undertake an adequate clinical consultation, together with a failure to provide a follow-up appointment for the ongoing monitoring of side effects, had put patients at a significant risk of harm.

The panel also determined that Mrs Stanton's misconduct had breached the fundamental tenets of the nursing profession in that she failed to prioritise people, practise effectively, preserve safety and promote professionalism and trust, and therefore brought its reputation into disrepute.

Furthermore, the panel found that Mrs Stanton had acted dishonestly on more than one occasion. The panel noted that the dishonesty related to clinical activity and the deliberate misrepresentation of a consent form as a prescription. The panel was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty to be taken extremely seriously.

The panel went on to consider the following factors as set out in the case of *Cohen:*

- Is the behaviour easily remediable?
- Has it already been remedied?
- Is it highly unlikely to be repeated?

The panel reminded itself of the NMC guidance FTP-16a '*Can the concern be addressed'*:

> *'Examples of conduct which may not be possible to address, and where steps such as training courses or supervision at work are unlikely to address the concerns include:*
>
> *...*
>
> - *dishonesty, particularly if it was serious and sustained over a period of time, or is directly linked to the nurse, midwife or nursing associate's professional practice'*

The panel carefully considered Mrs Stanton's personal, reflective and remediation statements as provided in her covering letter, reflective statement and remediation statement. The panel acknowledged that Mrs Stanton had shown some remorse in her reflective communications with the NMC, however it determined them to be limited in

scope and also dated as recent as July 2026, which is a significant time after the incidents occurred.

The panel was of the view that Mrs Stanton's reflections largely described her intended or claimed improvements without any supporting evidence, such as details of completed training, Continuing Professional Development (CPD), documented changes to her practice or testimonials. The panel noted that Mrs Stanton
expressed no direct apologies to her affected clients, rather her reflections focused substantially on the effect of the proceedings on herself and her family. While the panel acknowledged the significant impact these proceedings have had on Mrs Stanton and her family, it concluded that she had failed to focus sufficiently on the impact of her actions on patients, the nursing profession and the wider public. In all the circumstances, the panel concluded that Mrs Stanton's level of insight is limited.

The panel determined that given the repeated dishonesty in Mrs Stanton's professional practice, the absence of evidence demonstrating strengthened practice and the limited insight shown, it could not exclude the risk of repetition or potential harm to patients in future. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind 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 also found Mrs Stanton to be impaired on public interest grounds. The panel determined that members of the public would be surprised if they were to learn that a nurse, who had acted dishonestly in the course of her professional practice on more than one occasion and had made fundamental failings in respect of patient care, was permitted to practise unrestricted.

The public expects nurses to act honestly, with integrity and to provide safe patient care. The panel determined that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds Mrs Stanton's fitness to practise impaired on the grounds of public interest.

The panel concluded that Mrs Stanton has not addressed the concerns and as such has not sufficiently remediated. Mrs Stanton continues to present a risk to patients, and her fitness to practise is impaired on both public protection and public interest grounds.

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

Sanction

The panel accepted the advice of the legal assessor which included reference to Rule 24(13) of the Rules, NMC guidance Reference: SAN-1(Last Updated 28 January 2026) on '*The purpose of and approach to sanctions'* and the case of *Raschid and Fatnani v General Medical Council* [2007] EWCA Civ 46.

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Mrs Stanton off the register. The effect of this order is that the NMC register will show that Mrs Stanton 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 regard to the NMC Guidance on *'The sanctions available'* (Reference: SAN-2 Last Updated: 28 January 2026).

Representations on sanction

The panel took account that the NMC's statement of case indicates that it would seek the imposition of a striking-off order if the panel found Mrs Stanton's fitness to practise is currently impaired.

The NMC submitted that this is the only appropriate sanction since Mrs Stanton's conduct undermines the professional standards of a nurse. Further, in order to maintain the public confidence and uphold standards and confidence in the profession, as well as protect members of the public, the NMC maintained that this sanction would address public protection and public interest grounds making this an appropriate sanction to address the concerns.

The NMC submitted:

> *'Mrs Stanton did not act with honesty and integrity and has presented no clear insight. The concerns could be said to have exposed patients to a risk of harm. Again, without evidence of remediation and Mrs Stanton acknowledging the seriousness of her actions and how it could impact on the profession, the behaviour is fundamentally incompatible with remaining on the register.*
>
> *The concerns in this case do raise fundamental concerns about Mrs Stanton's professionalism. the concerns are difficult to address or put right and constitute a serious breach of nursing standards, a striking-off order is the appropriate sanction. Public confidence in the profession could only be maintained by removing Mrs Stanton from the register.'*

Decision and reasons on sanction

Having found Mrs Stanton's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. 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 regard to the guidance, specifically SAN-2 and SAN-4. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel determined that the following aggravating features were present in this case:

- abuse of a position of trust
- conduct which deliberately or recklessly puts people receiving care at risk of suffering harm
- deliberate breaches of the Code
- repeated misconduct on more than one occasion
- the presence of limited insight
- premeditated behaviour.

The panel determined that the following mitigating feature was present in this case:

- Mrs Stanton's reflective statements as set out in a number of documents.

The panel carefully balanced the aggravating and mitigating factors and determined that the aggravating features substantially outweighed the mitigating features in this case.

Furthermore, the panel had regard to the guidance which states that, some concerns are particularly serious and are likely to attract the strongest sanctions because they are mostly likely to risk:

- *'the health and safety of the public*
- *public confidence in the profession*
- *upholding professional standards.'*

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

The panel next considered a caution order and had regard to the NMC Guidance on *'Caution order'* (Reference: SAN-2b Last Updated: 28 January 2026) in which the following is stated:

‘A caution is only appropriate if the Committee has decided there’s no risk to the public or to people using services that requires the professional’s practice to be restricted. This means the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.’

The panel considered that Mrs Stanton’s misconduct was not at the lower end of the spectrum, and it found that there is a risk to patient and public safety. The panel determined that, as there is limited evidence before it to show that Mrs Stanton has sufficiently remediated the concerns, there is still a risk of harm to patients. The panel therefore determined that a sanction that does not restrict Mrs Stanton practice would not protect the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether to place conditions of practice on Mrs Stanton’s registration. In considering whether conditions of practice are appropriate, the panel had regard to the factors set out in the NMC Guidance on ‘Conditions of practice order’ (Reference: SAN-2c Last Updated: 28 January 2026).

The panel reminded itself of the charges found proved and that they involved failings in fundamental aspects of patient care, together with dishonest conduct that was repeated on more than one occasion. The panel was of the view that this demonstrated an attitudinal issue, which was a serious concern. Having regard to the nature and seriousness of Mrs Stanton’s conduct as well as the dishonesty aspects of her misconduct, the panel determined that a conditions of practice order would not be appropriate in these circumstances. The panel concluded that there are no relevant, proportionate, workable or measurable conditions that could be formulated to protect patients and to uphold professional standards.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on *‘Suspension order’* (Reference: SAN-2d Last Updated: 28 January 2026) in which the following factors on when a suspension order may be appropriate are set out:

- *‘the impairment is very serious but not fundamentally incompatible with continuing to be a registered professional*
- *an outcome less severe than strike-off would still satisfy the over-arching objective.’*

The panel also had regard to the key considerations as set out in the NMC Guidance to weigh up before imposing a suspension. It noted the following list of circumstances that may make a suspension order an appropriate sanction:

- *‘the charges found proved are at the most serious end of the spectrum and call into question the professional’s suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation*
- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.’*

The panel considered the seriousness and nature of the misconduct, particularly the deliberate and sustained dishonesty and the resulting risk to people receiving care, which was at the most serious end of the spectrum and calls into question Mrs Stanton's suitability to continue practising and remaining on the register.

The panel was of the view that, because of Mrs Stanton’s limited insight, these

concerns could not be addressed by way of a suspension order. Accordingly, the panel determined that a suspension order would not be sufficient to uphold public confidence in the profession, maintain standards due to the seriousness and nature of the facts found proved and Mrs Stanton's limited level of remediation and insight.

The panel concluded that a suspension order would not be a sufficient, appropriate, or proportionate sanction in this case. The panel was of the view that, based on the evidence before it, there is no realistic possibility that Mrs Stanton would address the concerns to such a level where she could return to practise safely.

The panel went on to consider whether a striking-order order was the appropriate and proportionate order in this case. The panel had regard to the following considerations as set out in the NMC Guidance entitled *'Striking-off order'* (Reference: SAN-2e Last Updated; 28 January 2026):

- *'Do the charges found proved raise fundamental questions about their professionalism?*
- *Can public confidence in the profession be maintained if the professional is not removed from the Register?*
- *Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?*
- *Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?'*

The panel reminded itself of the NMC guidance SAN-4 on 'Sanctions for the highest risk cases', which states:

> *'Honesty is of central importance to a professional's practice because of the large degree of trust placed in them. Therefore, allegations of dishonesty will almost always put the public at risk of the professional not being trustworthy;*

because of this a professional who has acted dishonestly will always be at risk of strike off.'

Having regard to all of the above, the panel determined that this case falls within the definition of being a '*highest risk case'*. The panel further noted that the dishonesty in this case was in relation to Mrs Stanton's professional practice and was repeated on more than one occasion. In applying the guidance, the panel identified the following to be applicable:

- *'Personal or financial gain from a position of trust*
- *A direct risk to people receiving care*
- *Premeditated and deliberate deception on more than one occasion'*

Having considered the guidance the panel could not identify any factors that materially reduced the seriousness of dishonesty in this case. The panel determined that this was not a case involving a momentary lapse of judgment or a one-off incident; it involved a deliberate and sustained course of conduct which undermined the safeguards put in place to protect patients.

The panel determined that Mrs Stanton's misconduct was a significant departure from the standards expected of a registered nurse, and is fundamentally incompatible with her remaining on the register. The panel was of the view that its findings in this particular case demonstrate that Mrs Stanton's actions were serious and to allow her to continue practising would undermine public confidence in the profession and in the NMC as its 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 matters it identified, in particular the effect of Mrs Stanton's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct themself, the panel has therefore concluded that nothing short of a striking-off order would be sufficient in this case.

The panel considered that this order is 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 Stanton 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 Stanton's own interests until the striking-off sanction takes effect.

Representations on interim order

The panel took account of the representations made by the NMC:

> *'If a finding is made that Mrs Stanton's fitness to practise is impaired on a public protection and public interest basis and a striking order imposed, the NMC invites the panel to impose an 18 month interim suspension order to be imposed on the basis that it is necessary for the protection of the public and otherwise in the public interest. This is because any sanction imposed by the panel would not come into immediate effect but only after the expiry of approximately 28 days after the sending of the decision letter or after any appeal is resolved. If an interim order were not imposed and Mrs Stanton lodged an appeal, she would be able to practise unrestricted until the conclusion of the appeal.'*

The panel accepted the advice of the legal assessor.

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 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. The period sought is 18-months as this would cover the period, if an appeal is lodged, for the case to be heard in the High Court.

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

That concludes this determination.