

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

**Substantive Meeting
Thursday, 19 December 2024 – Friday 20 December 2024**

Virtual Meeting

Name of Registrant:	Carol Christopher
NMC PIN:	06H3264E
Part(s) of the register:	Registered Nurse – Mental Health Nursing RNMH – (18 September 2006)
Relevant Location:	England
Type of case:	Misconduct
Panel members:	Richard Weydert-Jacquard (Chair, Registrant member) Kamaljit Sandhu (Lay member) Joanna Bower (Lay member)
Legal Assessor:	Sean Hammond
Hearings Coordinator:	Nicola Nicolaou
Consensual Panel Determination:	Accepted
Facts proved by way of admission:	Charges 1, 2, 3, 4, 5, and 6
Fitness to practise:	Impaired
Sanction:	Suspension order (12 months)
Interim order:	No order

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 Christopher's registered email address by secure email on 13 November 2024.

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, dates and the fact that this meeting was heard virtually.

In the light of all of the information available, the panel was satisfied that Miss Christopher 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 being a registered mental health nurse

1. In May 2020, inappropriately initiated contact with Patient A, a vulnerable former patient, by offering your telephone number to be shared with Patient A amongst his authorised phone numbers in prison.
2. Between 15 May 2020 and 17 September 2020 received 47 calls from Patient A primarily of a personal nature.
3. On numerous occasions, you stated to Patient A "love you" or "love you too" and answered "yes" when asked if you missed Patient A or stated "missed you too".
4. On 13 September 2020, stated "what took you so long in phoning? its not cool not phoning"

5. By your acts and statements at 1-4 above, engaged in an inappropriate romantic and personal relationship with Patient A.
6. By your acts and statements at 1-5 above, breached professional standards in the context of an imbalance of power.

And in the light of the above, your fitness to practise is impaired by virtue 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 Christopher.

The agreement, which was put before the panel, sets out Miss Christopher'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 suspension order, without a review, for a period of 12 months.

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 Carol Christopher, a registered Nurse, PIN 06H3264E ("the Parties") agree as follows:

- 1. Miss Christopher is content for her case to be dealt with by way of a CPD meeting. Miss Christopher understands that if the panel determines that a more severe sanction should be imposed, the panel will adjourn the matter for this provisional agreement to be considered at a CPD hearing.*

2. Miss Christopher understands that if the panel proposes to impose a greater sanction or make other amendments to the provisional agreement that are not agreed by Miss Christopher, the panel will refer the matter to a substantive hearing.

The charge

3. Miss Christopher admits the following charges:

That you being a registered mental health nurse

1. In May 2020, inappropriately initiated contact with Patient A, a vulnerable former patient, by offering your telephone number to be shared with Patient A amongst his authorised phone numbers in prison.

2. Between 15 May 2020 and 17 September 2020 received 47 calls from Patient A primarily of a personal nature.

3. On numerous occasions, you stated to Patient A "love you" or "love you too" and answered "yes" when asked if you missed Patient A or stated "missed you too".

4. On 13 September 2020, stated "what took you so long in phoning? its not cool not phoning"

5. By your acts and statements at 1-4 above, engaged in an inappropriate romantic and personal relationship with Patient A.

6. By your acts and statements at 1-5 above, breached professional standards in the context of an imbalance of power.

And in the light of the above, your fitness to practise is impaired by virtue of your misconduct.

The facts

6. Miss Christopher appears on the register of nurses, midwives and nursing associates maintained by the NMC, as a Registered Mental Health Nurse and has been on the NMC register since 18 September 2006.

7. Between 19 April 2017 and February 2019, Miss Christopher was employed on a fixed term employment contract at the Prison Health Service in New Zealand. The role involved delivering a pilot mental health service to individuals serving a prison sentence. Between May 2017 and January 2019, Miss Christopher provided mental health services to Patient A and around 54 appointments were recorded as having taken place. Miss Christopher therefore had a professional relationship with Patient A during this time.

8. In July 2019, Miss Christopher returned to the UK.

9. On 17 July 2022 Miss Christopher made a self-referral to the NMC, stating that they were alleged to have breached professional boundaries with a patient in prison in New Zealand, by engaging in a romantic relationship with them between 2017 and 2019.

10. Miss Christopher informed the NMC that the Nursing Council of New Zealand ('NCNZ') had referred these issues to the Health and Disability Commissioner ('HDC') in New Zealand. The HDC's report was finalised on 19 January 2019 and that the NCNZ informed Miss Christopher on 14 April 2022 that they would not be investigating these concerns further as she was no longer registered with the NCNZ, having returned to the UK.

Charge 1

11. *In May 2020 Miss Christopher initiated contact with Patient A in that she requested that her personal telephone contact details be shared with Patient A, whilst Patient A remained in prison. Miss Christopher's personal telephone contact details were added to Patient A's call list and thereafter she received calls from Patient A.*

12. *Miss Christopher informed HDC that the reason that she initiated contact was in the context of the COVID-19 pandemic and because of global media reports about prison conditions during the pandemic and the worry that this fuelled in Miss Christopher about Patient A.*

Charge 2

13. *Between 15 May 2020 and 17 September 2020 a total of 47 calls were received by Miss Christopher from Patient A, primarily of a personal nature.*

Charge 3

14. *During numerous calls, Miss Christopher stated to Patient A "love you" or "love you too" and answered "yes" when asked if Miss Christopher missed Patient A or stated "miss you too".*

Charge 4

15. *During a phone call on 13 September 2020, Miss Christopher said to Patient A "what took you so long in phoning? Its not cool not phoning".*

Charge 5

16. *Miss Christopher had a professional relationship with Patient A whilst she was employed as a nurse delivering a pilot mental health service between 2017 – 2019.*

However, between May and September 2020 Miss Christopher engaged in an inappropriate romantic and personal relationship with Patient A, as demonstrated by her actions and statements referred to in Charges 1-4 above.

Charge 6

17. Miss Christopher breached professional standards in the context of an imbalance of power due to the position that Miss Christopher held while employed at the prison and the professional relationship that she had had with Patient A who was a vulnerable prisoner requiring access to mental health services.

18. On 23 May 2024, the NMC received Miss Christopher's completed Case Management Form in which the charges and impairment were admitted.

Misconduct

19. It is agreed that the facts as particularised in the charges above amount to misconduct.

*20. Although not defined in statute, the comments of Lord Clyde in *Roylance v General Medical Council* [1999] UKPC 16 provide 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 rule and standards ordinarily required to be followed by a [registered professional] in the particular circumstances”.

21. In addition the comments of Jackson J in *Calhaem v GMC* [2007] EWHC 2606 (Admin) and Collins J in *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), are instructive namely:

“[Misconduct] connotes a serious breach which indicates that the [registered professional’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.”

22. Where the acts or omissions of a registered nurse are in question, what would be proper in the circumstances (per *Roylance*) can be determined by reference to the Nursing and Midwifery Council’s Code of Conduct (‘the Code’).

23. At all relevant times, Miss Christopher was subject to the provisions of the Code. The Code sets out the professional standards that nurses must uphold. These are the standards that patients and members of the public expect from health professionals. The Parties agree the following provisions of the Code have been breached in this case:

4 Act in the best interests of people at all times

20. Uphold the reputation of your profession at all times

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

20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress

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”

24. Miss Christopher’s actions fell far below those expected of a registered nurse in that she transgressed professional boundaries by initiating contact with Patient A, after she had ceased to be Patient A’s nurse. Miss Christopher knew Patient A was vulnerable by virtue of his mental health condition and incarceration. The boundaries were further breached when Miss Christopher engaged in numerous telephone calls with Patient A, and a romantic relationship when words such as “love you”, “miss you” and “what took you so long in phoning?” were said by Miss Christopher.

25. It is acknowledged that not every breach of the Code will result in a finding of misconduct. However, the Parties agree that Miss Christopher’s actions, and the resulting breaches of the Code, clearly amount to serious misconduct.

Impairment

26. The Parties agree that Miss Christopher’s fitness to practise is currently impaired by reason of her misconduct.

27. The NMC’s guidance on impairment at DMA-1 explains that impairment is not defined in legislation but is a matter for the panel to decide. A 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?”

28. Although there is no statutory definition of impairment, the questions outlined by Dame Janet Smith in the 5th Shipman Report (‘the Shipman report’), as endorsed in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Council (2) Grant [2011] EWHC 927 (Admin), provide further guidance on impairment. Those questions were:

- i. Has [the Registrant] in the past acted and/or is liable in the future to act as so to put a patient or patients at unwarranted risk of harm; and/or*
- ii. Has [the Registrant] in the past brought and/or is liable in the future to bring the [nursing] profession into disrepute; and/or*
- iii. Has [the Registrant] in the past committed a breach of one of the fundamental tenets of the [nursing] profession and/or is liable to do so in the future; and/or*
- iv. Has [the Registrant] in the past acted dishonestly and/or is liable to act dishonestly in the future.”*

29. The Parties agree that limbs i, ii. and iii. are engaged. Dealing with each limb in turn:

Public protection impairment

30. It is agreed that a finding of impairment is not necessary on public protection grounds.

Limb i) Has in the past acted and/or is liable in the future to act as so to put a patient or patients at unwarranted risk of harm

31. Miss Christopher breached professional boundaries in engaging in a romantic and personal relationship with a vulnerable former patient. Miss Christopher was aware of the patient's circumstances having acted as their nurse for a period of approximately 18 months. Nevertheless Miss Christopher took it upon herself to initiate contact and engage in a romantic and personal relationship, despite the professional relationship having ended, and despite her return to England.

32. Miss Christopher's remote telephone contact with Patient A, had the potential to have caused significant harm to to [sic] Patient A, with the risk of a destabilisation in terms of mental health. Patient A ought to have been able to trust the registrant to act with professionalism and in his best interests, ensuring that his mental health was protected. Miss Christopher's actions had the potential to deter prisoners from accessing mental health services within the prison. This could have a wider impact on the prison population and relationships with prison staff and therefore could have placed the public at risk of harm.

33. Miss Christopher is an experienced mental health nurse who would have been aware of the risks posed to Patient A by her actions. Miss Christopher placed Patient A at unwarranted risk of emotional and psychological harm as he might have been left in an even more vulnerable position.

34. [sic]

35. However, since the events which feature in the charges, which took place almost 4 years ago, Miss Christopher has self-referred to the NMC, been open and transparent, reflected and demonstrated insight in understanding the harm and impact that her conduct could have caused. It is agreed that Miss Christopher does not pose a significant risk of repeating such behaviour and therefore is not liable in the future to act so as to put a patient or patients at unwarranted risk of harm.

Public interest impairment

36. *It is agreed that a finding of impairment is necessary on public interest grounds.*

Limb ii) has in the past brought and/or is liable in the future to bring the [nursing] profession into disrepute

37. *Nurses occupy a position of privilege and trust in society, being responsible for the care of residents or patients. They are expected to be professional at all times. Patients and families must be able to trust nurses with their lives and the lives of their loved ones. As such the Parties agree that Miss Christopher's conduct directly constitutes a breach of the trust placed in her as a registered professional and has brought her reputation and the profession into disrepute.*

38. *The Parties agree that Miss Christopher's behaviour thus undermines [sic] the public's confidence and trust in the profession as a whole.*

39. *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:*

"The Committee should therefore have asked themselves not only whether the Registrant continued to present a risk to members of the public, but whether the need to uphold proper professional standards and public confidence in the Registrant and in the profession would be undermined if a finding of impairment of fitness to practise were not made in the circumstances of this case."

40. *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 of conduct and/or to maintain public confidence in the profession.*

41. The Parties agree that public confidence in the profession would be undermined if a finding of impairment of fitness to practise were not made due to the seriousness and circumstances of this case. Such a finding is necessary to declare and uphold proper standards of professional conduct.

Limb iii) Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession

42. The Code divides its guidance for nurses in to four categories which can be considered as representative of the fundamental tenets of the profession. These are:

a) Prioritise people;

b) Practice effectively;

c) Preserve safety and

d) Promote professionalism and trust

43. The Parties agree that Miss Christopher has breached fundamental tenets of the profession. These sections of the Code define, in particular, the responsibility to prioritise people by ensuring that their best interests are served and to promote professionalism and trust.

44. Impairment is a forward-thinking exercise which looks at the risk the registrant's practice poses in the future. NMC guidance adopts the approach of Silber J in the case of R (on application of Cohen) v General Medical Council [2008] EWHC 581 (Admin) by asking the questions:

(i) whether the concern is easily remediable;

- (ii) *whether it has in fact been remedied; and*
- (iii) *whether it is highly unlikely to be repeated.*

Whether the concerns are easily remediable

45. The conduct falls into the category ‘Serious concern which could result in harm if not put right’. If the conduct were to be repeated, there is a real risk that patients could be placed at risk of serious harm.

46. The Parties have considered the NMC’s guidance entitled: Can the concern be addressed? (Reference: FTP-14a) which states that the following example of conduct may not be possible to address:

inappropriate personal or sexual relationships with people receiving care or other vulnerable people or abusing their position as a registered nurse, midwife or nursing associate or other position of power to exploit, coerce or obtain a benefit

47. The Parties have also considered the NMC’s guidance entitled: Serious concerns which are more difficult to put right , which identifies relationships with people receiving care are more difficult to put right. That guidance states:

In cases like this, we will be keen to hear from the nurse, midwife or nursing associate if they have reflected on the concerns and taken opportunities to show insight into what happened.

48. It is agreed that the conduct did not occur whilst Miss Christopher was working as Patient A’s nurse and only occurred after she had ceased working at the prison in New Zealand and returned to the UK. Further, Miss Christopher self-referred to the NMC, was therefore transparent and admitted having contact with Patient A

from the outset. It is therefore considered that Miss Christopher has no deep-seated attitudinal issues.

49. Miss Christopher has further provided a reflective account which demonstrates genuine remorse and further demonstrates insight. It is agreed between the Parties that the concerns are capable of remediation.

Whether they have in fact been remedied

50. Miss Christopher has provided a reflective account in which she:

- i. Expressed her genuine remorse*
- ii. Demonstrated insight into the conduct*
- iii. Stated that she completed a self-compassion training course, which was 8 weeks long to help process worry*
- iv. Stated that she continues to reflect on the conduct*
- v. Has reviewed the NMC Code of Conduct*
- vi. Has read and researched what worry is and how to use techniques to manage emotions*
- vii. Has limited the time spent on research/media reports for current affairs*
- viii. States that in terms of learning, she will seek advice if unsure, before taking any action.*

51. Miss Christopher has explained that the COVID-19 pandemic, the global media reporting at the time of the incidents and the worry that she was experiencing was the background to her conduct and poor judgment. Therefore she has taken steps to address the cause of her behaviour, by taking the action set out in paragraph 50 above.

52. In this way Miss Christopher has taken steps to remedy the conduct by strengthening her practice.

Whether they are highly unlikely to be repeated.

53. It is agreed by the Parties that there no longer exists a significant risk of repetition due to the genuine remorse, reflection, insight, transparency and action taken by Miss Christopher [sic] as set out in paragraph 48-51 above.

54. The Parties agree however that a finding of impairment is required due to the seriousness and profound unacceptability³ of Miss Christopher's actions.

55. It is agreed that Miss Christopher's fitness to practice is impaired on public interest grounds.

*56. The appropriate sanction in this case is a **12 month suspension order without a review.***

57. It is agreed by the Parties that a review of the suspension order is not required as there are no outstanding public protection issues as set out in paragraphs 50 and 53 above.

58. The public interest must be at the forefront of any decision on sanction. The public interest includes protection of members of the public, including patients, the maintenance of public confidence in the profession and the declaring and upholding of proper standards of conduct and behaviour within the profession. The public interest in this case lies with maintaining public confidence in the profession and upholding proper professional standards by declaring that Mrs Christopher's misconduct as unacceptable.

59. Any sanction imposed must do no more than is necessary to meet the public interest and must be balanced against Mrs Christopher's right to practice in her chosen career. To achieve this the panel is invited to consider each sanction in ascending order.

60. In their contemplation the Parties have considered the following aggravating and mitigating factors:

Aggravating factor:

- Relationship with vulnerable former patient in prison.

Mitigating factors:

- Genuine remorse, reflection, insight and strengthening of practice

61. With reference to the NMC's sanctions guidance, the Parties considered the available sanctions in ascending order of seriousness:

58.1 Taking no action: The allegations are too serious to take no further action. Action needs to be taken to secure public trust in nurses and to promote and maintain proper professional standards and conduct.

58.2 A caution order is only appropriate for cases at the lower end of the spectrum. This case is not at the lower end of the spectrum because it involves serious professional misconduct concerning a vulnerable former patient.

58.3 A conditions of practice order is not the appropriate sanction in this case. The NMC's guidance on conditions of practice orders SAN-3c, states that a conditions of practice order may be appropriate when factors are present including; identifiable areas of practice in need of assessment and/or retraining; willingness to engage positively with retraining, conditions can be created that can be monitored and assessed. None of these factors apply to Miss Christopher as the conduct of concern is not clinical. The guidance further states that conditions need to be relevant, proportionate, workable

and measurable. Due to the nature of this case, there are no relevant, proportionate, workable or measurable conditions that can be formulated to address the concerns.

58.4 A suspension order is the appropriate and proportionate sanction in this case. The NMC's guidance on suspension orders SAN-3d states a suspension order 'may be appropriate in cases where the misconduct isn't fundamentally incompatible with the nurse, midwife or nursing associate continuing to be a registered professional, and our overarching objective may be satisfied by a less severe outcome than permanent removal from the register. Key things to weigh up before imposing this order include:

- whether the **seriousness of the case** requires temporary removal from the register?*
- will a period of suspension be sufficient to protect patients, public confidence in nurses, midwives or nursing associates, or professional standards?*

58.5 Further, the guidance provides a checklist, which is not exhaustive:

- 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, midwife or nursing associate has insight and does not pose a significant risk of repeating behaviour*

58.6 In this instance the Parties agree that each of the factors set out above are applicable to Miss Christopher's case. Whilst this was not a single instance of misconduct, it was isolated in context to Patient A, the conduct has not been repeated, there is no evidence of deep seated or attitudinal problems. Miss Christopher has demonstrated insight and does not pose a significant risk of repeating such behaviour. A lesser sanction in this case would not be sufficient.

*58.7 **Striking-Off Order (SAN-3e)** - A striking-off order is not appropriate in this case. In the particular circumstances Miss Christopher's actions are not fundamentally incompatible with remaining on the register. Further, public confidence in the profession and in the NMC can be maintained without removal from the Register.*

59 For the reasons set out above, it is agreed that the appropriate sanction is a 12 month suspension order. It is agreed that such a sanction is proportionate because of Miss Christopher's insight and strengthened practice and it will serve to address the seriousness of the case, maintaining public confidence in the profession and upholding proper standards of professional conduct.

Maker of allegation comments

60 Miss Christopher self-referred to the NMC and has confirmed her position as set out in this CPD agreement.

Interim order

61 An interim order is not required in this case because this is a public interest only case. Until now, there has been no interim order in place.

62 The Parties understand that this provisional agreement cannot bind a panel, and that the final decision on findings of fact, 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 Christopher. The provisional CPD agreement was signed by Miss Christopher on 28 August 2024, and the NMC on 19 September 2024.

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 Christopher. 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 Christopher admitted the facts of the charges. Accordingly, the panel was satisfied that the charges are found proved by way of Miss Christopher's admissions as set out in the signed provisional CPD agreement.

Decision and reasons on misconduct and impairment

In respect of misconduct the panel determined that Miss Christopher's actions fell seriously short of the standards expected of a registered nurse and determined that her actions amounted to misconduct. In addition to the sections of the Code which the NMC say Miss Christopher has breached, the panel determined that section 17 of the code, specifically 17.1, has also been breached. Section 17.1 states:

'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 [...]

The panel considered the sections of the Code outlined in the CPD, and concluded that the failings, both individually and collectively, amounted to misconduct.

In this respect, the panel endorsed paragraphs 19 to 25 of the provisional CPD agreement in respect of misconduct.

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

The panel then considered whether Miss Christopher's fitness to practise is currently impaired by reason of misconduct. In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 February 2024, which states:

'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 determined that Miss Christopher's fitness to practise is currently impaired on the ground of public interest only. In reaching this decision, the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

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

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

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

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

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

d) [...]'

The panel determined that Miss Christopher had, in the past, acted in a way that put Patient A at unwarranted risk of harm, and that she breached fundamental tenets of the nursing profession, therefore bringing the nursing profession into disrepute. However, the panel determined that it is highly unlikely that Miss Christopher is liable to repeat these actions in the future given her demonstration of remorse, developed insight, and steps taken to address the cause of her behaviour, as seen in her reflective piece dated 17 December 2024, and in paragraphs 48 – 51 of the provisional CPD agreement.

The panel acknowledged Miss Christopher's reflective piece dated 17 December 2024 in which she said:

[...] I breached professional standards, and my actions fell well below the standards I expect of my myself and that others are entitled to expect of me.

[...]

I know that my actions had the potential to affect staff in the prison. There was the obvious potential for shock and confusion. But also, clearly the risk that it made their jobs harder. I could have created poor relations between Patient A and staff and that, in turn, can lead to unsafe working environments.

[...]

I also appreciate that my actions had the clear potential to erode trust and confidence in me and in my profession. There was a clear power imbalance between me and Patient A and, as stated above, he is clearly vulnerable. My

actions placed him in a terrible position – the exact opposite of what would be expected of me as a nursing professional. My duty to ensure safe and effective practice and well as promote trust and pursue professionalism was fundamentally undermined. [...]

The panel determined that Miss Christopher has good insight and has sufficiently addressed the concerns identified in this case. In considering *Cohen*, the panel determined that Miss Christopher's misconduct is such that it can be addressed. The panel determined that there is no evidence of a deep-seated attitudinal concern due to her admissions to the charges, self-referral to the NMC, demonstration of remorse, developed insight, continued reflection, and steps taken to address the cause of her behaviour.

In light of this, the panel determined that there are no current public protection issues identified, and therefore, it determined that Miss Christopher's fitness to practise is not impaired on the ground of public protection.

The panel determined that despite Miss Christopher's significant remedial actions, a member of the public, fully apprised of the facts of this case, would be deeply concerned were no finding of impairment on the ground of public interest to be made. Furthermore, the panel was of the view that the misconduct in this case was sufficiently serious that a finding of impairment on public interest grounds is required to maintain public confidence in the nursing profession and to declare and uphold proper professional standards. Therefore, the panel determined that Miss Christopher's fitness to practise is currently impaired on the ground of public interest alone.

In this respect the panel endorsed paragraphs 26 to 55 of the provisional CPD agreement.

Decision and reasons on sanction

Having found Miss Christopher'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:

- Relationship with a vulnerable former patient in prison

The panel also took into account the following mitigating features:

- Genuine remorse, reflection, insight, and remediation of behaviour

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

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

The panel next considered whether placing conditions of practice on Miss Christopher's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining; and*
- *Conditions can be created that can be monitored and assessed.*

Although the panel determined that there is no evidence of harmful deep-seated attitudinal problems, and that the misconduct is such that it can be addressed, the panel determined that there are no practical or workable conditions that could be formulated as the charges do not relate to Miss Christopher's clinical practice.

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 the following factors are apparent:

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

The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register.

The panel did go on to consider whether a striking-off order would be proportionate, it took into account 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?*

The panel considered that whilst Miss Christopher's conduct may have, in the past, raised questions about her professionalism, it was confident that the public confidence in the nursing profession can be maintained without removing Miss Christopher from the NMC register, as a result of the steps she has taken to reflect on the incident and address the cause of her behaviour. The panel determined that, taking account of all the information before it, and of the mitigation provided, it would be disproportionate to impose a striking-off order. Furthermore, it was of the view that a striking-off order was not the only sanction sufficient to maintain professional standards. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Miss Christopher's case to impose a striking-off order.

Balancing all of these factors the panel agreed with the CPD that a suspension order would be the appropriate and proportionate sanction.

The panel noted the hardship such an order will inevitably cause Miss Christopher. However, this is outweighed by the public interest 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.

The panel determined that a suspension order for a period of 12 months was appropriate in this case to mark the seriousness of the misconduct and to uphold the standards of the profession.

Having found that Miss Christopher's fitness to practise is currently impaired, the panel bore in mind that it determined there were no public protection concerns arising from its

decision. In this respect it found Miss Christopher's fitness to practise impaired on the grounds of public interest.

In accordance with Article 29 (8A) of the Order the panel may exercise its discretionary power and determine that a review of the substantive order is not necessary.

The panel determined that it made the suspension order having found Miss Christopher's fitness to practise currently impaired on public interest grounds. The panel was satisfied that the suspension order will satisfy the public interest in this case and will maintain public confidence in the profession(s) as well as the NMC as the regulator. Further, the suspension order will declare and uphold proper professional standards.

Accordingly, the suspension order will expire, without review, on 20 December 2025.

This will be confirmed to Miss Christopher in writing.

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 Christopher's own interest.

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

The panel exercised its own judgement but accepted the provisional CPD agreement that an interim order is not necessary in this case given that the finding of impairment was on public interest grounds alone, and there are no continuing public protection concerns. It determined that the substantive suspension order is necessary to mark the seriousness of the misconduct in this case, rather than a need to protect the public. As such, the panel

determined that there is no risk to the public before the 28-day appeal period lapses. The panel therefore decided not to impose an interim order.

That concludes this determination.