

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

**Substantive Hearing
24 September 2021 and 28 September-1 October 2021**

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

Name of registrant: **Jesus M Coronado Mendoza**

NMC PIN: 01B0008C

Part(s) of the register: Registered Nurse – Sub Part 1: Adult Nurse,
Level 1 (06 February 2001)

Area of registered address: West Sussex

Type of case: Misconduct

Panel members: Bryan Hume (Chair, lay member)
Richard Lyne (Registrant member)
Mary Golden (Lay member)

Legal Assessor: Peter Jennings

Panel Secretary: Holly Girven

Nursing and Midwifery Council: Represented by George Hugh-Jones, Case
Presenter

Mr Mendoza: Present and represented by Charles Drinnan,
instructed by the Royal College of Nursing (RCN)

Facts proved by admission: Charges 1, 2, 4, 5, 6, 7 and 8

Facts not proved: Charges 3a and 3b

Fitness to practise: Impaired

Sanction: Striking-off order

Interim order: Interim suspension order (18 months)

Details of charge

That you, a registered nurse on 8 July 2018:

1. In the morning, signed the controlled drugs record to indicate that you had administered 20mg oxycodone to Patient A in the evening, when you had not administered the medication; (**Found proved by admission**)
2. In the morning, asked Colleague 1 to countersign the controlled drugs record for the administration of 20mg oxycodone to Patient A in the evening, when that medication had not been given; (**Found proved by admission**)
3. Your actions at charges 1 and/or 2 above were dishonest because:
 - a. you knew that you were responsible for the 20mg oxycodone tablet being unaccounted for and you were seeking to avoid blame being attributed to you; (**Found not proved**)
 - b. in the alternative, you knew that a 20mg oxycodone tablet was unaccounted for and you were seeking to avoid blame being attributed to you; (**Found not proved**)
4. When contacted by Colleague 2, while you were not on duty, said that you had the 20mg oxycodone in your possession, when you did not; (**Found proved by admission**)
5. Asked Colleague 2 not to report you, or words to that effect; (**Found proved by admission**)
6. Your actions at charges 4 and/or 5 above lacked integrity in that you were seeking to prevent Colleague 2 from taking further action which may have been to your detriment; (**Found proved by admission**)
7. In the evening, failed to administer 20mg oxycodone to Patient A; (**Found proved by admission**)

8. Your actions at charge 7 above were dishonest in that by withholding medication to conceal that 20 mg oxycodone was unaccounted for, you put your own interests above those of Patient A. **(Found proved by admission)**

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

Decision and reasons on application to admit video-link evidence

The panel heard an application made by Mr Hugh-Jones, on behalf of the Nursing and Midwifery Council (NMC), under Rule 31 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules), to allow Ms 1 and Mr 4 to give their evidence by video-link. Mr Hugh-Jones informed the panel that Ms 1 and Mr 4 were not present at this hearing. He stated that Ms 1 has significant childcare responsibilities and as a result would not be able to attend the hearing centre without taking extreme steps. He stated that Mr 4 also has childcare and other family responsibilities which currently prevent him from travelling away from his home.

Mr Hugh-Jones submitted that case-law has indicated that panels should not overly rely on the demeanour of witnesses to assess credibility. He submitted that there is no prejudice to you if the witnesses were to give evidence by video-link, particularly as you have made admissions to the majority of the charges.

Mr Drinnan, on your behalf, stated that he was neutral as to whether the witnesses should attend physically or by video-link. He stated that the main reason your representatives had requested a physical hearing was to enable easier communication between you, Mr Drinnan and the panel.

The panel heard and accepted the legal assessor's advice on the factors it should take into consideration in respect of this application. This included that Rule 31 provides that,

so far as it is 'fair and relevant', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings.

The panel gave the application in regard to Ms 1 and Mr 4 careful consideration. The panel considered whether you would be disadvantaged if those two witnesses gave evidence by video-link. The panel considered that both witnesses appeared to have good reasons why they could not attend the hearing centre. The panel noted that the main reason a physical hearing had been listed was to allow you to communicate easily with your representative and the panel. The panel determined that you would not be prejudiced should Ms 1 and Mr 4 give their evidence by video-link.

In these circumstances, the panel came to the view that it would be fair and relevant to allow both Ms 1 and Mr 4 to give evidence remotely by video-link, and would give their evidence appropriate weight once the panel had heard and evaluated all the evidence before it.

Background

The charges arose whilst you were employed as a registered nurse at Kings Lodge Nursing Home (the Home); the charges relate to your actions on 7 and 8 July 2018.

You started the night shift at the Home on 7 July 2018 at around 20:00. On the morning of 8 July 2018 you administered one 20mg oxycodone tablet to Patient A at around 7:30, which was countersigned by Ms 1. In the controlled drugs book, following the administration of the tablet, the stock count was noted as 43.

You made an additional entry in the controlled drugs book on the morning of 8 July 2018 and asked Ms 1, a carer, to countersign the entry, which she refused to do as you had already administered the medication to Patient A that morning. The additional entry indicated that the stock left was 42. You have stated that you did not administer the additional tablet to Patient A.

You had arranged to end your shift early and gave a short handover to Ms 3, a nurse on the following day shift, but did not check the controlled drugs book with her.

Subsequently Mr 4, also a nurse on the following day shift, checked the stock of oxycodone on the morning of 8 July 2018 with Ms 3 and discovered that there were only 42 tablets left in stock, when there should have been 43. He rang you when this was discovered, at which stage you told Mr 4 that you had the tablet. You then went to the Home to meet with Mr 4, but you did not have the tablet.

You returned to work the night shift starting at 20:00 on 8 July 2018, and did not administer the prescribed 20mg oxycodone to Patient A that evening. You have stated you did this to ensure the stock count matched the figure in the controlled drugs book.

Decision and reasons on facts

At the outset of the hearing, the panel heard from Mr Drinnan, on your behalf, who informed the panel that you made full admissions to charges 1, 2, 4, 5, 6, 7 and 8.

The panel therefore finds charges 1, 2, 4, 5, 6, 7 and 8 proved in their entirety, by way of your admissions.

In reaching its decisions on the disputed facts (charge 3), the panel took into account all the oral and documentary evidence in this case together with the submissions made by Mr Hugh-Jones on behalf of the NMC and by Mr Drinnan on your behalf.

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

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

- Ms 1: Carer at the Home at the time of the incident;
- Ms 2: Deputy Manager at the Home, responsible for the Home's internal investigation;
- Ms 3: Registered Nurse at the Home at the time of the incident;
- Mr 4: Registered Nurse at the Home at the time of the incident.

The panel also heard evidence from you under oath.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor.

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

Charge 3a

3. Your actions at charges 1 and/or 2 above were dishonest because:
 - a. you knew that you were responsible for the 20mg oxycodone tablet being unaccounted for and you were seeking to avoid blame being attributed to you;

This charge is found not proved.

In reaching this decision, the panel considered that in order to find this charge proved, it must find that at the time of your actions set out in charges 1 and 2 you knew that the

20mg oxycodone was unaccounted for, that you were responsible for that tablet being unaccounted for, that you were seeking to avoid blame and that these actions were dishonest. The panel considered that if any of these elements of the charge were found to be not proved, the charge as a whole must be found not proved. The panel understood that Mr Hugh-Jones and Mr Drinnan agreed that these were the elements of the charge.

The panel first considered whether you knew the tablet was unaccounted for at the time of your actions set out in charges 1 and 2. The panel considered that Ms 1 was a credible witness and noted that Ms 1 stated that when you both counted the stock at the point of dispensing the medication in the morning, there were 43 tablets left. Ms 1 also stated that you spoke to her at the start of the night shift on 8 July 2018 and told her there had been an error.

The panel considered that your evidence was credible as you were open that you made mistakes and were confused, and scared, at the time of the incidents. The panel considered that you have consistently stated throughout the Home's internal investigation and this hearing that you wrote the additional entry in error and that you did not know a tablet was missing until Mr 4 telephoned you after you had left the Home. Whilst the panel noted that you have admitted telling Mr 4 that you had the tablet, you have stated you were mistaken and were confused when Mr 4 rang you.

The panel further noted that you have admitted that you wrote an additional line about 7:30 in the controlled drugs book on the morning of 8 July 2018 that states the remaining stock was 42. However, you said that you put 43 tablets back into the controlled drugs cupboard and did not remove a further tablet from the 'blister pack'. The panel took into account that you stated that, when Ms 1 informed you that you had already given the medication to Patient A, you changed the time column to 20:30, overwriting the 7:30 which you had previously written. The panel took into account that the (first dose) line in the controlled drugs book, recording the 20mg oxycodone tablet taken for administration to Patient A at 7:30, is at the foot of the page in the book and the additional, erroneous, line is at the top of a new page. The panel considered that there was some inconsistency of

recollection between you and Ms 1 as to what time was written on the additional entry at the time that Ms 1 saw the entry.

The panel took into account that the NMC has not charged you with taking the missing tablet illicitly, and has left open the question of what happened to the tablet. The panel therefore avoided speculating as to what may have become of the tablet. It considered that none of the witnesses stated you knew a tablet was unaccounted for prior to being called by Mr 4, or gave evidence from which the panel is able to infer that you knew this. The panel accepted your evidence that you did not know that the tablet was missing until you were informed of this by Mr 4. In the panel's judgement, it is not persuaded that you knew a tablet was unaccounted for before Mr 4 called you, and it is therefore not satisfied that you knew that the tablet was unaccounted for at the time of your actions set out in charges 1 and 2. Therefore, the panel finds this charge not proved.

Charge 3b)

3. Your actions at charges 1 and/or 2 above were dishonest because:
 - b. in the alternative, you knew that a 20mg oxycodone tablet was unaccounted for and you were seeking to avoid blame being attributed to you;

This charge is found not proved.

In reaching this decision, the panel considered that in order to find this charge proved, it must find that at the time of your actions set out in charges 1 and 2 you knew that the 20mg oxycodone was unaccounted for, that you were seeking to avoid blame and that these actions were dishonest. The panel considered that if any of these elements of the charge were found to be not proved, the charge as a whole must be found not proved.

For the same reasons as set out above at charge 3a, the panel is not persuaded on the balance of probabilities that you knew a tablet was unaccounted for before Mr 4 called you, and therefore is not satisfied that you knew that the tablet was unaccounted for at the

time of your actions set out in charges 1 and 2. Therefore, the panel finds this charge 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 amounted to misconduct and, if so, whether your fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

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 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 then decide whether, in all the circumstances, your fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

Mr Hugh-Jones invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' (the Code) in making its decision. Mr Hugh-Jones submitted that your actions fell seriously below the standards expected of a registered nurse.

Mr Drinnan accepted that your actions amounted to misconduct. He invited the panel to consider that in relation to charge 6, your admission that you lacked integrity relates to

your actions only at charge 5 and that the panel has determined that you were confused during the telephone call with Mr 4.

Submissions on impairment

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

Mr Hugh-Jones submitted that all four limbs of the Grant 'test' apply to this case. He submitted that you had brought the profession into disrepute, and have admitted that you acted dishonestly. He submitted that deliberately withholding medication from a patient is serious and goes to the heart of nursing practice.

Mr Hugh-Jones submitted that there is a risk of repetition, and referred the panel to a previous finding of the NMC's Conduct and Competence Committee made against you in respect of incidents in 2014. He stated that you had been subject to a 12 month conditions of practice order until June 2017 and that there were similarities in the charges found proved at the original hearing and the charges that this panel is considering.

Mr Drinnan did not submit that your fitness to practise is not impaired. However, he submitted that impairment does not have to be found when there are dishonesty charges. He submitted that since the incident, you have been working full-time as a registered nurse for three years with no further concerns or incidents.

Mr Drinnan stated that you accepted the charges from the outset and have consistently accepted your actions. He referred the panel to your reflective statement, training certificates and references. He submitted that you have shown remorse and reminded the

panel that during your evidence you stated you regretted your actions. He submitted that the amount of training you have completed demonstrates your dedication to the profession. He stated that the referees are aware of the charges and are positive about your abilities. He submitted that you have recently enrolled on a course around integrity and ethics, which demonstrates your desire to learn. He submitted that you recognise that your actions could have harmed Patient A.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included *PSA v NMC and SM* [2017] CSIH 29 and *PSA v (1) General Medical Council & (2) Uppal* [2015] EWHC 1304 (Admin).

Decision and reasons on misconduct

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a *'word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.'* When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel was of the view that your actions fell significantly short of the standards expected of a registered nurse, and that your actions amounted to breaches of the provisions of the Code. Specifically:

'Prioritise people

You put the interests of people using or needing nursing or midwifery services first. You make their care and safety your main concern...

4 Act in the best interests of people at all times

8 Work co-operatively

To achieve this, you must:

8.2 maintain effective communication with colleagues

8.5 work with colleagues to preserve the safety of those receiving care

8.6 share information to identify and reduce risk

10 Keep clear and accurate records relevant to your practice

This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.

To achieve this, you must:

10.2 identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need

10.3 complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements

14 Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place

To achieve this, you must:

14.1 act immediately to put right the situation if someone has suffered actual harm for any reason or an incident has happened which had the potential for harm.

14.3 document all these events formally and take further action (escalate) if appropriate so they can be dealt with quickly

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

To achieve this, you must:

18.2 keep to appropriate guidelines when giving advice on using controlled drugs and recording the prescribing, supply, dispensing or administration of controlled drugs

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

To achieve this, you must:

19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place

20 Uphold the reputation of your profession at all times

To achieve this, you must:

20.1 keep to and uphold the standards and values set out in the Code

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

20.5 treat people in a way that does not take advantage of their vulnerability

...

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel determined that your actions were a real departure from the standards expected of a registered nurse. The panel further considered that your actions were not an isolated incident as your conduct involved a succession of incidents occurring throughout the day.

The panel found that your actions fell seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act

with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

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

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

'Do our findings of fact in respect of the (doctor's) misconduct...show that his/her fitness to practise is impaired in the sense that s/he:

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel finds that Patient A was put at risk as a result of your misconduct. You brought the reputation of the profession into disrepute and demonstrated that your honesty and integrity cannot be relied upon. Your misconduct breached the fundamental tenets of the nursing profession, in particular the principles of honesty and integrity and of prioritising patients. The panel was satisfied that confidence in the nursing profession would be undermined if its regulator did not treat charges relating to dishonesty with the appropriate degree of seriousness.

Regarding insight, the panel considered that you made admissions to the charges and have stated that you regret your actions. However, the panel considered that you have previously been subject to a conditions of practice order following similar allegations. The panel noted that despite demonstrating insight following the previous order in 2016, you repeated the type of conduct then found proved. The panel considered that your insight is currently limited and you have not yet shown sufficient insight into the allegations. In particular, the panel is concerned that having made very similar errors a year or so after your previous conditions of practice order was revoked, it is not satisfied that you are demonstrating why a further recurrence would not occur now when it did occur then.

The panel was satisfied that the misconduct in this case is capable of remediation. Therefore, the panel carefully considered the evidence before it in determining whether or not you have remedied your practice. The panel took into account the training certificates and references provided. The panel noted that the reference from your current line manager stated that this was the first time you had made a mistake, which was not accurate as you have previously been subject to disciplinary proceedings. The panel also considered the training certificates, but considered that the course on integrity and ethics, which you have recently booked but not yet attended, was aimed at legal practice and therefore of limited relevance to your role as a nurse.

The panel is of the view that there is a risk of repetition based on your current limited insight and remediation. It was particularly concerned by the absence of any material or reflection reliably indicating that the risk of recurrence now is any less than it was following

the revocation of the conditions of practice order in 2017, these incidents having occurred around a year later. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC are not only to protect, promote and maintain the health, safety, and well-being of the public and patients, but also to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding proper professional standards for members of those professions.

The panel determined that a finding of impairment on public interest grounds is also required in order to maintain public confidence in the nursing profession and the NMC as its regulator.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired.

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike you off the register. As a result of this order the NMC register will show that you have been struck off the register.

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

Submissions on sanction

Mr Hugh-Jones informed the panel that in the Notice of Hearing, dated 28 June 2021, the NMC had advised you that it would seek the imposition of a striking-off order if your fitness

to practise was found to be currently impaired. Mr Hugh-Jones reminded the panel that you have previously been subject to fitness to practise proceedings, including concerns that are similar to some of the concerns in this case. He submitted that your reflective statement is mainly an account of what happened as opposed to reflection, and invited the panel to place little reliance on the statement. Mr Hugh-Jones submitted that your dishonesty set out at charge 8 was deliberate and not due to confusion.

Mr Hugh-Jones submitted that there is a risk of repetition that is worrying. He submitted that you have shown only limited insight and there is a lack of reflection. He submitted that the gravity of the offence is serious, particularly because your dishonesty put the patient at risk. He submitted that dishonesty is hard to remediate, and it is difficult to identify a way you could remediate your conduct.

Mr Drinnan submitted that the information set out in your reflective statement was already in evidence. He referred the panel to case-law, including *Parkinson v NMC* [2010] EWHC 1898 (Admin) and *Bolton v Law Society* [1994] 1 WLR 512. He submitted that the panel should consider the proportionality of any order, and impose the least restrictive sanction that would protect the public. He stated that you have demonstrated some insight. He submitted that the previous case against you did not involve dishonesty or a lack of integrity and therefore the main issue in this case was not present in the previous case.

Mr Drinnan submitted that you have practised for three years since this incident with no other concerns, which demonstrates some insight. He pointed out that you have not been subject to an interim order. He reminded the panel of the positive references received and the courses on which you have enrolled. He submitted that there are different levels of dishonesty, and in this case your dishonesty was not related to financial gain.

Mr Drinnan referred the panel to the SG. He submitted there is no evidence of deep-seated attitudinal issues and your misconduct does not raise fundamental questions about your practice. He submitted that a suspension order may be appropriate and would protect

the public and uphold public confidence in the nursing profession, although this would have a negative impact on you.

Decision and reasons on sanction

Having found your 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 decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Your insight and remediation are limited
- You were previously subject to a conditions of practice order, and these incidents occurred only a year after the previous order was revoked
- You acted dishonestly
- There was potential that a vulnerable patient could have been harmed as a result of your actions

The panel also took into account the following mitigating features:

- You made full admissions to the charges found proved
- You have provided positive references from your current employer, and a number of training certificates
- The incidents occurred over a relatively short period of time (a single day)

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 action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, the public protection issues identified, the dishonesty found proved and the previous findings against you, an order that does not restrict your 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 your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is aware that you were previously subject to a conditions of practice order but have committed further misconduct, in part of a similar nature, a year after that order was revoked. Furthermore, the panel concluded that the placing of conditions on your registration would not adequately address the seriousness of this case and would not be sufficient to protect the public.

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

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

In this case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction. Your conduct, as highlighted by the facts found

proved, was a significant departure from the standards expected of a registered nurse and a serious breach of the fundamental professional tenets of honesty, integrity and putting the interests of patients first. The panel considered that whilst your actions relate only to one day, the actions were spread throughout the course of the day on a number of occasions. The panel also took into account that you have previously been subject to fitness to practise proceedings but have committed this misconduct nonetheless. The panel had regard to the fact that you have worked for three years since these events, without further incident, but considered that you have demonstrated only limited insight and remediation. The panel determined that there was a significant risk of repetition. In addition, dishonesty is an attitudinal concern which is not easily remediable, and in the panel's view that concern is aggravated by you putting the patient for whom you had responsibility at potential risk by withholding her medication for your own purposes.

The panel was of the view that the findings in this particular case demonstrate that your actions were serious, and public confidence in the profession would not be upheld by the imposition of a suspension order, nor would it sufficiently protect the public.

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

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

In the panel's judgement your significant departures from the standards expected of a registered nurse are fundamentally incompatible with you remaining on the register.

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

The panel also considered that this order was necessary to maintain public confidence in the profession and the regulatory process, and to declare to the public and the profession the standards of behaviour expected of a registered nurse.

This will be confirmed to you 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 your own interest until the striking-off sanction takes effect or an appeal is heard. The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

The panel took account of the submissions made by Mr Hugh-Jones. He submitted that an interim suspension order for the period of 18 months is necessary to protect the public and is otherwise in the public interest.

Mr Drinnan did not make any submissions relating to the application.

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. In reaching this decision the panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order.

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

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

That concludes this determination.