

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

Substantive Meeting

**Wednesday, 18 January 2023 – Tuesday, 24 January 2023
&
Monday, 20 March 2023**

Virtual Meeting

Name of Registrant: Daniel David Norris

NMC PIN 00Y0035E

Part(s) of the register: Registered Nurse – Sub-part 1
Adult Nursing – 10 September 2003

Nurse Independent/Supplementary Prescriber –
8 July 2016

Relevant Location: Manchester

Type of case: Misconduct/Caution

Panel members: Peter Wrench (Chair, Lay member)
Terry Shipperley (Registrant member)
Jane Jones (Registrant member)

Legal Assessor: Robin Hay & Peter Jennings & Robin Leach

Hearings Coordinator: Parys Lanlehin-Dobson (18 – 23 January 2023)
Monsur Ali (24 January 2023)
Philip Austin (20 March 2023)

Facts proved: Charges 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13,
14 and 16 – Misconduct
Charge 1 – Caution

Facts not proved: Charges 15 and 17

Fitness to practise: **Currently impaired**

Sanction: **Striking-off order**

Interim order: **Interim suspension order – 18 months**

Decision and reasons on service of Notice of Meeting in relation to misconduct

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Mr Norris' registered email address by secure email on 21 November 2022.

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 time, date and the fact that this meeting was heard virtually.

In the light of all of the information available, the panel was satisfied that Mr Norris 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 charges (misconduct)

That you, a registered nurse:

- 1. Failed to co-operate with an investigation by the Nursing and Midwifery Council regarding your fitness to practise in that you did not return [PRIVATE] when requested;*
- 2. At Arthrington Medical Centre on 16 July 2018 created a prescription for diazepam which was not provided to the patient;*
- 3. Your actions in charge 2 were dishonest in that you:*
 - a. knew the patient did not require the medication;*
 - b. knew the patient would not receive the prescription;*
 - c. intended to keep the medication;*
- 4. During the period 2 November 2017 to 26 October 2018 at Parks Medical Centre, issued one or more prescriptions when you did not see the patient(s)*

and/or did not provide the prescription to the patient(s);

5. Your actions in charge 4 were dishonest in that you:

- a. knew you had not seen the patient(s);*
- b. knew the patient(s) did not require the medication;*
- c. knew the patient(s) would not receive the prescription;*
- d. Intended to keep the medication;*

6. Created a training certificate for a resuscitation course indicating you had attended this course;

7. Your actions in charge 6 were dishonest in that you knew you had not attended this course;

8. Created one or more of the letter(s) listed in Schedule 1;

9. Your actions in charge 8 were dishonest in that you:

- a. knew the contents of the letter(s) were fabricated and not from the doctor indicated;*
- b. intended to mislead any future reader of the letter(s) into providing medication that was not prescribed to you;*

10. Created a DNACPR dated 28 October 2018 for yourself and signed this in the name of Doctor 1;

11. Your actions in charge 10 were dishonest in that you knew this document was fabricated;

12. Did not safely dispose of medication when it was returned to you by patients;

13. Stored one or more of the items listed in Schedule 2 at home when one or more of them:

- a. was not prescribed to you; and/or*
- b. was prescribed to patients; and/or*

c. you were not authorised to be in possession of at home;

14. Stored ancillary medical products at your home in an unsafe location;

15. Stored two used Nebido vials in a sharps bin at your home address;

16. Created a controlled drugs requisition on behalf of the Parks Medical Practice;

17. Your actions in charge 16 were dishonest, in that you knew you were not authorised to make the request and intended to mislead the pharmacy into providing controlled drugs;

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

Background

The background as set out in the statement of case from the Nursing and Midwifery Council (NMC) is as follows:

“Mr Norris is a qualified nurse and was admitted onto the Nursing and Midwifery Council (“NMC”) Register on 10 September 2003. Mr Norris became an Independent/Supplementary Prescriber on 8 July 2016.

On 21 November 2018, the NMC received a referral from NHS England, Greater Manchester Health and Social Care Partnership, relating to Mr Norris’ fitness to practise.

On 4 December 2018, the NMC received a second referral from the Arthington Medical Centre.

At the time of the concerns raised in the referrals, Mr Norris was working as a Nurse Practitioner/Independ [sic] Nurse Prescriber at a number of GP Surgeries...

In the course [sic] an NHS England Investigation which took place in part together with [sic] police investigation, it became apparent that Mr Norris had falsified a number of medical letters from consultants at hospitals and [PRIVATE]. These letters claimed that Mr Norris was [PRIVATE].

Mr Norris also issued prescriptions for patients who were either deceased or not receiving care and he then cancelled the prescriptions from the patients' medical records.

Mr Norris also falsified a training certificate, confirming his attendance at a resuscitation course when he had not attended the course.

Police had occasion to arrest Mr Norris and searched his home together with NHS England [staff]. In the course of that search, quantities of different drugs, including controlled drugs, were found, which were being stored inappropriately and not being disposed of correctly...

Mr Norris was also interviewed following his arrest. During that interview, Mr Norris accepted that he created false prescriptions, false consultant letters and a false course certificate. Mr Norris said he became obsessive with storing medication. While there was some expression of being concerned about having medication to provide patients, Mr. Norris denied any unlawful supply...

Mr Norris has failed to respond to requests from the NMC to provide consent for [PRIVATE]."

Decision and reasons on facts

At the outset of the meeting, the panel noted the admissions to charges 1, 6, 7, 8, 9, 10, 11 and 12, made by Mr Norris in the Case Management Form (CMF) dated 6 January 2021.

The panel therefore finds charges 1, 6, 7, 8, 9, 10, 11 and 12 proved, by way of Mr Norris' admissions. In the cases of those charges, the wording put to Mr Norris in the CMF was identical to the wording in the charges which have been put before the panel.

In other cases, there have been changes to the wording of the relevant charges and some new matters have been added. The panel noted that the current wording of the charges has been sent to Mr Norris with the notice of this meeting and there is no indication that he has raised any issue with them, or wishes to modify his previous admissions.

In reaching its decisions on the remaining facts, the panel has been able to draw some inferences from Mr Norris' admissions in the CMF. It has also taken into account all the documentary evidence and bundle prepared for this case together with the representations made by the NMC, and any observations made by Mr Norris in the documents.

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:

- Ms 1: A consultant in Palliative Medicine
- Mr 1: A consultant in Pain Medicine and Anaesthetics
- Mr 2: A consultant neurologist
- Mr 3: An NHS professional adviser and one of the referrers in this case

- Ms 2: The practice manager at The Parks
Medical Practice

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 charges which had not been specifically admitted and made the following findings.

Charge 2

2. At Arthrington Medical Centre on 16 July 2018 created a prescription for diazepam which was not provided to the patient;

This charge is found proved.

The panel noted that in the CMF, the charge read as *'at Arthrington Medical Centre, created one or more prescriptions for diazepam which were not provided to the named patient(s)'* without specifying a date. Mr Norris admitted the charge worded in that way.

However, the panel determined that, given the documentation and Mr Norris' overall admissions in the CMF that he did create prescriptions at Arthrington Medical Centre for diazepam which was not provided to the patient, the panel could properly infer that his admission included this date. The panel also noted that there was a consultation record from the Centre on that day which recorded that Mr Norris had a telephone consultation with a patient who had not wanted to be given diazepam but a prescription was nevertheless issued. The panel determined that on the balance of probabilities it was more likely than not that Mr Norris had created a prescription for diazepam on 16 July 2018 which was not provided to the patient.

The panel therefore found this charge proved.

Charge 3

3. Your actions in charge 2 were dishonest in that you:
- a. knew the patient did not require the medication;
 - b. knew the patient would not receive the prescription;
 - c. intended to keep the medication;

This charge is found proved in its entirety.

In reaching its decision on all the dishonesty charges in this case, the panel had regard to the following NMC guidance: Cases involving dishonesty (NMC, June 2020), which says:

“Dishonesty describes a state of mind rather than a course of conduct, and the nurse or midwife’s acts or omissions will only be considered to be dishonest if they demonstrate they were or wrongly take advantage of another person...”

The guidance also say that it is important to, *“consider whether there is another, innocent explanation for the nurse or midwife’s conduct, which points away from them having behaved dishonestly.... whether their mind was engaged with what they were doing, or could they simply have made an innocent or careless mistake”*.

The panel also had regard to the test that the Supreme Court set out in the case of *Ivey v Genting Casinos* [2017] UKSC 67, which states that a two-limb test should be applied when considering dishonesty:

“i) What is the Registrant’s genuine state of mind regarding her act?

ii) Was the Registrant’s act in light of that state of mind dishonest according to the standards of ordinary decent people?”

The panel noted that in the CMF Mr Norris had admitted dishonesty in creating prescriptions for patients he knew would not receive them.

The panel had regard to the patients’ Consultation Information Sheet, created by Mr Norris, dated 16 July 2018, which states the following: *“History: Spoke to pt [patient] on*

phone, not keen on gabapentin, discussed alternatives, was going to try diazepam as he was worried he would not be able to lay still during his MRI scan for 45 mins. However decided gainst [sic] this in the end..."

The panel also had regard to Mr Norris' responses in the police interview held on In response to questioning regarding the medication and Mr Norris stated "*ERM... NO. I THINK MAYBE I WAS YOU KNOW KEEPING IT AS A STOCK TO USE, YEAH.*"

While Mr Norris' answer to the police does not expressly admit that he was intending to keep the medication when he issued the prescription, in the panel's view, if he had issued a prescription legitimately and then changed his mind, he would have destroyed the prescription instead of causing it to be dispensed and then keeping the medication for himself.

The panel was satisfied that Mr Norris' action was dishonest in that he knew the patient did not require the medication and would not receive the prescription, and that Mr Norris intended to keep the medication himself.

Taking all the above evidence into account the panel therefore found the charge proved in its entirety.

Charge 4

4. During the period 2 November 2017 to 26 October 2018 at Parks Medical Centre, issued one or more prescriptions when you did not see the patient(s) and/or did not provide the prescription to the patient(s);

This charge is found proved.

In reaching this decision the panel noted that Mr Norris had made an admission in the CMF in relation to the period 28 September 2017 to 24 November 2017. There is an overlap of nearly three weeks between the period in which Mr Norris has admitted issuing prescriptions as charged and the period now set out in the charge. The panel further noted

that the practice records show prescriptions issued and cancelled by Mr Norris within that overlapping period. While the evidence of prescriptions issued and cancelled on days when Mr Norris did not see or speak to the patient fall outside that overlapping period, there are recorded instances of prescription issued and cancelled, and therefore not provided to the patient, which fall within that period.

Further, the panel had regard to the documentary evidence of prescriptions issued in 2018 in respect of patients who had not been seen by Mr Norris on the day the prescriptions were issued, and then cancelled in the patients' records; for example on 25 October 2018 Mr Norris issued and then cancelled a prescription for diazepam for a patient, whom he had seen in early August but with whom he had no further appointments. The panel took into account that medication prescribed for others was found at Mr Norris' home and that he admitted in his police interview that he was obtaining medication to keep as his personal stock. Given the body of evidence as a whole the panel was satisfied that Mr Norris engaged in a sustained pattern of prescribing medication for patients which he then caused to be dispensed and kept, while cancelling the entries in the patients' records.

On the basis both of Mr Norris' admissions and of the other evidence, the panel found charge 4 proved.

Charge 5

5. Your actions in charge 4 were dishonest in that you:
- a. knew you had not seen the patient(s);
 - b. knew the patient(s) did not require the medication;
 - c. knew the patient(s) would not receive the prescription;
 - d. Intended to keep the medication;

This charge is found proved in its entirety.

The panel had regard to the specific admissions made by Mr Norris in the CMF dated 6 January 2021 and his more general admissions in the police interview. The panel again took into account Mr Norris' response regarding his intentions for the medication as stated

above in charge 3, and found on the balance of probabilities that Mr Norris issued the prescription knowing that the patients did not need them and would not receive them, and that in some cases he had not seen that patient, and intended to keep the medication. The panel found that this was dishonest.

Taking all the above into account the panel therefore found charge 5 proved.

Charge 13

13. Stored one or more of the items listed in Schedule 2 at home when one or more of them:

- a. was not prescribed to you; and/or
- b. was prescribed to patients; and/or
- c. you were not authorised to be in possession of at home;

This charge is found proved in its entirety.

In reaching this decision, the panel had regard to the photographic evidence of the listed items in Schedule 2, found in Mr Norris' home. The panel also had regard to Mr Norris' responses in the police interview in which he makes admissions to having taken a flu vaccine and a pneumococcal vaccine home. The panel also noted that Mr Norris admitted in the CMF that he had '*stored medication and medicinal products at your home in an unsafe location*'.

The panel was able to see labels on medications in the photographs and was satisfied that this labelling was consistent with the listings in schedule 2. There were indications that some of those medications had been prescribed to people other than Mr Norris, and no evidence of any having been prescribed to Mr Norris. There was nothing to suggest any other form of authorisation had been given to Mr Norris to possess the medication at his home.

Taking all the above into account the panel therefore found this charge proved.

Charge 14

14. Stored ancillary medical products at your home in an unsafe location

This charge is found proved.

The panel noted that the wording of charge 14 in the CMF put before Mr Norris, did not include the word “ancillary”. However, the panel considered that the addition of the word “ancillary” does not alter the context or the overall mischief within the charge.

Mr Norris admitted in the CMF to storing medical products at his home in an unsafe location. The panel therefore determined that based on this admission it could find this charge proved despite the addition of the word “*ancillary*”.

The panel found charge 14 proved.

Charge 15

15. Stored two used Nebido vials in a sharps bin at your home address;

This charge is found not proved.

In reaching this decision, the panel had regard to the photographic evidence in the bundle, which shows two Nebido vials in a sharps bin at Mr Norris’ home address. The panel formed the view that, although there is photographic evidence of the presence of the vials, in alleging that Mr Norris “*stored*” the two used vials, there is a necessary implication that he had an intention to keep or retain the items for possible future use. The panel was of the view that there is no evidence that he had any intention other than disposing of the used vials as they were in the sharps bin.

The panel therefore found this charge not proved.

Charge 16

16. Created a controlled drugs requisition on behalf of the Parks Medical Practice;

This charge is found proved.

In reaching this decision the panel had regard to the admissions to creating a controlled drugs requisition, made by Mr Norris during the police interview. Mr Norris said:

“YEAH, SO THAT IS A VALID REQUISITION LETTER THAT... I WAS GOING TO REQUISITION MY OWN MEDICATIONS TO USE AND OBVIOUSLY YOU HAVE TO KEEP A LEDGER OF THESE TYPES OF MEDICATIONS, BUT THAT IS, THAT’S A VALID REQUISITION LETTER BUT I JUST NEVER GOT ROUND TO USING IT.

...

YEAH, THAT’S WHAT I MEAN; I JUST NEVER GOT AROUND TO USING IT. THERE’S NOTHING ACTUALLY ILLEGAL ABOUT YOU KNOW A REQUISITION LETTER THAT YOU WOULD... THAT A PRACTITIONER WOULD TAKE... A PRESCRIBER PRACTITIONER WOULD TAKE INTO A PHARMACY FOR A MEDICATION.”

This charge is further supported by the witness statements provided by UP and CC, who both said that the requisitions were never authorised by the practice. CC, the practice manager, said:

“I can confirm that this is not a letter that has been written or sanctioned by The Parks Medical Practice. We do have a standard letter that we use for restocking of the emergency trolley but it is nothing like this one. Daniel wasn’t authorised by the Practice to order medication in this way, collect it and pay for it himself. He was also not authorised to use our unique ordering code.”

Although the covering letter created by Mr Norris stated that he would collect and pay for the drugs himself, the letter was headed with the practice’s name, address and contact details. Furthermore, the controlled drugs requisition form gave the practice’s name in the

customer details section. The panel was satisfied that a reader would understand that the requisition was made on behalf of the practice.

Taking all the above evidence and Mr Norris' acceptance of creating the requisition, the panel therefore found this charge proved.

Charge 17

17. Your actions in charge 16 were dishonest, in that you knew you were not authorised to make the request and intended to mislead the pharmacy into providing controlled drugs;

This charge is found not proved.

In reaching this decision the panel had regard to the NMC guidance on dishonesty and to the responses made by Mr Norris in the police interview as set out above in charge 16. The panel formed the view, based on these responses, that Mr Norris did not believe that he was doing anything unauthorised. He said that he created the requisition legitimately and believed that he was entitled to do so. The panel considered that there had been no evidence put before it to indicate that these answers did not correctly represent his state of mind. In these circumstances the panel determined that on the balance of probabilities it was not persuaded that Mr Norris had dishonest intentions in making the requisition.

The panel therefore found this charge not proved.

Representations on misconduct

The NMC made the following written representation in relation to misconduct:

“Misconduct

21. The comments of Lord Clyde in Roylance v General Medical Council [1999]

UKPC 16 may provide some assistance when seeking to define misconduct:

'[331B-E] Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a [nurse] practitioner in the particular circumstances'.

22. As may the comments of **Jackson J in Calheam v GMC [2007] EWHC 2606 (Admin)** and **Collins J in Nandi v General Medical Council [2004] EWHC 2317 (Admin)**:

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

And

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

23. 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 having reference to the **Nursing and Midwifery Council's Code of Conduct** ("the Code")...'

The NMC then went on to set out the specific provisions of the Code which it alleged had been breached. The NMC concluded its submissions by saying:

"The NMC consider the misconduct serious because the storage of medication at home presents a risk to patient safety and Mr Norris' falsification of patient records and prescriptions suggests a pattern of long-standing deception and deep-seated attitudinal concerns.

The concerns raised are serious and fall far below the standards expected of a registered professional. The Code imposes a clear duty on nurses, midwives and nursing associates to abide by laws of the country in which they practice. Mr Norris' conduct raised fundamental concerns about his trustworthiness as a nurse."

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 amounted to misconduct, the panel had regard to the terms of the Code. The panel made its own analysis of the Code and concluded that the following provisions had been breached in this case:

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

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:

...

10.3 complete records accurately and without any falsification...

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:

18.1 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

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

18.4 take all steps to keep medicines stored securely

18.5 wherever possible, avoid prescribing for yourself or for anyone with whom you have a close personal relationship

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

...

19.4 take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public

Promote professionalism and trust

You uphold the reputation of your profession at all times. You should display a personal commitment to the standards of practice and behaviour set out in the Code. You should be a model of integrity and leadership for others to aspire to. This should lead to trust and confidence in the professions from patients, people receiving care, other health and care professionals and the public.

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 and 20.5 to South20.2 act with honesty and integrity at all times,

...

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

22.3 keep your knowledge and skills up to date, taking part in appropriate and regular learning and professional development activities that aim to maintain and develop your competence and improve your performance

23 Cooperate with all investigations and audits This includes investigations or audits either against you or relating to others, whether individuals or organisations. It also includes cooperating with requests to act as a witness in any hearing that forms part of an investigation, even after you have left the register.'

The panel was satisfied that Mr Norris' actions fell significantly short of the standards expected of a registered nurse, and that Mr Norris' actions amounted to breaches of the Code as analysed above.

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that Mr Norris displayed a pattern of behaviour in falsifying documentation which included prescriptions, patient records and clinical letters, and a training certificate. He built up an unauthorised stock of medication and other medical products at his home, which included controlled drugs and did not store these safely. In doing all of this he was repeatedly dishonest over a period of years.

In addition, his other actions which have been found such as his failure to cooperate with the NMC in making an assessment of his health were also unacceptable.

The panel was satisfied that the charges found proved, individually and collectively, amount to misconduct and that this misconduct was serious.

Decision and reasons on service of Notice of Meeting in relation to caution

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Mr Norris' registered email address by secure email on 21 November 2022.

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 time, date and the fact that this meeting was heard virtually.

In the light of all of the information available, the panel was satisfied that Mr Norris 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 charges (caution)

That you, a registered nurse:

1. On 20 November 2018 accepted a police caution for fraud by false representation;

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

Decision and reasons on facts (caution)

Having had sight of the paperwork relating to Mr Norris' police caution, the panel noted that he has ticked the box in his CMF document to indicate that he was admitting to the fact that on 20 November 2018, he accepted a police caution for fraud by false representation. The CMF document had been signed and dated by Mr Norris on 6 January 2021.

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

In taking account of the above, the panel was satisfied that Mr Norris had admitted charge 1, as stated. The panel did not consider Mr Norris' admission to be unclear or ambiguous. It was therefore satisfied that charge 1 should be found proved by way of Mr Norris' admission.

Fitness to Practise

As the panel had found that Mr Norris to have the police caution specified, it then went on to consider whether Mr Norris' fitness to practise is currently impaired by reason of his police caution and his misconduct. 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.

Representations on impairment

The NMC made the following written representation in relation to impairment:

- “31. The questions outlined by **Dame Janet Smith in the 5th Shipman Report (as endorsed in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin))** are instructive. Those questions were:
1. 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
 2. has [the Registrant] in the past brought and/or is liable in the future to bring the [nursing] profession into disrepute; and/or
 3. 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
 4. has [the Registrant] in the past acted dishonestly and/or is liable to act dishonestly in the future.
32. It is the submission of the NMC that all four limbs can be answered in the affirmative in this case. Dealing with each one in turn:
33. Although Mr Norris’ actions are not related to a specific clinical incident and there is no evidence of any patient harm, Mr Norris inappropriately stored medication at his home, which he says was intended for patients. Thus, posing a risk to patient safety.
34. Registered professionals occupy a position of privilege and trust in society and are expected to be professional at all times. The seriousness of Mr Norris’ actions calls into question his continuing suitability to remain on the register. This therefore has a negative impact on the reputation of the profession and, accordingly, has brought the profession into disrepute.
35. The Code divides its guidance for nurses in to four categories which can be considered as representative of the fundamental principles of nursing care. These are:

- a) *Prioritise people;*
- b) *Practice effectively;*
- c) *Preserve safety and*
- d) *Promote professionalism and trust*

36. *The NMC have set out above how, by identifying the relevant sections of the Code, Mr Norris has breached fundamental tenets of the profession. These sections of the Code define, in particular, the responsibility to promote professionalism and trust to ensure safe conduct and practise.*

37. *Mr Norris knew that he was acting dishonestly at the time, acting to conceal his mistakes which occurred over a prolonged period of time.*

38. *The panel may also find it useful to consider the comments of **Cox J in Grant at paragraph 101:***

“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”.

39. *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 whether the concern is easily remediable, whether it has in fact been remedied and whether it is highly unlikely to be repeated.*

40. *The NMC’s guidance entitled “**Criminal convictions and cautions**” **FTP-2c**, states as follows:*

'If the criminal offending took place in the nurse, midwife or nursing associate's private life, and there's no clear risk to patients or members of the public, then it is unlikely that we'll need to take regulatory action to uphold confidence in nurses, midwives or nursing associates, or professional standards.'

41. *Mr Norris' criminal offending took place in the workplace and at home.*
42. *The NMC consider Mr Norris has displayed limited insight. While the NMC have taken account that during the police interview, Mr Norris accepted that he created false prescriptions, falsified consultant letters and a falsified course certificate, the NMC have been unable to assess Mr Norris' insight any further as no response has been received from him. Furthermore, Mr Norris has failed to comply with the NMC's request for his health to be assessed.*
43. *The NMC consider there is a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behavior. The public expect nurses to act with honesty and integrity so that patients and their family members can trust registered professionals."*

Decision and reasons on impairment

The panel next went on to decide if, as a result of Mr Norris' misconduct and caution, his 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, 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 Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) 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) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel found that all of the limbs in Grant are engaged in this case.

The panel noted that the concerns identified in this case relate to Mr Norris' professional conduct in the performance of his role as a registered nurse.

The panel considered honesty, trust and integrity to form parts of the bedrock of the nursing profession. The panel was of the view that in being repeatedly dishonest, Mr Norris had breached a fundamental tenet of the nursing profession, and that his actions could have had serious ramifications for those involved. It considered Mr Norris to have brought the nursing profession into disrepute by behaving in the way that he did.

Mr Norris had exposed patients to a risk of significant harm, as he had falsified certificates to indicate that he had undertaken training in areas of nursing when he had not. He had also forged the signature of a more senior colleague in his efforts to obtain medication which had not been prescribed to him. He also accepted a police caution for fraud by false representation. Mr Norris issued prescriptions for patients that did not require medication, intending to keep them for himself, which could have impacted the care those patients received in future. Mr Norris dishonestly obtained property that did not belong to him and kept it at home; nor did he safely store or dispose of medications that had been returned to him.

In assessing Mr Norris' level of insight, the panel noted that he has sparingly engaged with the NMC process in the past. Whilst Mr Norris had provided a response to the charges in his CMF document dated 6 January 2021, the panel had no reasonable explanations provided by him as to why he had behaved in such a way. The panel found him to have offered no remorse for his actions, nor has he appeared to recognise the severity of his wrongdoing. There is no evidence that he recognises or understands how his actions had brought the nursing profession into disrepute, or understand how his actions could have had serious ramifications for his colleagues and those in his nursing care. The panel noted that Mr Norris has not engaged with the NMC since 2021, and it considered him to have actively disengaged from the NMC process. Furthermore, Mr Norris did not comply with the direct request from the NMC for him to [PRIVATE].

In taking account of the above, the panel considered Mr Norris to have demonstrated very limited insight into his misconduct and his police caution and their impact.

The panel noted that concerns relating to a registrant's professional conduct are often more difficult to remediate than clinical nursing concerns; albeit not impossible.

Nonetheless, the panel considered these to be extremely serious concerns, combined with Mr Norris' dishonesty, which could be suggestive of an underlying attitudinal issue. In any event, the panel determined that no evidence had been provided to demonstrate that Mr Norris had remediated any of the concerns identified, or that he was willing to do so. Mr Norris has not sought to provide the panel with any information as to what he is currently doing for work. He has also not been provided the panel with any recent testimonials.

In light of the above, the panel had no evidence before it to allay its concerns in relation to Mr Norris. It was not satisfied that Mr Norris' would not act in a similar way in future due to his lack of insight, remorse and remediation. In the absence of any evidence to the contrary, the panel considered there to be a real risk of repetition of Mr Norris' conduct, and a consequential risk to patient safety.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health, safety and well-being of the public and patients, and to uphold/protect the wider public interest, which 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 was of the view that a fully informed member of the public would be seriously concerned by Mr Norris' conduct and behaviour. In the panel's judgment, public confidence in the nursing profession and in the NMC as regulator would be significantly undermined if a finding of impairment was not made. Therefore, the panel determined that a finding of impairment on public interest grounds was required.

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

Representations on sanction

The NMC made the following written representation in relation to sanction:

“44. The NMC consider the appropriate and proportionate sanction in this case to be a striking-off order.

45. The aggravating factors in this case include:

- Pattern of misconduct which took place over a period of five years*
- Conduct which put patients at risk of suffering harm, as a result of falsifying records*
- Misuse of power*
- Premeditated and longstanding deception*
- Conduct resulted in a caution order*

46. The mitigating factors in this case include:

- Appears to accept most of the concerns*
- Personal circumstances and potential mental health problems*

47. The following aspects have led the NMC to this conclusion:

48. No further action and Caution Order – This is a serious case involving long standing deception. Mr Norris created falsified letters from doctors over a period of five years in order to obtain controlled drugs. Mr Norris also had numerous quantities of medication at his home address stored in an unsafe way. According to the NMC Guidance (SAN-3a and SAN-3b), taking no further action and a caution order would also not be appropriate as this would not mark the seriousness and would be insufficient to protect the public or maintain high standards within the profession or the trust the public place in the profession. Therefore, it is submitted that a caution order would not be appropriate in this case.

49. *Conditions of Practice Order - The Guidance (SAN-3c) states that a conditions of practice order may be appropriate when some or all of the following factors are apparent (this list is not exhaustive):*

- no evidence of harmful deep-seated personality or attitudinal problems*
- identifiable areas of the nurse, midwife or nursing associate's practice in need of assessment and/or retraining*
- no evidence of general incompetence*
- potential and willingness to respond positively to retraining*
- the nurse, midwife or nursing associate has insight into [PRIVATE] and supervision*
- patients will not be put in danger either directly or indirectly as a result of the conditions*
- the conditions will protect patients during the period they are in force*
- conditions can be created that can be monitored and assessed.*

The offence listed in the charges, and the facts behind those offences, do indicate harmful deep-seated personality or attitudinal problems. There are also no areas of clinical concern which might more readily be addressed by way of training or assessment. Furthermore, Mr Norris has not engaged with the NMC's fitness to practise proceedings in relation to [PRIVATE] and there are also concerns of dishonesty and fraud. There are no practical conditions that could be in the public interest.

50. *Suspension Order - A suspension order would also not be sufficient in the case to mark the seriousness of Mr Norris' actions. Mr Norris' conduct suggests a serious deception, undermining his trustworthiness entirely. If he were to stay on the register, this would risk substantially undermining public confidence in the profession, given the nature of the conviction.*

51. *Striking-Off Order - A striking-off order would be the most appropriate and proportionate sanction to impose in this case.*

The NMC guidance at SAN-3e states:

“The courts have supported decisions to strike off healthcare professionals where there has been lack of probity, honesty or trustworthiness, notwithstanding that in other regards there were no concerns around the professional’s clinical skills or any risk of harm to the public. Striking-off orders have been upheld on the basis that they have been justified for reasons of maintaining trust and confidence in the professions”.

The conduct and behaviours displayed are extremely serious and regarded as being fundamentally incompatible with being a registered professional. Allowing continued registration would be seriously damaging to the reputation of the profession.

Mr Norris’ actions are incompatible with ongoing registration and a striking off order is the appropriate sanction in order to protect the public and also to uphold public confidence in the profession. Dishonesty is much harder to remediate and given the length of time this suggests a longstanding attitudinal concern with a high risk of repetition.”

Determination on sanction

The panel has considered this case carefully and has decided to make a striking-off order. It directs the NMC registrar to strike Mr Norris’ name off the register.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case.

The panel accepted the advice of the legal assessor.

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 Sanctions Guidance (“SG”) published

by the NMC. It recognised that the decision on sanction is a matter for the panel, exercising its own independent judgement.

The panel considered the following aggravating factors to be present in this case:

- Mr Norris abused his position as a registered nurse and nurse prescriber, particularly with regard to him accessing medication.
- Mr Norris had engaged in a pattern of behaviour for a significant period of time.
- Mr Norris has disengaged from the NMC and did not consent to a direct request from his regulator to [PRIVATE].
- Mr Norris' dishonest conduct was serious, calculated and related to his professional practice.
- Mr Norris' behaviour had the potential to cause significant harm.
- Mr Norris has not demonstrated any insight into the concerns, nor has he attempted to remediate his nursing practice.

The panel considered the following mitigating factors to be present in this case:

- Mr Norris made some admissions to the charges in his CMF document dated 6 January 2021.

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.

Next, in considering whether a caution order would be appropriate in the circumstances, the panel took into account the SG, which 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 was of the view that Mr Norris' behaviour was not at the lower end of the spectrum of fitness to practise 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 a conditions of practice order on Mr Norris' nursing registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the police caution and misconduct in this case. The panel considered that whilst there were identifiable areas of concern involving Mr Norris' clinical nursing practice that needed to be addressed, these were not caused by a lack of knowledge. Mr Norris had embarked on a course of conduct, and the panel determined that his misconduct and police caution were indicative of an underlying attitudinal issue. Mr Norris' actions were deplorable, and conditional registration would not adequately reflect the seriousness of this case. Furthermore, Mr Norris has disengaged from the NMC and there is nothing to suggest that he would be willing to engage with a conditions of practice order.

In any event, the panel determined that a conditions of practice order would not sufficiently protect the public, nor address the public interest considerations in this case.

The panel then went on to consider whether a suspension order would be an appropriate sanction.

The panel considered Mr Norris' caution and misconduct to be extremely serious. It had found his actions to have amounted to a significant departure from the standards expected of a registered nurse.

The panel noted that a registered nurse who has been found to have acted dishonestly always runs a risk of being removed from the NMC register. However, this risk is reduced should a registrant demonstrate a high level of insight, remorse, or remediation into their misconduct. None of these have been demonstrated by Mr Norris despite ample opportunity to do so. The panel noted that there were serious breaches of multiple standards of the Code and a breach of a fundamental tenet of the nursing profession.

Taking account of the above, the panel determined that Mr Norris' dishonest actions were not merely serious departures from the standards expected of a registered nurse and

serious breaches of the fundamental professional tenets of probity and trustworthiness, they were fundamentally incompatible with Mr Norris remaining on the NMC register. In the panel's judgment, to allow someone who had behaved in this seriously dishonest way to maintain his NMC registration would undermine public confidence in the nursing profession and in the NMC as a regulatory body.

In reaching its decision, the panel bore in mind that its decision would have an adverse effect on Mr Norris both professionally and personally, although it noted that there was no information provided about Mr Norris' intention to return to nursing at some point in the future. However, the panel was satisfied that the need to protect the public and satisfy the public interest outweighs the impact on Mr Norris in this regard.

Considering all of these factors, the panel determined that the appropriate and proportionate sanction is a striking-off order. Having regard to the matters it identified, in particular, the effect of Mr Norris' actions in damaging public confidence in the nursing profession, the panel has concluded that nothing short of this would be sufficient in this case.

Representations on Interim Order

The NMC made the following written representations in relation to the necessity of an interim order:

"52. A substantive sanction cannot take effect until the end of the appeal period, which is 28 days after the date on which the decision letter is served, or, if an appeal has been lodged, before the appeal has been finally determined.

53. If a finding is made that Mr Norris' fitness to practise is impaired on a public interest basis and a restrictive sanction imposed we consider an 18 month interim order in the same terms as the substantive order should be imposed on the basis that it is necessary for the protection of the public and otherwise in the public interest."

Determination on Interim Order

The panel accepted the advice of the legal assessor.

The panel considered the imposition of an interim order and determined that an interim order is necessary for the protection of the public and it is otherwise in the public interest.

The panel determined that an interim conditions of practice order was inappropriate given its earlier findings.

The panel was satisfied that an interim suspension order is necessary in the circumstances of this case. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order. To do otherwise would be incompatible with its earlier findings.

The period of this order is for 18 months to allow for the possibility of an appeal to be made and determined.

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

That concludes this determination.