Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Thursday 28 August 2025 – Friday 29 August 2025

Virtual Meeting

Name of Registrant:	**Lloyd Raymund Villamor Tan**
NMC PIN:	22K0239O
Part(s) of the register:	Registered Adult Nurse, Level 1 (3 November 2022)
Relevant Location:	Surrey
Type of case:	Misconduct
Panel members:	Mary Idowu (Chair, Lay member) Roisin Ann Toner (Registrant member) Paula Charlesworth (Lay member)
Legal Assessor:	Robin Hay
Hearings Coordinator:	Salima Begum
Facts proved:	Charges 1, 2, 3, 4 and 5
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Mr Tan's registered email address by secure email on 17 July 2025.

The panel accepted the advice of the legal assessor.

The Notice of Meeting provided details of the allegations, the time, date and the fact that this meeting was to be heard virtually.

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

Details of charge

'That you a registered nurse,

1) On dates between July 2022 and May 2023 took medication from the hospital for your own use.

2) Your actions at charge 1 above were dishonest in that you knew you were not entitled to take such medication but did so anyway.

3) On 21 April 2023 failed to dispose of a controlled drug.

4) On 21 April 2023 consumed medication, namely remifentanil, which was not prescribed for you.

5) Failed to co-operate with an NMC investigation into your fitness to practices in that you did not return your [PRIVATE]; sent to you on the following dates:
    - 5 September 2023

- 17 October 2023
- 22 August 2024
- September 2024
- 12 December 2024

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

Schedule 1

[PRIVATE]

Background

Mr Tan entered the NMC register as a Level 1 Registered Adult Nurse on 3 November 2022. On 16 August 2023, Surrey and Sussex Healthcare NHS Trust (the Trust) submitted a referral to the NMC raising concerns regarding Mr Tan's fitness to practise. At the time of the events, Mr Tan worked as a Band 5 Theatre Practitioner [PRIVATE], a role he commenced on 29 July 2022.

The concerns reported by the Trust related to an incident that occurred on 21 April 2023. On that day, Mr Tan was working a day shift (08:00 to 18:00) in the [PRIVATE]. It is alleged that shortly before the end of his shift (at around 17:45), Mr Tan was found [PRIVATE] in a male theatre changing room's toilet cubicle. He had self-administered Remifentanil intravenously, which he removed from clinical waste, resulting in [PRIVATE] and requiring medical intervention with oxygen and IV Naloxone.

The NMC obtained statements from witnesses who attended the incident, these witnesses attended to Mr Tan and reported seeing an empty 20ml syringe near Mr Tan and two more syringes in his opened bag. Each of the two syringes in the bag contained clear liquid, and one of them was labelled Remifentanil, which is a potent synthetic opioid commonly used for analgesia and sedation.

Following the incident, Mr Tan was suspended, referred to [PRIVATE], and given access to support services, while the Trust conducted a local investigation.

Decision and reasons on facts

In reaching its decisions on the facts, the panel took into account all the documentary evidence in this case.

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 and exhibits of the following witnesses on behalf of the NMC:

- Witness 1: Head of Theatres
- Witness 2: Chief Medical Information Officer
- Witness 3: Clinical Site Matron
- Witness 4: Consultant Anaesthetist
- Witness 5: Consultant Anaesthetist
- Witness 6: Acute and General Medicine Registrar
- Witness 7: Senior Operating Department Practitioner

The panel also had regard to Mr Tan's written reflective account form.

Before making any findings on the facts, the panel accepted the advice of the legal assessor. It considered the documentary evidence provided by the NMC.

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

Charge 1

"That you a registered nurse,

1) On dates between July 2022 and May 2023 took medication from the hospital for your own use."

This charge is found proved.

The panel considered Witness 1 and 6's statements and the fact-finding report dated 9 May 2023.

Witness 1's statement stated:

"5. I was told that a staff member had been found [PRIVATE] in the male toilet and [PRIVATE] and he had been attended to by many of the professionals around him and had been taken to the ward [PRIVATE]. An empty 20ml syringe was found on the floor next to him and two further 50ml syringes were found in his bag. One syringe was labelled Remifentanil.

6. I had a meeting on the Monday with HR and the divisional chief nurse and it was decided that we would do a fact-finding investigation. Lloyd was initially medically suspended, due to the [PRIVATE], so we completed the fact-finding investigation to establish the circumstances and whether he would be well enough to participate in a disciplinary investigation.

7. I met with Lloyd on the 28 April 2023 and he was open and honest with me. He said he [PRIVATE] weren't helping him. He said he hadn't had time to register with [PRIVATE]. He said he didn't go seeking the drug and wasn't [PRIVATE], however, did say to me that he had done it on other occasions when he had seen the drug in the bin. He said when the opportunity was there he took the drug out the bin to

[PRIVATE]. It's difficult to know exactly how much he had taken but it would likely be small amounts on each occasion.

8. It was the clinical waste bag that he was removing the drug from. At the time it wouldn't have been difficult for Lloyd [PRIVATE]. Lloyd informed me he had been [PRIVATE] approximately 6 weeks. He did say that he would normally take it at home and this was the first occasion he had taken it at work, at the end of his shift. It was a really difficult investigation as Lloyd was very remorseful and anxious about the outcome and what might happen to his career. I do believe he was open and honest about everything. We later established that he did actually [PRIVATE]."

From the Trust meeting notes 28 April 2023, Witness 1 also stated:

"I asked Lloyd if he had taken the Remifentanil from the [PRIVATE] and he explained he did."

The panel found in Witness 6's statement dated 8 May 2023, they stated that:

"I noticed he had [PRIVATE] which I asked him about."

Mr Tan admitted to Witness 6 that this was not the first time that he had [PRIVATE] Remifentanil, that he had retrieved from the bins.

Having considered the evidence before it, the panel found the charge proved.

Charge 2

"That you a registered nurse,

2) Your actions at charge 1 above were dishonest in that you knew you were not entitled to take such medication but did so anyway."

This charge is found proved as it is contingent on Charge 1 being found proved.

Charge 3

"That you a registered nurse,

3) On 21 April 2023 failed to dispose of a controlled drug."

This charge is found proved.

In reaching this decision, the panel considered the evidence in the fact finding report dated 9 May 2023 and Witness 1's statement.

Witness 1 stated:

> *"...*
> *An empty 20ml syringe was found on the floor next to him and two further 50ml syringes were found in his bag. One syringe was labelled Remifentanil."*

Mr Tan admitted to taking the drugs from the rubbish bags when the opportunity arose. The panel found that as a nurse he would have been expected to dispose of these drugs according to hospital policy and therefore failed to dispose of a controlled drug on more than one occasion.

Witness 6's statement also said:

> *"He told me this wasn't the first time he [PRIVATE] Remifentanil he retrieved from the bins at work."*

The panel inferred from this statement that Mr Tan failed to dispose of a controlled drug appropriately.

On the basis of the evidence, the panel was satisfied that Charge 3 was proved.

Charge 4

"That you a registered nurse,

4) On 21 April 2023 consumed medication, namely remifentanil, which was not prescribed for you."

This charge is found proved.

In reaching this decision, the panel considered the fact finding report dated 9 May 2023, the FtP reflective account form from Mr Tan, statements from Witnesses 2, 3, 5, 6, and 7.

Witness 1 stated:

"…a staff member had been found [PRIVATE] in the male toilet and [PRIVATE] and he had been attended to by many of the professionals around him and had been taken to the ward [PRIVATE].

…

I met with Lloyd on the 28 April 2023 and he was open and honest with me. He said he [PRIVATE] weren't helping him. He said he hadn't had time to register with [PRIVATE]. He said he didn't go seeking the drug and wasn't [PRIVATE], however, did say to me that he had done it on other occasions when he had seen the drug in the bin. He said when the opportunity was there he took the drug out the bin to [PRIVATE]. It's difficult to know exactly how much he had taken but it would likely be small amounts on each occasion."

The panel found Witnesses 2, 3, 4, 5 and 7 all described seeing a 20ml syringe lying close to Mr Tan. Witness 2 [PRIVATE]. Witnesses 3, 4, 5 and 7 all described seeing two further syringes with liquid in them, one of which was labelled Remifentanil.

Witness 6 said that Mr Tan [PRIVATE].

The panel determined that with Mr Tan's admissions, witness evidence, and confirmation in Mr Tan's reflective account, it was satisfied that the charge was found proved.

Charge 5

"That you a registered nurse,

5) Failed to co-operate with an NMC investigation into your fitness to practices in that you did not return your [PRIVATE]; sent to you on the following dates:

- 5 September 2023
- 17 October 2023
- 22 August 2024
- September 2024
- 12 December 2024"

This charge is found proved.

In reaching this decision, the panel considered that Mr Tan failed to cooperate with the NMC's investigation into his fitness to practise. It determined that although the [PRIVATE] dated 22 August 2024 was not included in the bundle, given Mr Tan's consistent failure to respond to any of the other forms before or after this date, the panel was satisfied that this charge was proved.

Fitness to practise

The panel then considered whether the facts found proved amount to misconduct and, if so, whether Mr Tan's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage, and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, Mr Tan's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

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.'

The NMC's submission was 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.

The NMC identified the specific, relevant standards where Mr Tan's actions amounted to misconduct, identifying the specific standards of the Code breached, which included: 13.4, 16.3, 18.4, 18.5, 19.4, 20.1, 20.2, 20.3 and 20.4.

Mr Tan's actions in the charges are serious because he risked harm to himself and patients. He took medication from hospital waste [PRIVATE], which is drug misuse and a breach of professional and legal standards. [PRIVATE] and ability to care for patients safely. Being [PRIVATE] meant he could not respond if urgent care was needed. Although the [PRIVATE], and poor disposal practices increased the risk of others accessing it. By using the drug without medical oversight, Mr Tan also endangered [PRIVATE].

Mr Tan did not cooperate with the NMC investigation, breaching the professional requirement to assist in audits and checks needed to assess his fitness to practise. He also failed to update his registration details as required, leaving the NMC without current contact information or the ability to [PRIVATE] in September 2023.

The NMC requires the panel to bear in mind its overarching objective to protect the public and the wider public interest. This included the need to declare and maintain proper

standards and maintain public confidence in the profession and in the NMC as a regulatory body. The panel has referred to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

The NMC submitted that the panel should find Mr Tan's fitness to practise impaired on the grounds that Mr Tan's actions meet all parts of the *Grant* test. His behaviour put both his own health and patient safety at risk, damaged the reputation of the nursing profession, breached key professional duties, and involved dishonesty. While Mr Tan admitted his actions and expressed remorse, he has not cooperated with the NMC by providing [PRIVATE]. As a result, there is no evidence that he has addressed the underlying issues or that the risk of repetition is low. The NMC submitted that public protection and confidence in the profession require a finding of impairment, Mr Tan's dishonesty and risk to patient safety are very serious.

Decision and reasons on misconduct

In reaching its decision, the panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), and *General Medical Council v Meadow* [2007] QB 462 (Admin).

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

The panel determined that Mr Tan's actions did fall significantly short of the standards expected of a registered nurse, and that Mr Tan's actions amounted to a breach of the Code. Specifically:

> *'**13 Recognise and work within the limits of your competence***
> *To achieve this, you must, as appropriate:*
> ***13.4** take account of your own personal safety as well as the safety of people in your care*

16 Act without delay if you believe that there is a risk to patient safety or public protection

To achieve this, you must:

16.3 *tell someone in authority at the first reasonable opportunity if you experience problems that may prevent you working within the Code or other national standards, taking prompt action to tackle the causes of concern if you can*

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:

18.4 *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

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*

19.4 *take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care 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 *act with honesty and integrity at all times…*

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

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

20.9 *maintain the level of health you need to carry out your professional role*

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.
To achieve this, you must:
***23.1** cooperate with any audits of training records, registration records or other relevant audits that we may want to carry out to make sure you are still fit to practise'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel determined that Mr Tan's actions amounted to serious misconduct. It found his behaviour to be both reckless and negligent, creating a risk to patients, his colleagues, and himself. The panel concluded that Mr Tan [PRIVATE] unable to respond an emergency. The panel found that Mr Tan [PRIVATE] on multiple occasions, by his own admission and which may have put patients at considerable harm. The panel concluded that this would shock the public if he were allowed to continue to practice nursing without restriction.

The panel recognised that Mr Tan was under personal pressure, however it determined that he failed to seek appropriate help and instead engaged in conduct that breached multiple areas of the Code and put patient safety at risk.

The panel found that Mr Tan's actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct. Furthermore, the nature of the failings was such that the misconduct was serious in nature.

Decision and reasons on impairment

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

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, 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.’

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients’ and the public’s trust in the profession.

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

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

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

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

a) *has 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 patients were put at risk as a result of Mr Tan's misconduct. Mr Tan's misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

Regarding insight, the panel considered that Mr Tan has shown extremely limited insight into his misconduct. While he made some admissions early in the process, the panel found little evidence that he had meaningfully reflected on the seriousness of his actions, his impact on patients, colleagues, or the reputation of the profession. The panel determined that any insight shown was minimal and did not demonstrate that he fully appreciated the risks or the gravity of his behaviour.

The panel considered the evidence before it in determining whether or not Mr Tan has taken steps to strengthen his practice. The panel concluded that there has been no engagement from Mr Tan since September 2023, no evidence of remediation, no evidence of further training, and no reflective work submitted beyond his initial and limited admissions.

The panel determined that there is a risk of repetition based on the repeated nature of the misconduct, the lack of meaningful insight, and the complete absence of evidence showing that Mr Tan has taken any steps to address the concerns or reduce the risks he poses.

The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind the overarching objectives of the NMC: to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a finding of impairment on public interest grounds is required because Mr Tan's misconduct involved repeated dishonesty, serious breaches of trust, and risks to patient safety, combined with his ongoing lack of engagement, all of which are fundamentally incompatible with the standards expected of a registered nurse.

The panel concluded that public confidence in the profession would be seriously undermined if a finding of impairment were not made in this case and therefore also finds Mr Tan's fitness to practise impaired on the grounds of public interest.

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

Sanction

The NMC submission was that a striking-off order is the only appropriate and proportionate sanction in this case. There are several aggravating factors, including repeated dishonesty, taking drugs from hospital waste, and doing so on multiple occasions. Mitigating factors include Mr Tan's early admissions, some remorse, and personal pressures were acknowledged but did not outweigh the seriousness of the case.

There are no exceptional circumstances to justify taking no action. Mr Tan's lack of engagement means [PRIVATE] and any risk of repetition cannot be properly assessed, so public safety cannot be guaranteed. Conditions of practice would not be suitable because there is no workable way to manage the risks given his ongoing disengagement.

Given the repeated misconduct, dishonesty, and continued failure to cooperate, the NMC's submission was that if Mr Tan was to remain on the register, it would undermine public confidence and professional standards. Therefore, striking off is the only sanction that would protect patients, maintain trust in the profession, and uphold the NMC's role as a regulator.

Decision and reasons on sanction

The panel has decided to make a striking-off order. It directs the registrar to strike Mr Tan off the register. The effect of this order is that the NMC register will show that Mr Tan has been struck-off the register.

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

Having found Mr Tan'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:

- Mr Tan abused his position of trust
- Lack of insight into failings
- Systematic and premeditated pattern of misconduct over a short period of time
- Possession and [PRIVATE] of a controlled drug not prescribed for Mr Tan
- The misconduct indicated serious attitudinal issues
- Direct risk of causing harm to patients and colleagues.

The panel also took into account the following mitigating features:

- Mr Tan's admission and transparency to the number of times [PRIVATE]
- Mr Tan was remorseful
- Personal mitigation included Mr Tan's [PRIVATE].

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, and the public protection issues identified, an order that does not restrict Mr Tan'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 Mr Tan's 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 and that Mr Tan still presents a continuing risk to the public. 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 Mr Tan's registration would be a sufficient and appropriate response. The panel determined that there is a continuing risk to the public and that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The misconduct identified in this case was not something that can be addressed through retraining. Furthermore, the panel concluded that the placing of conditions on Mr Tan's registration would not adequately address the seriousness of this case and would not protect the public or the public confidence in the profession.

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

- *A single instance of misconduct but where a lesser sanction is not sufficient.*

- *No evidence of harmful deep-seated personality or attitudinal problems.*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour.*

The serious misconduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Mr Tan's actions is fundamentally incompatible with Mr Tan remaining on the register.

The panel determined that this was serious misconduct which happened on multiple occasions. The misconduct put patients, his colleagues and indeed himself at real risk of harm. Mr Tan has shown little insight into his behaviour, has not engaged with the investigation, and therefore the risk of repetition cannot be ruled out. Without evidence of improvement or willingness to address concerns, the panel could not be satisfied that patient safety would be protected if Mr Tan were allowed to continue practising.
The panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

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?*

Mr Tan's actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with him remaining on the register. The panel determined that the findings in this particular case demonstrate that Mr Tan's actions were serious and to allow him to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

The panel considered all the circumstances. The repeated nature of the serious misconduct highlighted that this was a series of incidents involving dishonesty, risk to patient safety, and breach of trust.

The panel found Mr Tan's lack of engagement since 2023 significant. Despite having multiple opportunities to cooperate with the NMC's investigation, he failed to provide any evidence of insight or assurance that such behaviour would not be repeated. The panel considered that this lack of engagement prevented any meaningful assessment by the NMC of the risk he currently poses, meaning public protection concerns remain unresolved.

The panel determined that Mr Tan's actions placed patients, colleagues, and indeed himself at risk. It considered this misconduct to be premeditated and systematic for personal benefit, with elements of dishonesty and self-interest that were incompatible with the standards expected of a registered nurse.

The panel concluded that public confidence in the nursing profession would be undermined if Mr Tan were allowed to remain on the register. Given the seriousness of the concerns, the lack of mitigation, the repeated nature of the misconduct, and the absence of engagement, the panel determined that striking off was the only sanction that would sufficiently protect the public, uphold professional standards, and maintain trust in the profession.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Mr Tan's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct himself, the panel has concluded that nothing short of this would be sufficient in this case.

The panel considered that this order was necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

This will be confirmed to Mr Tan 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 Mr Tan's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order.

The panel determined that it was necessary to protect the public and maintain public confidence, given the seriousness of the findings which led to Mr Tan's removal from the register. It determined that it would be inappropriate to allow him to practise during the 28 day appeal window. The panel concluded that if Mr Tan does not appeal, the interim order will fall away once the substantive striking off order takes effect after 28 days. If he does appeal, the interim order will remain in place to ensure ongoing public protection.

The panel therefore imposed an interim suspension order for a period of 18 months to allow time for any possible appeal.

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

That concludes this determination.