Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday, 1 December 2025 – Friday, 5 December 2025

10 George Street, Edinburgh, EH2 2PF

Name of Registrant:	Linda Copeland
NMC PIN:	09A0121S
Part(s) of the register:	Nurses part of the register Sub part 1 Registered Nurse – Adult (28 February 2012)
Relevant Location:	Dumfries and Galloway
Type of case:	Misconduct
Panel members:	Graham Coulston-Herrmann (Chair, lay member) Ivan McGlen (Registrant member) Fay Jackson (Lay member)
Legal Assessor:	Gerard Coll
Hearings Coordinator:	Catherine Blake
Nursing and Midwifery Council:	Represented by Graham Macdonald, Case Presenter
Mrs Copeland:	Present and not represented at the hearing
Facts proved by admission:	Charges 1a ii), 1b, 1c, 2 and 3a
Facts proved:	Charges 1a i) and 3b
Fitness to practise:	**Impaired**
Sanction:	**Suspension order (6 months)**
Interim order:	**Interim suspension order (18 months)**

Details of charge

That you, a registered nurse:

1) On 21 August 2022:
    a. Took one or more of the following medications belonging to your employer without permission and/or authority:
        i. Levomepromazine; **[PROVED]**
        ii. Buscopan; **[PROVED BY ADMISSION]**
    b. Administered Morphine, a controlled drug, to Colleague A without a prescription; **[PROVED BY ADMISSION]**
    c. Gave Colleague A Amitriptyline to use without a prescription; **[PROVED BY ADMISSION]**

2) Your conduct at charge 1(a) was dishonest as you knew that you did not have permission and/or authority to take the medication from your employer; **[PROVED BY ADMISSION]**

3) Your conduct breached the duty of candour in that you failed to disclose to your employer:
    a. your involvement in respect of Charge 1(b) in a timely manner; **[PROVED BY ADMISSION]**
    b. that you knew that the Morphine administered to Colleague A at Charge 1(b) had been taken by Colleague B, without permission and/or authority; **[PROVED]**

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

Decision and reasons on application for hearing to be held in private

At the outset of the hearing, the panel noted that the information in the bundles makes references to the private health matters of third parties. It invited submissions from Mr Macdonald, on behalf of the Nursing and Midwifery Council (NMC), and you in respect of the notion to hold the hearing partly in private pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

You and Mr Macdonald both indicated that you did not oppose the notion that any reference to the private health matters of any person or persons should be heard in private.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

Accordingly, having heard submissions from the parties and the advice of the legal assessor, the panel determined to go into private session in connection with health matters as and when such issues are raised in order to protect the privacy of the person or persons concerned.

Decision and reasons on application to admit hearsay evidence

The panel heard an application made by Mr Macdonald under Rule 31 to allow the hearsay of Colleague A within the statement of Witness 1 into evidence. Mr Macdonald submitted that the evidence is highly relevant. He submitted that Colleague A's hearsay was not sole or decisive, and was also supported by other evidence in the bundle.

You indicated that you did not oppose the application.

The panel heard and accepted the legal assessor's advice on the issues 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 Colleague A serious consideration. The panel determined this evidence was not sole or decisive in this case, and served to provide context for the charges. The panel was of the view that admitting Colleague A's hearsay evidence would therefore be a practical measure.

In these circumstances, the panel came to the view that it would be fair and relevant to accept into evidence the hearsay of Colleague A, but would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it.

Decisions and reason on application to amend the charges

During the presentation of the NMC's case, and following the completion of Witness 3's evidence, Mr Macdonald made an application to amend the charges to remove charge 1a iii) referring to Haloperidol. This application was made under Rule 28.

In relation to this application, Mr Macdonald submitted that there was no reference in the papers available to him regarding the drug Haloperidol and therefore no evidence to support this charge. Accordingly, it was appropriate and fair to amend the charges to delete charge 1a iii) where it refers to Haloperidol.

You indicated that you supported the application.

The panel accepted the advice of the legal assessor.

The panel was of the view that such an amendment, as applied for, was in the interest of justice. The panel was satisfied that there would be no prejudice to you and no injustice

would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment, as applied for, to better reflect the evidence.

Background

The charges arose whilst you were employed as a registered nurse by NHS Dumfries and Galloway (the Board).

On 21 August 2022, you met Colleague B when leaving the office. Colleague B informed you that she was going to see Colleague A, who had hurt her back and was in pain.

You offered to help and go with Colleague B to Colleague A's house. You and Colleague B allegedly collected Levomepromazine and Buscopan from your workplace before heading to Colleague A's house.

On arrival at Colleague A's house, Colleague B offered Colleague A morphine, which she had in her car and said that it belonged to her daughter. Colleague B drew up the Morphine and you administered it to Colleague A. This was done via a subcutaneous line.

Concerns were raised the following week when Colleague A and Colleague B both informed other colleagues of this incident. Your involvement came to light after Colleague A informed Witness 1, a Charge Nurse, that you were involved and were the one to administer the Morphine.

The incident was escalated and an investigation commenced.

It later transpired that the Morphine was not prescribed for Colleague B's daughter.

These concerns were referred to Police Scotland, who concluded there was no proceeding against you.

Decision and reasons on facts

At the outset of the hearing, you informed the panel that you made full admissions to charges 1a ii), 1b, 1c, 2 and 3a.

The panel therefore finds charges 1a ii), 1b, 1c, 2 and 3a proved in their entirety, by way of your admissions.

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Mr Macdonald on behalf of the NMC and by you.

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 live evidence from the following witnesses called on behalf of the NMC:

- Witness 1: Charge Nurse at the Board at the time of the charges
- Witness 2: Senior Charge Nurse at the Board at the time of the charges
- Witness 3: Clinical Nurse Leader at the Board at the time of the charges

The panel also heard evidence from you under affirmation.

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

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

Charge 1a i)

'That you, a registered nurse on 21 August 2022 took one or more of the following medications belonging to your employer without permission and/or authority:

i. Levomepromazine'

This charge is found proved.

In reaching this decision, the panel took into account the oral and documentary evidence of you. It also considered the NHS Scotland Workforce Investigation Report dated 13 February 2023.

The panel took into account the following from the recorded investigatory interview summaries contained in the Investigation Report:

'When asked what medication Linda Copeland had taken out of the cupboard, Colleague B states, "Buscopan and Levomepromazine and there was a 10ml vial of water."

…

'[Colleague B] removed the Levomepromazine from the cupboard and then "…took the whole three off me because I then locked the cabinet."

…

‘When asked to reflect on the incident on 21st August 2022, Linda stated, “I originally, when I first walked in that door, the only thing I believed that had was the Buscopan that we’d got out the cupboard and the Levomepromazine – that was the only thing I knew of. When I seen she was in great distress. She was in a lot of pain and we had went round all the A&E, can’t get into the car, the ice, didn’t have ice, phoning Out of Hours again, took too long, just wanted this pain to stop. was very, very distressed.’

In oral evidence you said that you removed the Buscopan, but that Colleague B was the one who removed the Levomepromazine from the controlled drug stores.

The panel considered the legal assessor’s advice, which included reference to the principle of silent assent. The panel determined that by not objecting nor intervening in the taking of the Levomepromazine, this indicated silent assent on your part.

The panel determined that, irrespective of who precisely handled the Levomepromazine in removing it from the stores, the endeavour as a whole was a joint enterprise between you and Colleague B. Accordingly, the panel was satisfied that you did take the Levomepromazine without permission and/or authority.

Accordingly, the panel found this charge proved.

Charge 3b

‘Your conduct breached the duty of candour in that you failed to disclose to your employer that you knew that the Morphine administered to Colleague A at Charge 1(b) had been taken by Colleague B, without permission and/or authority’

This charge is found proved.

In reaching this decision, the panel took into account the oral and documentary evidence of Witness 1, Witness 2, Witness 3, and you. The panel also considered the screenshots of private messages between you and Colleague B, as well as the Board's drug policy.

The panel first considered that, in order for this charge to be found proved, you need to have had a duty to report the administration of the Morphine to Colleague A by Colleague B. This would be established if the Morphine was not prescribed to Colleague A.

The panel considered the statements of Witness 1, Witness 2 and Witness 3, all of whom expressed shock at this incident.

Witness 1 stated:

> *'I was stunned of what Colleague B said and the implications of putting a line in another nurse or anyone without a prescription of morphine. Morphine is a controlled drug which is prescribed by a doctor or a consultant and putting a line in a colleague was serious. I have never heard of anything like this before.'*

Witness 2 stated:

> *'I was also concerned because medication administered wasn't prescribed to Colleague A it was stolen medication that was prescribed to somebody else. I was concerned because this was theft. I was also very concerned that none of the nurses realized[sic] what they were doing was wrong and stopped. There were other avenues they should have taken to ensure that received pain relief like taking her to A&E.'*

Witness 3 stated:

> *'The incident was only escalated to management sometime later after happening. I was shocked when I first learned about the incident and I am still shocked by it. I was concerned about the incident because the medication administration protocol wasn't followed and considering what [the interviewer] told me was a misuse of drugs and an illegal activity.'*

In oral evidence, you maintained that Colleague B had lied to you about the origin of the Morphine. It was your case that Colleague B was a habitual liar and kept changing her story about what happened. It is your evidence that you believed at the time that the Morphine belonged to Colleague B's daughter, and that you did not know it had been taken by Colleague B from her workplace.

The panel considered the messages sent to you from Colleague B after the incident:

> *'She also told [Witness 2] that it was my daughters[sic] cyclomorph that I had given her xx I thought it m8ght[sic] look better for me and [Colleague A] xx'*
>
> *'…I don't want them to think that you had the morphine. I am goingvto [sic] say I took the morphine.'*

The panel noted that you have remained engaged and cooperative throughout these proceedings, however there appear to be noticeable inconsistencies within the accounts when tested in live evidence. Notably, the panel were concerned by the evidence it has seen in the private messages between you and Colleague B that suggest collusion and an attempt to construct a narrative. Further, during oral evidence when asked about the providence of the Morphine, you could not explain why you did not challenge this. Having seen evidence from other witnesses as to how unusual this would be, the panel was of the view that this further affected the reliability of your evidence.

The panel considered it reasonable to expect an experienced nurse to notice that a controlled drug in an ampoule was highly unlikely to belong to the family member of another nurse. The panel was of the view that a registered nurse working in the community, and with a working knowledge of the administration of Morphine, ought to have questioned its provenance.

The panel determined that it was more likely than not that you knew that the Morphine did not belong to Colleague B's daughter, and that it had been taken without permission and/or authority.

The panel paid close attention to the wording of the charge. The panel concluded that, whether you held a genuine belief that the Morphine belonged to Colleague B's daughter or not, there was no permission or authority for it to be administered to Colleague A as this was not prescribed to her. The panel bore in mind the evidence of Witness 1, Witness 2 and Witness 3 that this incident was highly unusual. The panel considered that this was sufficient to trigger the duty of candour.

Accordingly, the panel found this charge proved.

After the panel handed down its decisions on the facts, you informed the panel that you would not attend any further stages of this hearing.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether 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 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, your fitness to practise is currently impaired as a result of that misconduct.

Submissions 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.'*

Mr Macdonald 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 Macdonald identified the specific, relevant standards where Mrs Copeland's actions amounted to misconduct. He submitted the following sections of the Code had been breached: 13.4, 14.3, 16.1, 16.2, 17, 18.1, 18.2, 18.4, and 20.2.

Submissions on impairment

Mr Macdonald 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. This included reference to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin) and *Cohen v General Medical Council [2008] EWHC 581 (Admin).*

Mr Macdonald referred to the test as outlined in *Grant* and submitted that, by virtue of the charges found proved, Mrs Copeland's behaviour put patients and members of the public at unwarranted risk of harm. He submitted that, without remediation, she was likely to do

so again in future. Mr Macdonald further submitted that in breaching those sections of the Code outlined above Mrs Copeland has breached fundamental tenets of the nursing profession. Mr Macdonald submitted that confidence in community nursing and the profession would be undermined if the NMC as regulator did not regard the misconduct in this case as serious.

Mr Macdonald submitted that impairment is a forward-thinking exercise. He referred to the case of Cohen, and submitted that the misconduct in this case is capable of being remedied. He referred the panel to the reflection Mrs Copeland has provided, as well as the positive testimonies submitted on her behalf. However, Mr Macdonald submitted that Mrs Copeland has not provided evidence of any steps taken to strengthen her practise. He therefore submitted that there is nothing to suggest that Mrs Copeland has identified her errors and learnt from them such that the panel can be satisfied that she is capable of safe and effective practice. Accordingly, Mr Macdonald submitted that there is a real risk of repetition and that public protection is engaged.

Mr Macdonald submitted that a finding of impairment is also needed in order to declare and uphold proper standards of conduct. He invited the panel to find that Mrs Copeland's practise is currently impaired.

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).

Decision and reasons on misconduct

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 Mrs Copeland's actions did fall significantly short of the standards expected of a registered nurse, and that Mrs Copeland's actions amounted to a breach of the Code. Specifically:

8 Work co-operatively

8.7 be supportive of colleagues who are encountering health or performance problems. However, this support must never compromise or be at the expense of patient or public safety

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.

10.1 complete records at the time or as soon as possible after an event, recording if the notes are written some time after the event

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

The professional duty of candour is about openness and honesty when things go wrong. "Every healthcare professional must be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm or distress." Joint statement from the Chief Executives of statutory regulators of healthcare professionals.

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

16.2 raise your concerns immediately if you are being asked to practise beyond your role, experience and training

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

18.4 take all steps to keep medicines stored securely

20 Uphold the reputation of your profession at all times

20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment

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 appreciated that breaches of the Code do not automatically result in a finding of misconduct.

In relation to charge 1, the panel found these sub-charges amounted to misconduct. The panel considered that the removal of medicines Mrs Copeland knew she should not take, and the subsequent administration of a controlled drug via subcutaneous line to Colleague A fell well below the standards expected of a registered nurse. The panel did not consider this to be a single, isolated incident, but a series of premeditated acts. The panel determined Mrs Copeland's behaviour at this charge had the potential to cause significant

harm as neither Mrs Copeland nor Colleague B knew what other medication Colleague A had taken. The panel determined the administration of unprescribed Morphine to be extremely serious. Accordingly, the panel determined that this behaviour met the high threshold for misconduct.

In relation to charges 2 and 3 of dishonesty and breaching the duty of candour, the panel found these charges and sub-charges amounted to misconduct. The panel considered that removing medicine without permission and then failing to disclose this to an employer fell well below the standards expected of a registered nurse. Accordingly, the panel was satisfied that this behaviour met the high threshold for misconduct.

Decision and reasons on impairment

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

In coming to its decision, the panel had regard to the NMC Guidance on *'Impairment'* (Reference: DMA-1 Last Updated: 03/03/2025) in which the following is stated:

> *'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. 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/ 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 a colleague was put at risk of significant harm as a result of Mrs Copeland's misconduct. While Colleague A had not been admitted as a patient, she was the recipient of medical treatment by Mrs Copeland. Accordingly, the panel was satisfied that the first limb is engaged. Further, Mrs Copeland's misconduct breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. The panel was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious. The panel therefore found all four limbs of the test in Grant were engaged.

The panel went on to consider the following elements set out in Cohen:

- Whether the conduct which led to the charge(s) is easily remediable;
- Whether the conduct has been remedied; and
- Whether the conduct is highly unlikely to be repeated.

The panel came to the conclusion that the misconduct in this case may be capable of being addressed, but that this would be difficult. Therefore, the panel carefully considered the evidence before it in determining whether or not Mrs Copeland has taken steps to remediate or strengthen her practice.

Regarding insight, the panel considered the documentation in the bundle of Mrs Copeland's reflective statement, and the positive testimonials submitted on her behalf. The panel determined Mrs Copeland has demonstrated remorse and contrition, and some level of insight into her misconduct. However, the panel determined there has been an absence of meaningful reflection into the gravity of the issues of this case. The panel considered that Mrs Copeland's insight into the dishonesty is limited and focussed purely on the local investigation rather than the incident as a whole. The panel could not be assured that Mrs Copeland will not repeat the misconduct in this case and therefore

concluded that there is a risk of repetition. The panel therefore decided that a finding of impairment is necessary on the ground of public protection.

The panel bore in mind that 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 was concerned that, although no harm was caused to Colleague A, the action of administering unprescribed Morphine to someone who Mrs Copeland did not know the medical history of via a subcutaneous line could have had catastrophic consequences. Especially as Mrs Copeland knew that Colleague A had been given other drugs throughout the day. This was further exacerbated by the other drugs, including Buscopan, supplied to Colleague A by Mrs Copeland at the same time, as well as Amitriptyline later in the day. The panel concluded that an ordinary member of the public would be appalled if the regulator did not treat this matter with the utmost seriousness.

The panel has seen evidence from three professional nurses who have all expressed shock at the misconduct in this case. The panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case. Therefore, the panel finds Mrs Copeland's fitness to practise impaired on the ground of public interest.

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

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of six months. The effect of this order is that the NMC register will show that Mrs Copeland registration has been suspended.

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 Macdonald informed the panel that in the Notice of Hearing, dated 28 October 2025, the NMC had advised Mrs Copeland that it would seek the imposition of a six-month suspension order if it found her fitness to practise currently impaired.

Decision and reasons on sanction

Having found Mrs Copeland'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:

- Lack of meaningful insight and reflection into the incident itself
- Dishonesty, including theft and breach of the duty of candour
- Conduct which put a colleague at risk of suffering harm

The panel also took into account the following mitigating features:

- That Mrs Copeland's misconduct did not result in actual harm to Colleague A
- That Mrs Copeland made early admissions to some of the charges
- That Mrs Copeland had a previously unblemished career

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, and the dishonesty, an order that does not restrict Mrs Copeland'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 Mrs Copeland's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

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

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

However, the panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case, and the dishonesty

found proved. The misconduct identified in this case was not something that can be addressed through retraining, and the panel has seen limited insight and willingness to engage from Mrs Copeland. The panel could not be satisfied that the placing of conditions on Mrs Copeland's registration would adequately address the seriousness of this case and protect the public.

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 panel was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register. The panel took into account Mrs Copeland's evidence that her involvement in the incident was out of a genuine attempt to help a colleague she identified as being in extreme pain. The panel has also considered the information it has heard regarding the characters of Colleague A and Colleague B, and that Mrs Copeland may have been manipulated by them. The panel concluded that while Mrs Copeland has a previously unblemished career, the misconduct in this case was a severe departure from the standards expected of a registered nurse.

The panel did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, the panel concluded that it would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Mrs Copeland's case to impose a striking-off order.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.

The panel considered that this order is necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse. The panel determined that a suspension order for six months was appropriate in this case to mark the seriousness of the misconduct, and allow Mrs Copeland an opportunity to remediate should she wish to return to nursing.

At the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- A reflective statement from Mrs Copeland into the charges found proved
- Evidence of professional development, including documentary evidence of completing courses in medication storage, safety and administration, and professional ethics
- Mrs Copeland engagement with and attendance at any future reviews

This will be confirmed to Mrs Copeland in writing.

Interim order

As the suspension order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Mrs Copeland's own interests until the suspension sanction takes effect. 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 Macdonald. He invited the panel to impose an interim suspension order for a period of up to 18 months to allow time for any appeal to be resolved.

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 therefore imposed an interim suspension order for a period of 18 months to allow time for any appeal to be resolved.

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

That concludes this determination.