

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

**Substantive Order Review Hearing  
Friday, 12 June 2026**

Virtual Hearing

**Name of Registrant:** Linda Ann Copeland

**NMC PIN:** 09A0121S

**Part(s) of the register:** Adult Nursing – Level 1  
March 2012

**Relevant Location:** Dumfries and Galloway

**Type of case:** Misconduct

**Panel members:** Oluwasola Falola (Chair, Registrant member)  
Paula Newton (Lay member)  
Zeenath Uddin (Registrant member)

**Legal Assessor:** Ben Stephenson

**Hearings Coordinator:** Hazel Ahmet

**Nursing and Midwifery Council:** Represented by Sophia Ewulo, Case Presenter

**Ms Copeland:** Not present and not represented at the hearing

**Order being reviewed:** Suspension order (6 months)

**Fitness to practise:** Impaired

**Outcome:** **Suspension order (6 months) to come into effect on 05 July 2026 in accordance with Article 30 (1)**

## **Decision and reasons on service of Notice of Hearing**

The panel was informed at the start of this hearing that Ms Copeland was not in attendance and that the Notice of Hearing had been sent to Ms Copeland's registered email address by secure email on 1 June 2026.

Ms Ewulo, on behalf of the Nursing and Midwifery Council (NMC), accepted that this notice period was less than the expected 28 days, as required by Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Ewulo submitted that on 27 May 2026, Ms Copeland's case was not heard due to a lack of time. Ms Copeland was then contacted on this date, and clearly stated that she did not have any further dates to avoid for a re-scheduling of this hearing, and that she is willing to accept the short notice of any future hearing. Consequently, Ms Copeland waived her right to the NMC's Rule 11 and 34, 28-day notice period.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the substantive order being reviewed, the time, date and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Ms Copeland's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence. The panel also considered Ms Copeland's acceptance and willingness to waive her 28-day notice period right.

In the light of all of the information available, the panel was satisfied that Ms Copeland had been served with notice of this hearing appropriately.

## **Decision and reasons on proceeding in the absence of Ms Copeland**

The panel next considered whether it should proceed in the absence of Ms Copeland. The panel had regard to Rule 21 and heard the submissions of Ms Ewulo who invited the panel to continue in the absence of Ms Copeland. She submitted that Ms Copeland had voluntarily absented herself.

Ms Ewulo referred the panel to the email from Ms Copeland to Ms Ahmet on 8 June 2026, which stated the following:

*'Good morning Hazel,  
I can confirm I will not be attending hearing on Friday 12<sup>th</sup> of June.  
Regards,  
Linda'*

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Ms Copeland. In reaching this decision, the panel has considered the submissions of Ms Ewulo and the advice of the legal assessor. It has had particular regard to any relevant case law on proceeding in the absence of Ms Copeland, and to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Ms Copeland;
- Ms Copeland has informed the Hearings Coordinator, Ms Ahmet on 8 June 2026, that she will not be attending today's hearing;
- There is no reason to suppose that adjourning would secure her attendance at some future date; and
- There is a strong public interest in the expeditious review of the case;
- This is a mandatory review and the current order expires on 5 July 2026

In these circumstances, the panel has decided that it is fair to proceed in the absence of Ms Copeland.

### **Decision and reasons on review of the substantive order**

The panel decided to confirm the current suspension order for a further 6 months.

This order will come into effect at the end of 5 July 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order originally imposed for a period of 6 months by a Fitness to Practise Committee panel on 5 December 2025.

The current order is due to expire on 5 July 2026.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved by way of admission which resulted in the imposition of the substantive order were as follows:

*'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]'**

The original panel determined the following with regard to impairment:

*'The panel found that a colleague was put at risk of significant harm as a result of Ms Copeland's misconduct. While Colleague A had not been admitted as a patient, she was the recipient of medical treatment by Ms Copeland. Accordingly, the panel was satisfied that the first limb is engaged. Further, Ms 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 Ms Copeland has taken steps to remediate or strengthen her practice.*

*Regarding insight, the panel considered the documentation in the bundle of Ms Copeland's reflective statement, and the positive testimonials submitted on her behalf. The panel determined Ms 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 Ms 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 Ms 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 Ms Copeland did not know the medical history of via a subcutaneous line could have had catastrophic consequences. Especially as Ms 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 Ms 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 Ms Copeland's fitness to practise impaired on the ground of public interest. Having regard to all of the above, the panel was satisfied that Ms Copeland fitness to practise is currently impaired.'*

The original panel determined the following with regard to sanction:

*'The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register. The panel took into account Ms 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 Ms Copeland may have been manipulated by them. The panel concluded that while Ms 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 Ms 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 Ms Copeland an opportunity to remediate should she wish to return to nursing.'*

## **Decision and reasons on current impairment**

The panel has considered carefully whether Ms Copeland's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as the ability of a professional on our register to practise as a nurse, midwife or nursing associate safely and effectively without restriction. In considering this

case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle. It has taken account of the submissions made by Ms Ewulo on behalf of the NMC.

Ms Ewulo submitted that this is the first review of the substantive suspension order which was imposed on 5 December 2025 for a period of 6 months.

Ms Ewulo submitted that it is for Ms Copeland at this substantive order review, to demonstrate that she had fully acknowledged why her past professional performance was deficient, through insights, application, education, supervision or other achievements.

Ms Ewulo submitted that this case relates to matters of dishonesty and the breach of a duty of candour.

Ms Ewulo walked the panel through the background of this case.

Ms Ewulo submitted that it is the prerogative of Ms Copeland as to whether she attended this hearing today or not, but she highlighted that Ms Copeland has not provided a reason as to why she did not wish to attend today.

Ms Ewulo submitted that although Ms Copeland has had some engagement with the proceedings, there is nothing 'stopping' Ms Copeland in complying with the request of the previous panel. Ms Ewulo submitted that Ms Copeland could have provided a reflective statement regarding the charges found proved. She submitted that there is nothing before the panel to suggest evidence of professional development, such as online training or courses, as recommended.

Ms Ewulo submitted that it is not clear whether Ms Copeland is working at all.

Ms Ewulo submitted that nothing has changed since the imposition of the six-month suspension order; Ms Copeland's unrestricted practise continues to present a risk of harm.

The misconduct can be considered to be a serious departure from the standards expected of a registered nurse. She submitted that, an order remains necessary on the ground of public protection.

Ms Ewulo submitted that a member of the public would be seriously concerned to know that a nurse, without any authority, took medication with a colleague, and administered this to someone in their house. Ms Ewulo consequently submitted that an order is also in the public interest, in order to uphold the trust and confidence in the NMC as the professional regulator. An order is also required in the public interest, as this would uphold the proper standards and behaviours expected from a registered nurse.

Ms Ewulo submitted that it is a matter for the panel as to which sanction should be continued or imposed.

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

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether Ms Copeland's fitness to practise remains impaired.

The panel noted that the original panel, in relation to Ms Copeland's insight, remediation, and strengthening of her practice, had determined the following:

*'Regarding insight, the panel considered the documentation in the bundle of Ms Copeland's reflective statement, and the positive testimonials submitted on her behalf. The panel determined Ms 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 Ms Copeland's insight into the dishonesty is limited and focussed purely on the local investigation rather than the incident as a whole.'*

The original panel determined that it could not be assured that Ms Copeland would not repeat matters of the kind found proved; it found that there was a risk of repetition.

Today's panel has heard no new information; it noted that Ms Copeland has not completed or complied with any of the recommendations, as set out by the original panel. Since then, Ms Copeland has not provided any further remediation, reflective pieces, training courses, or positive references in relation to her practice as a registered nurse.

In light of this, and in the absence of any proper improvement, insight or remediation, this panel determined that Ms Copeland remains liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that a member of the public would be shocked, if a registered nurse facing such misconduct and dishonesty charges, were to be allowed to practice unrestricted, at this time. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that Ms Copeland's fitness to practise remains impaired.

### **Decision and reasons on sanction**

Having found Ms Copeland's fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

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 Ms 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, but the Committee wants to mark that what happened was unacceptable and must not happen again.'* The panel considered that Ms 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 a conditions of practice on Ms 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 bore in mind the seriousness of the facts found proved at the original hearing and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel was not able to formulate conditions of practice that would adequately address the concerns relating to Ms Copeland's misconduct, which includes dishonesty.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow Ms Copeland further time to fully reflect on her previous dishonesty and misconduct. It considered that Ms Copeland's need to gain a full understanding of how the dishonesty of one nurse can impact upon the nursing profession as a whole and not just the organisation that the individual nurse is working for.

The panel concluded that a further 6 months suspension order would be the appropriate and proportionate response and would afford Ms Copeland adequate time to further develop her insight and take steps to strengthen her practice. It would also give Ms Copeland an opportunity to provide testimonials or references from employers, colleagues or others who are aware of the regulatory findings against her, and are able to comment on her honesty, integrity, and current conduct.

The panel determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. Accordingly, the panel determined to impose a suspension order for the period of 6 months which would provide Ms Copeland with an opportunity to engage with the NMC and follow panel recommendations. It considered this to be the most appropriate and proportionate sanction available.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 5 July 2026 in accordance with Article 30(1).

Before 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:

- 1) Ms Copeland's engagement with and attendance at any future reviews;
- 2) A reflective statement from Ms Copeland into the charges found proved; evidencing insight into her dishonesty, duty of candour, the risks of administering unprescribed medication, and the impact of her conduct on public confidence in the profession;
- 3) Evidence of her professional development, including documentary evidence of completing courses in medication storage, safety and administration, and professional ethics;
- 4) Information from Ms Copeland in relation to her intentions, so far as nursing is concerned, or otherwise.

The panel highlight that at any future review, all sanction options will be available to the panel, including but not limited to, a striking off order.

This will be confirmed to Ms Copeland in writing.

That concludes this determination.