

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

**Substantive Order Review Hearing
Friday, 5 June 2026**

Virtual Hearing

Name of Registrant: Paul Anthony Cowan

NMC PIN: 88H0261S

Part(s) of the register: Registered Nurse – Sub Part 1
Mental Health Nursing – 05 December 1991

Relevant Location: North Lanarkshire

Type of case: Misconduct

Panel members: Farrah Jaura (Chair, Lay Member)
Margaret Wilkinson (Registrant Member)
Marilyn Norman (Lay Member)

Legal Assessor: Ben Stephenson

Hearings Coordinator: Angela Nkansa-Dwamena

Nursing and Midwifery Council: Represented by Nicola Kay, Case Presenter

Mr Cowan: Not present and not represented

Order being reviewed: Suspension order (6 months)

Fitness to practise: Impaired

Outcome: **Suspension order (6 months) to come into effect at the end of 11 June 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 Mr Cowan was not in attendance and that the Notice of Hearing had been sent to Mr Cowan's registered email address by secure email on 7 May 2026.

Ms Kay, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

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 Mr Cowan's right to attend, be represented and call evidence, as well as the panel's power to proceed in his absence.

In light of all of the information available, the panel was satisfied that Mr Cowan has been served with notice of this hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Mr Cowan

The panel next considered whether it should proceed in the absence of Mr Cowan. The panel had regard to Rule 21 and heard the submissions of Ms Kay, who invited the panel to proceed in the absence of Mr Cowan.

Ms Kay referred to the cases of *R v Jones (Anthony William)*_(No.2) [2002] UKHL 5 and *General Medical Council v Adeogba* [2016] EWCA Civ 162. She submitted that Mr Cowan has made it clear in his correspondences to the NMC that he does not intend to attend the hearing. She referred to two emails from Mr Cowan dated 24 March 2026 and 11 May 2026, in which Mr Cowan had expressed that he would not be attending or be represented at the hearing and that he had no interest in the outcome of the hearing.

Ms Kay submitted that Mr Cowan has voluntarily absented himself from today's proceedings. She submitted that Mr Cowan has not made a request for an adjournment and there is nothing to suggest that an adjournment would secure his attendance on a future occasion.

Ms Kay submitted that the purpose of today's hearing is to conduct a statutory review of Mr Cowan's substantive suspension order, which is due to expire on 11 June 2026. She submitted that there are public protection and public interest concerns in this case therefore, there is a strong public interest in reviewing this case today. She submitted that it would be fair, appropriate and proportionate to proceed in Mr Cowan's absence today.

The panel accepted the advice of the legal assessor.

The panel decided to proceed in the absence of Mr Cowan. In reaching this decision, the panel considered the submissions of Ms Kay, Mr Cowan's correspondence, and the advice of the legal assessor. It had particular regard to relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- Mr Cowan has informed the NMC that he has received the Notice of Hearing and confirmed that he has no intention to attend the hearing or send representation;
- Mr Cowan has voluntarily absented himself from today's proceedings;
- No application for an adjournment has been made by Mr Cowan;
- There is no reason to suppose that adjourning would secure his attendance at some future date; and
- There is a strong public interest in the expeditious review of the case, as the order is due to expire on 11 June 2026.

In these circumstances, the panel decided that it is fair to proceed in the absence of Mr Cowan.

Decision and reasons on review of the substantive order

The panel decided to extend the current suspension order for a period of six months.

This will come into effect at the end of 11 June 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 six months by a Fitness to Practise Committee panel on 11 November 2025. This was due to be reviewed on 5 May 2026 however, the matter was not heard due to lack of time.

The current order is due to expire at the end of 11 June 2026.

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

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

'That you, a registered nurse:

1) On 10 June 2021 you failed to administer medication to one or more patients in Schedule 1.

2) You failed to ensure the safety of one or more patients set out in Schedule 1 when you were told by staff that you had not administered the evening medication round on 10 June 2021 in that you:

a) ...

b) ...

c) Failed to make an entry in the quality assurance system named RADAR.

d) ...

e) ...

3) Breached your professional duty of candour in that you:

a) *Failed to raise concerns with management about not administering the evening medication round on 10 June 2021.*

b) ...

c) *Failed to report the errors on the quality assurance system (RADAR).*

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

Schedule 1

Patient A

Patient B

Patient C

Patient D

Patient E

Patient F

Patient G'

The original panel determined the following with regard to impairment:

'The panel finds that several patients were put at risk of harm as a result of Mr Cowan's misconduct. Although no actual harm occurred, the missed medication round involving seven patients created avoidable risk. Further, Mr Cowan's failures to escalate the error, to report it appropriately, and to uphold the professional duty of candour represented a breach of 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 regard breaches of the duty of candour as extremely serious.

The panel then considered the level of insight demonstrated by Mr Cowan. It acknowledged that, in his local statement dated 16 June 2021, Mr Cowan expressed some early insight, including:

- *Accepting personal responsibility for the missed medication round.*

- *Acknowledging that his error resulted from poor prioritisation.*
- *Offering an apology.*

The panel accepted that this indicated some initial developing insight into how the omission occurred. However, the panel found that this insight was partial and limited. For example, Mr Cowan did not demonstrate:

- *A full appreciation of the potential impact of his conduct on patients.*
- *An understanding of how his actions could undermine trust and confidence among colleagues or the public.*
- *Meaningful reflection on the seriousness of breaching the duty of candour.*
- *An adequate explanation of how he would behave differently in the future.*

The panel noted that aside from a testimonial from Balmer Care Homes dated 20 January 2022, no further evidence was provided to demonstrate reflection, learning, or sustained development of insight since the incident. Mr Cowan did not provide a recent reflective account and there was no indication of deeper acknowledgment of the consequences of his actions.

The panel considered whether the misconduct was remediable. The panel accepted that failures relating to medication administration and incident reporting are, in principle, capable of remediation. However, the panel also recognised that breaches of the duty of candour can be difficult to remediate, particularly where the conduct reflects an attitudinal issue, specifically, the decision not to report the error. The panel noted:

- *The lack of evidence of relevant training.*
- *No up-to-date reflective work.*
- *No demonstration of strengthened practice since the incident.*
- *No meaningful engagement with the regulatory process to show remediation in action.*

Given the seriousness of the concerns, particularly relating to the duty of candour, and the limited evidence of remediation, the panel considered that the risk had not been adequately addressed.

The panel considered that the misconduct arose from a combination of poor prioritisation, failure to escalate concerns, and a lack of openness. While the panel acknowledged that the incident occurred over a short time period, it was concerned that these failings were interconnected, that they occurred while Mr Cowan was acting in a senior role (Band 6, Deputy Manager), and that there was limited evidence of meaningful insight or remediation. As such, in the absence of clear, developed insight and remediation, the panel concluded that there is a risk of repetition.

Accordingly, the panel determined that a finding of impairment is necessary on public protection grounds.

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.

Given the seriousness of the concerns, particularly the breach of the duty of candour, the panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made. Therefore, the panel also finds Mr Cowan's fitness to practise impaired on the grounds of public interest.

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

The original panel determined the following with regard to sanction:

'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;*
- *No evidence of repetition of behaviour since the incident;*
- *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 in light of Mr Cowan's partial insight and acceptance.

The panel went 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 and would be going further than is necessary to achieve public protection. Whilst the panel acknowledge that a suspension may have a punitive effect, it would be unduly punitive in Mr Cowan's case to impose a striking-off order.

Balancing all of these factors, the panel concluded that a suspension order would be the appropriate and proportionate sanction. It noted the hardship such an order will inevitably cause Mr Cowan. However, this is outweighed by the public interest in this case.

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.

In making its decision, the panel carefully considered the NMC's submissions in relation to the sanction that the NMC was seeking in this case. However, for all the reasons above, the panel considered that a suspension order is the most appropriate and proportionate sanction, particularly given the lack of remediation and potential attitudinal issue.

The panel determined that a suspension order for a period of six months with a review was appropriate in this case to address the seriousness of the misconduct.

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

Any future panel reviewing this case would be assisted by:

- *Attendance and engagement at a future NMC hearing.*
- *A detailed reflective piece that addresses the charges found proved, in particular relating to the impact of the breach of duty of candour.*
- *Testimonials from previous or current employers (either paid or unpaid).*
- *Evidence of relevant training relating to the matters found proved in relation to the professional duty of candour.'*

Submissions on current impairment

Today's panel considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC states:

'Being fit to practise is not defined in our legislation but for us it means that a professional on our register can practise as a nurse midwife or nursing associate safely and effectively without restriction.'

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

The panel had regard to all of the documentation before it, including the NMC bundle and Mr Cowan's correspondences. It took into account of the submissions made by Ms Kay, on behalf of the NMC.

Ms Kay outlined the background of the case and the previous panel's findings and referred the panel to the relevant pages within the bundle. She submitted that the question of whether Mr Cowan's fitness to practice is currently impaired is a matter for the panel's

professional judgement and that the persuasive burden is upon Mr Cowan to demonstrate that his fitness to practice is no longer impaired.

Ms Kay submitted that Mr Cowan has not discharged this burden as he has not provided the panel with any information as recommended by the previous panel. She submitted that Mr Cowan has not engaged with the NMC with regards to this hearing, and there is no material before the panel such as, a detailed reflective account, testimonials or evidence of training, for its consideration today.

Ms Kay submitted that the sole information before the panel today is an email from Mr Cowan dated 24 March 2026, in which he states:

‘...'

As I have not worked as a nurse for some time, and I have no intention in ever working as one again; I have no interest in the outcome of the hearing.

Feel free to make whatever decision you believe is representative of the circumstances.’

Ms Kay submitted that given that this is the first review of an order in relation to serious concerns involving attitudinal issues, which are often difficult to remediate, Mr Cowan's insight is a key issue. She submitted that the panel may consider that Mr Cowan's insight has not developed further in the intervening period since the imposition of the suspension order, given the absence of any reflective account, addressing the impact of the breach of duty of candour.

Ms Kay submitted that in the absence of relevant training in relation to the professional duty of candour, Mr Cowan has not discharged the persuasive burden demonstrating that his fitness to practice is no longer impaired.

Ms Kay invited the panel to find that Mr Cowan's fitness to practise remains impaired and that such a finding is necessary to meet the NMC's overarching objective to protect the public and wider public interest.

With respect to sanction, Ms Kay submitted that it was previously determined that, due to the seriousness of the case, taking no further action or imposing a caution order were not appropriate in this case. She submitted that there is nothing before the panel to contradict these findings.

Ms Kay submitted that the previous panel determined that a conditions of practice order would not be an appropriate sanction, as there were no practicable or workable conditions that could be formulated, due to the underlying attitudinal concern. She submitted that given the lack of any recent and meaningful insight, especially into Mr Cowan's professional duty of candour, there is nothing to suggest that this would be an appropriate sanction at this time. She submitted that a six-month suspension order was imposed upon Mr Cowan, in which he could have demonstrated insight and training, but has not done so.

Ms Kay submitted that the panel may consider imposing a further period of suspension or a striking off order. She submitted that Mr Cowan has indicated that he does not intend to return to nursing practice and this is a matter for the panel's consideration. However, she referred to NMC guidance *Rev-2h* and submitted that allowing the order to lapse with impairment would not be an appropriate course of action.

Decision and reasons on current impairment

The panel 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 Mr Cowan's fitness to practise remains impaired.

The panel noted that the last reviewing panel found that Mr Cowan had not demonstrated sufficient insight into the charges found proved in this case. At this hearing, the panel determined that there is still no evidence of any development of insight and no evidence to indicate remediation on Mr Cowan's part. The panel noted that Mr Cowan did not provide a current reflective piece demonstrating an understanding of how his actions put patients at

a risk of harm and the seriousness of the charges found proved, namely a breach of his professional duty of candour.

The panel also considered whether Mr Cowan has taken any steps to strengthen his clinical practice. The panel noted that Mr Cowan has not worked as a registered nurse for some time and that he has expressed that he has no wish to return to nursing practice. The panel also noted that Mr Cowan has not submitted any evidence of training or CPD to demonstrate strengthened practice.

In light of this, the panel had insufficient evidence before it to satisfy itself that Mr Cowan does not currently pose a risk to the public. In the absence of any information, training, reflection or insight, the panel determined that Mr Cowan has not demonstrated progression and is therefore liable to repeat the matters of the kind found proved and there remains a risk of repetition. Accordingly, the panel determined that a finding of impairment is necessary on the grounds of public protection.

The panel bore 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, in this case, a finding of continuing impairment on public interest grounds is also required.

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

Decision and reasons on sanction

Having found Mr Cowan'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 Mr Cowan'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 Mr Cowan'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 Mr Cowan'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. This is because the panel noted that there is no evidence before it regarding Mr Cowan's insight or strengthened practice by way of testimonials, reflective pieces or relevant training. Additionally, the panel noted Mr Cowan's limited engagement and his expression that he does not wish to return to nursing practice. The panel considered that any conditions of practice order would not be workable and would serve no useful purpose.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow Mr Cowan further time to fully reflect on his previous conduct and further consider whether his future lies in the nursing profession or otherwise. It considered that Mr Cowan's misconduct is capable of remediation and that a further six-month suspension order would be the appropriate and proportionate response and would afford Mr Cowan an additional opportunity to further develop his insight and take steps to strengthen his practice.

The panel considered whether a striking off order would be an appropriate sanction at this time. However, it considered that this was not the only sanction available that would

protect the public and meet the public interest considerations in this case. The next reviewing panel however, will also have this option available to it.

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 six months would provide Mr Cowan with an opportunity to engage with the NMC. 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 11 June 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:

- Mr Cowan's attendance and engagement at a future NMC hearing.
- A detailed reflective piece that addresses the charges found proved, in particular relating to the impact of the breach of duty of candour.
- Testimonials from previous or current employers (either paid or unpaid).
- Evidence of relevant training relating to the matters found proved in relation to the professional duty of candour.

This will be confirmed to Mr Cowan in writing.

That concludes this determination.