

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

**Substantive Meeting  
Monday, 10 – Tuesday, 11 February 2025**

Virtual Meeting

**Name of Registrant:** **Bruce Andrew Evanson**

**NMC PIN** 83A3796E

**Part(s) of the register:** Nursing, Sub part 1  
RN1, Registered Nurse – Adult (26 March 1986)

**Relevant Location:** Powys

**Type of case:** Misconduct

**Panel members:** Suzy Ashworth (Chair, Lay member)  
Janet Fitzpatrick (Registrant member)  
Joanne Morgan (Lay member)

**Legal Assessor:** Juliet Gibbon

**Hearings Coordinator:** Franchessca Nyame

**Facts proved:** Charges 1, 2 and 3

**Facts not proved:** None

**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 Evanson's registered email address by secure email on 3 January 2025. This was an email address Mr Evanson had advised the NMC to use in an email dated 9 July 2024.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, and that the meeting would take place on or after 10 February 2025.

In the light of all of the information available, the panel was satisfied that Mr Evanson 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 one or more occasions, between 1 January 2023 and 23 March 2023, took a quantity of Codeine from your place of employment.
- 2) Your conduct at charge 1 was dishonest in that you knew you were neither permitted nor authorised to take the Codeine.
- 3) Failed to co-operate with the NMC investigation into your health.

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

## **Background**

On 23 March 2023, the NMC received a referral from Bethshan Nursing Home (the Home) regarding Mr Evanson, who had been employed as Clinical Lead since December 2021.

At the start of January 2023, another nurse (Colleague A) suspected that medication was being stolen but could not pinpoint it to a specific staff member. After carrying out checks of the medication that was delivered monthly, in March 2023, Colleague A suspected Mr Evanson as having taken Codeine from work.

Photographic evidence was gathered, and the incident was reported to the Care Inspectorate, Safeguarding, Powys Teaching Health Board Medicine Management Team, Powys Commissioning Body and the Police.

On 23 March 2023, in a meeting with the Care Home Manager and the Responsible Individual, Mr Evanson admitted that he had taken the Codeine tablets and that it was for personal use. Mr Evanson was dismissed from employment with immediate effect on the basis of his admission.

The Police investigated the concerns and Mr Evanson admitted that he had taken Codeine tablets from the unit. The Police issued Mr Evanson with an Adult Community Resolution Order (ACR).

## **Decision and reasons on facts**

In reaching its decisions on the disputed 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 of the following witnesses on behalf of the NMC:

- Witness 1: Care Home Manager at the Home
- Witness 2: Case Coordinator at the NMC

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, on one or more occasions, between 1 January 2023 and 23 March 2023, took a quantity of Codeine from your place of employment.”

### **This charge is found proved.**

In reaching this decision, the panel took into account Witness 1’s written statement, MAR charts dated December 2022 – February 2023, an email from the Police to Witness 1 dated 9 May 2023, the Police report dated 21 April 2024 and meeting minutes dated 23 March 2023.

In their written statement, Witness 1 gave a clear and detailed account of the incidents. They also stated:

*'As part of my investigation, I and the Responsible Individual (RI)...then had a meeting with Bruce on 23 March 2023.*

*At the beginning of the meeting, Bruce acted surprised and said I don't know what you're talking about. We said we had proof that codeine was missing and that's when his demeanour changed...he admitted to the codeine. So, he admits it to us first and then later to the police. Bruce expressed regret about stealing the medication. He said he was embarrassed about his behaviour and apologised to us.'*

The panel noted that Witness 1's account is corroborated by the meeting minutes and the Police report.

The panel further noted, from the MAR charts, that Codeine was being administered in line with patient prescriptions and no patient was receiving additional doses of Codeine. The panel therefore determined that there was no other plausible explanation for the number of Codeine tablets that went missing.

Moreover, in the email dated 9 May 2023, the Police informed Witness 1 that Mr Evanson had been issued an ACR which can only *'be offered when the offender accepts responsibility for offending behaviour.'*

The panel considered all the evidence provided by Witness 1, including the admission made by Mr Evanson in the meeting on 23 March 2023. It noted that the MAR charts do not show that more Codeine tablets were administered to any patient than should have been. The panel also considered the admission Mr Evanson made to the Police, which is supported by his acceptance of the ACR. On the basis of this evidence, the panel found this charge proved on the balance of probabilities.

## **Charge 2**

“Your conduct at charge 1 was dishonest in that you knew you were neither permitted nor authorised to take the Codeine.”

**This charge is found proved.**

In reaching this decision, the panel had regard to Witness 1’s statement.

When considering the issue of dishonesty, the panel applied the test for dishonesty as set out in the case of *Ivey*:

*‘1. The Panel must first ascertain (subjectively) the actual state of the individual's knowledge or belief as to the facts. The reasonableness or otherwise of his/her belief is a matter of evidence going to whether he/she held the belief, it is not an additional requirement that his/her belief must be reasonable; the question is whether it is genuinely held;*

*2. Once his/her actual state of mind as to knowledge or belief as to facts is established, the question whether his/her conduct was honest or dishonest is to be determined by the Panel by applying the (objective) standards of ordinary decent people. There is no requirement that the individual must appreciate that what he/she has done is, by those standards, dishonest.’*

The panel first considered Mr Evanson’s subjective state of mind and what he knew at the time he was taking the Codeine tablets. The panel noted Witness 1’s evidence that Mr Evanson had initially given a different explanation for the missing Codeine tablets:

*‘Bruce claimed that the tablets were also to be destroyed but there were no tablets in the destroyed box...*

*Bruce said he destroyed the codeine tablets on 20th March 2023 and that there were 29 tablets. However, we know from the pictorial evidence that there were never 29 tablets when he took them to be destroyed. He said he destroyed them because they were discontinued. Bruce also signed the Destroyed or Returned*

*Medication sheet confirming that the medication was to be destroyed because it was discontinued...*

*At the beginning of the meeting, Bruce acted surprised and said I don't know what you're talking about. We said we had proof that codeine was missing and that's when his demeanour changed.'*

The panel was satisfied that Mr Evanson would have known that he was neither permitted nor authorised to take the Codeine tablets because he had lied and taken steps to cover up the theft. The panel found it reasonable to assume that, as a registered nurse, Mr Evanson would have known that he should not have been taking medication from his employer, and noted that Codeine was a controlled drug. The panel also took note that it was only when Mr Evanson was confronted with evidence that linked him to the missing Codeine tablets that he admitted to the theft.

The panel was satisfied that Mr Evanson subjectively knew that he was being dishonest because he was initially motivated by a desire to conceal the fact that he had been taking Codeine tablets without permission or authorisation.

The panel was also satisfied that Mr Evanson's state of mind would be regarded objectively as dishonest by the standards of ordinary decent people given that he was appropriating property belonging to his employer without permission or authorisation. This is supported by the involvement of the police in the matter, and the recognition of the commission of the offence of theft in an ACR.

The panel therefore found this charge proved.

### **Charge 3**

"That you, a registered nurse, failed to co-operate with the NMC investigation into your health."

**This charge is found proved.**

In reaching this decision, the panel took into consideration all of Witness 2's evidence.

In their statement, Witness 2 documented the following:

*'At exhibit GC/02 I produce a series of email, phone call and SMS attempts to contact the registrant on the following dates:*

- *14 April 2023 Telephone*
- *18 April 2023 Telephone*
- *19 April 2023 Telephone*
- *9 June 2023 Telephone*
- *9 June 2023 Email*
- *19 July 2023 SMS*
- *19 July 2023 Email with a letter with medical consent forms enclosed*
- *2 August 2023 Telephone*
- *2 August 2023 Email*
- *11 August 2023 SMS*
- *11 August 2023 Email*
- *25 September 2023 Telephone*
- *25 September 2023 SMS*
- *25 September 2023 Email*
- *26 September 2023 SMS*
- *9 February 2024 Telephone*
- *31 May 2024 SMS'*

The panel understood that, under the Code, Mr Evanson had a duty to cooperate with any investigation brought by the NMC as his regulator. In light of the various attempts to contact him set out above, the panel determined that the NMC had made significant efforts to engage Mr Evanson throughout its investigation, and that he had failed to respond and cooperate as he was required to do.

The panel therefore found this charge proved.

## **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 Mr Evanson's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC defines fitness to practise as a registrant's ability to practise kindly, safely and professionally.

The panel, in reaching its decision, 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 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 Evanson'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 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.

In its written submissions, the NMC identified the specific, relevant standards where Mr Evanson's actions breached the Code:

*'We consider the following provision(s) of the Code have been breached in this case;*

- 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;*
- 20.8 *Act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to.'*

The submissions went on to state:

*'We consider the misconduct serious because it is alleged that Mr Evanson has stolen medication in the form of codeine, which was intended for patient use.*

*The actions if found proved, amount to a serious departure from the expected standards in Mr Evanson's role as a nurse and had the capacity to harm patients. If Mr Evanson's alleged conduct were to be repeated, patients may be put at the repeated risk of harm.*

*In addition, taking medication from the Home would be considered an act of theft and is dishonest. If proved, this would undermine promoting public confidence or professional standards for nurses, midwives and nursing associates.'*

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 NMC referred the panel to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin) and *R (on application of Cohen) v General Medical Council* [2008] EWHC 581 (Admin).

In relation to the *Grant* test, the NMC's submissions read as follows:

*'With respect to question 1 above, it is submitted that Mr Evanson has in the past acted in a way to place patients at risk of harm by stealing medication which was intended for patient use. Mr Evanson stole a controlled drug which is used to relieve*

*pain and intended for patient use. If patients are unable to get access to their medication, they are put at risk of suffering severe pain and distress.*

*With respect to question 2 above, it is submitted that Mr Evanson's misconduct which resulted in him being issued an Adult Community Resolution Order has brought the nursing profession into disrepute. Mr Evanson advised that he stole the medication for personal use which raises serious concerns regarding his trustworthiness. Further, self-medicating is extremely serious and could affect his ability to practice safely, increasing the risk to patients. Such conduct [could] seriously damage the profession.*

*With respect to question 3 above, Mr Evanson has breached individual provisions of the Code which constitute the fundamental tenets of the nursing profession, namely practising effectively and preserving safety...*

*With respect to question 4 above, it is submitted that taking medication from your employer would be considered an act of theft and dishonest. The NMC Guidance states that dishonesty may be more difficult to address and indicates an underlying attitudinal issue. Mr Evanson has not shown any attempt to address these serious concerns and has not demonstrated any insight or made any attempts to address his dishonest conduct. It is therefore submitted that Mr Evanson has in the past acted dishonestly and is liable to act dishonestly in the future.'*

The NMC invited the panel to find Mr Evanson's fitness to practise impaired for the following reasons:

*'The NMC considers there to be a continuing risk to the public due to Mr Evanson's lack of remediation and insight, and failure to demonstrate any meaningful reflection.*

*There is a significant risk of harm to the public were Mr Evanson allowed to practise without restriction. A finding of impairment is therefore required for the protection of the public...*

*The NMC considers that there is public interest in a finding of impairment being made, in this case, to declare and uphold proper standards of conduct and behaviour, and to maintain public confidence in the profession and the NMC as its regulator. Mr Evanson's alleged conduct engages the public interest particularly because there is no evidence that the concerns identified have been remediated. The public would also expect the NMC to ensure that those on its register maintain the required standards of professionalism; specifically, that they are open and honest, and able to carry out their roles effectively and in a trustworthy manner. The public would therefore expect the NMC to regulate or restrict the practice of nurses who steal drugs from their employer to self-medicate.*

*It is further submitted that a failure to find current impairment on public interest grounds would send the wrong message to the profession and the public, suggesting that the type of conduct alleged was acceptable.'*

The panel accepted the advice of the legal assessor.

### **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 determined that Mr Evanson's actions amount to a breach of the Code, specifically:

#### **'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.*

*20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to.'*

**‘23 Cooperate with all investigations and audits**

*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.’*

Whilst the panel determined each charge separately, it considered Charges 1 and 2 together as they arise from the same set of facts.

Given that Charges 1 and 2 relate to theft and dishonesty, the panel determined that other practitioners would find Mr Evanson’s conduct deplorable, and it found that these charges amount to serious misconduct.

With regard to Charge 3, under the Code, Mr Evanson had a duty to cooperate with the NMC investigation. The panel considered his failure to engage with the NMC serious as the regulatory process is reliant on registrants’ cooperation. The panel noted that Mr Evanson’s non-engagement impacted resources and the work of NMC staff for a longer period than should have been the case.

For the above reasons, the panel found that Mr Evanson’s actions at Charges 1, 2 and 3 fell significantly short of the conduct and standards expected of a nurse and amount to serious misconduct.

**Decision and reasons on impairment**

The panel next went on to decide if as a result of the misconduct, Mr Evanson’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. 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 *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 acknowledged that medication was stolen which was intended for patient use, however, it noted that Mr Evanson stole surplus medication which meant that there remained a sufficient supply of the medication. The panel also bore in mind that, as the MAR charts indicate, patients were given their required dosage of medication on every occasion, and Witness 1 had confirmed that there was no patient harm. Because of the specific context, the panel was not satisfied that the first limb of the *Grant* test was engaged in relation to Mr Evanson's past conduct. However, the panel determined that a repeat of the same conduct could potentially present a risk to patient safety through the unavailability of medicine in the future, in a different role or context.

The panel was satisfied that the remaining three limbs of the test were engaged as to Mr Evanson's conduct in the past.

The panel had regard to the principles raised in *Cohen*.

The panel determined that, whilst dishonesty is difficult to remedy, with a substantial amount of cogent evidence, the misconduct in this case is remediable. The panel was of the view that contemporaneous testimonials attesting to Mr Evanson's good character, reflections showing remorse and insight into his actions and how he would act differently or prevent similar actions in the future, and evidence demonstrating strengthened practice could assist with remediation.

However, the panel noted that it had nothing before it which demonstrated Mr Evanson's remorse, insight into his misconduct or strengthened practice, nor had it been provided with any evidence from Mr Evanson that he has made any attempts to remediate.

In light of the above, the panel was not satisfied that Mr Evanson's misconduct is highly unlikely to be repeated and determined that he cannot currently practise kindly, safely and professionally. The panel concluded that all four limbs of the *Grant* test were engaged in respect of future conduct. The panel was satisfied that a finding of impairment is necessary on the ground of public protection.

The panel determined that such is the seriousness of this case that a reasonable and fully informed member of the public would be seriously concerned if a finding of impairment were not made. The panel therefore determined that a finding of impairment on public interest grounds is necessary to promote and maintain public confidence in the nursing profession, and declare and uphold proper professional standards.

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

## Sanction

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

In reaching this decision, the panel 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.

## Representations on sanction

The NMC submitted:

*'We consider the following sanction is proportionate:*

- *Striking-off Order*

*With regard to our sanctions guidance the following aspects have led us to this conclusion:*

*The following aggravating features are present:*

- *An Adult Community Resolution Order for theft by employee of drugs.*
- *The misconduct in this case occurred over a sustained period of time.*
- *Mr Evanson's actions had the potential to cause patient harm.*
- *Mr Evanson used colleague's credentials to facilitate the theft.*
- *Mr Evanson's actions are damaging to the reputation of the nursing profession.*
- *The misconduct in this case included premeditated and repeated dishonesty for personal use.*
- *Mr Evanson abused his position of trust*
- *Mr Evanson failed to demonstrate any meaningful insight, remorse and remediation.*
- *There is evidence of deep-seated personality, attitudinal and behavioural issues.*

*The following mitigating features are present:*

- *Mr Evanson's early admission for theft at local level.*
- *Mr Evanson's acceptance of Police disposal.*
- *There is no evidence of financial gain.*

...

### *Suspension Order*

*The NMC guidance on Suspension Orders (SAN-3d) provides a checklist of factors that indicate when a Suspension Order may be appropriate. This includes:*

- *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, midwife or nursing associate has insight and does not pose a significant risk of repeating behaviour*

*As the allegation relates to repeated conduct, it does not constitute a single instance of misconduct.*

*Additionally, the allegation includes dishonesty associated with the misappropriation of controlled drugs which indicates a potential deep-seated attitudinal concern.*

*Further, as there is no evidence that Mr Evanson has insight into their conduct, or that he has undertaken sufficient remediation, a significant risk of repetition remains. This is compounded by the fact that Mr Evanson has not engaged with the NMC investigation.*

*On this basis, it is submitted that a suspension order would not be sufficient to protect patients, or to maintain public confidence in the profession.*

### *Striking-off Order*

*The guidance on striking-off orders (SAN-3e) outlines that, before imposing a striking off order, a panel should consider among other matters:*

- *Whether the regulatory concerns about the nurse raise fundamental questions about their professionalism.*
- *Whether public confidence in the profession can be maintained if the nurse is not removed from the register; and*
- *Whether striking-off is the only sanction that would be sufficient to protect patients, members of the public, or maintain professional standards.*

*Mr Evanson's conduct does raise fundamental concerns about their professionalism and trustworthiness.*

*The NMC guidance on sanctions for serious cases (SAN-2) states that honesty is of central importance, and that acts of dishonesty will always be considered serious. A list of factors is provided that should be considered when deciding whether a nurse should be allowed to remain on the register. It is submitted that the following factors apply in this case:*

- *Misuse of power*
- *Personal gain from a breach of trust*
- *Premeditated deception*
- *Dishonesty directly linked to clinical practice*

*Given the seriousness of the allegations, and the fact that Mr Evanson received an Adult Community Resolution Order it is submitted that public confidence in the profession could not be maintained without removing his name from the register.*

*Further, given the seriousness of the allegations, the indication of a potential serious attitudinal concern, and a lack of evidence of sufficient insight or remediation, it is submitted that only a striking-off order is sufficient to protect patients, members of the public, and to maintain professional standards.*

*In substance the NMC considers that a striking off order should be imposed.'*

## Decision and reasons on sanction

Having found Mr Evanson's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel bore 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 accepted the advice of the legal assessor.

The panel took into account the following aggravating features:

- The misconduct in this case occurred over a sustained period of time;
- Mr Evanson's actions are damaging to the reputation of the nursing profession;
- The misconduct in this case included premeditated and repeated dishonesty;
- Mr Evanson abused his position of trust; and
- Mr Evanson has failed to demonstrate any meaningful insight, remorse or remediation, which may support a finding of deep-seated personality, attitudinal and behavioural issues.

Having considered the NMC guidance, the panel determined that there are no mitigating features in this case.

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.

The panel 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 Evanson'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

Evanson'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. 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 Evanson's registration would be a proportionate and appropriate response. 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. Furthermore, the panel bore in mind that Mr Evanson has not engaged with the NMC proceedings and so there was no evidence that he would comply with conditions if imposed. The panel concluded that the placing of conditions on Mr Evanson's registration would not be practicable, adequately address the seriousness of this case, protect the public or meet the public interest.

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 noted that Mr Evanson's theft was not a single incident but rather a pattern of misconduct over a period of time. The panel also considered Mr Evanson's failure to provide evidence of remorse, insight or strengthened practice or to engage with the NMC. The panel has found that Mr Evanson could pose a risk to patients if he repeated his actions in the future, and it was mindful that it had no evidence which indicated that the likelihood of repetition was low.

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

The panel determined that its findings demonstrate that Mr Evanson's actions were serious and raise fundamental questions about his professionalism. Further, the panel determined that to allow Mr Evanson to remain on the register would undermine public confidence in the nursing profession and the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the available evidence, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the factors it had identified, in particular the effect of Mr Evanson'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 concluded that nothing short of this would be sufficient in this case.

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

This will be confirmed to Mr Evanson in writing.

## **Interim order**

As a striking-off order cannot take effect until the end of the 28-day appeal period, the panel considered whether an interim order is required in 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 Evanson's own interests until the striking-off sanction takes effect.

## **Submissions on interim order**

It was the NMC's submission that an interim order is necessary to protect the public and meet the public interest. The NMC invited the panel to impose an interim suspension order for a period of 18 months to cover the appeal period and any appeal if made.

The panel accepted the advice of the legal assessor.

## **Decision and reasons on interim order**

The panel was satisfied that an interim suspension order is necessary to protect the public and is otherwise in the public interest. The panel had regard to the seriousness of the misconduct and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order. It considered that to not impose an interim suspension order would be inconsistent with its earlier findings and would not address the risk of repetition identified in this case.

Therefore, the panel made an interim suspension order for a period of 18 months.

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

That concludes this determination.