

**Nursing and Midwifery Council
Fitness to Practise Committee
Restoration Hearing
Wednesday, 9 September 2020**

Virtual Hearing

Name of Registrant: Akinyemi Olumide Okunlola

NMC PIN: 06D0398E

Part(s) of the register: Registered Nurse – Sub-part 1
Mental Health Nurse – November 2006

Area of Registered Address: England

Panel Members: Andrew Galliford-Yates (Chair, Registrant member)
Pauline Esson (Registrant member)
Bernard Herdan (Lay member)

Legal Assessor: Laura McGill

Panel Secretary: Philip Austin

Registrant: Present and represented by Abbey Akinoshun, ERRAS

Nursing and Midwifery Council: Represented by Robert Rye, Case Presenter

Outcome: Application granted

Determination of application for Restoration to the Register:

This is a hearing of your first application for restoration to the Nursing and Midwifery Council (“NMC”) Register. A panel of the Conduct and Competence Committee (“CCC”) directed on 8 September 2014 that your name be removed from the NMC Register based on their findings with regard to the facts of your case and your impairment. This application is made by you in accordance with Article 33 of the Nursing and Midwifery Order 2001, as at least five years have now elapsed since the date of your strike-off.

At this hearing, the panel may reject your application or it may grant your application unconditionally. It may grant your application subject to your satisfying the requirements of Article 19(3) and it may make a conditions of practice order.

The panel has considered your application for restoration to the NMC’s Register.

Background

The panel at the substantive hearing considered the below background to the case:

“The panel heard that at the time of the incidents, you were employed by the Oxleas NHS Trust (“the Trust”) working on the Danson Unit (“the Unit”) at the Bracton Centre (“the Centre”). You commenced employment at the Trust in 2006 as a Band 5 registered nurse. You progressed to the position of a Band 6 registered nurse in 2009.

The panel heard that the Centre was a secure mental health facility. The Unit was one of eight inpatient wards at the Centre providing rehabilitative care for offenders with mental disorders.

Concerns relating to your conduct were raised during the Trust’s initial examination of Registrant A’s conduct in relation to the provision of false references. On examining Registrant A’s email account, Ms 1, Information Systems Manager, had noted emails from Registrant A to you regarding the provision of employment references.

The panel heard that the Clinical Nurse Manager, spoke to you on two occasions regarding concerns over your possible involvement in the provision of false references. An informal discussion was held on 24 January 2013, at which you were given the opportunity to come forward regarding any involvement you may have had. Upon being asked if you had ever made false references, you stated that you did not believe that you had done so.

On 25 January 2013, the Trust was contacted by Imperial NHS Trust regarding a reference supplied to them by you on 15 January 2013. You allegedly submitted a reference in support of Ms 7, an individual who had never worked at the Trust despite you claiming that she had.

The panel was told that a second meeting was held on 31 January 2013 on a more formal basis following the substantiation of your involvement. You were questioned regarding the reference supplied on behalf of Ms 7 and asked to explain your reasons for failing to mention the reference at the earlier meeting on 25 January 2013. Following discussions with you, the decision was taken to commence a formal investigation regarding your part in the provision of false references.

As Ms 1 had conducted the investigation relating to Registrant A's conduct, she was also to conduct the investigation into your involvement.

In the process of this investigation, Ms 1 interviewed you on 11 February 2013. You were asked if you had ever provided references for anyone else, whether you were aware of the procedure to be followed when providing references, as outlined in the Trust's References Guidelines, and to describe your approach when receiving a request for a reference. You allegedly said that you provided such references depending on your mood and whether the individual requesting a reference was a friend or not. You said you were unfamiliar with the References Guidelines.

The panel heard that you were questioned by Ms 1 as to each reference. A reference provided on behalf of Ms 7 in your capacity as a Charge Nurse was first considered. You stated that you knew Ms 7 as a classmate in Nigeria and that you had worked

together in the Capio Nightingale Hospital in 2003 for three years before you left in 2006 to commence a further education course. It was later clarified that you had worked with her in the capacity of a Staff Nurse for three months in 2006 only. You admitted to providing Ms 7 with a written employment reference in January 2013 on Trust headed paper, on which you stated that Ms 7 worked alongside you at the Trust from 1 February 2008 until 14 January 2013.

Ms 1 then considered a reference provided for Ms 3. You stated that you knew her from your employment at Capio Nightingale Hospital. You said that she was your uncle's wife and that she used to be your girlfriend. However, when told that the Trust had looked at your personal file, you admitted that Ms 3 was your wife and that you had been married since 2003. You confirmed that she had never been married to your uncle. With regard to whether you had provided a reference on her behalf, you denied doing so but confirmed that you had asked Registrant A, Mr 4, and Mr 5, three Staff Nurses, who were your juniors, to provide references for her. You confirmed that Registrant A and Mr 4 had completed the references, despite admitting that Ms 3 had not worked at the Trust and they were not able to speak to her professional capabilities. You further admitted to forwarding the emails of your junior staff to the agency, in order to give the impression that Ms 3 was seeking references from fellow Trust employees.

The panel heard that you were then questioned as to a reference provided on behalf of Ms 6. You confirmed that you had been classmates at the same university when undertaking training in 2009 and had worked at the Capio Nightingale Hospital together. You confirmed that you had not however worked together at the Trust. You admitted that you had asked Mr 4 and Registrant A to provide references on her behalf.

Following this investigatory meeting, Ms 1 conducted an interview with Mr 5 on 13 February 2013. He confirmed that he was asked by you to provide references on behalf of individuals he did not know, and had declined to do so. Ms 1 further interviewed Mr 4 on 21 February 2013 as to the facts surrounding your alleged request that Mr 4 provide references. Mr 4 admitted to filling out references for Ms 3 and Ms 6 at your request, and to forwarding these references to you. He said however that he left the task of submitting the references for you to complete.

Ms 1 then concluded her investigation and compiled an Investigation Report in March 2013. She recommended that a formal disciplinary hearing be held in accordance with the Trust Disciplinary Policy.”

The panel at the substantive hearing on 9 September 2014, considered the following charges:

That you, whilst employed by the Oxleas NHS Foundation Trust ("the Trust") as a Band 6 Charge Nurse at the Bracton Centre between 6 November 2006 and 26 March 2013:

- 1. Provided false employment references for any or all of the individuals listed in Schedule B in that you represented that the individual was or had been an employee of the Trust;*
- 2. Your actions in charge 1 above were dishonest in that you represented that the individual did or had worked for the Trust when you knew this not to be true;*
- 3. On an unknown date, abused your position as a Band 6 Charge Nurse in that you requested employment references to be made on behalf of Ms 3 by:*
 - 3.1. Registrant A*
 - 3.2. Mr 4*
 - 3.3. Mr 5*
- 4. That your actions in charge 3 were dishonest, in that you asked for references from individuals that you knew would misrepresent the truth, namely that they knew Ms 3 personally and/ or professionally;*
- 5. On an unknown date, abused your position as a Band 6 Charge Nurse in that you requested employment references to be made on behalf of Ms 6 by:*

5.1. Registrant A

5.2. Mr 4

6. *That your actions in charge 5 were dishonest in that you asked for references from individuals that you knew would misrepresent the truth, namely that they knew Ms 6 personally and/ or professionally;*
7. *On 19 September 2012, falsely submitted an employment reference on behalf of Ms 6 in the name of Mr 4;*
8. *Your actions in charge 7 above were dishonest in that you represented that it was Mr 4 who had provided the employment reference when you knew this to be incorrect;*

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

Schedule B

<i>Name of individual</i>	<i>Date of reference</i>	<i>Recipient of reference</i>
<i>Ms 7</i>	<i>15 January 2013</i>	<i>Reed Nurse Staff Bank, Imperial College Healthcare NHS Trust</i>
<i>Ms 3</i>	<i>19 September 2012</i>	<i>Reed Nurse Staff Bank, Imperial College Healthcare NHS Trust</i>
<i>Ms 6</i>	<i>19 September 2012</i>	<i>Reed Nurse Staff Bank, Imperial College Healthcare NHS Trust</i>

You attended the substantive hearing between 1 and 8 September 2014 and admitted all of the charges against you. You also accepted that your actions amounted to serious misconduct at the time of the substantive hearing.

The substantive hearing panel, in making its decision on impairment, stated the following:

“In assessing the issue of current impairment, the panel considered amongst other factors, the guidance provided by Dame Janet Smith in the Fifth Shipman Report in which she stated:

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 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 considered that paragraphs (a), (b), (c) and (d) were engaged in this case.

To that end, the panel first asked itself whether you had in the past put patients at risk of harm, brought the nursing profession into disrepute, breached one of the fundamental tenets of the nursing profession and/or acted dishonestly. After carefully considering all of the information before it, the panel concluded that the answer to each limb was yes.

You provided false employment references in respect of a number of individuals when you possessed no knowledge of their current clinical skills. You further represented that the individuals had worked at the Trust and that you had observed and assessed their practice. You abused your position as a registered nurse and breached the trust placed upon you by your colleagues, the Trust and the public. In addition, you used your superiority as a Band 6 nurse in order to request junior nurses to provide employment references for individuals about whom they possessed no knowledge.

In the panel's view your repeated dishonesty was at the higher end of the spectrum of seriousness in that those references were relied upon by future employers who would have assumed that you had practical knowledge of the competencies of the professionals in question. You misled those employers and consequently put patients at risk of harm.

The panel considered that honesty and integrity are vital components to the nursing profession. Patients, colleagues and employers must be able to trust their nurses. In acting dishonestly, you have seriously undermined public confidence in the nursing profession and you have breached fundamental tenets of the NMC code.

Accordingly, the panel concluded that your actions had the potential to place patients at risk of harm, brought the nursing profession into disrepute and breached fundamental tenets of the nursing profession.

The panel then considered the issue of current impairment and specifically whether your fitness to practise is currently impaired by reason of your misconduct. In considering whether you would be liable in the future to put patients at risk of harm, bring the nursing profession into disrepute, to breach one of the fundamental tenets of the profession and/or to act dishonestly, the panel had careful regard to the issues of insight and remediation.

With regard to the issue of insight, the panel noted your admissions in response to the charges. However, it further noted that these admissions were not forthcoming during the Trust's internal investigation into your conduct and it was not until the evidence was gathered and put to you, that you acknowledged the extent of your wrong doing.

The panel considered that in your evidence you attempted to minimise the seriousness of your misconduct by attempting to place responsibility for giving false references onto junior members of staff.

The panel noted that you have not admitted current impairment of your fitness to practise. It found this surprising given the grave implications which your conduct has had on the public interest and particularly the reputation of the profession and the regulator. The panel determined that your insight is limited.

With regard to the issue of remediation, the panel took into account that your actions were of a dishonest nature and are therefore less easily remediable than acts involving clinical failures.

The panel noted that you are currently working as a registered nurse and it took into account that apart from these matters, you have had no previous disciplinary proceedings against you. It further took into account the bundle of documents presented to it during these proceedings which contained evidence of training that you have since undertaken as well as personal statements and reflective pieces.

However, the panel considered your dishonesty was not an isolated incident. In any event, as the misconduct in your case relates solely to dishonesty, this is predominantly a public interest case. As such, a firm declaration of professional standards to promote public trust and confidence in the nursing profession is required.

In the light of all the surrounding circumstances and in considering the guidance provided in the Fifth Shipman Report and in the case of CHRE v NMC and Grant, the panel concluded that to make a finding of no impairment in the current circumstances would seriously undermine the public's trust and confidence in the nursing profession, it would not mark the seriousness of your misconduct and the departure from the standards expected of a nurse nor would it protect the public from any further dishonesty. You have demonstrated a capacity to act dishonestly and you have abused your position of trust.

Accordingly, the panel determined that your fitness to practise is currently impaired by reason of your misconduct.”

The substantive panel went on to say with regard to sanction:

“The aggravating factors which the panel felt were relevant were:

- *Your misconduct was at the higher end of the spectrum of seriousness;*
- *Your dishonesty was not isolated. It involved three different health workers over a period of four months;*
- *You abused your position as a senior member of staff;*
- *During the Trust's internal investigation, you were not open and forthcoming until you were presented with all the evidence against you. In these proceedings you attempted to deflect the blame of your actions onto others;*
- *Your insight into your misconduct is limited;*

You did not recognise that your misconduct was such that the public interest would require a finding that your fitness to practise is currently impaired.

The mitigating factors which the panel felt were relevant were:

- *You have engaged with the NMC process;*
- *You made full admissions to the charges at the start of these proceedings;*
- *Apart from these matters, you have an unblemished nursing career;*

- *You have provided the panel with testimonials which attest to your clinical competence;*
- *You have demonstrated remorse and regret for your actions.*

The panel first considered taking no action. You have admitted to acting dishonestly on repeated occasions in a matter relating to your employment as a nurse. This level of misconduct requires a sanction to mark the serious departure from the professional standards as set out in the NMC code and to maintain the reputation of the nursing profession. The panel concluded that to take no action in this case would be wholly inappropriate.

The panel next considered a caution order, and in so doing took into account paragraphs 63 to 65 of the ISG. Your misconduct was not at the lower end of the spectrum of seriousness in that it related to honesty, integrity, and trustworthiness. Your motivation for acting dishonestly is not clear. Your explanation that you always knew the persons for whom you provided references does not give the panel any insight into your motives.

Given the level of dishonesty found, the fact that it occurred on repeated occasions, and the fact that it was sustained over a period of time, the panel concluded that a caution order would not be sufficient to maintain the public's trust and confidence in the nursing profession and in the NMC as its regulator. It would also not adequately mark the seriousness of your misconduct and your departures from the NMC code and the standards expected of a registered nurse.

The panel then considered the imposition of a conditions of practice order. It reminded itself of the factors set out in the ISG which indicate that such an order may be appropriate. In this case there have been no clinical issues or identifiable areas of your practice in need of retraining. On the contrary, the evidence before it suggests that you are a competent nurse and that you are currently working without issue. However, you have been found to have acted dishonestly on several occasions over a period of four months.

Such dishonesty is not easily remediable and therefore the panel concluded that it could not formulate appropriate, workable, or measurable conditions which would adequately address the level of dishonesty found.

The panel went on to consider whether a suspension order would be an appropriate and proportionate sanction in this case. It referred to the non-exhaustive list of factors set out in the ISG (paras 69-73), which indicate that a suspension order may be appropriate.

The panel considered that your misconduct breached fundamental tenets of the NMC code. Honesty, integrity, and trustworthiness are the bedrock of a nurse's practice and the public must be able to trust a nurse. In addition, your dishonesty was not isolated in nature and instead occurred on several occasions and was sustained over a period of time.

Based on the information before it, the panel has concerns as to whether or not the public interest would be satisfied if it imposed a suspension order, particularly in the light of the level of dishonesty found and your limited insight. You have admitted to providing false employment references in respect of a number of individuals when you had no knowledge of their current clinical skills. You represented that the individuals had worked at the Trust and that you had observed and assessed their practice when you had not. You abused your position as a registered nurse and breached the trust placed upon you by your colleagues, the Trust and the public. In addition, you used your superiority as a Band 6 nurse in order to request junior nurses to provide employment references for individuals about whom they possessed no knowledge.

The panel asked itself whether a striking-off order is the only sanction which is appropriate in this case. The question for its consideration is whether the conduct is so serious as to warrant the imposition of the most severe sanction available to it or whether the public interest may be met by the imposition of a lesser sanction.

In the panel's view you have demonstrated an inability to act openly, honestly and with integrity, all of which are fundamental and essential components of nursing.

Your dishonesty has led the panel to conclude that your behaviour is fundamentally incompatible with remaining on the register. The need to protect the public and to maintain the public's trust and confidence in the profession and in the NMC as its regulator requires that you be removed from the register and therefore a striking off order is the only appropriate sanction in this case.

The panel bore in mind that such an order may have adverse effects for you and a financial impact upon your family. However, it considered that your interests are outweighed by the wider public interest and the need to protect the public and uphold the proper standards expected of a nurse as well as ensuring the maintenance of public trust and confidence in the profession and in the NMC as a regulator.

The panel will direct the registrar to remove your name from the register.”

Submissions and evidence

This panel had regard to the oral submissions from Mr Rye, on behalf of the NMC, as well as the oral submissions from Mr Akinoshun, instructed on your behalf. It took account of the documentary evidence before it, consisting of the application for restoration which you submitted to the NMC, which included training certificates, three written references and a reflective piece.

You also provided oral evidence to the panel.

You told the panel that you are sincerely sorry for your dishonest conduct. You apologised to your former employer, the nursing profession, and the wider public, for bringing the nursing profession into disrepute.

Whilst you accepted that dishonest conduct is not easily remediable, you wanted to make it clear to the panel that you now understand the severity of your actions, and stated that you will continue to regret your dishonest conduct on a daily basis. You told the panel that when this matter was initially investigated, you did not have any insight into your dishonest conduct. You stated that at the time of the substantive hearing, you had developed some insight into your actions, which is why you admitted the charges against you, albeit you had not achieved full insight at that point.

You said that you are ashamed of your dishonest conduct and the answers that you gave to the substantive hearing panel as you did not originally take full responsibility for your actions. You sought to assure this panel that you would not repeat your dishonest conduct, and you fully accepted the findings of the substantive hearing panel, as you were not truthful or transparent.

You told the panel that you now fully recognise how your actions put patients at a real risk of harm, and that you appreciate that the public interest was undermined by your dishonest conduct. You stated that you want to promote professionalism and trust in the nursing profession, having previously acted contrary to this, as your actions had the potential to mislead prospective employers. You said that you want the public to be able to trust everything that you do, as their safety is your primary concern, and that honesty and transparency applies to both your professional and personal life.

You told the panel that you have learnt a lot from this regulatory process. You believe you now have full insight into your dishonest conduct, and you want people to learn from your mistakes. You stated that in future, you would report people to management for acting in a dishonest manner.

You informed the panel that since the substantive hearing, you have been working for Central Recruitment Agency (the Agency”) as a support worker. You told the panel that you were open and honest with the Agency about your reasons for being struck-off from the NMC Register, and they have supported you through this time.

You said that in your current role, you have directed colleagues asking for a reference from you to management or the Human Resources Department. You informed the panel that when a colleague asked you to provide a reference for her, you refused. She was not happy with your response, but you were happy with the action you took, and this was important to you.

You stated that you have undertaken training relevant to the concerns identified, in particular, learning around the Code of Ethics for registered nurses. You told the panel that you now fully understand that you have a duty of candour, and that you alone are responsible for your actions. You also took the panel through the other training courses you have undertaken in demonstrating how you have been improving your skills and nursing knowledge.

You informed the panel that you have been mentoring youth at your local church, and you have always stressed the importance of being honest and trustworthy. You said that the outcome of this restoration hearing will not change your views, and you will continue to reflect on your behaviour in order to improve yourself.

You said that you knew one day that you would apply to be restored to the NMC Register. You told the panel that caring for vulnerable people has always been your passion, specifically in the area of mental health, as you want to assist people on the road to recovery. You said that it brings you joy to see vulnerable people happy.

You accepted that you would need to undertake a Return to Practice course should you be permitted to return to the nursing profession, as you would need to update your nursing practice in order to ensure that the public remain adequately protected.

Mr Rye outlined the background of the case and the facts that led to your striking-off order. He reminded the panel that at your substantive hearing between 1 and 8 September 2014, you admitted all of the charges against you, and you also accepted that your actions amounted to serious misconduct.

Mr Rye referred the panel to the substantive hearing panel's decision which resulted in your removal from the NMC's register. He submitted that your dishonesty was not trivial, or at the lower end of the spectrum of misconduct.

Mr Rye submitted that you abused your position as a band 6 registered nurse in acting the way that you did. He submitted that your dishonest conduct had the potential to expose patients to a real risk of significant harm.

In considering this matter today, Mr Rye referred the panel to the test set out in Article 33(5) of the Order. He invited the panel to have regard to the reflective piece that you have submitted for the purposes of today's hearing, along with the training that you have undertaken, and the positive references provided on your behalf attesting to your good character.

Mr Rye submitted that it is a matter for the panel as to whether you are now a fit and proper person so as to return to the NMC Register. He submitted that the panel should consider whether you have demonstrated sufficient insight into your dishonest conduct, and consider whether you have remediated the concerns which led to your striking-off order.

Mr Rye concluded that the public protection and public interest considerations should be at the forefront of the panel's mind in making this decision, in that it should assess whether confidence in the nursing profession would be undermined should you be permitted to return to the NMC Register.

Mr Akinoshun invited the panel to have regard to your oral and documentary evidence, in taking account of how you would behave differently faced with a similar set of circumstances. He submitted that you have reflected on the incidents, and have been able to demonstrate the importance of being honest and trustworthy at all times.

Mr Akinoshun took the panel through the positive references provided on your behalf, all of which attest to your strong clinical abilities and your good professional character. He

submitted that a reference was provided from the Agency, although this was only a basic reference confirming the dates you have been employed by them.

Mr Akinoshun submitted that you are very remorseful for your misconduct and that you now accept full responsibility for your dishonest conduct. He submitted that you act as a mentor for young people at your local church, and that you emphasise the importance of acting with integrity, as well as being open and transparent so that they do not make the same mistakes as you.

Mr Akinoshun submitted that you have remained in the healthcare setting since you were struck off from the NMC Register. He submitted that there have been no new concerns raised regarding your conduct and behaviour, which supports the notion that you now recognise the severity of your actions.

Mr Akinoshun invited the panel to find that you have demonstrated a good level of insight into your dishonest conduct, to the extent that you no longer pose a significant risk of repeating your behaviour. He submitted that there is no evidence to suggest that you have a deep-seated attitudinal issue.

Mr Akinoshun submitted that it is in the public interest to permit you to return to the nursing profession, thereby allowing patients to benefit from your experience and good clinical nursing abilities.

Mr Akinoshun invited the panel to grant the application to restore you to the NMC Register.

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

The legal assessor reminded the panel of the test, as provided in Article 33(5) of the Nursing and Midwifery Order, 2001. Firstly, you must satisfy the panel that you satisfy the requirements of Article 9(2)(a) (approved qualification and prescribed education, training and experience) and Article 9(2)(b) (capable of safe practice). Secondly, you must satisfy the panel whether, having regard in particular to the circumstances which led to the making of the striking-off order in 2014, you are a *“fit and proper person to*

practise as a registered nurse". She advised the panel that it is for you to satisfy the panel of these two matters and it is for the panel to use its own independent judgment as to whether it is so satisfied.

Decision on the application for restoration

The panel has considered your application for restoration to the NMC Register very carefully. It has decided to allow the application subject to your successful completion of a return to practice course.

In reaching its decision the panel recognised its statutory duty to protect the public as well as maintain public confidence in the reputation of the profession, which includes the declaring and upholding of proper professional standards. The panel bore in mind that the burden was upon you to satisfy it that you are a fit and proper person who is able to practise safely and effectively as a nurse.

The panel noted that dishonesty is often more difficult to remediate than clinical concerns; albeit not impossible to do so. It noted that the substantive hearing panel had found your actions to have amounted to serious misconduct, and this misconduct was not at the lower end of the spectrum of fitness to practise.

However, in taking account of all the evidence provided for the purposes of this hearing, the panel considered you to have worked hard to develop your insight and to have demonstrated your efforts of remediation.

In particular, the panel had regard to your oral evidence, in which it had found you to have been an honest, open and straightforward witness. You were able to convince the panel that you were genuinely remorseful and ashamed of your dishonest actions, and were able to articulate that the public's perception of registered nurses would be seriously undermined by you behaving in the way that you did. You were able to reassure the panel that you were not liable to repeat your misconduct at some point in the future, and it was satisfied that there was no evidence before it of you having a deep-seated attitudinal issue.

The panel considered you to have demonstrated sufficient insight into your dishonest conduct, in that you were able to identify why your actions were wrong, and how you should not have attempted to mislead prospective employers. You were also able to explain to the panel the importance of being honest in both your professional and personal life. You stated that the public need to be able to trust nurses who are providing care to them.

The panel noted that you are a mentor for young people at your local church, and that you encourage them to be open and honest in all aspects of their life. You demonstrated a passion for nursing and for helping vulnerable people in general.

The panel determined that you had not sought to minimise your misconduct, which assured it that you had learnt a salutary lesson. It noted that you refrain from providing references for people at the current time, and instead refer colleagues to more senior staff who are better suited to providing this.

The panel noted that you have undertaken training in the areas of concern, and that you have also taken steps to keep your clinical nursing practice up to date.

The panel appreciated that you have continued to work in a healthcare setting, and that the references provided attest positively to your clinical practice, as well as your conduct and behaviour. The panel acknowledged the submission of Mr Akinoshun as to why the reference from the Agency was not before it today. However, the panel noted that your previous line manager at Burgess Clinic, Bracton Centre remains supportive of you, and that she had stated:

“Akinyemi worked initially in the capacity of a Staff Nurse and then as Charge Nurse and during that period, he excelled in his role, exhibiting one of the highest levels of productivity.

Akinyemi is competent, proactive, knowledgeable, respectful, hardworking and the junior staff looked up to him. I have found him to be honest, trustworthy and compassionate. He was my best Charge Nurse at the time and I had total confidence in him to deputise in my absence . He is reliable, total patient-focus, and ensured junior staff clinical supervision were met, as well as maintaining safe

staffing levels at all time. He has the ability to take his own initiative, able to meet deadlines, very punctual and completely reliable. He always had time for his patients, by carrying out one-to-one sessions, representing them in CPA meetings, Ward Rounds and MHRT. He is committed to his job and participated and facilitated teaching sessions on the ward. He has the ability to reflect on his clinical practice and able to accept constructive criticisms.

I was however, shocked when I moved from Burgess Clinic to Hazelwood then to Greenwood to hear about what he did, which invariably led to him losing his job and which left me with a question as to what could have happened to him? . It was totally out of character of the Akinyemi I had managed on Burgess Clinic. He reflected on what he had got himself into and he acknowledged to me that he had made a terrible mistake and vowed never to find himself in such a situation ever.”[sic].

In having regard to all the above, the panel was of the view that there was not much more you could have done in demonstrating that you are a “*fit and proper person*”, so as to be permitted to return to the NMC Register. The panel did not consider there to be a real risk of repetition of the misconduct identified in the particular circumstances of this case.

The panel also had regard to the public interest considerations of this case, and determined that it would now be in the public interest for you to return to the NMC Register, with patients being given the benefit of your nursing experience and high level of clinical care. The panel decided that with you having been previously struck off the NMC Register, any negative concern in this regard would have been satisfied. An informed member of the public would consider you have been appropriately sanctioned in 2014, and that this would have been sufficient to satisfy the public interest.

In determining to grant your application for restoration, the panel bore in mind that you have not practised as a registered nurse for a significant period of time, and that you no longer meet the requirements for registration with the NMC on this basis. However, the panel determined to allow your application for restoration subject to your completion of a

Return to Practice course and paying the prescribed fee which satisfies the requirements of Article 19(3) and Article 33(7)(a). This article states:

“The Council may by rules require persons who have not practised or who have not practised for or during a prescribed period, to undertake such education or training or to gain such experience as it shall specify in standards.

(7) On granting an application for restoration, the Committee—

(a) shall direct the Registrar to register the applicant in the relevant part of the register on his satisfying any requirements imposed under paragraph (6) and on payment of the prescribed fee;...”

In all the circumstances the panel concluded that you should be restored to the NMC Register, subject to you satisfying the NMC’s requirements as to a return to practice course.

The panel did consider whether it was appropriate to impose a conditions of practice order but concluded that it was not appropriate in this case as there are no clinical concerns.

That concludes this determination.

This decision will be confirmed to you in writing.