

# **Nursing and Midwifery Council**

## **Voluntary Removal Decision**

**Registrar – 17 March 2022**

**Registrant:** April Cheryl Andrews

**PIN:** 83K1021E

**Part(s) of the register:** Registered Nurse - Mental Health (Level 2)  
Nursing

**Area of Registered Address:** England

**Type of case:** Misconduct

### **REGISTRAR'S DECISION**

A decision has been made by the Registrar to approve the application for voluntary removal based on the assessment of the relevant criteria. The reasons for the decision to grant voluntary removal from the Register are below.

#### **Details of charge**

1. On 6 September 2018 inappropriately prescribed Co-codamol 30/500mg caplets x 100 to Friend A when this was:
  - a. Outside of your prescribing remit as a specialist palliative care nurse; and
  - b. A non-emergency situation.
2. On 1 February 2019 inappropriately prescribed Co-codamol 30/500mg capsules x 120 to Colleague A when this was:
  - a. Outside of your prescribing remit as a specialist palliative care nurse; and
  - b. A non-emergency situation.
3. On 1 February 2019 inappropriately prescribed Tramadol 50mg capsules x 100 to Colleague A when this was:
  - a. Outside of your prescribing remit as a specialist palliative care nurse; and
  - b. A non-emergency situation.
4. On 1 April 2019 inappropriately prescribed Co-amoxiclav tablets 625mg x 21 to Colleague B when this was:
  - a. Outside of your prescribing remit as a specialist palliative care nurse; and
  - b. A non-emergency situation.

5. On 4 September 2019 inappropriately prescribed Co-codamol 30/500mg capsules x 120 to Colleague A when this was:
  - a. Outside of your prescribing remit as a specialist palliative care nurse; and
  - b. A non-emergency situation.
  
6. On 4 September 2019 inappropriately prescribed Tramadol 50mg capsules x100 to Colleague A when this was:
  - a. Outside of your prescribing remit as a specialist palliative care nurse; and
  - b. A non-emergency situation.
  
7. On 20 August 2020 prescribed Midazolam 10mg/2ml solution for injection ampoules to an unknown patient after you had been specifically told to stop prescribing medication on 4 March 2020.

## **REGISTRAR'S REASONS**

The following documents were considered when assessing this voluntary removal application:

- Voluntary removal application form
- Draft schedule of charge
- Case Examiner decision letter dated 23 September 2021
- Completed Case Management form ("CMF"), dated 31 January 2022
- Ms Andrews reflective responses
- Royal College of Nursing letter dated 12 April 2021
- Character references and testimonials
- Telephone response from the maker of the allegation dated 9 March 2022

## **Background**

Mrs April Cheryl Andrews joined the NMC register on 1 March 2001 and qualified as an Independent Nurse Prescriber in 2007. At the time of the concerns, Mrs Andrews was working at Leicester Partnership NHS Trust ('the Trust') as an Independent Nurse Prescriber within the Integrated Community Palliative Care Team. She had worked for the Trust since 2004.

On 17 January 2020 the NMC received an anonymous referral raising concerns about Mrs Andrews' fitness to practise. The referral alleged that Mrs Andrews prescribed medication for two colleagues who had cold symptoms without physically examining them and in a non-emergency situation.

The Trust also received an anonymous whistle blower letter raising the same concerns. Mrs Andrews initially denied the allegations to the Trust but on commencement of the Trust's investigation admitted to prescribing for a colleague on one occasion. As the Trust investigation progressed, a further four incidents of prescribing to colleagues and once to a friend were identified.

At the start of this investigation on 6 March 2020, the Trust placed a restriction on Mrs Andrews' practice which prevented her from making any further prescriptions whilst under investigation. On 21 August 2020 Ms Andrews made a further prescription for a patient under her care.

### **Public interest considerations**

Our voluntary removal guidance says that the only circumstances in which we'll accept applications for voluntary removal are where:

- the nurse, midwife or nursing associate accepts the regulatory concern(s);
- the regulatory concerns are not so serious that they are fundamentally incompatible with being a registered professional; and
- the nurse, midwife or nursing associate provides evidence that they do not intend to continue practising.

Mrs Andrews confirmed in her case management form dated 31 January 2022 and in her application for voluntary removal dated 25 February 2022 that she admits the facts of the allegations and that her fitness to practise is impaired by her misconduct. I'm satisfied on the basis of this information that Mrs Andrews accepts the regulatory concerns raised about her practice.

I've considered whether the regulatory concerns are so serious that they are fundamentally incompatible with being a registered professional. I've looked at our guidance on serious concerns which are more difficult to be put right. This says that a small number of concerns are so serious that it may be less easy for the nurse, midwife or nursing associate to put right the conduct, the problems in their practice, or the aspect of their attitude which led to the incidents happening. In cases like this, we will be keen to hear from the nurse, midwife or nursing associate if they have reflected on the concerns and taken opportunities to show insight into what happened.

I've used our guidance on insight and strengthened practice to review the contents of Mrs Andrews' reflection pieces. I've noted that she has demonstrated a high level of remorse and understanding of the potential consequences of her actions. She explained the context which led to her conduct at the time and why her actions won't be repeated. She has also addressed the concerns raised about her attitude by admitting that her

actions demonstrated a lack of integrity and setting out the importance of being open and honest. I consider that Mrs Andrews has shown insight into what happened.

I've considered our guidance on serious concerns based on public confidence or professional standards. This says a need to take action because the public may not feel able to trust nurses, midwives or nursing associates generally is a high threshold. It suggests that members of the public might take risks with their own health and wellbeing by avoiding treatment or care from nurses, midwives or nursing associates. Given the insight shown by Mrs Andrews, I don't consider the concerns raised in this case fall into this category of seriousness.

I've noted that the maker of the allegation was contacted by telephone on 9 March 2022 and invited to share any comments they had on Mrs Andrews' application for voluntary removal. They stated that they didn't consider Mrs Andrews conduct to amount to gross misconduct and that they supported her application for voluntary removal.

From the information before me I haven't identified any information to suggest that Mrs Andrews' actions are fundamentally incompatible with being a registered professional.

I've considered our guidance on decision-making in voluntary removal cases which says that if the nurse, midwife, or nursing associate demonstrates a committed intention to leave the profession then this will be a factor in favour of granting voluntary removal.

I've considered the evidence shared by Mrs Andrews supporting that she doesn't intend to continue practising. I've noted that Mrs Andrews is now in receipt of her NHS pension and that she has told us that she has found employment a few hours a week as a carer. Mrs Andrews also indicated on her application for voluntary removal and reflection piece that she no longer wished to practise as a nurse due to her genuine ill health.

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I'm satisfied, on the basis of the information before me, that Mrs Andrews has stopped practising as a nurse and that she doesn't intend to return to practice. Her committed intention has been demonstrated through not working as a nurse for the past year. Mrs Andrews also signed a declaration on 25 February 2022 confirming that she won't reapply to the register for 5 years.

I've considered whether the public interest in having a Fitness to Practise Committee make a decision in Mrs Andrews' case outweighs the public interest in her immediate removal from the register. I've noted that a Fitness to Practise Committee isn't needed to weigh up the evidence or making findings on disputed allegations as the concerns are admitted. In these circumstances there would be limited public interest in a Fitness to Practise Committee considering Mrs Andrews' case.

I haven't identified any reasons for a Fitness to Practise Committee to make a decision in Mrs Andrews's case. If Mrs Andrews were to seek re-entry to the NMC register after voluntary removal, a Registrar would be able to consider the original concerns about her practice and reasons for readmission. Mrs Andrews would need to show that she is capable of practising safely and effectively as a nurse.

### **Registrar's decision**

I've decided to approve Mrs Andrews's application for voluntary removal from the NMC register. The concerns raised aren't so serious that they are fundamentally incompatible with being a registered professional.

Mrs Andrews accepts the regulatory concerns and she's provided clear reasons for why she doesn't intend to continue practising as a nurse. The public interest is best met by the publishing of this decision and Mrs Andrews' immediate removal from the register.