Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Monday, 9 December – Friday, 13 December 2024
Tuesday, 22 April – Thursday, 24 April 2025

Virtual Hearing

Name of Registrant:	**Emmanuel Adu-Osei**
NMC PIN	21H0464O
Part(s) of the register:	Registered Nurse Adult - Sub part 1 RNA: Adult nurse, level 1 (9 August 2021)
Relevant Location:	Stevenage
Type of case:	Misconduct
Panel members:	Caroline Rollitt (Chair, Lay member) Carol Porteous (Registrant member) Kitty Grant (Lay member)
Legal Assessor:	Trevor Jones (9 - 13 December 2024) Joseph Magee
Hearings Coordinator:	Petra Bernard (9 - 13 December 2024) Sharmilla Nanan
Nursing and Midwifery Council:	Represented by Matthew Kewley (Counsel), Case Presenter
Mr Adu-Osei:	Not present and not represented
Facts proved:	All charges
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons to adjourn the hearing (Days one and two)

During preliminary discussions on the morning of Monday 9 December 2024, the panel was informed by the legal assessor, that Ms Richards, the Nursing and Midwifery Council NMC case presenter, had emailed the hearings coordinator that morning, letting her know that she would not be available to join the hearing because [PRIVATE]. Ms Richards stated that she expects to attend the hearing on Tuesday 10 December 2024. The Case Preparation Team at the NMC was made aware of her absence, however they informed that it would be impossible to obtain a replacement at this late stage. The hearing was adjourned until Tuesday 10 December 2024 at 9.00am, pending Ms Richards' attendance.

On Tuesday 10 December 2024, the panel was informed that Ms Richards was [PRIVATE]. Mr Kewley was subsequently allocated to the hearing as the Case Presenter and would join to start the hearing the next day.

The hearing resumed on Wednesday 11 December 2024.

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mr Adu-Osei was not in attendance and that the Notice of Hearing letter had been sent to his registered email address by secure email on 17 October 2024.

Mr Kewley, on behalf of the 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 allegation, the time, dates and that the hearing was to be held virtually, including instructions on how

to join and, amongst other things, information about Mr Adu-Osei's right to attend, be represented and call evidence, as well as the panel's power to proceed in his absence.

In the light of all of the information available, the panel was satisfied that Mr Adu-Osei has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Mr Adu-Osei

The panel next considered whether it should proceed in the absence of Mr Adu-Osei. It had regard to Rule 21 and heard the submissions of Mr Kewley who invited the panel to continue in the absence of Mr Adu-Osei. The panel concluded that Mr Adu-Osei had voluntarily absented himself.

Mr Kewley submitted that there had been no recent engagement at all by Mr Adu-Osei with the NMC in relation to these proceedings and also no response to the emails sent by the hearings coordinator over the last couple of days. As a consequence, he submitted that there was no reason to believe that an adjournment would secure his attendance on some future occasion.

The panel accepted the advice of the legal assessor, which included reference to: *R* v *Jones (Anthony William)* (No.2) [2002] UKHL 5; *Davies v HCPC* [2016] EWHC 1593 (Admin) and *GMC v Adeogba* [2016] EWCA Civ 162.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised *'with the utmost care and caution'* as referred to in the case of *Jones.*

The panel has decided to proceed in the absence of Mr Adu-Osei. In reaching this decision, the panel has considered the submissions of Mr Kewley and the advice of the

legal assessor. It has had particular regard to the factors set out in the decisions of *Jones* and *Adeogba* and to the overall interests of justice and fairness to all parties.

The panel noted that:

- No application for an adjournment has been made by Mr Adu-Osei;
- Mr Adu-Osei has not recently engaged with the NMC and has not responded to any recent communications sent to him about this hearing;
- There is no reason to suppose that adjourning would secure his attendance at some future date;
- Two witnesses are due to attend today to give live evidence and another is due to attend tomorrow;
- Not proceeding may inconvenience the witnesses, their employer(s) and, for those involved in clinical practice, the clients who need their professional services;
- Further delay may have an adverse effect on the ability of witnesses accurately to recall events; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Mr Adu-Osei in proceeding in his absence. Although the evidence upon which the NMC relies will have been sent to him at his registered address, he has made no response to the allegations. He will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on his own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Mr Adu-Osei's decisions to absent himself from the hearing, waive his rights to attend, and/or be represented, and to not provide evidence or make submissions on his own behalf.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mr Adu-Osei. The panel will draw no adverse inference from Mr Adu-Osei's absence in its findings of fact.

Decision and reasons on application to amend charge 4

The panel heard an application made by Mr Kewley, on behalf of the NMC, to correct a typographical error in stem of charge 4.

It was submitted by Mr Kewley, that charge 4 is meant to link to charge 3, which relates to Patient B, not charge 2 which relates to Patient A. Mr Kewley submitted that the number *'2'* in charge as written should be corrected to charge number 3, in order to align with the reference to 'Patient B' in the sub-particular in charge 4c.

Mr Kewley submitted that the proposed amendment would provide clarity and more accurately reflect the evidence.

Original charge

> 4) In relation to Charge 2, failed to comply with the duty of candour in that you did not:
>
> a) ...
>
> b) ...
>
> c) document the medication error in Patient B's notes.

Proposed amendment

> 4) In relation to Charge ~~2~~ **3**, failed to comply with the duty of candour in that you did not:
>
> a) ...

b) ...

c) document the medication error in Patient B's notes.

The panel accepted the advice of the legal assessor and had regard to Rule 28 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel was of the view that the amendment, as applied for, was in the interest of justice. The panel was satisfied that there would be no prejudice to Mr Adu-Osei and no injustice would be caused to either party by the proposed amendments being allowed. The panel determined that it was therefore appropriate to make the amendment as applied for, to ensure clarity and accuracy.

Details of charge (as read)

That you, a registered nurse:

1) On 23 October 2021:

a) administered 5mg of Haloperidol to Patient A, instead of 500mcg as prescribed;

b) having made the error at charge 1(a), you asked the doctor to change the prescription to reflect the dose you had administered;

2) Your conduct at Charge 1(b) lacked integrity

3) On 23 June 2022 administered Metronidazole 500mg IV to Patient B, instead of Paracetamol 1G IV as prescribed;

4) In relation to Charge 3, failed to comply with the duty of candour in that you did not:

a) immediately report and/or escalate the medication error;

b) provide details of the medication error during handover;

c) document the medication error in Patient B's notes.

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

Background

The charges arose whilst Mr Adu-Osei was employed as a registered nurse by East and North Hertfordshire NHS Trust (the Trust), working on the Gastroenterology Ward 8A (the Ward).

On 15 September 2022, the NMC received a referral from (the Trust) regarding Mr Adu-Osei. It is alleged that during a night shift which commenced on 23 October 2021, Mr Adu-Osei made a medication error at the Trust. Patient A was prescribed 500micrograms (mcg) of Haloperidol for agitation, but Mr Adu-Osei administered 5milligrams (mg) to the patient. Mr Adu-Osei then allegedly asked the doctor to change the prescription to reflect what he had administered. The doctor refused as she had intended for 500mcg to be administered to Patient A.

It is alleged that on 23 June 2022, Mr Adu-Osei made another medication error while working on the day shift. Patient B had been prescribed intravenous paracetamol on the Electronic Prescribing and Medicines Administration System. Patient B requested pain relief and Mr Adu-Osei administered Metronidazole 500mg IV rather than Paracetamol 1G IV. Patient B began to feel flushed and unwell during the infusion and Patient B's husband queried whether Mr Adu-Osei had administered the wrong medication to his wife. Mr Adu-Osei stopped the medication and changed it to the correct one. Following this incident, it is alleged that Mr Adu-Osei failed to follow the Trust's policy in reporting this medication

error. He also failed to inform the medical team, or his nursing colleagues at shift handover and document his error in Patient B's notes.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Mr Kewley on behalf of the NMC.

The panel has drawn no adverse inference from the non-attendance of Mr Adu-Osei.

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.

Witness 3

Mr Kewley addressed the panel in relation to Witness 3, who was due to attend to give evidence, however was unable to [PRIVATE].

Mr Kewley submitted that having reflected on matters and having particular regard to what the relevance of Witness 3's evidence is, it is the NMC's position that in light of Witness 3 being [PRIVATE] and taking into account that her evidence is limited in scope and does not relate to the specific particulars of the charge, the NMC does not seek to rely on her evidence as part of its case. Mr Kewley submitted therefore, that he would not be making a hearsay application with respect to Witness 3's witness statement.

Mr Kewley submitted that if he was to make a hearsay application, it would further inhibit progress of the hearing, which has already been delayed.

The panel accepted the advice of the legal assessor.

Proposed amendment to the stem of charge 1

The panel of its own volition considered whether the stem of charge 1 should be amended,

Original charge

That you, a registered nurse:

1) On 23 October 2021:

a) ...;

b) ...;

Proposed amendment

That you, a registered nurse:

1) During **a night shift commencing on** 23 October 2021:

a) ...;

b) ...;

This amendment arises from the evidence heard which clearly relates to a night shift commenced on 23 October 2021, but ended on 24 October 2021.

The panel invited submissions from Mr Kewley on the suggested amendment. He raised no objection to the suggested amendment. The panel bore in mind the advice on its powers of amendment which the legal assessor had given earlier in the hearing.

The panel considered that the proposed amendment did not alter the substance of the allegation against Mr Adu-Osei. It was satisfied that the amendment should be made and that it could be made without injustice.

As a result, the amended charge 1 now reads as follows:

> That you, a registered nurse:
>
> 1) During a night shift commencing on 23 October 2021:
>
> a) administered 5mg of Haloperidol to Patient A, instead of 500mcg as prescribed;
>
> b) having made the error at charge 1(a), you asked the doctor to change the prescription to reflect the dose you had administered;

The panel heard live evidence from the following witnesses called on behalf of the NMC:

- Witness 1: Registered nurse at the Hospital on the Ward, at the material time
- Witness 2: Nurse Team Leader at the Hospital on the Ward, at the material time

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It took into account all of the written and oral witness evidence and all of the documentary evidence provided by the NMC. The panel also considered the location of the alleged incidents, which occurred on the Gastroenterology Ward 8A (the Ward). It heard evidence from Witness 1 that the Ward contained thirty beds and was split between the North and South wings, which comprised of fifteen beds each, respectively.

The panel then considered each of the disputed charges and made the following findings.

Charge 1

That you, a registered nurse:

1) During a night shift commencing on 23 October 2021:

a) administered 5mg of Haloperidol to Patient A, instead of 500mcg as prescribed;

This charge is found proved.

In reaching this decision, the panel took into account the written and oral evidence of Witness 1, together with the corresponding exhibits, which included: Patient A's Medication Administration Record (MAR) chart; the Datix Incident Form and notes made in Patient A's record by Mr Adu-Osei and the doctor.

The panel noted that Mr Adu-Osei had initially admitted to administering 5mg of Haloperidol to Patient A instead of 500mcg to the nurse in charge. The panel had regard to Mr Adu-Osei's email dated 30 December 2021, which includes his reflections on this incident where he makes admissions to what occurred that night.

The panel also had sight of the Datix Incident Form entries made by Witness 1, indicating that the higher dose of 5mg of Haloperidol was administered to Patient A, instead of 500mcg as prescribed.

The panel therefore determined on the balance of probabilities that this charge is found proved.

Charge 1b)

That you, a registered nurse:

1) During a night shift commencing on 23 October 2021:
1b) having made the error at charge 1(a), you asked the doctor to change the prescription to reflect the dose you had administered;

This charge is found proved.

In reaching this decision, the panel took into account the written and oral evidence of Witness 1, together with the corresponding exhibits, which included: Patient A's Medication Administration Record (MAR) chart; the Datix Incident Form and notes made in Patient A's record by Mr Adu-Osei and the doctor.

The panel had regard to the entry in Patient A's Datix Incident Form which describes the medication administration as an *'error...Wrong/unclear dose or strength'.*

The panel had regard to the handwritten retrospective notes written by the Mr Adu-Osei and the doctor which clearly shows that he had asked the doctor to change the prescription and the doctor declined. It noted that Witness 1's in her witness statement supports that she had a conversation with Mr Adu-Osei where he said to her that he had given the incorrect 5mg dose and had asked the doctor to change the prescription to reflect the dose he had administered.

Further, in Witness 1's witness statement and in oral evidence, she described that the Haloperidol prescription was for 500mcg and the actual ampoule it comes in is in 5mg/ml and that the dose given by Mr Adu-Osei was 10 times the amount prescribed.

The panel determined that on the basis of the evidence put before it, this charge is found proved.

Charge 2

That you, a registered nurse:

2) Your conduct at Charge 1(b) lacked integrity

This charge is found proved.

In reaching this decision, the panel took into account the written and oral evidence of Witness 1, together with the corresponding exhibits, which included: Patient A's Medication Administration Record (MAR) chart; the Datix Incident Form and notes made in Patient A's record by Mr Adu-Osei and the doctor.

The panel was of the view that, having made the medication administration error, Mr Adu-Osei contacted the doctor to change the prescription to reflect the ten times overdose he had administered. Patient A had been prescribed a one-off dose, therefore before he administered the medication, if he had any queries about the dose, he should have discussed it with the doctor before administration.

The panel had sight of the handwritten retrospective note of dated '*24.10.21 at 08.40'*, made by Mr Adu-Osei. The panel noted that he criticises the doctor, stating that he contacted the doctor about *'the error she has made'.* The panel was of the view that Mr Adu-Osei not only tried to retrospectively change the prescription but attempted to undermine the doctor's decision in the medical record. The panel further noted that he makes no mention of his error in over-administering the Haloperidol to Patient A.

The panel was of the view that by Mr Adu-Osei's conduct, he demonstrates a lack of integrity by not only trying to cover his mistake by blaming the doctor for under prescribing the dose of Haloperidol, but by also his attempt to have the doctor retrospectively change the amount prescribed to what he had administered to Patient A.

The panel determined that on the evidence put before it, Mr Adu-Osei's conduct lacked integrity and therefore this charge is found proved.

Charge 3

That you, a registered nurse:

3) On 23 June 2022 administered Metronidazole 500mg IV to Patient B, instead of Paracetamol 1G IV as prescribed;

This charge is found proved.

In reaching this decision, the panel took into account Witness 2's written and oral evidence and the Datix Incident Form. The panel also had regard to Mr Adu-Osei's reflective piece dated 29 July 2022, where he makes a full admission to the medication being prescribed and that he *'... mistakenly took IV metronidazole 500mg/100mls instead of IV paracetamol 1g/100mls.'*

The panel had regard to an entry on the Datix Incident Form, which states:

'Nurse went to prep room to get IV paracetamol but mistakenly took IV metronidazole and subsequently administered same. patient's husband drew the attention of the nurse after approximately 5-10 minutes of administering the IV metronidazole.'

Upon the evidence put before it, the panel was satisfied that Mr Adu-Osei administered Metronidazole 500mg IV to Patient B, instead of Paracetamol 1G IV as prescribed.

The panel therefore find this charge proved.

Charge 4

> That you, a registered nurse:
>
> In relation to Charge 3, failed to comply with the duty of candour in that you did not:
> a) immediately report and/or escalate the medication error;
> b) provide details of the medication error during handover;
> c) document the medication error in Patient B's notes.

This charge is found proved in its entirety.

In reaching this decision, the panel took into account Witness 2's written statement, corresponding exhibits and oral evidence. Witness 2 states that the first time she was made aware that this incident had occurred, was when she came on duty for the night shift and Patient B told her about the medication error earlier in day. Witness 2 confirmed that Mr Adu-Osei did not make anyone aware of the error, either during his shift or during the handover to night shift colleagues.

Her written statement includes the following:

> '*We all went to the prep room and I repeated what the patient narrated to me. Emmanuel admitted that he had made a medication error and did not tell anyone about it. I asked him why he did not inform me before he left but he did not have any reason.'*

In oral evidence, Witness 2 said that Mr Adu-Osei admitted the error the following morning but could not say why he did not inform her.

The panel had sight of the entries made in Patient B's Electronic Medical Record for 23 and 24 June 2022. It noted that acknowledgment of the medication incident is said to have been noted by IBD nurse [Witness 3] at 15:13 on the 23 June 2022, and that *'EAO documents in the patients notes at 16:38 on the 23 June 2022 but fails to mention the medication administration error'.*

The panel had sight of an entry made in Patient B's Electronic Medical Record by Mr Adu-Osei on 23 June 2022 at 16.40 The panel noted that he omitted to document the medication error he had made, rather he states *'...due prescribed IV steroids other drugs administered as advised...all nursing care duly rendered'.* The panel had regard to the Electronic Medical Record which refers to a drug that remains to be *'given'* to the Patient B and says *'other drugs to be given'* which suggests that he gave the prescribed drugs with no incident.

The panel noted that Mr Adu-Osei completed a Datix concerning the incident the following morning, only after prompting from the Ward Manager and Witness 2.

The panel therefore finds this charge proved in its entirety.

Decision and reasons on interim order

After announcing its decision on the facts of Mr Adu-Osei's case, the panel had insufficient time remaining to consider misconduct, impairment, and potentially a substantive sanction.

As the panel has found all of the charges in Mr Adu-Osei's case proved, it next considered whether an interim order is necessary for the protection of the public, or in the public

interest, until such time as it is able to reconvene to conclude Mr Adu-Osei's substantive case. The panel 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 Adu-Osei's own interests.

Submissions on interim order

Mr Kewley on behalf of the NMC referred the panel to Rule 32(5). He submitted that there is currently no interim order in place for Mr Adu-Osei and as such, he holds unrestricted registration as a nurse. He submitted that an interim order is necessary on both public protection and public interest grounds.

Mr Kewley submitted that the panel has made findings of facts which involved two separate medication errors in October 2021 and June 2022. He submitted that the regulatory concerns found proved raises questions not only about Mr Adu-Osei's ability to safely administer medication, but further issues concerning his conduct in acting without integrity and breaching the duty of candour.

Mr Kewley invited the panel to make an interim suspension order for a period of 12 months. He submitted that 12 months was required in order to allow the NMC time to relist the substantive hearing notwithstanding any unforeseen delays that could occur.

The panel heard and accepted the advice of the legal assessor who referred it to the NMC guidance INT-2 'Decision making factors for interim orders'.

In light of the panel's finding of fact, it was satisfied that an interim order is necessary on the grounds of public protection. The panel had regard to the seriousness of the facts found proved in reaching the decision to impose an interim order. The panel has found that there is a necessity for an order to be made on public protection grounds and determined, when addressing the public interest, that an informed member of the public would indeed be concerned that an interim order was not made given these concerns.

The panel determined that an interim conditions of practice order would not be appropriate or proportionate in this case given the facts found proved. These included not only medication error concerns but also that he acted without integrity and not being open when he had done something wrong. The panel determined that there is also a concern that Mr Adu-Osei has not recently engaged with the NMC, therefore absent any recent reflection, there is a high risk of repetition. The panel also noted that there has been no information put before it in relation to Mr Adu-Osei strengthening his practice to address the concerns identified. The panel was of the view that his lack of insight ameliorates the risk of potential harm to patients.

The panel decided to impose an interim suspension order. This interim order is for a period of 12 months, to allow sufficient time for the substantive hearing to be reconvened and concluded, and also to allow for any unexpected delays going forward.

The panel still has to deal with the matters of misconduct, impairment and potentially sanction in respect of Mr Adu-Osei's substantive case.

The panel also wish to make it clear that today's decision in respect of an interim order is in no way indicative of conclusions it may make at later stages of this hearing.

The NMC will keep Mr Adu-Osei informed of developments in relation to his substantive case.

Until Mr Adu-Osei's substantive case concludes, this interim order must be reviewed before the end of the next six months and every six months thereafter. Additionally, Mr Adu-Osei or the NMC may ask for the interim order to be reviewed if any new evidence becomes available that may be relevant to the interim order.

At any review the reviewing panel may revoke the interim order, it may confirm the interim order, or it may replace the interim suspension order with a conditions of practice order.

This will be confirmed to Mr Adu-Osei in writing.

That concludes this determination.

This hearing was adjourned part heard on 13 December 2024 and resumed on 22 April 2025.

Decision and reasons on service of Notice of Hearing

Mr Kewley submitted that there is no formal notice period for a resuming hearing. He referred the panel to Rule 32 of the Rules which relates to postponements and adjournments. He submitted that Rule 32 (3) states that as soon as practicable, the Fitness Practice Committee should notify the parties of the date, time and venue of the resumed hearing. He referred the panel to the statement of a listings officer employed by the NMC, dated 30 January 2025, which states that on this date she sent an email to Mr Adu-Osei notifying him of the resuming hearing. He noted that the email was sent to Mr Adu-Osei's email address held on the NMC register. He submitted that the notice sent to Mr Adu-Osei includes the dates of this hearing, the time of the hearing and that the hearing was being held virtually on Microsoft Teams. He submitted that Mr Adu-Osei has approximately 81 days' notice of this hearing. He invited the panel to find that the NMC has properly notified Mr Adu-Osei.

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

The panel considered the letter sent to Mr Adu-Osei on 20 January 2025 and determined that it provided details of the hearing which included the time, dates and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mr Adu-Osei's right to attend, be represented and call evidence, as well as the panel's power to proceed in his absence.

In the light of all of the information available, the panel was satisfied that Mr Adu-Osei has been served with notice of the resuming hearing.

Decision and reasons on proceeding in the absence of Mr Adu-Osei

Mr Kewley invited the panel to proceed in the absence of Mr Adu-Osei. He submitted that Mr Adu-Osei has not engaged with the NMC since the hearing last concluded on 13 December 2024. He submitted that approximately five days after the last hearing, Mr Adu-Osei was emailed a copy of the panel's decisions made at the last hearing. He submitted that on 11 March 2025, Mr Adu-Osei was emailed a copy of the transcripts from the December 2024 hearing. He submitted that it is a continued case of non-engagement. He submitted that this has not resulted in any response from Mr Adu-Osei and that he has voluntarily absented himself from attending the hearing.

Mr Kewley submitted it is in the public interest and in Mr Adu-Osei's interests that there is an expeditious disposal of the case. He reminded the panel that the allegations date back to 2021-2022. He submitted that the case should have concluded in December 2024 but due to the postponement at the beginning of the hearing it did not. He submitted that Mr Adu-Osei has had four months since the last hearing to consider his position and engage with the proceedings but he has decided not to. On this basis, he invited the panel to proceed in Mr Adu-Osei's absence.

The panel accepted the advice of the legal assessor.

The panel took into consideration that Mr Adu-Osei was emailed a copy of the panel's determination shortly after the hearing went part heard in December 2024. It noted that he received the transcripts of the first listing of the hearing in March 2025. The panel noted that there has been no response from Mr Adu-Osei. The panel took into account that there has been no application for an adjournment by Mr Adu-Osei and that adjourning the hearing would not secure his attendance at the hearing. The panel bore in mind that the charges date back to 2021-2022. The panel took into consideration that Mr Adu-Osei has

a duty to engage with his regulator, the NMC but that he has chosen to voluntarily absent himself from the hearing. The panel took into consideration that there is a strong public interest for the expeditious disposal of this case and it determined to proceed in the absence of Mr Adu-Osei.

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 Adu-Osei's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally.

The panel, in reaching its decision, has 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 has 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 Adu-Osei's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

Mr Kewley submitted that misconduct is defined in case law as a *'word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.'*

Mr Kewley invited the panel to take the view that the facts found proved amount to misconduct. He referred the panel to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code) in making its decision and he identified the specific, relevant standards where Mr Adu-Osei's actions amounted to misconduct.

Mr Kewley submitted that Mr Adu-Osei's misconduct was both clinical and attitudinal. He submitted that in relation to the October 2021 error, the wrong dose was administered to Patient A, and in relation to the June 2022 error, a different drug altogether was administered to Patient B. He submitted that these are fundamental and serious errors which are of substance and significance. He submitted that these clinical concerns reach the threshold of misconduct. In respect of the attitudinal issues, he submitted Mr Adu-Osei asked his professional colleague, a doctor, to change a prescription to cover up his error. He submitted that he also did not report his mistake in relation to the second error in June 2022. He submitted that nurses are expected to act with openness, candour and transparency but Mr Adu-Osei has failed to do that on multiple occasions. He submitted that Mr Adu-Osei's conduct amounts to a serious falling short of what is expected of a registered nurse.

Submissions on impairment

Mr Kewley moved on to the issue of impairment and addressed the panel on the need to have regard to protecting 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.

Mr Kewley submitted in relation to the public protection concerns which arise from this case, patients were put at unwarranted risk of harm. He submitted that the conduct was capable of bringing into disrepute and breaching the fundamental tenets of the profession. He referred the panel to the 'registrant's bundle' and submitted that in relation to the clinical concerns, Mr Adu-Osei sent an email, dated 30 December 2021, which refers to a

competency assessment. He submitted that it appears that Mr Adu-Osei has engaged in limited reflection following his first error and that six months later, Mr Adu-Osei has made another drug administration error. He submitted that the learning from the first drug error was not embedded into Mr Adu-Osei's practice given the second drug error he made and his cover up of it. He submitted that there has been no evidence of training around medication administration courses and that the panel may consider that the clinical aspects of this case has not been properly addressed.

Mr Kewley submitted that in relation to the attitudinal concerns, Mr Adu-Osei has provided a reflective account dated 29 July 2022. He noted that Mr Adu-Osei was asked to complete this account by the Trust. He submitted that the reflective statement is 'relatively thin' when considered against the seriousness of the charges that have been found proved and does not demonstrate that the attitudinal concerns have been addressed. He referred the panel to relevant NMC guidance.

Mr Kewley submitted that there is a real concern in terms of public protection in that Mr Adu-Osei tends to err on the side of 'covering up or patching up' when he makes an error. He accepted that the clinical errors, in isolation, are capable of remediation. He submitted that the attitudinal concerns make the case so serious.

In respect of public interest, Mr Kewley submitted that the nature of the cover up would undermine public confidence in the profession. He submitted that on two separate occasions between 2021-2022, Mr Adu-Osei has made drug errors and in isolation could have been addressed. However, on each occasion it has been followed up with 'cover up' type of behaviour and this raises fundamental concerns about the wider reputation of the profession. He invited the panel to also make a finding of current impairment on the grounds of public interest.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments.

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 was of the view that Mr Adu-Osei's actions did fall significantly short of the standards expected of a registered nurse, and that Mr Adu-Osei's actions amounted to a breach of the Code. Specifically:

'1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.2 make sure you deliver the fundamentals of care effectively

6 Always practise in line with the best available evidence

To achieve this, you must:

6.2 maintain the knowledge and skills you need for safe and effective practice

8 Work co-operatively

To achieve this, you must:

8.1 respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate

8.5 work with colleagues to preserve the safety of those receiving care

8.6 share information to identify and reduce risk

10 Keep clear and accurate records relevant to your practice

This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.

To achieve this, you must:

10.1 complete records at the time or as soon as possible after an event, recording if the notes are written some time after the event

13 Recognise and work within the limits of your competence

To achieve this, you must, as appropriate:

13.2 make a timely referral to another practitioner when any action, care or treatment is required

14 Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place

To achieve this, you must:

14.1 act immediately to put right the situation if someone has suffered actual harm for any reason or an incident has happened which had the potential for harm

14.3 document all these events formally and take further action (escalate) if appropriate so they can be dealt with quickly

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, treating people fairly and without discrimination, bullying or harassment'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. The panel considered whether each charge was sufficiently serious as to amount to misconduct.

In relation to charge 1a, the panel was of the view that Mr Adu-Osei made a drug error and this was a genuine mistake. The panel noted that there was a risk of harm to the patient but there was no actual harm caused to the patient. The panel accepted that Mr Adu-Osei made a mistake in his conduct outlined in charge 1a. The panel determined that

Mr Adu-Osei's conduct in charge 1a was not sufficiently serious as to amount to misconduct.

The panel considered charge 1b. The panel took into consideration that Mr Adu-Osei had pressured a junior doctor to change the prescription to reflect the dose he had erroneously administered to Patient A. It also took into consideration that Mr Adu-Osei told Witness 1 that the doctor had prescribed the wrong dose as opposed to admitting his mistake. The panel was of the view that Mr Adu-Osei had put his colleagues in an awkward professional position, and he had not been open about his mistake. The panel took into account that Mr Adu-Osei did not ensure that the patient was assessed following his mistake. The panel concluded that Mr Adu-Osei's actions in charge 1b was sufficiently serious to amount to misconduct.

The panel next considered charge 2. The panel took into account its finding that Mr Adu-Osei's conduct lacked integrity in relation to charge 1b, as he went to the doctor to get them to change the prescription in an attempt to cover up his mistake. The panel was of the view that Mr Adu-Osei's actions undermined the doctor's prescription and put his nursing colleagues in a difficult position by not being open about what had happened. The panel took into consideration that patient harm could have been caused to Patient A as a result of Mr Adu-Osei's actions. The panel concluded that Mr Adu-Osei's lack of integrity was sufficiently serious to amount to misconduct.

In respect of charge 3, the panel considered that Mr Adu-Osei made another drug error six months, a short period, after the incidents of charge 1. The panel was of the view that Mr Adu-Osei should have been mindful and more careful whilst administering medication to patients given his previous drug error as outlined in charge 1. The panel noted that Mr Adu-Osei administered the wrong drug to Patient B, which they were not prescribed and could have caused the patient serious harm. The panel was of the view that Mr Adu-Osei had undertaken limited reflection and did not undertake sufficient learning from his previous drug error outlined in charge 1. The panel was of the view that Mr Adu-Osei's

error in charge 3, was sufficiently serious in light of his previous medication error to amount to misconduct.

With regard to charge 4, the panel considered Mr Adu-Osei's conduct in charge 3 and that he had multiple opportunities to be open about what had happened. The panel was of the view that Mr Adu-Osei put himself before the wellbeing of the patient in that he did not immediately report or escalate the medication error, provide details of the medication error during handover and did not document the medication error in Patient B's notes. Patient B was denied the opportunity to be assessed to ensure that there were no adverse effects of the wrong medication being administered to them. The panel noted that Mr Adu-Osei asked Patient B not to report his mistake and that this made them feel uncomfortable. The panel determined that Mr Adu-Osei's conduct was sufficiently serious to amount to misconduct.

The panel found that Mr Adu-Osei's actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Mr Adu-Osei's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to guidance contained within the Fitness to Practise Library, updated on 3 March 2025, 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. 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 *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin) 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/ fitness to practise is impaired in the sense that S/He:*
>
> 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) …'

The panel found that limbs a, b and c of Dame Janet Smith's "test" were engaged in both the past and future.

The panel finds that both patients were put at risk of physical harm as a result of Mr Adu-Osei's misconduct. Mr Adu-Osei's misconduct had breached the fundamental tenets of the nursing profession namely that he failed to preserve patient safety, promote professionalism and trust, practise effectively and that his conduct demonstrated a lack of integrity. The panel therefore found that Mr Adu-Osei's conduct brought the nursing reputation into disrepute.

Regarding insight, the panel determined that Mr Adu-Osei has limited insight. The panel took into consideration that Mr Adu-Osei participated in the Trust's learning process and was required to provide a reflective statement by the Trust. The panel was of the view that Mr Adu-Osei has not provided any meaningful reflections on the incidents outlined in the charges and that he did not address the seriousness of his actions. Despite being involved in a drug error and the reporting requirements arising from this initially, he failed to act in line with a duty of candour six months later following the second drug error.

The panel was of the view that Mr Adu-Osei only considered the impact on himself and not on others who were affected by his conduct. The panel took into account that it had no evidence before it to support Mr Adu-Osei's claims that he was victimised in his work environment.

The panel took into consideration that Mr Adu-Osei has not demonstrated an understanding of how his actions put the patients at a risk of harm, nor has he

demonstrated an understanding of why what he did was wrong and how this impacted negatively on patients, the reputation of the nursing profession and his relationships with professional colleagues. Mr Adu-Osei apologised to Patient B for his drug error but the panel took into consideration that he has not provided any insight regarding his duty of candour to report drug errors immediately, provide information regarding drug errors during handover and the importance of documenting drug errors in patient notes. He has not addressed his lack of integrity in his nursing practice. The panel has no information as to how Mr Adu-Osei would handle similar situations differently in the future.

The panel was satisfied that the clinical misconduct in this case is capable of being addressed however the attitudinal issues are serious and more difficult to remediate. Therefore, the panel carefully considered the evidence before it in determining whether or not Mr Adu-Osei has taken steps to strengthen his practice. The panel took into account it had no evidence before it of any relevant training to address the clinical concerns or attitudinal issues identified in the charges.

The panel has no evidence of Mr Adu-Osei's work practices since the conduct outlined in the charges. It noted that he has not worked in the UK since these incidents. It took into consideration that Mr Adu-Osei intended to stop practising as a nurse on 18 November 2023.

The panel took into consideration that there has been a lack of engagement from Mr Adu-Osei with the NMC and the hearing process. It had not received an updated reflection which addressed the concerns outlined in the charges.

The panel is of the view that there is a risk of repetition based on Mr Adu-Osei's limited insight and lack of evidence of his strengthened practice addressing the clinical and attitudinal concerns identified. It noted that Mr Adu-Osei has repeated his drug error and lack of openness regarding his mistake since the first incident in December 2021. The panel was not satisfied that Mr Adu-Osei can practise safely, professionally and kindly.

The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a finding of impairment on public interest grounds is required because a fully informed member of the public would be concerned to learn that Mr Adu-Osei remained on the NMC register with no restrictions in light of his misconduct. In addition, the panel concluded that public confidence in the profession and its standards would be undermined if a finding of impairment were not made in this case and therefore also finds Mr Adu-Osei's fitness to practise impaired on the grounds of public interest.

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

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Mr Adu-Osei's name off the register. The effect of this order is that the NMC register will show that Mr Adu-Osei has been struck-off the register.

In reaching this decision, the panel has 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. The panel accepted the advice of the legal assessor.

Submissions on sanction

Mr Kewley informed the panel that in the Notice of Hearing, dated 17 October 2024, the NMC had advised Mr Adu-Osei that it would seek the imposition of a suspension order for 6 months with a review if the panel found his fitness to practise currently impaired. During the course of the hearing, the NMC revised its proposal and submits that a striking-off order is more appropriate in light of the panel's findings on impairment.

Mr Kewley submitted that any sanction imposed by the panel must be proportionate and that the panel should impose an order that is no more than necessary to deal with the public interest and public protection considerations identified. He provided the panel with submissions on the aggravating and mitigating features of the case. He provided the panel with submissions on the sanctions available to it and the appropriateness of imposing each sanction. He submitted that Mr Adu-Osei has not made any attempts to address the concerns since the conduct first took place and has demonstrated a lack of insight, remorse, remediation and reflection. He referred the panel to the relevant NMC guidance for sanctions and specifically the imposition of striking off orders. He invited the panel to impose a striking off order in the circumstances.

Decision and reasons on sanction

Having found Mr Adu-Osei's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne 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 took into account the following aggravating features:

- Mr Adu-Osei has repeatedly failed to be open and candid regarding the drug errors he made.
- Patient A and Patient B were placed at risk of harm.

- Mr Adu-Osei demonstrated limited insight following the two drug errors.
- There is no evidence of engagement from Mr Adu-Osei with the Fitness to Practise process.

The panel also took into account the following mitigating features:

- Mr Adu-Osei provided a reflection piece after the second medication error.
- Mr Adu-Osei engaged initially with the Trust's investigations.

The panel considered the NMC's guidance titled 'How we determine seriousness', dated 27 February 2024 which states *"Some behaviours are particularly serious as they suggest there may be a risk to people receiving care; examples include conduct or poor practice which indicates a dangerous attitude to the safety of people receiving care"*. The panel took into consideration Mr Adu-Osei made two medication errors and attempted to cover them up on both occasions which put patients at risk of harm. The panel concluded that Mr Adu-Osei's actions and behaviours were serious.

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 also noted that it would not adequately protect the public.

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 Adu-Osei'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 Adu-Osei'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 Adu-Osei's registration would be a sufficient 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 which relate to Mr Adu-Osei's attitude following his drug errors. The misconduct which relates to Mr Adu-Osei's attitude is not something which can be addressed through retraining. It accepted that Mr Adu-Osei's clinical misconduct could be addressed by the completion of relevant training. However, it noted that Mr Adu-Osei has not engaged with the NMC, and it has no assurances that he would meaningfully engage with any conditions of practice which could be imposed on his nursing registration. Furthermore, the panel concluded that the placing of conditions on Mr Adu-Osei's registration would not adequately address the seriousness of this case and would not protect the public.

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 took into account that this was not a single incident of misconduct as Mr Adu-Osei made two separate drug errors and on each occasion he sought to 'cover up' his failings which had the potential to cause patient harm. The panel concluded that by seeking to 'cover up' his failings, Mr Adu-Osei has an attitudinal problem in his nursing

practice. The panel noted that it did not have any evidence of any repetition of similar behaviour since these incidents. However, it bore in mind its finding that Mr Adu-Osei has limited insight. The panel concluded there is a significant risk that Mr Adu-Osei would repeat his behaviour given his lack of engagement, lack of insight and strengthened practice.

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Mr Adu-Osei's actions is fundamentally incompatible with Mr Adu-Osei remaining on the register.

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 Adu-Osei's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with him remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mr Adu-Osei's actions to 'cover up' his drug administration failings were serious and to allow him to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

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

The panel considered that this order was 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.

This will be confirmed to Mr Adu-Osei in writing.

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of 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 Adu-Osei's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

The panel took account of the submissions made by Mr Kewley. He submitted that an interim suspension order for a period of 18 months was necessary on the grounds of public protection and public interest. He submitted that the interim order would cover any potential period of appeal.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months to cover any potential period of appeal.

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

That concludes this determination.