

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

**Substantive Order Review Hearing  
Tuesday, 5 August 2025**

Virtual Hearing

**Name of Registrant:** Akinkunmi Akintunde

**NMC PIN:** 04D07730

**Part(s) of the register:** RN3: Mental health nurse  
Level 1 – 19 April 2004

**Relevant Location:** Bristol

**Type of case:** Misconduct

**Panel members:** Sarah Lowe (Chair, lay member)  
Corinne Foy (Registrant member)  
Matt Wratten (Lay member)

**Legal Assessor:** Gerard Coll

**Hearings Coordinator:** Hanifah Choudhury

**Nursing and Midwifery Council:** Represented by Jamie Perriam, Counsel

**Mr Akintunde:** Not present and not represented at the hearing

**Order being reviewed:** Suspension order (6 months)

**Fitness to practise:** Impaired

**Outcome:** **Striking-Off order to come into effect at the end of 12 September 2025 in accordance with Article 30 (1)**

## **Decision and reasons on service of Notice of Hearing**

The panel was informed at the start of this hearing that Mr Akintunde was not in attendance and that the Notice of Hearing had been sent to Mr Akintunde's registered email address by secure email on 7 July 2025.

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

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the substantive order being reviewed, the time, date and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mr Akintunde'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 Akintunde has been served with notice of this hearing in accordance with the requirements of Rules 11 and 34.

## **Decision and reasons on proceeding in the absence of Mr Akintunde**

The panel next considered whether it should proceed in the absence of Mr Akintunde. The panel had regard to Rule 21 and heard the submissions of Mr Perriam who invited the panel to continue in the absence of Mr Akintunde. He submitted that Mr Akintunde had voluntarily absented himself.

Mr Perriam submitted that all reasonable efforts had been made by the NMC to secure Mr Akintunde's attendance but there had been no engagement at all by him. He submitted that, as a consequence, there was no reason to believe that an adjournment would secure his attendance on some future occasion. He further submitted that there is a public interest in the expeditious review of this case.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Mr Akintunde. In reaching this decision, the panel has considered the submissions of Mr Perriam and the advice of the legal assessor. It had particular regard to any relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- Mr Akintunde has not engaged with the NMC and has not responded to any of the emails sent to him about this hearing;
- No application for an adjournment has been made by Mr Akintunde;
- There is no reason to suppose that adjourning would secure his attendance at some future date; and
- There is a strong public interest in the expeditious review of the case.

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

### **Decision and reasons on review of the substantive order**

The panel decided to replace the current suspension order with a striking off order.

This order will come into effect at the end of 12 September 2025 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the second review of a substantive suspension order originally imposed for a period of nine months by a Fitness to Practise Committee panel on 14-15 May 2024. This was reviewed on 29 January 2025 where the panel extended the substantive suspension order for a further six months.

The current order is due to expire at the end of 12 September 2025.

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

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

*'That you, a registered nurse:*

1. *On 2 November 2020 failed to administer Senna to Resident C. **[PROVED]***
2. *On 2 November 2020 signed Resident C's MAR chart to confirm Senna had been administered to Resident C when it had not. **[PROVED]***
3. *On 3 November 2020 failed to administer Levothyroxine to Resident B. **[PROVED]***
4. *On 3 November 2020 signed Resident B's MAR chart to confirm Levothyroxine had been administered to Resident B when it had not. **[PROVED]***
5. *On 12 November 2020 failed to administer Memantine 20mg to Resident A. **[PROVED]***
6. *On 12 November 2020 failed to sign the MAR chart to confirm whether or not Resident A had been administered Memantine 20mg. **[PROVED]***
7. *Between 13 and 20 November 2020 in relation to Resident A's MAR chart for 12 November 2020:*
  - a. *Marked the chart with your initials to indicate you had administered Memantine 20mg to Resident A. **[PROVED]***
  - b. *After marking the chart with your initials, you added an "S" to indicate Resident A had been asleep. **[PROVED]***
8. *Your conduct at charge 7 (a) and/or (b) was dishonest because:*

- a. You amended Resident A's MAR chart to prevent your record keeping failure being discovered in a future audit. **[PROVED]**
- b. You intended any reader to understand you had created a contemporaneous record on 12 November 2020 when you had not. **[PROVED]**
- c. You intended any reader to understand the records to be accurate, when you knew they were not. **[PROVED]**

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

The first reviewing panel determined the following with regard to impairment:

*'The panel noted that the original panel found that Mr Akintunde had insufficient insight. At this hearing the panel was not provided with evidence of training, references, testimonials, reflective piece or any supporting information. The panel considered that Mr Akintunde has not responded to any of the requests made from the NMC and the panel considered this to be an aggravating feature. There is no evidence that Mr Akintunde has addressed any of the previous panel's concerns. The panel considered that there remains a high risk of harm to the public due to Mr Akintunde's dishonesty in the area of medication administration and recording.*

*In its consideration of whether Mr Akintunde has taken steps to strengthen his practice, the panel took into account that although Mr Akintunde is not able to work due to his suspension, he has not satisfied the persuasive burden of showing he has undertaken relevant training and development.*

*The original panel determined that Mr Akintunde was liable to repeat matters of the kind found proved. Today's panel has not received any new information to suggest that Mr Akintunde has gained or is developing insight. In light of this, this panel determined that Mr Akintunde is still liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.*

*The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.*

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

The first reviewing panel determined the following with regard to sanction:

*'Having found Mr Akintunde's fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.*

*The panel was disappointed at the lack of engagement and decided on the sanction of a further six month suspension to give Mr Akintunde the opportunity to reengage with the NMC, and respond positively to requests for information and to demonstrate his continued commitment to the nursing profession.*

*The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.*

*It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Mr Akintunde'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 Akintunde's misconduct was not at the lower*

*end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.*

*The panel next considered whether the imposition of a conditions of practice order would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel bore in mind the seriousness of the facts found proved at the original hearing and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel was not able to formulate conditions of practice that would adequately address the concerns relating to Mr Akintunde's misconduct.*

*The panel considered the imposition of a further period of suspension. It considered that a suspension order would allow Mr Akintunde further time to reflect fully on his previous dishonesty and failings. It considered that Mr Akintunde's need to gain a full understanding of how the dishonesty of one nurse can impact upon the nursing profession as a whole and not just the organisation in which the individual nurse is working. The panel concluded that a further six months suspension order would be the appropriate and proportionate response and would afford Mr Akintunde adequate time to develop his insight and take steps to strengthen their practice.*

*The panel determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. Accordingly, the panel determined to impose a suspension order for the period of 6 months which would provide Mr Akintunde with an opportunity to engage with the NMC. It considered this to be the most appropriate and proportionate sanction available.*

*This suspension order will take effect upon the expiry of the current suspension order, namely the end of 12 March 2025 in accordance with Article 30(1)*

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

*Any future panel reviewing this case would be assisted prior to the hearing by:*

- *Engagement with the NMC, including Mr Akintunde's attendance at a future review.*
- *Evidence of further training specific to the charges brought before the panel in particular: medication management, accurate contemporaneous record keeping, and ethical nursing practice.*
- *References from any paid or unpaid work attesting to Mr Akintunde's honesty.*
- *Confirmation of whether Mr Akintunde intends to continue to practice as a nurse.*
- *A reflective piece using a recognised model, particularly addressing the dishonesty charge and record keeping.'*

## **Decision and reasons on current impairment**

The panel has considered carefully whether Mr Akintunde's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's ability to practise safely, kindly and professionally. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle. It has taken account of the submissions made by Mr Perriam.

Mr Perriam took the panel through the background of the case, referring to the relevant pages in the documentation.

Mr Perriam reminded the panel that the persuasive burden is on Mr Akintunde to demonstrate that he is no longer impaired. He submitted that Mr Akintunde has not discharged this burden.

Mr Perriam submitted that, since the last review, there has been no evidence from Mr Akintunde of any appropriate training or development undertaken, has not provided any reflective pieces and has failed to respond to the NMC when asked for updates on this and his current employment.

Mr Perriam submitted that, in the absence of any new information from Mr Akintunde, the panel should find his fitness to practise currently impaired on both public protection grounds and in the wider public interest.

Moving onto the issue of sanction, Mr Perriam invited the panel to replace the current suspension order with a striking-off order.

Mr Perriam submitted that Mr Akintunde has had 15 months to re-engage with the NMC and demonstrate his continued commitment to the nursing profession but has failed to do so. He submitted that, given Mr Akintunde's complete lack of engagement, a striking-off order is now the most appropriate and proportionate sanction to protect the public and satisfy the wider public interest.

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

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether Mr Akintunde's fitness to practise remains impaired.

The panel noted that the substantive meeting panel and last reviewing panel found that Mr Akintunde had very limited insight. At this meeting the panel had no information before it from Mr Akintunde to suggest that he had shown insight into or remorse for his actions.

The panel was of the view that although it would take commitment, Mr Akintunde's

behaviour appears to be remediable but there has been no engagement from him and no evidence of remediation. In these circumstances there is no information before the panel which would undermine the previous finding of impairment.

The original panel determined that Mr Akintunde was liable to repeat matters of the kind found proved. Today's panel has received no information that showed Mr Akintunde had been taking steps to strengthen his practice and remediate the concerns found. In light of this, this panel determined that Mr Akintunde is liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

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

### **Decision and reasons on sanction**

Having found Mr Akintunde's fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not

restrict Mr Akintunde'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 Akintunde's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether a conditions of practice order on Mr Akintunde's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be relevant, proportionate, measurable and workable. The panel bore in mind the seriousness of the facts found proved at the original meeting. The panel concluded that whilst it would be difficult to formulate conditions of practice that would adequately protect the public and satisfy the wider public interest, it was of the view that there was no information before it to suggest that Mr Akintunde would comply with a conditions of practice order. The panel noted that Mr Akintunde had not provided the NMC with any information on his current employment or whether he intends to return to practice as a nurse. In view of the lack of information regarding Mr Akintunde's current employment if any, the panel considered that any conditions of practice order would not be workable and would serve no useful purpose.

The panel next considered imposing a further suspension order. The panel noted that Mr Akintunde has not shown remorse for his misconduct nor has he demonstrated any insight into his previous failings. It further noted that Mr Akintunde has shown no engagement with the NMC for the 15 months since the original panel's substantive meeting. The panel was of the view that it is part of a nurse's professional responsibility to maintain engagement with the regulator and it appears that Mr Akintunde has failed to do so throughout proceedings which implies a disregard to the seriousness of the facts found proved and the NMC as his regulator.

The panel was of the view that considerable evidence would be required to show that Mr Akintunde no longer posed a risk to the public. The panel took into account the nature of Mr Akintunde's role as a nurse and it bore in mind that the ability to reflect on one's practice is essential to this role. The panel noted that no information has been provided by

Mr Akintunde that shows he had reflected on his behaviour or that he had shown any insight into or remorse for his failings.

The panel therefore determined that a further period of suspension would not serve any useful purpose in all of the circumstances.

The panel then went on to consider whether a striking off order would be an appropriate sanction. The panel took into account parts of the NMC Guidance [REV-3h] 'Allowing nurses, midwives or nursing associates to be removed from the register when there is a substantive order in place'. The guidance states:

*'Cases where striking-off is likely to be appropriate include when:*

- the professional has shown limited engagement and/or insight,*
- ...the professional has otherwise made no or negligible progress towards addressing issues with their fitness to practise.'*

The panel considers that the above points are engaged in the circumstances of this case. The panel was of the view that Mr Akintunde's lack of engagement whatsoever since the substantive meeting and findings of dishonesty indicated a lack of professionalism and potential attitudinal issues and was an additional aggravating feature in this case. Further, it considered that public confidence would be undermined should further action not be taken to recognise this. Mr Akintunde's misconduct has and would continue to put patients at risk of harm and is therefore now fundamentally incompatible with him remaining on the register. The panel therefore determined that it was necessary to take action to prevent Mr Akintunde from practising in the future and concluded that the only sanction that would adequately protect the public and serve the public interest was a striking-off order.

The panel did consider allowing Mr Akintunde's order to lapse upon expiry with impairment, thereby removing him from the register. However, the panel found that in light of the seriousness of Mr Akintunde's misconduct and his lack of engagement with the NMC, a striking-off order was appropriate and proportionate, negating the need to consider a lapse with impairment.

This striking-off order will take effect upon the expiry of the current suspension order, namely the end of 12 September 2025 in accordance with Article 30(1).

This decision will be confirmed to Mr Akintunde in writing.

That concludes this determination.