

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

**Substantive Order Review Hearing
Wednesday 17 December 2025**

Virtual Hearing

Name of Registrant:	Abraham Morgen
NMC PIN:	08B0675E
Part(s) of the register:	Registered Nurse – Sub Part 1 Adult Nursing – Level 1 July 2008
Relevant Location:	Dudley
Type of case:	Misconduct
Panel members:	Liz Dux (Chair, Lay member) Sally Hatt (Registrant member) Janine Green (Lay member)
Legal Assessor:	Oliver Wise
Hearings Coordinator:	Rebecka Selva
Nursing and Midwifery Council:	Represented by Hazel McGuinness, Case Presenter
Mr Morgen:	Not present and not represented at the hearing
Order being reviewed:	Conditions of practice order (18 months)
Fitness to practise:	Impaired
Outcome:	Extension to conditions of practice order (9 months) to come into effect on 15 January 2026 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 Morgen was not in attendance and that the Notice of Hearing had been sent to Mr Morgen's registered email address by secure email on 17 November 2025.

Further, the panel noted that the Notice of Hearing was also sent to Mr Morgen's representative at the Royal College of Nursing on 17 November 2025.

Ms McGuiness, 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, dates and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mr Morgen'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 Morgen 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 Morgen

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

Ms McGuinness referred the panel to the documentation from the RCN which included a letter dated 15 December 2025:

'Our member will not be attending the hearing, nor will they be represented. No disrespect is intended by their non-attendance. Our member has received the notice of hearing dated 17 November 2025 and is happy for the hearing to proceed in their absence. They are keen to engage with the proceedings.'

Ms McGuinness also drew the panel's attention to the following submission contained in the same letter:

'If the panel are not minded to agree with our submission [that the current conditions of practice order be continued] then please adjourn this review to the earliest available date to allow our member to attend and be represented.'

The panel accepted the advice of the legal assessor.

The panel decided to proceed in the absence of Mr Morgen. In reaching this decision, the panel considered the submissions of Ms McGuinness, the written representations made on Mr Morgen's behalf, and the advice of the legal assessor. It had particular regard to the overall interests of justice and fairness to all parties. The main considerations were:

- Mr Morgen has been made aware that the panel has discretion to grant any order it feels necessary, regardless of the views of the parties.
- Therefore, the risk that the panel may make an order other than that being requested by the RCN is known. Opportunity has been provided to attend this hearing to make submissions on appropriate sanction.
- 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 Morgen.

Decision and reasons on review of the substantive order

The panel decided to extend the current conditions of practice order for a period of 9 months.

This order will come into effect at the end of 15 January 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive conditions of practice order originally imposed for a period of 18 months by a Fitness to Practise Committee panel on 17 June 2024.

The current order is due to expire at the end of 15 January 2026.

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

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

'That you, a registered nurse:

1. *On 11 June 2021 in relation to Resident A:*

- i) Failed to dispose of the resident's Alfacalcidol medication by destroying the tablet and returning it to the pharmacy. **[Proved by admission]***
- ii) Failed to record the disposal of Alfacalcidol in the resident's clinical notes. **[Proved by admission]***
- iii) Did not hand over and/or escalate to a member of staff the medication error. **[Proved by admission]***

2. *On 27 July 2021 in relation to Resident B:*

- i) Failed to dispose of the resident's medication by destroying the tablets and returning them to the pharmacy **[Proved by admission]***
- ii) Failed to record the disposal of medication in the resident's clinical notes. **[Proved by admission]***
- iii) Did not hand over and/or escalate to a member of staff the medication error. **[Proved by admission]***

3. On an occasion between October 2021 and April 2022:

- i) Used the incorrect dressing for Resident C's wound. **[Proved by admission]**
- ii) Failed to record the wound in Resident C's clinical notes. **[Proved by admission]**
- iii) Incorrectly recorded wound care in Resident D's clinical notes. **[Proved by admission]**
- iv) Made inaccurate records in one or more resident's clinical notes that tasks had been completed. **[Proved by admission]**
- v) Failed to complete clinical tasks required of you. **[Proved by admission]**

4. Your actions in charge 3 iv) were dishonest because you knew you had not completed those tasks. **[Proved by admission]**

5. On 26 September 2022 did not check the electronic medication administration record (eMAR) against medication blister packs for one or more residents. **[Proved]**

6. On 10 October 2022:

- i) Failed to administer pain relief to Resident E. **[Proved by admission]**
- ii) Incorrectly recorded pain relief had been administered to Resident E. **[Proved by admission]**
- iii) Failed to administer a Butrans Patch to Resident F in the morning. **[Proved by admission]**

7. On a date between 26 September 2022 and 11 October 2022 failed to have the administration of Gabapentin to Resident G checked and/or failed to ensure it was signed by a second member of staff. **[Proved in respect of failure to ensure signature by a second member of staff. Not proved in relation to failure to have the administration checked]**

...

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

The original panel determined the following with regard to impairment:

‘The panel next went on to decide whether, as a result of the misconduct it had found in relation to charges 2, 3.i)-iv), 4, 5 and 6, your fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

‘The question that will help decide whether a professional’s fitness to practise is impaired is:

“Can the nurse, midwife or nursing associate practise kindly, safely and professionally?”

If the answer to this question is yes, then the likelihood is that the professional’s fitness to practise is not impaired.’

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients’ and the public’s trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of CHRE v NMC and Grant in reaching its decision. In paragraph 74, she said:

‘In determining whether a practitioner’s fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether

the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's guidance 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) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel considered that all four limbs were engaged in this case. The panel was of the view that your actions and omissions in this case were wide ranging and encompassed a number of core nursing duties. They included multiple failures in respect of medication administration, record-keeping and wound care, which persisted over a significant period of time and in a number of different workplace settings. Your failures had the potential to put patients at unwarranted risk of harm and to bring the nursing profession into disrepute. They involved breaches of tenets of the profession, which the panel identified as the safe administration of

medication, transparency and candour with colleagues, and the effective delivery of the fundamentals of care. There was also a finding of dishonesty.

Having determined that all four limbs of the Grant guidance were engaged, the panel went on to consider whether you were liable, or likely, to repeat your acts and omissions in future. In considering the risk of repetition, it had regard to the evidence and submissions placed before it in relation to the issues of remorse, reflection, insight and remediation.

The panel determined that concerns that are clinical in nature are generally remediable. It noted that charges relating to dishonesty are inherently more difficult to remediate, although they are capable of being remedied.

The panel had regard to your remediation bundle, reflective statement and the evidence you provided in relation to this stage of the proceedings. The panel acknowledged that you admitted many of the charges which have been found proved and that you have demonstrated remorse for your actions. You have reflected on your actions and omissions and demonstrated developing insight. The panel considered that you were able to articulate the potential impact of your actions on patients, colleagues, employers and the profession, and the importance of candour and honesty in clinical practice.

However, the panel had some concerns about your level of understanding and whether, if faced with a similar set of circumstances in the future, you would act differently. It noted that many of the failures including your dishonesty, occurred when you felt under pressure because you were in a new setting and working at a slow pace. You have not yet been able to demonstrate that you have sufficient levels of insight and adequate coping strategies in place to avoid repeating those acts or omissions if you return to nursing practice and once more find yourself in a stressful environment. The panel agreed with Ms Maqboul's submission that there were some "green shoots" in your reflection but that it is an ongoing process.

The panel had sight of a number of training certificates and two testimonials. The panel noted that you had only provided one testimonial from a colleague who had

previously worked with you. The panel noted that you are not currently working as a registered nurse and it therefore had no evidence of strengthened practice. It did not have evidence that the lessons you have learned from these events and the subsequent training and reflection you have undertaken have been tested in a clinical setting to ensure that they are embedded into safe clinical practice.

The panel considered the following question as set out in the NMC Guidance on determining fitness to practise:

“Can the nurse, midwife or nursing associate practise kindly, safely and professionally?”

The panel determined that at this time, as your insight is still developing and there is insufficient evidence of strengthened practice, there remains a risk of repetition of the failures identified in this case and a consequent risk of harm to patients. 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 considered that a fully informed member of the public would be concerned if a finding of impairment was not made in a case where there have been multiple and wide ranging errors that placed a number of patients at a risk of harm in several care homes. The panel also considered that a member of the public would also be concerned if a finding of impairment was not made in a case involving dishonesty that has not yet been remediated in a clinical setting. The panel therefore concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds your fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel determined that your fitness to practise is currently impaired on both public protection and public interest grounds.

The original panel determined the following with regard to sanction:

'Having found your 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 first considered the aggravating and mitigating features which it identified in this case. It took into account the following aggravating features:

- Your misconduct placed multiple vulnerable patients in several care homes at a risk of harm.*
- The proven charges demonstrated multiple concerns involving fundamental aspects of nursing practice, over a period of time and in a range of care home settings, on the part of a registrant now of 16 years standing.*

The panel also took into account the following mitigating features:

- You made early admissions to the majority of the charges at the outset of the proceedings, including charge 4 relating to dishonesty.*
- You have expressed strong and genuine remorse for your actions and offered repeated apologies.*
- You have demonstrated developing insight, although you acknowledge that it requires further development.*
- You have provided some evidence of strengthened practice, although to date this is limited and ongoing, and you have demonstrated that you are committed to continuing to strengthen your practice through in person retraining.*

- *At the time the charges arose, you were experiencing some difficult personal circumstances, although as the panel has no clear evidence of how this directly impacted on your practice or led to the failings identified in this case, it did not give it much weight.*

The panel considered that the clinical failings identified in this case, although wide-ranging and in some instances repeated, were not attitudinal in nature and were capable of being remedied.

The panel went on to assess the level of seriousness of your dishonesty. It had regard to the NMC Guidance on ‘Considering sanctions for serious cases’ (Reference: SAN-2 Last Updated 27/02/2024) and the case of Lusinga v NMC [2017] EWHC (Admin). The panel had particular regard to the section of the above guidance entitled ‘Cases involving dishonesty’ in which the following is stated:

‘Not all dishonesty is equally serious. Generally, the forms of dishonesty which are most likely to call into question whether a nurse, midwife or nursing associate should be allowed to remain on the register will involve:

- *deliberately breaching the professional duty of candour by covering up when things have gone wrong, especially if it could cause harm to people receiving care*
- *misuse of power*
- *vulnerable victims*
- *personal financial gain from a breach of trust*
- *direct risk to people receiving care*
- *premeditated, systematic or longstanding deception*

Dishonest conduct will generally be less serious in cases of:

- *one-off incidents*
- *opportunistic or spontaneous conduct*
- *no direct personal gain*
- *incidents outside professional practice’*

The panel considered that the dishonesty in this case occurred at a time when you felt under pressure to be seen to have got things done because of the time it was taking for you to undertake clinical tasks. To a significant extent it was therefore linked to your clinical failings. The panel considered that, whilst the dishonesty occurred in a clinical setting, it was opportunistic rather than pre-meditated or systematic. The evidence was unclear as to the number of occasions on which it occurred but there was no evidence to suggest that it persisted over a prolonged period of time. The panel noted that you promptly accepted that you had been dishonest when concerns were raised with you by your supervisor and you also admitted the dishonesty charge at the outset of this hearing. The panel considered that although your insight is developing and at this stage you do not have full insight into how to prevent a recurrence, you have apologised for your conduct and expressed strong and genuine remorse.

*The panel had regard to the case of *Lusinga v NMC* [2017] EWHC 1458 (Admin), in particular paragraph 103 in which Kerr J observed the following:*

‘...without alluding to the possibility that dishonest conduct can take various forms; some criminal, some not; some destroying trust instantly, others merely undermining it to a greater or lesser extent.’

The panel was mindful that dishonesty is always a serious matter, particularly where it occurs in a clinical context and has the potential to impact on patient care. However, for the reasons set out above, the panel was of the view that the dishonesty in this case should not be viewed as destroying trust instantly, but rather as undermining trust to a lesser extent. The panel bore in mind that this was a single charge and that there was no evidence that you were habitually dishonest in your clinical practice. Having regard to all of the evidence before it, the panel was satisfied that the dishonesty in this case is not indicative of any deep-seated attitudinal issues. It found that the dishonesty in this case fell at the middle to lower end of the spectrum of dishonesty, although not at the bottom.

The panel next considered what sanction would be appropriate and proportionate in all the circumstances. In accordance with the guidance contained in the SG, it started by considering the least restrictive sanction and continued up the scale. It bore in mind its earlier finding that, at this stage, your insight is still developing and your past failings have not been fully remedied, and that there therefore remains a risk of repetition. It had regard to the need to protect the public from any risk of harm associated with repetition, and also to the need to address the wider public considerations of declaring and upholding professional standards by marking the misconduct identified in this case, and thereby maintaining public confidence in the 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 and the public protection issues identified. The panel was of the view that an order that does not restrict your practice would neither protect the public nor be sufficient to address the wider public interest considerations in this case.

The panel next 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 your 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 your misconduct was not at the lower end of the spectrum of impairment and that a caution order would be inappropriate in view of the issues identified. The panel decided a caution order would neither protect the public nor be sufficient to address the wider public interest considerations in this case.

The panel next considered whether placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*
- *...*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel determined that it would be possible to formulate appropriate and workable conditions which would address the clinical failings highlighted in this case. The panel acknowledged that it is harder to formulate conditions which can address dishonesty. It noted, however, that the dishonesty in this case related to your practice in only one of the care homes and was closely linked to the deficiencies in your clinical practice. It arose because of the pressure which you felt due to the time it was taking you to complete some of your nursing duties, particularly the administration of medication. The panel considered that the remediation of your dishonesty would therefore involve: development of fuller insight into how and why it happened, taking steps to avoid the circumstances in which the dishonesty occurred and insight into coping strategies you can put in place to avoid feeling under pressure and avoid acting dishonestly in future. In the particular circumstances of this case, your dishonesty was, in the panel's view, therefore capable of being remedied within the context of working under stringent conditions of practice.

The panel noted that you have already taken some steps to strengthen your clinical practice by completing online courses. It also noted that you have expressed a willingness to take further steps and have already identified classroom based courses on medication management and wound care that you intend to attend. The panel was reassured that you are committed to strengthening your practice and that

you would fully engage and comply with a conditions of practice order. The panel was satisfied that a stringent conditions of practice order would protect the public and give you the opportunity to demonstrate strengthened practice and fully develop your insight.

The panel had careful regard to the wider public interest considerations in this case given the seriousness of any finding of dishonesty, particularly when associated with clinical practice. It therefore considered carefully whether a suspension order was required in order to mark the seriousness of your actions. However, having concluded that the dishonesty was at the middle to lower end of the spectrum of dishonesty, that there are no harmful or deep-seated attitudinal concerns, and that the dishonesty is capable of being remedied through conditions of practice in this case, the panel was satisfied that the imposition of conditions would be sufficient to mark the seriousness of the misconduct and satisfy the wider public interest considerations. The panel considered that a reasonable, fully informed member of the public, having regard to all the circumstances of this case, would consider a conditions of practice order to be an appropriate and proportionate sanction. The panel further considered that it was in the public interest that, with appropriate safeguards, you should be able to return to safe practice as a nurse.

Balancing all of these factors, the panel determined that that the appropriate and proportionate sanction is that of a conditions of practice order. The panel considered that a suspension would not address the deficiencies in your practice as a conditions of practice order can do. The panel carefully considered whether the finding of dishonesty should be marked by a period of suspension. The panel concluded that in all the circumstances this would be disproportionate. The panel was of the view that to impose a striking-off order would be wholly disproportionate and unduly punitive in this case in light of the mitigating features identified above.

The panel concluded that the conditions of practice order should be for a period of 18 months. This would allow sufficient time for you to undertake further training, secure employment and undertake a period of supervised practice without further incident and provide evidence of safe practice to demonstrate to a reviewing panel.

Furthermore, you will have the opportunity to demonstrate full insight and remediation of your past misconduct.

Having regard to the matters it has identified, the panel has concluded that a conditions of practice order for 18 months will serve to protect the public while you take the steps you need to take to develop your insight, strengthen your practice and remedy the failings identified in this case. A conditions of practice order will also be sufficient to mark your misconduct and to send to the public and the profession a clear message about the standards of practice and conduct required of a registered nurse, in order to maintain public confidence in the profession.

The panel determined that the following conditions are appropriate and proportionate in this case:

‘For the purposes of these conditions, ‘employment’ and ‘work’ mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, ‘course of study’ and ‘course’ mean any course of educational study connected to nursing, midwifery or nursing associates.’

- 1. You must limit your nursing practice to one substantive employer, which must not be an agency.*
- 2. You must successfully complete face to face classroom-based training on medication management and administration and wound care.*
- 3. You must not administer or manage medication or dress wounds unless under direct supervision by another registered nurse until you are signed off as competent by your supervisor/line manager, who should also be another registered nurse.*
- 4. You must ensure that you are supervised any time that you are working. This supervision must consist of:*

- *Always working on the same shift and the same ward/unit as, but not necessarily always directly observed by, another registered nurse. You must do this until signed off as competent by your line manager/supervisor. This competence assessment should include an assessment of your adherence to the duty of candour.*
 - *Monthly meetings with your supervisor/line manager to discuss your clinical caseload, including medication administration and management, wound care, record keeping and professional ethics/duty of candour.*
5. *You must work with a mentor (who could be the supervisor/line manager above) to create a personal development plan. Your PDP must address concerns about:*
- *Medication administration and management.*
 - *Wound care.*
 - *Record keeping.*
 - *Professional ethics/the duty of candour.*
6. *You must meet monthly with your mentor to ensure that you are making progress towards aims set in your PDP. For the avoidance of doubt, this can be discussed in the same monthly meeting as described in Condition 4.*
7. *You must keep a reflective practice profile. The profile will:*
- *Detail examples of cases where you administered and managed medication successfully.*
 - *Detail examples of cases where you completed wound care successfully.*
 - *Detail examples, if and where relevant, of when you have upheld the duty of candour.*
 - *Be signed by your supervisor/line manager each time.*
8. *You must provide a further reflective piece that focusses on the duty of candour and which clearly identifies how you would prevent being dishonest in future situations when under pressure at work.*

9. *You must obtain from your line manager/supervisor and send the NMC a report seven days in advance of the next NMC hearing or meeting. The report should comment on your performance and conduct, including your:*

- *Medication administration and management.*
- *Wound care.*
- *Record keeping.*
- *Professional ethics/adherence to the duty of candour.*

10. *In addition to the above report, and before the expiry of this order you will send your case officer evidence of your compliance with these conditions, including:*

- *Evidence of completed training.*
- *Your reflection piece (as referred to in condition 7 above).*
- *Your PDP.*
- *A report from your line manager.*
- *Your reflective profile (as referred to in condition 8 above).*

11. *You must keep the NMC informed about anywhere you are working by:*

- a) *Telling your NMC case officer within seven days of accepting or leaving any employment.*
- b) *Giving your NMC case officer your employer's contact details.*

12. *You must keep the NMC informed about anywhere you are studying by:*

- a) *Telling your case officer within seven days of accepting any course of study.*
- b) *Giving your case officer the name and contact details of the organisation offering that course of study.*

13. *You must immediately give a copy of these conditions to:*

- a) Any organisation or person you work for.*
- b) Any employers you apply to for work (at the time of application).*
- c) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.*

14. *You must tell your case officer, within seven days of your becoming aware of:*

- a) Any clinical incident you are involved in.*
- b) Any investigation started against you.*
- c) Any disciplinary proceedings taken against you.*

15. *You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:*

- a) Any current or future employer.*
- b) Any educational establishment.*
- c) Any other person(s) involved in your retraining and/or supervision required by these conditions*

The period of this order is for 18 months.

Before the order expires, a panel will hold a review hearing to see how well you have complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order with another order.'

Decision and reasons on current impairment

The panel has considered carefully whether Mr Morgen'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 suitability to remain on the register without restriction. 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, and the written representation from the RCN on Mr Morgen's behalf.

Ms McGuinness submitted that Mr Morgen has engaged with the NMC, shown evidence of a completed Medication Administration Training Course and provided a further reflection. However, she submitted that Mr Morgen has still not developed full insight into his misconduct.

Ms McGuinness submitted that Mr Morgen has not been able to demonstrate compliance with conditions as he has not been able to secure a nursing role which would allow for supervised practise. Therefore, she submitted that there remains a risk of repetition and consequently a risk of harm.

Ms McGuinness outlined that since the imposition of the substantive order there is no evidence of decrease or increase in the identified risks.

Ms McGuinness invited the panel to find Mr Morgen's practise is still impaired on both the grounds of public protection and public interest.

Ms McGuinness, in agreement with the RCN's written representation, submitted that that an extension of current conditions of practice order would be appropriate.

The panel had regard to the written representations received from the RCN on Mr Morgen's behalf:

'Our member has not yet been able yet been able obtain a nursing role for the entire period the current conditions of practise order (Order) has been imposed. Therefore we submit that the conditions have not yet come into effect. Our member is keen to return to nursing but has found the current Order a barrier to finding

suitable nursing employment. He has made numerous applications for registered nurse positions has not yet been able to secure a nursing job. (See Enclosure 1) [Mr Morgen's job application log]

Our member has been able to obtain employment as a Healthcare Assistant (HCA) at Barthelomew Nursing Lodge. (See Enclosure 2) [Mr Morgen's current Role description] He has been working in this role since 3 November 2025. Our member informs us that his employer is supportive of the current conditions. He hopes to continue in the HCA role with the aim of obtaining a nursing role when the opportunity presents itself and continues to apply for nursing roles.

Our member is committed to return to nursing and in accordance with the current Order has completed Medication Administration Training (See Enclosure 3). He has also written further reflection statements (see Enclosure 4).

It is our submission that an extension of time of a period of 9 months, with these current conditions of practise, would be appropriate in this case. This would give our member further time to obtain a nursing role and demonstrate compliance with the conditions. It is submitted that this set of substantive conditions as they currently are, would fully manage any possible risk to the public, and satisfy any public interest in the case.'

The panel 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 Morgen's fitness to practise remains impaired.

The panel noted that the original panel found that Mr Morgen had insufficient insight. At this hearing the panel had sight of his reflective statement but as it did not sufficiently address his failings in relation to dishonesty, the panel determined that his insight could be further developed.

In its consideration of whether Mr Morgen has taken steps to strengthen his practice, the panel took into account the additional relevant training Mr Morgen has undertaken, which included a Medication Administration Training Course dated 16 November 2024 but as Mr Morgen has not been able to secure a nursing position, he has not been able to put his learning into practice. Accordingly, the panel concluded that there remained a real risk of repetition and consequent risk of harm.

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 Morgen's fitness to practise remains impaired.

Decision and reasons on sanction

Having found Mr Morgen'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 Morgen'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 Morgen'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 a further extension of the current conditions of practice order. It was of the view that a further period of conditions of practice would allow Mr Morgen more time to fully reflect on his previous failings. It considered that, whilst progress has been made Mr Morgen still needs to gain a better understanding of how the dishonesty of one nurse can impact upon the nursing profession as a whole and not just the organisation that the individual nurse is working for. The panel concluded that a further extension of the current conditions of practice order would be the appropriate and proportionate response and would afford Mr Morgen adequate time to further develop his insight and take steps to strengthen his practice once he has secured a nursing role.

The panel determined that the current conditions imposed are proportionate, measurable and workable. The panel accepted that Mr Morgen has been unable to comply with conditions of practice due to only having recently secured employment as a healthcare assistant but is engaging with the NMC and is willing to comply with any conditions imposed once he has secured a nursing role.

The panel was of the view that an extension of the current conditions of practice order is sufficient to protect patients and the wider public interest.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 9 months, which will come into effect on the expiry of the current order, namely at the end of 15 January 2026. It decided to impose the following conditions which it considered are appropriate and proportionate in this case:

'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.'

1. You must limit your nursing practice to one substantive employer, which must not be an agency.
2. You must successfully complete face to face classroom-based training on medication management and administration and wound care.
3. You must not administer or manage medication or dress wounds unless under direct supervision by another registered nurse until you are signed off as competent by your supervisor/line manager, who should also be another registered nurse.
4. You must ensure that you are supervised any time that you are working. This supervision must consist of:
 - Always working on the same shift and the same ward/unit as, but not necessarily always directly observed by, another registered nurse. You must do this until signed off as competent by your line manager/supervisor. This competence assessment should include an assessment of your adherence to the duty of candour.
 - Monthly meetings with your supervisor/line manager to discuss your clinical caseload, including medication administration and management, wound care, record keeping and professional ethics/duty of candour.
5. You must work with a mentor (who could be the supervisor/line manager above) to create a personal development plan. Your PDP must address concerns about:
 - Medication administration and management.
 - Wound care.
 - Record keeping.

- Professional ethics/the duty of candour.
6. You must meet monthly with your mentor to ensure that you are making progress towards aims set in your PDP. For the avoidance of doubt, this can be discussed in the same monthly meeting as described in Condition 4.
 7. You must keep a reflective practice profile. The profile will:
 - Detail examples of cases where you administered and managed medication successfully.
 - Detail examples of cases where you completed wound care successfully.
 - Detail examples, if and where relevant, of when you have upheld the duty of candour.
 - Be signed by your supervisor/line manager each time.
 8. You must provide a further reflective piece that focusses on the duty of candour and which clearly identifies how you would prevent being dishonest in future situations when under pressure at work.
 9. You must obtain from your line manager/supervisor and send the NMC a report seven days in advance of the next NMC hearing or meeting. The report should comment on your performance and conduct, including your:
 - Medication administration and management.
 - Wound care.
 - Record keeping.
 - Professional ethics/adherence to the duty of candour.
 10. In addition to the above report, and before the expiry of this order you will send your case officer evidence of your compliance with these conditions, including:
 - Evidence of completed training.
 - Your reflection piece (as referred to in condition 7 above).
 - Your PDP.
 - A report from your line manager.
 - Your reflective profile (as referred to in condition 8 above).

11. You must keep the NMC informed about anywhere you are working

by:

- a) Telling your NMC case officer within seven days of accepting or leaving any employment.
- b) Giving your NMC case officer your employer's contact details.

12. You must keep the NMC informed about anywhere you are studying

by:

- a) Telling your case officer within seven days of accepting any course of study.
- b) Giving your case officer the name and contact details of the organisation offering that course of study.

13. You must immediately give a copy of these conditions to:

- a) Any organisation or person you work for.
- b) Any employers you apply to for work (at the time of application).
- c) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.

14. You must tell your case officer, within seven days of your becoming aware of:

- a) Any clinical incident you are involved in.
- b) Any investigation started against you.
- c) Any disciplinary proceedings taken against you.

15. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:

- a) Any current or future employer.

- b) Any educational establishment.
- c) Any other person(s) involved in your retraining and/or supervision required by these conditions

The period of this order is for 9 months.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 15 January 2026 in accordance with Article 30(1).

Before the end of the period of the order, a panel will hold a review hearing to see how well Mr Morgen has complied with the conditions of practice order. At the review hearing the panel may allow the order to lapse upon expiry, it may further extend the conditions of practice order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- Testimonials from employers or any voluntary work.
- A further reflective piece addressing your misconduct.
- Evidence of any further completed training courses.

This will be confirmed to Mr Morgen in writing.

That concludes this determination.