Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing
Tuesday, 27 May 2025 – Thursday, 5 June 2025

Virtual Hearing

Name of Registrant:	Noah Akakpo
NMC PIN:	06A1365E
Part(s) of the register:	Registered Nurse, Sub Part 1, Mental Health (30 September 2006) Registered Specialist Community Public Health Nurse (25 September 2020)
Relevant Location:	Stevenage
Type of case:	Misconduct
Panel members:	Janine Ellul (Chair, registrant member) Rashmika Shah (Registrant member) Raj Chauhan (Lay member)
Legal Assessor:	Oliver Wise (27 – 30 May 2025, 2 June 2025, and 4 – 5 June 2025) Attracta Wilson (3 June 2025)
Hearings Coordinator:	Zahra Khan
Nursing and Midwifery Council:	Represented by Stephen Page, Counsel instructed by the Nursing and Midwifery Council (NMC)
Mr Akakpo:	Not present and not represented at this hearing
Facts proved:	Charges 1 and 2
Facts not proved:	None
Fitness to practise:	**Impaired**
Sanction:	**Suspension order (12 months) with a review**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mr Akakpo was not in attendance and that the Notice of Hearing letter had been sent to Mr Akakpo's registered email address by secure email on 16 April 2025.

Mr Page, 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' (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 Akakpo's right to attend, be represented and call evidence, as well as the panel's power to proceed in his absence.

In light of all of the information available, the panel was satisfied that Mr Akakpo 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 Akakpo

The panel next considered whether it should proceed in the absence of Mr Akakpo. It had regard to Rule 21 and heard the submissions of Mr Page who invited the panel to continue in the absence of Mr Akakpo. Mr Page submitted that Mr Akakpo has waived his right to attend or be represented at this hearing.

Mr Page referred to an email from Mr Akakpo regarding his non-attendance, dated 3 April 2025. This states:

> *'Please I won't be attending, thanks'.*

Mr Page referred to another email from Mr Akakpo regarding the hearing proceeding in his absence, dated 2 May 2025. This states:

'Yes I consent to the panel proceeding in my absence.

The panel accepted the advice of the legal assessor.

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'*.

The panel decided to proceed in the absence of Mr Akakpo. In reaching its decision, the panel considered the submissions of Mr Page, the representations from Mr Akakpo, and the advice of the legal assessor. The panel had particular regard to the factors set out in the decision of *R* v *Jones (Anthony William)* (No.2) [2002] UKHL 5 and *General Medical Council v Adeogba* [2016] EWCA Civ 162. The panel also had regard to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mr Akakpo;
- Mr Akakpo has informed the NMC that he will not be attending the hearing and confirmed he is content for the hearing to proceed in his absence;
- There is no reason to suppose that adjourning would secure Mr Akakpo's attendance at some future date;
- Four witnesses are due to attend this hearing to give oral evidence;
- Not proceeding may inconvenience the witnesses, their employer(s) and, for those involved in clinical practice, the clients who need their professional services;
- The charges relate to events that occurred in December 2020;
- 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 Akakpo in proceeding in his absence. However, the panel had regard to Mr Akakpo's Response Bundle which includes the following documentation:

- An email from Mr Akakpo to the NMC regarding employment details and representation, dated 7 January 2021.
- A reference from the Occupational Health Adviser at North Middlesex University Hospital, dated 19 January 2021.
- A reference from Mr Akakpo's General Practitioner (GP), dated 25 January 2021.
- An email from Mr Akakpo to the NMC detailing his employment position, dated 14 December 2021.
- Mr Akakpo's response to the NMC's Regulatory Concerns and his Personal Contact and Employer Details Form, dated 30 June 2023.
- Mr Akakpo's response to the charges, dated 15 February 2025.

The panel was mindful that Mr Akakpo will not be able to challenge the evidence relied upon by the NMC in person, nor will he 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. Further, the limited disadvantage is the consequence of Mr Akakpo's decision 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 decided that it is fair to proceed in the absence of Mr Akakpo. The panel will draw no adverse inference from Mr Akakpo's absence in its findings of fact.

Details of charge

"That you, a Registered Nurse:

1. On 18 December 2020, took an unknown quantity of Felodipine medication from the drugs cupboard without clinical justification;

2. Your actions at Charge 1 were dishonest in that you took medication that did not belong to you.

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

Background

Mr Akakpo was referred to the NMC on 18 December 2020 by the Hospital Manager (Witness 4) at Cygnet Hospital ('the Hospital') in relation to the alleged theft of medication, namely Felodipine.

Felodipine is a calcium channel blocker used to treat high blood pressure (hypertension) and helps to prevent future heart disease, heart attacks and strokes.

At this time, Mr Akakpo was working a night shift at the Hospital via the MSI Agency ('the Agency') as a Night Unit Coordinator on Saunders Ward ('the Ward').

The following facts are alleged:

The Hospital Manager (Witness 4) at the Hospital, who exhibited the CCTV footage from the clinic room at the material time, said that Mr Akakpo denied taking the medication, albeit he allegedly admitted to taking the same medication for personal use in the past.

An agency Mental Health Nurse (Witness 1) at the Hospital, who worked the night shift of 17 and 18 December 2020 with Mr Akakpo, said that Mr Akakpo asked for the Ward clinic room keys which Witness 1 then gave to Mr Akakpo.

A Mental Health Nurse (Witness 2) at the Hospital is said to have undertaken a stock check of the medication on the Ward on 17 December 2020, and when working the next day, was unable to locate the medication.

Witness 2 reported the missing medication on 18 December 2020 to the Ward Manager (Witness 3) at the Hospital. Witness 3 is said to have reviewed the CCTV footage from the clinic room and allegedly saw Mr Akakpo placing a pack of medication in his trouser pocket.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence, collectively with the CCTV footage, in this case together with the submissions made by Mr Page.

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.

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

- Witness 1: An agency Mental Health Nurse at the Hospital at the time of the alleged incident.

- Witness 2: A Mental Health Nurse at the Hospital at the time of the alleged incident.

- Witness 3: The Ward Manager at the Hospital at the time of the alleged incident.

- Witness 4: The Hospital Manager at the Hospital at the time of the alleged incident.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor.

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

Charge 1

> "That you, a Registered Nurse, on 18 December 2020, took an unknown quantity of Felodipine medication from the drugs cupboard without clinical justification".

This charge is found proved.

In reaching its decision, the panel took into account Witness 1's written statement dated 18 July 2023 and her oral evidence; Witness 2's written statement dated 19 July 2023 and her oral evidence; Witness 3's written statement dated 11 July 2023 and his oral evidence; and Witness 4's written statement dated 23 June 2023 and her oral evidence. Further, the panel had regard to the following exhibits (provided by Witness 4):

- Mr Akakpo's Job Description (as a Night Unit Coordinator).
- The Hospital's rota for the nightshift of 17 to 18 December 2020.
- The Hospital's Medication Management Policy.

- CCTV footage from the Ward's clinic room from the nightshift of 17 to 18 December 2020.

The panel also took into account Mr Akakpo's Response Bundle which included his written response to the regulatory concerns and charges, relevant correspondence with the NMC, and two references dated January 2021.

The panel first noted that, as outlined in the Hospital's rota, Mr Akakpo was working on the nightshift of 17 to 18 December 2020. The panel had regard to the CCTV footage which showed Mr Akakpo taking a green and white box from the drugs cupboard. While the footage did not show exactly what he did with the box, it was clear to the panel that he stepped back from the cabinet and placed his hands into his pockets on two separate occasions. On one of those occasions, he appeared to put a blister pack of medication into his pocket. The panel observed that Mr Akakpo's hands appeared free afterwards and it did not see him return the box to the cabinet. It also noted that the CCTV footage showed Mr Akakpo looking directly at the camera, suggesting that he was aware of its presence.

The panel heard Witness 1's oral evidence whereby she confirmed that Mr Akakpo had asked her for the keys to the drugs cupboard and that no other member of staff on that shift had borrowed them. The panel noted that Witness 1's written statement stated:

> *'… No one else asked for the Ward's clinic room keys on the night shift of 17 to 18 December 2020…'.*

The panel was mindful of the Hospital's Medication Management Policy, which makes clear that drugs may only be accessed for the purpose of administering them as part of one's clinical role or handing them to another registered health professional for that purpose.

The panel heard Witness 2's oral evidence whereby she confirmed that, upon completing a visual audit, she had seen at least one box of Felodipine in the medication cupboard. When she went to get a box of Felodipine to replenish the

medication trolley the next day, she had discovered that it was missing. She confirmed that there was no written record of it being transferred to another ward, as would normally be expected. The panel noted that Witness 2's written statement stated:

> *'… As I had carried out a visual medication audit, during the afternoon of the 17 December 2020, I knew that there was another full box of Felodipine within the medication cupboard. However, I could not locate this medication within the Ward's medication cupboard… As there was no record of this medication being borrowed by another ward, I also telephoned the other wards to ask whether this medication had been borrowed. All of the other wards informed me that they had not borrowed the medication on the night shift of 17 to 18 December 2020…'.*

The panel heard Witness 3's oral evidence whereby he confirmed that the CCTV footage showed that Mr Akakpo placed an item into his trouser pocket. However, he could not confirm that this was a blister packet of medication.

The panel noted that Witness 3's written statement stated:

> *'… The footage showed that Mr Akakpo had entered the clinic room alone, unlocked the medication cabinet and began looking around in the cabinet. The footage then showed Mr Akakpo placing a pack of medication into his trouser pocket, locking the medication cabinet and then leaving the clinic room. I cannot recall how long Mr Akakpo was in the clinic room for… As far as I am aware, the missing Felodipine was never found. If Mr Akakpo had taken this medication, I would have only expected this to be administered to a patient. However, there is no evidence that Mr Akakpo took this medication to be administered to a patient on another ward. When medication is borrowed from a ward, to be administered on another ward, a borrowing record must be completed by the borrowing and receiving clinicians… As far as I am aware, there was no such evidence that Mr Akakpo had borrowed this medication for another ward…'.*

The panel noted the inconsistency between Witness 3's written statement and his oral evidence. It noted that Witness 3 originally stated that he observed Mr Akakpo 'placing a pack of medication into his trouser pocket' on the CCTV footage. In his oral evidence, Witness 3 could not be certain what Mr Akakpo placed in his trouser pocket. The panel considered the evidence very carefully and preferred Witness 3's written statement as it was signed closer to the time of the allegations.

The panel heard Witness 4's oral evidence whereby she provided background context. She stated that Mr Akakpo denied taking the medication on the night shift of 17 and 18 December 2020 when asked. However, he did inform her that [PRIVATE] and had, on occasion, taken it from Hospital stock when [PRIVATE] before a night shift. The panel noted that Witness 4's written statement stated:

> *'… The clinic room's CCTV footage shows that Mr Akakpo entered the Ward's clinic room at 05:29:49 am, and proceed to open the medication cabinet. Mr Akakpo then rummages around in the cabinet for a period of time. At 05:34:50 am, Mr Akakpo can be seen placing a single blister pack of tablets into his right trouser pocket. At 05:35:02 am, Mr Akakpo then closes and locks the medication cabinet. Mr Akakpo then leaves the Ward's clinic room and does not return… Following a review of this CCTV, on 18 December 2020, I met with Mr Akakpo to discuss the incident. I asked Mr Akakpo whether he had taken the Felodipine from the Ward's medication cabinet on the night shift of 17 to 18 December 2020. Mr Akakpo denied that he had taken the Felodipine on this occasion. However, Mr Akakpo did inform me he had previously taken this medication from the Hospital stock, for personal use…'.*

The panel considered this significant, as it provided a motive for Mr Akakpo's actions in that the medication was for his own use. The panel accepted the consistent evidence from all four witnesses that this was a unique and concerning incident, where a box of medication went missing without any documentation or clinical justification.

The panel had regard to Mr Akakpo's written response whereby he denied removing any medication from the cupboard.

The panel noted Mr Akakpo's written response to the regulatory concerns, dated 30 June 2023, which stated:

> *'I did not steal any medication from the cabinet. I have worked as a nurse for cygnet hospital since I qualified as a nurse, left briefly and returned to work as a night coordinator until the day in question. I have never been accused of any misconduct before. I went into the cabinet to get the instructions manual that comes with the medications. I wanted to refresh my knowledge on anti-psychotics, anti-depressants and benzodiazepines. I opened some medications and took out the instruction manuals in them. I am not a thief. I did not steal and* [sic] *medication. This accusation has destroyed my life. I haven't worked as a nurse for almost 3 years now...'.*

The panel also noted Mr Akakpo's written response to the charges, dated 15 February 2025, which stated:

> *'I did not take any medication from the medication cabinet, I collected a few medication manuals which I was holding in my hands to read and refresh my knowledge on medications. Apparently, I was seen on video putting a box of medication in my pocket. This is false, I did not at any point put any box of medication in my pocket. I put 2 things in my pocket in the video. One was a bunch of keys allocated to me by Cygnet hospital and the other one was my iphone* [sic] *which can be clearly seen in the video because the screen was lit. I worked in Cygnet hospital for a total of almost 13 years with not a single negative report against me and all of a sudden on the last but one day for me to leave the company for good, I comit* [sic] *a crime...'.*

The panel found all four witnesses to be credible and consistent and preferred their account over that of Mr Akakpo's. Their accounts were also consistent with the CCTV footage which was viewed by the panel.

In light of the CCTV footage, the missing medication, the lack of clinical justification, the credible and consistent witness evidence, and the absence of any plausible

alternative explanation, the panel determined that it was more likely than not that, on 18 December 2020, Mr Akakpo took an unknown quantity of Felodipine from the drugs cupboard without clinical justification.

Therefore, on the balance of probabilities, the panel found charge 1 proved.

Charge 2

> "Your actions at Charge 1 were dishonest in that you took medication that did not belong to you".

This charge is found proved.

In reaching its decision, the panel took into account its findings in relation to charge 1, in which it found that Mr Akakpo took an unknown quantity of Felodipine from the drugs cupboard on 18 December 2020 without clinical justification.

The panel noted that dishonesty is a necessary element of theft. It therefore considered whether Mr Akakpo's actions were dishonest by applying the test for dishonesty as set out in *Ivey v Genting Casinos* (UK) Ltd [2017] UKSC 67. This required the panel first to establish the facts as Mr Akakpo believed them to be, and then to determine whether his conduct was dishonest by the standards of ordinary, decent people.

The panel noted that Mr Akakpo was an experienced nurse, having worked at the Hospital since 2007 and, at the relevant time, held the role of Night Unit Coordinator. Witness 4 described Mr Akakpo as a senior and well-experienced member of staff. The panel found that Mr Akakpo would have known that he was not permitted to take medication that had not been prescribed to him, or without following the appropriate procedures set out in the Hospital's Medication Management Policy.

The panel was therefore satisfied that Mr Akakpo's state of mind at the time was such that he intended to take the medication for his own purposes, and that he did so knowingly and without any valid reason. The panel then considered whether Mr

Akakpo's behaviour would be considered dishonest by applying the objective standards of ordinary, decent people. It was satisfied that the ordinary, decent person, aware of the facts of this case, would consider Mr Akakpo's behaviour to be dishonest in that he took medication from the medication cupboard for his own use in circumstances where he was fully aware that he was not allowed to do so.

In all the above circumstances, the panel is satisfied that, on the balance of probabilities, Mr Akakpo's actions at charge 1 were dishonest in that he took medication that did not belong to him. The panel therefore found charge 2 proved.

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 Akakpo'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.

In reaching its decision, the panel 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 therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. Firstly, 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 Akakpo's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

Mr Page invited the panel to take the view that the facts found proved amount to misconduct. He identified the specific and relevant standards where Mr Akakpo's actions amounted to misconduct by referring to paragraphs 8.5, 16, 17.1, 19, 20,

20.1, 20.2, and 20.3 of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' (the Code). He submitted that the misconduct in this case is particularly serious due to the risk of harm to patients and the potential to undermine public trust in the profession.

Mr Page drew the panel's attention to the NMC's guidance, including FTP-2a and DMA-8, and submitted that dishonesty is among the most serious categories of concern. He reminded the panel of the approach to dishonesty set out in *Ivey v Genting Casinos* and acknowledged that the panel had found dishonesty proved in relation to charge 2.

Mr Page submitted that the panel may consider that this was not a single incident of misconduct according to Witness 4's evidence. Mr Page submitted that the panel already noted the significance of Witness 4's evidence and the response from Mr Akakpo in respect to a 'previous occasion'. Mr Page submitted that this, therefore, represents a dangerous attitude to the safety of people receiving care precisely because there is a risk of repetition of the conduct occurring thus putting patients at risk of harm.

Further, Mr Page submitted that this may also be indicative of a deep-seated attitudinal issue precisely because, upon the allegation being pointed out to Mr Akakpo by Witness 4, Mr Akakpo continued to deny the allegation but accepted that he had taken medication on a previous occasion. Mr Page submitted that the panel may consider that no adverse inferences are to be drawn from Mr Akakpo's denial of the charges as this is his right to do so without any consequences.

Submissions on impairment

Mr Page 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. This included reference to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery*

Council (2) and Grant [2011] EWHC 927 (Admin). He also referred to the NMC's guidance, including DMA-1.

Mr Page submitted that Mr Akakpo's conduct and breaches of the Code could have potentially caused risk of harm to vulnerable patients who need medication, however, fortunately no actual harm was suffered.

Mr Page submitted that the panel may have in mind that breaches of the Code do not automatically result in a finding of misconduct. However, upon its findings of charges 1 and 2, he submitted that the panel may decide that taking medication without clinical justification represents a deep-seated attitudinal issue that is not easily remediable.

Mr Page accepted that Mr Akakpo submitted two-character references. However, Mr Page submitted that there is no evidence of reflection relating to the concerns that are before the panel, nor is there evidence of any strengthened practice that is directly applicable to the concerns. Mr Page submitted that there has been a consistent denial of the charges at both the local level and, subsequently, in Mr Akakpo's Response Bundle. In all these circumstances, Mr Page submitted that Mr Akakpo has not demonstrated sufficient insight.

Given the seriousness of the breaches of professional standards, Mr Page submitted that public confidence in the profession would be undermined if a finding of impairment was not made. Accordingly, he submitted that Mr Akakpo's fitness to practise is currently impaired on both public protection and public interest grounds.

The panel accepted the advice of the legal assessor which included reference to *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311 and *Nandi v General Medical Council* [2004] EWHC 2317 (Admin). A breach of duty must be serious if it is to amount to misconduct.

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 determined that Mr Akakpo's actions fell significantly short of the standards expected of a registered nurse, and that his actions amounted to breaches of the Code as outlined in the below paragraphs:

> ***'19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice***
>
> ***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*
>
> *20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people'.*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel decided that the above paragraphs of the Code were engaged in the context of this case.

The panel noted that, at the time of the incident, Mr Akakpo was a senior nurse in a managerial role with authorised access to the medication cupboard. The panel found that he took advantage of this position by taking medication, namely Felodipine, which he knew was intended solely for patient use. As a result, the medication was no longer available for administration, creating a potential risk of harm to a patient whose blood pressure could have increased.

Further, the panel noted that the removal of the medication by Mr Akakpo required a prescription from a doctor to source additional stock, placing additional strain on staff and hospital resources. The panel considered that Mr Akakpo's conduct (taking

medication without clinical justification) was morally wrong and wholly incompatible with the standards expected of a registered nurse, and his explanations were found to be inadequate.

In these circumstances, the panel determined that Mr Akakpo's actions amounted to misconduct by breaching fundamental tenets of the nursing profession and undermining public confidence in the profession.

Decision and reasons on impairment

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

In reaching its decision, the panel had regard to the Fitness to Practise Library, updated on 3 March 2025, which states:

> "*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. At 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.'

At 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) *has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel considered that all four limbs apply in this case. It finds that, as a result of Mr Akakpo's misconduct, a patient was put at potential risk of harm as the medication prescribed for them was wrongfully removed. Mr Akakpo's misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. The panel was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty serious.

The panel considered that Mr Akakpo has not demonstrated an understanding of how his dishonest action put a patient at risk of harm, nor has he demonstrated an understanding of why what he did was wrong and how his action impacted negatively on the reputation of the nursing profession. The panel was not provided with any information to suggest how Mr Akakpo may handle the situation differently in the future.

The panel acknowledged that it is often difficult for a registrant to demonstrate how dishonesty has been remedied. In considering whether Mr Akakpo had taken any steps to strengthen his practice, the panel carefully reviewed the evidence before it. However, the panel was not provided with any evidence of relevant training or a reflective statement that might have demonstrated insight or remediation.

The panel took into account two character references provided by Mr Akakpo:

- [PRIVATE].
- [PRIVATE].

However, the panel considered these references to be of limited value. They were weak in content, provided little indication that the individuals knew Mr Akakpo well, and did not specifically address the regulatory concerns. In particular, the panel noted that the reference from Mr Akakpo's [PRIVATE] made no mention of the charge or any reflections on Mr Akakpo's conduct.

The panel noted that, while Mr Akakpo denied the charges, he did not take the opportunity to provide a reflective statement demonstrating his understanding of how acts of dishonesty may impact public confidence in the nursing profession. He did not demonstrate any insight, and the panel considered this lack of reflection to be significant. The panel found that the references and other material before it did not mitigate the risk of repetition. As a result, the panel could not be satisfied that there was no risk of repetition should similar circumstances arise in the future.

In light of all the above, the panel determined that a finding of current impairment is necessary on the grounds of public protection.

The panel bore in mind 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 public confidence in the profession would be undermined if a finding of impairment were not made in this case, given its findings in relation to dishonesty that put a patient at potential risk of harm. These are serious matters that would, in the view of the panel, rightly alarm the public and undermine confidence in the NMC as a regulator, without a finding of impairment. Therefore, the panel also finds Mr Akakpo's fitness to practise impaired on the grounds of public interest.

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

Sanction

The panel considered this case very carefully and decided to make a suspension order for a period of 12 months with a review. The effect of this order is that the NMC register will show that Mr Akakpo's registration has been suspended.

In reaching its decision, the panel 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, including SAN-1, SAN-2, and SAN-3.

The panel accepted the advice of the legal assessor.

Submissions on sanction

Mr Page informed the panel that, in the Notice of Hearing, dated 16 April 2025, the NMC had advised Mr Akakpo that it would seek the imposition of a striking-off order if the panel found Mr Akakpo's fitness to practise currently impaired.

Mr Page submitted that the following aggravating features are engaged:

- Conduct which puts patients at risk of suffering harm.
- Lack of insight, remediation and/or strengthened practice.

Mr Page submitted that no mitigating features are engaged in this case.

Mr Page submitted that the panel may consider that the public would not be protected, and it would be neither proportionate nor in the public interest to take no further action. He submitted that taking no further action would be inappropriate in view of the seriousness of the charge. He submitted that breaches of one of the fundamental tenets of the professions, in this case being dishonesty, constitutes a serious breach. Further, he submitted that the conduct is too serious as there was a potential for significant risk that could have led to a catastrophic outcome for a patient.

In relation to the imposition of a caution order, Mr Page submitted that, given the seriousness of the misconduct identified, an order that does not restrict Mr Akakpo's practice would not protect the public nor be appropriate in the circumstances. He submitted that the panel may conclude that Mr Akakpo's misconduct was not at the lower end of the spectrum given the nature and seriousness of the charges. As such, he submitted that a caution order would not mark the seriousness of the case and would not be sufficient to satisfy the public interest, uphold proper professional standards and maintain confidence in the profession or regulator.

In relation to the imposition of a conditions of practice order, Mr Page submitted that the panel may consider that there is an unprofessional and concerning conduct as identified in the dishonesty charge which could not be addressed through a conditions of practice order. He also submitted that the panel may consider that the

dishonesty charge is too serious to warrant the imposition of a conditions of practice order, and that such a sanction would not adequately protect the public and is unlikely to be otherwise in the public interest. He submitted that, where there are deep-seated attitudinal issues, a conditions of practice order would be neither appropriate nor proportionate.

In relation to the imposition of a suspension order, Mr Page submitted that the panel determined that Mr Akakpo took advantage of his position of seniority. Therefore, this impacted upon the medication being no longer available thus creating a potential risk of harm to a patient. Further, he submitted that the panel identified a risk of repetition and that the character references provided on behalf of Mr Akakpo carry limited weight. Mr Page also submitted that Mr Akakpo has not demonstrated any insight into the concern. Accordingly, Mr Page submitted that a suspension order would not be appropriate or proportionate in this case.

In relation to whether the panel should impose a striking-off order, Mr Page submitted that there are no mitigating features and that the panel previously determined that Mr Akakpo has not demonstrated an understanding of how his dishonesty had put a patient at risk of harm, nor has he demonstrated an understanding that what he did was plainly wrong. Mr Page submitted that no positive steps have been made by Mr Akakpo to strengthen his practice since the incident nor has he provided any reflective statement upon the conduct.

Therefore, balancing all of the factors, Mr Page submitted that the imposition of a striking-off order is both appropriate and proportionate. He submitted that a striking-off order is necessary to protect the public and to mark the importance of maintaining public confidence in the professions and the maintenance of high professional standards, and to send to the public and the professions a clear message about the standards of behaviour required of a registered nurse.

Decision and reasons on sanction

Having found Mr Akakpo'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:

- Conduct which put a patient at risk of suffering harm by depriving them of medication.
- Breach of trust.
- Lack of insight, remorse, or remediation.
- Deliberate act.

The panel also took into account the following mitigating features:

- No actual harm to any individual was caused.
- Witness 4 spoke highly of Mr Akakpo's clinical practice as a registered nurse.
- Single incident.

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

The panel then considered the imposition of a caution order but again determined that, due to the seriousness of the case that involves dishonesty, and the public protection issues identified, an order that does not restrict Mr Akakpo'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 Akakpo'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 therefore 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 Akakpo's 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;*
- *The nurse or midwife has insight into any health problems and is prepared to agree to abide by conditions on medical condition, treatment and supervision;*
- *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 there are no practical or workable conditions that could be formulated, given the nature of the charges in this case and Mr Akakpo's lack of insight into his dishonest conduct. As such, the misconduct was not something that can be addressed through retraining at this stage. The panel concluded that the placing of conditions on Mr Akakpo'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 a 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; and*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour.*

The panel was satisfied that, in this case, the misconduct was not fundamentally incompatible with remaining on the register. Whilst the panel found charge 2 proved, it did not find evidence of harmful deep-seated personality or attitudinal problems and bore in mind that Mr Akakpo had a long and unblemished carer and that Witness 4 spoke highly of Mr Akakpo's clinical practice as a registered nurse. Further, the panel noted that this was a single incident of misconduct and there is no evidence of repetition of this behaviour since the incident. The panel considered that, although there was a potential risk of harm being caused, no actual harm occurred. Mr Akakpo has confined his responses to defending the charges on the facts. He has given no evidence in relation to whether he might again act improperly in relation to medication. In the panel's judgement, after a period of reflection, he may be able to do so. The panel considered that a suspension order would both protect the public and satisfy the public interest. It would provide Mr Akakpo with a significant period of time during which he would be able to reflect and to provide evidence of his insight into the seriousness of the misconduct for the reviewing panel's consideration.

The panel took account of the NMC's submission that the appropriate sanction was a striking-off order and gave serious consideration to the making of such an order. Taking account of all the information before it and the absence of evidence to suggest a harmful deep-seated personality or attitudinal problem, the panel concluded that it would be disproportionate. It would be unduly punitive in Mr Akakpo's case to impose a striking-off order at this stage. However, Mr Akakpo should appreciate that, if he does not satisfy a reviewing panel that he can safely be allowed to practise, that panel may make a striking-off order.

Balancing all of these factors, the panel concluded that a suspension order would be the appropriate and proportionate sanction.

The panel noted the hardship such an order will inevitably cause Mr Akakpo; however, this is outweighed by the public interest in this case.

The panel considered that this order is 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.

In making its decision, the panel carefully considered the submissions of Mr Page in relation to the sanction that the NMC was seeking in this case, namely a striking-off order. However, for the reasons outlined above, the panel considered that a suspension order is the appropriate and proportionate sanction at this stage to protect the public and maintain public confidence in the nursing profession.

The panel determined that a suspension order for a period of 12 months was appropriate in this case to mark the seriousness of the misconduct.

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

Any future panel reviewing this case would be assisted by:

- Mr Akakpo's engagement with these proceedings and attendance at a future hearing, whether that be remote or in person.
- A reflective statement from Mr Akakpo which addresses the consequences of dishonest conduct on patients and the nursing profession.
- Clarification as to whether Mr Akakpo has been working in a healthcare environment and his future plans for his nursing career.
- Recent references and testimonials.

This will be confirmed to Mr Akakpo in writing.