Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Hearing

Monday, September 15 – Thursday, September 19
Monday, 22 September 2025 – Tuesday, 23 September 2025
Monday, 29 September 2025

Virtual Hearing

Name of Registrant:	**Adedoyin Fagbemi**
NMC PIN:	17F1281E
Part(s) of the register:	Nurses part of the register Sub part 1 RNA: Adult nurse, level 1 (16 September 2017)
Relevant Location:	London
Type of case:	Misconduct
Panel members:	Oluwasola Falola (Chair, registrant member) Janet Fitzpatrick (Registrant member) Steven Chandler (Lay member)
Legal Assessor:	Graeme Sampson
Hearings Coordinator:	Samara Baboolal
Nursing and Midwifery Council:	Represented by Tessa Donovan, Case Presenter
Mrs Fagbemi:	Not present and unrepresented
Facts proved:	Admitted charges: 1(a), 1(b), 1(c), 1(d)(i), 1(d)(ii), 2(b), and 2(c). Disputed charges: 1(e), 1(f), 2(a), 3(a), 3(b)(i), 3(b)(ii), 4, 5(a), 5(b), 6, 7(a), 7(b), 8
Facts not proved:	N/A

Fitness to practise:	Impaired
Sanction:	**Striking off order**
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 Mrs Fagbemi was not in attendance and that the Notice of Hearing letter had been sent to Mrs Fagbemi's registered email address by secure email on 4 August 2025.

Ms Donovan, 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 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 Mrs Fagbemi's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In the light of all of the information available, the panel was satisfied that Mrs Fagbemi 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 Mrs Fagbemi

The panel next considered whether it should proceed in the absence of Mrs Fagbemi. It had regard to Rule 21 and heard the submissions of Ms Donovan, who invited the panel to continue in the absence of Mrs Fagbemi.

Ms Donovan informed the panel that Mrs Fagbemi was contacted via telephone by the NMC Case Officer. During this conversation, Mrs Fagbemi informed the Case Officer that she had not received any emails from the NMC. The Case Officer received confirmation

from Mrs Fagbemi that the email on record is correct, and informed Mrs Fagbemi of the details of this hearing. She was informed that the Hearings Coordinator would send her the joining information, and would call her to ensure she received this safely. Papers for this hearing were sent to Mrs Fagbemi by post.

On 15 September, the Hearings Coordinator sent Mrs Fagbemi the hearing link. This was followed up with two attempted phone calls and a voicemail. Despite further attempts at contacting Mrs Fagbemi via telephone to ensure she has an opportunity to attend, both the Hearings Coordinator and Case Officer were unable to reach Mrs Fagbemi.

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'* as referred to in the case of *R* v *Jones (Anthony William)* (No.2) [2002] UKHL 5.

The panel has decided to proceed in the absence of Mrs Fagbemi. In reaching this decision, the panel has considered the submissions of Ms Donovan, and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the interests of fairness to all parties. It noted that:

- No application for an adjournment has been made by Mrs Fagbemi;
- Mrs Fagbemi has not engaged with the NMC since Friday 12 September 2025, and has not responded to any of the phone calls, voicemails, and emails sent to her by the hearings coordinator about this hearing;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- A witness has attended today to give live evidence, others are due to attend;

- Not proceeding may inconvenience the witnesses, their employers and, for those involved in clinical practice, the clients who need their professional services;
- The charges relate to events that occurred in 2022;
- 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 Mrs Fagbemi in proceeding in her absence. Although the evidence upon which the NMC relies will have been sent to her at her registered address, she will not be able to challenge the evidence relied upon by the NMC and will not be able to give evidence on her own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Mrs Fagbemi's decisions to absent herself from the hearing, waive her rights to attend, and/or be represented, and to not provide evidence or make submissions on her own behalf.

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

Details of charge

That you, a registered nurse:

1. On 19 August 2022 whilst working as a nurse at the Royal Marsden Hospital:

    a. administered paracetamol to Patient A via the incorrect route;

b. your actions at charge 1(a) were in direct contravention of a management instruction in that Colleague A told you that you were not permitted to administer medication to patients via the intravenous route;

c. incorrectly administered liquid oral paracetamol (intended for oral use) to Patient A via an intravenous route;

d. failed to maintain accurate records in that you:

    i. signed Patient A's MAR chart to indicate that you had given the 12pm paracetamol dose in accordance with the instructions on the MAR chart when you had not;

    ii. did not record on the MAR chart that you had in fact given liquid oral paracetamol via an intravenous route.

e. when asked by Colleague A how you had given the paracetamol to Patient A you replied 'orally' or words to that effect;

f. your conduct at charge 1(e) was dishonest in that you intended to conceal the fact you had given liquid oral paracetamol to Patient A via an intravenous route.

2. On 28 March 2021 whilst working as a nurse at the Basildon Hospital:

a. did not ensure that Patient B received pain relief in a timely manner;

b. signed Patient B's MAR chart to indicate that you had given the 'night' dose of paracetamol when you had not in fact given Patient B the night dose of paracetamol;

c. Your conduct at charge 2(b) was dishonest in that you signed the MAR chart to indicate that paracetamol had been given when you knew it had not in fact been given.

3. In or around 25 November 2023 to 21 January 2024 you breached an interim conditions of practice order imposed against your registration, in that:-
   a. On 22 January 2024, you breached condition 3 in that you administered controlled drugs, namely pregabalin/ morphine to an unknown patient/s without direct supervision/without being deemed competent;

   b. In breach of condition 9a) and/or 9c), you did not provide a copy of the conditions to:

      i. Barts Health NHS Trust (Newham University Hospital), whom you were employed by;

      ii. Barts Health NHS Trust (Newham University Hospital) at the time of application for your job as a registered nurse.

4. Your action/s at charge 3 above were dishonest in that you intended to conceal from Barts Health NHS Trust (Newham University Hospital) that your practice was restricted by an interim conditions of practice order.

5. In or around 31 July 2024 to 29 November 2024 you did not inform the Royal London Hospital:

   a. That your nursing registration was subject to an interim order;

   b. In your application form for a position as a Health Care Support Worker, of your employment history as a nurse.

6. Your actions at any one or more charges at 5 above were dishonest in that you sought to conceal from Royal London Hospital that your nursing registration was subject to an interim order.

7. On or about 9 September 2024, you provided to Royal London Hospital:

    a. An application form for the position of a Health Care Support Worker which was not completed by you;

    b. A false reference following your application for a position as a Health Care Support Worker.

8. Your actions at charge 7 above were dishonest in that you sought to create misleading impression about your character and professional status.

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

Background

The charges in this case relate to four different time periods and locations.

Mrs Fagbemi was first referred to the NMC on 22 August 2022 by the Royal Marsden NHS Trust. The referral concerned an incident on 19 August 2022, when Mrs Fagbemi was working as an agency nurse on a shift. Mrs Fagbemi had been caring for Patient A, who was an international cancer patient who recently underwent surgery to have a feeding tube inserted into his abdomen.

Patient A was a clinically complex patient, and had a number of lines going into his body, which included a cannula for IV medications in his hand, a central line directly into a vein

near his chest, through which nutrition was running, and a feeding tube into his abdomen. This feeding tube was being rested and not used to allow it to heal. It had been fitted because Patient A was unable to tolerate food orally due to having a sensitive stomach as a result of his cancer.

The feeding tube was covered, and there were clear instructions not to use the tube. Patient A was only able to have medication administered via the IV cannula in his hand, and the only substance which was to go through the tube in his chest was food.

When Mrs Fagbemi arrived on shift, she was informed by the ward manager, Ms 1, that she was not allowed to administer any medication to patients via an IV route. Ms 1 clarified that it was the hospital's practice that agency nurses were only permitted to administer oral medication. Mrs Fagbemi was told that she would be caring for Patient A, and was shown instructions regarding the feeding tube which were written on the patient records as well as on the computer notes. Notes were also printed out for Mrs Fagbemi.

Mrs Fagbemi was explicitly told not to administer medications via the chest line. Because medication could only be administered via the IV in Patient A's hand, no medication was able to be administered at all by Mrs Fagbemi as she was only allowed to provide oral medications.

Patient A was due to receive some paracetamol at 12:00. Ms 1 prepared a tray to administer that drug via IV and checked the medication chart. On the chart, she saw that there was a signature next to the 12:00 dosage of paracetamol. Mrs Fagbemi had signed the box for 12:00, which prompted Ms 1 to ask her whether she had given Patient A the paracetamol. Mrs Fagbemi, according to Ms 1, responded that she had given it orally. She was reminded that she was not allowed to give medications other than orally, but also that Patient A was not to have any oral medications. Ms 1, according to her statement, asked Mrs Fagbemi what kind of paracetamol had been administered, and she said that it was liquid oral medication.

Ms 1 went to check on Patient A, who informed her that the medication had been delivered via the chest tube in contravention of the hospital's policy.

On 28 March 2021, it is alleged that Mrs Fagbemi was working the night shift at Basildon Hospital and that during that shift she was caring for Patient B. Patient B was prescribed two sets of pain relief, paracetamol and morphine. The morphine had been given earlier in the day, in the morning, and so a nighttime dose was due around 22:10. At 22:00 PM, Ms 2 checked on Patient B, who appeared to be, in her view, in a great deal of pain. Ms 2 arranged for Patient B to receive his evening morphine with Mrs Fagbemi's assistance. During a conversation, it became apparent that Mrs Fagbemi had signed the medication administration chart to show that the nighttime dose of paracetamol had already been given when it had not.

This caused further difficulty, as Ms 2 was unable to then administer any evening paracetamol to Patient B, as it appeared from the chart to have already been given and signed for. Ms 2 was unable to risk double-dosing medication, regardless of what Mrs Fagbemi had told her.

On 12 September 2022, an interim conditions of practice order was imposed for 18 months. The director of nursing at Barts Health NHS Trust notified the NMC that Mrs Fagbemi had secured a role as a Band 5 nurse, commencing in December 2023, but had not disclosed the interim order until the end of January 2024. The Trust informed the NMC that Mrs Fagbemi allegedly administered medication unsupervised during that time, in contravention of the conditions in the interim order.

On 2 December 2024, the NMC received information that Mrs Fagbemi had been employed as a health care assistant at the Royal London Hospital. She was dismissed from this position on 11 December 2024, having failed to disclose that she was subject to restricted practice, and allegedly falsifying information on her application form.

Decision and reasons on application to admit written witness statements as evidence

The panel heard an application made by Ms Donovan under Rule 31 to allow the signed written statements of Witness 1 and Ms 1 to be adduced as hearsay evidence. Ms Donovan submitted that the written statements are both relevant, pertain to the charge, consistent and there is no reason to believe that they have been fabricated.

Ms Donovan submitted that the statements of Witness 1 and Ms 1 are neither sole nor decisive evidence in this case. She submitted that Witness 1 and Ms 1 have been stood down as witnesses as Mrs Fagbemi has admitted to the charges that they speak to, however, the written statements form the foundation for charge 1(d).

Ms Donovan submitted that, as Mrs Fagbemi is not attending, she will not have the opportunity to challenge the evidence in cross-examination.

In the preparation of this hearing, the NMC had indicated to Mrs Fagbemi in the Case Management Form (CMF) that it was the NMC's intention for Witness 1 and Ms 1 to provide live evidence to the panel. Despite knowledge of the nature of the evidence to be given by Witness 1 and Ms 1, Mrs Fagbemi made the decision not to attend this hearing. On this basis Ms Donovan advanced the argument that there was no lack of fairness to Mrs Fagbemi in allowing Witness 1 and Ms 1's written statement to be adduced as hearsay evidence.

The panel gave the application in regard to Witness 1 and Ms 1's written statements serious consideration. The panel noted that both statements had been prepared in anticipation of being used in these proceedings and contained the paragraph, '*This statement … is true to the best of my information, knowledge and belief*' and signed by them.

The panel considered whether Mrs Fagbemi would be disadvantaged by the change in the NMC's position of moving from reliance upon the live testimony of Witness 1 and Ms 1 to that of written statements.

The panel considered that as Mrs Fagbemi had been provided with a copy of Witness 1 and Ms 1's written statements and, as the panel had already determined to proceed in Mrs Fagbemi absence due to her disengagement on the morning of the hearing, she would not be in a position to cross-examine this witness in any case.

There was also public interest in the issues being explored fully which supported the admission of this evidence into the proceedings. The panel considered that the unfairness in this regard worked both ways in that the NMC was deprived, as was the panel, from reliance upon the live evidence of Witness 1 and Ms 1, and the opportunity of questioning and probing both of their testimonies. There was also public interest in the issues being explored fully which supported the admission of this evidence into the proceedings.

The panel also considered that the statements are relevant, and pertain to the charges. There is no suggestion that they have been fabricated, and both Witness 1 and Ms 1's statements are consistent. There is corroborative evidence, including the exhibits and the DATIX forms, and Mrs Fagbemi has not raised any disputes in regard to these statements.

In these circumstances, the panel came to the view that it would be fair and relevant to accept into evidence the written statements of Witness 1 and Ms 1, but would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it.

The panel also received evidence from witnesses Ms 1 through 6 who were called, but were not required to give oral evidence, as their evidence was largely as to matters of documentary record. Their evidence was not challenged by any statement by Mrs

Fagbemi nor did the panel, or the legal assessor, having regard to Mrs Fagbemi interests, wish to ask any questions of the witnesses.

The panel were confident given the lack of any necessary challenge or inquiry into the evidence provided by any witnesses Ms 1 through 6, that Mrs Fagbemi was not prejudiced and the interests of justice were served by approaching the witnesses' evidence in this way, given that they were all health professionals who would be required to leave their work and attend the hearing virtually, but would be asked no questions.

Decision and reasons on facts

At the outset of the hearing, the panel heard from Ms Donovan, who informed the panel that Mrs Fagbemi made admissions to charges 1(a), 1(b), 1(c), 1(d)(i), 1(d)(ii), 2(b), and 2(c).

The panel therefore finds the above charges proved by way of Mrs Fagbemi's admissions.

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

The panel has drawn no adverse inference from the non-attendance of Mrs Fagbemi.

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

- Witness 1: Band 8 Matron for private care at the Royal Marsden NHS Foundation Trust.
- Witness 2: Associate Director of Nursing Medicine at Newham University Hospital.
- Witness 3: Ward Manager at the Royal London Hospital.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the witness and documentary evidence provided by the NMC.

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

Charge 1

"On 19 August 2022 whilst working as a nurse at the Royal Marsden Hospital:

a. …

b. …

c. …

d. …

e. when asked by Colleague A how you had given the paracetamol to Patient A you replied 'orally' or words to that effect;

f. your conduct at charge 1(e) was dishonest in that you intended to conceal the fact you had given liquid oral paracetamol to Patient A via an intravenous route."

This charge is found PROVED.

In reaching this decision, the panel took into account the written statements of Witness 1 and Ms 1, and Mrs Fagbemi's written reflection.

Charge 1(e)

The panel considered that Ms 1's statement made it clear that she asked Mrs Fagbemi on two occasions how she delivered the medication to Patient A. Witness 1's statement also made it clear that Ms 1 asked Mrs Fagbemi twice, which corroborates the account provided by Ms 1.

Witness 1's written statement outlines:

> *'I saw Mrs Fagbemi go into the treatment room on the Ward and they started to prepare a blue tray to give IV medication. […] I reminded Mrs Fagbemi that they are not allowed to administer IV medication and I am not allowed to administer medication that another person had prepared.*
> *[…]*
>
> *Mrs Fagbemi has signed the box for 12:00. I then went to ask Mrs Fagbemi if they had given the paracetamol. They replied they had given it. I asked how they had administered the drug and reminded them that they were not allowed to give medications other than orally. Mrs Fagbemi stated that they gave it orally. I asked Mrs Fagbemi what kind of paracetamol they had used. Mrs Fagbemi replied that they had given liquid oral paracetamol. I asked for more details of the administration; I asked Mrs Fagbemi how they had managed to give the paracetamol to the patient, had the patient tolerated it and if they had seen them take the paracetamol. Mrs Fagbemi said that they used two syringes of 10ml, and*

this had been given orally. I asked if the patient tolerated, and Mrs Fagbemi replied yes. I was concerned if Mrs Fagbemi had given this orally, whether the patient was able to tolerate the medication.'

The panel considered that Mrs Fagbemi, in her reflection, did not address the allegation in this charge or clarify what happened. The panel was of the view that the evidence of Witness 1 and Ms 1 was clear and consistent, and both have no motive to fabricate these statements.

The panel took into account that it is clear from Mrs Fagbemi's admissions and written reflections that she broke the rules around medication administration, and it is more likely than not that she was dishonest when challenged on how she administered the medication.

In light of all the above, the panel found charge 1(e) proved on the balance of probabilities.

Charge 1(f)

The panel took into account Mrs Fagbemi's written reflection, and was of the view that Mrs Fagbemi demonstrated insufficient insight and understanding into her conduct in charge 1(e).

The panel considered NMC Guidance DMA-8:

'To help the panel focus on the central issues and be able to express this in their reasoning, it needs to consider the following:

- *what the nurse, midwife or nursing associate knew or believed about what they were doing, the background circumstances, and any expectations of them at the time*

- *whether the panel considers that the nurse, midwife or nursing associate's actions were dishonest, or*
- *whether there is evidence of alternative explanations, and which is more likely.'*

The panel took into account the written statements of Witness 1 and Ms 1, who gave accounts of their concerns around Mrs Fagbemi's administration of the medication to Patient A, and the subsequent deterioration of the patient. The panel was of the view that it was quite clear, based on the evidence provided by Witness 1 and Ms 1, and the MAR charts, that Mrs Fagbemi had broken the rules around medications administration via IV routes. When Patient A deteriorated, and she was asked by colleagues what she administered, she did not tell the truth.

The panel determined that, it was more likely than not, that Mrs Fagbemi was deliberately concealing the fact that she had given liquid oral paracetamol to Patient A via an intravenous route.

In light of all the above, the panel found charge 1(f) proved on the balance of probabilities.

Charge 2)

"On 28 March 2021 whilst working as a nurse at the Basildon Hospital:

a. did not ensure that Patient B received pain relief in a timely manner;

b. …

c. ..."

This charge is found PROVED.

In reaching this decision, the panel took into account the written statement of Ms 2, the MAR chart, and Mrs Fagbemi's written reflection.

The panel took into account that Ms 2's statement, which stated:

> *'I was checking the Covid results on the systems and a HCA, […] came to me and said a patient, in bed 21, was in pain. I was busy at that time and said to [the HCA] 'why are you not telling the Nurse, Mrs Fagbemi, who is looking after the patient?' [the HCA]said they had told Mrs Fagbemi twice already but they had not listened to them. [The HCA] was typically quite shy and said that they did not want to keep bothering Mrs Fagbemi. I looked around to Mrs Fagbemi to see if they were busy and they were sat on a chair, and did not appear to be taking any action.*
>
> *When I went to check Patient B's drug chart at their bedside, I saw the patient in excruciating pain. They were moaning, their face was almost crying, and asking for pain killers.*
>
> *[…]*
>
> *I approached bed 21 bedside to assist current patient's condition, I asked him (who was oriented and conscious) how was his pain at the moment and if he has taken any pain tablets in the last 2 hours. The patient stated that "I asked to have some paracetamol but the nurse said to me that she will be back in 5 minutes and give it to me but she never came back".'*

The panel determined that the written statement of Ms 2 is reliable, and that there is no motive for fabrication. It was of the view that Ms 2 clearly accounts that Mrs Fagbemi did not act with urgency to ensure that Patient B received their painkillers, despite numerous requests by the HCA on the ward. It concluded that Patient B had not received this pain relief in a timely manner, as they were described in Ms 2's statement as in visible, 'excruciating pain', and asking for painkillers.

In light of all the above, the panel found charge 2(a) proved on the balance of probabilities.

Charge 3

"In or around 25 November 2023 to 21 January 2024 you breached an interim conditions of practice order imposed against your registration, in that:-

a.On 22 January 2024, you breached condition 3 in that you administered controlled drugs, namely pregabalin/ morphine to an unknown patient/s without direct supervision/without being deemed competent;

b. In breach of condition 9a) and/or 9c), you did not provide a copy of the conditions to:

i.Barts Health NHS Trust (Newham University Hospital), whom you were employed by;

ii.Barts Health NHS Trust (Newham University Hospital) at the time of application for your job as a registered nurse."

This charge is found PROVED.

In making its decision, the panel considered the evidence contained in the MAR chart, the statement of Ms 3, and the oral evidence of Witness 2 and Witness 3.

Charge 3(a)

The panel took into account that both medications, namely the Pregabalin and Morphine were signed for by Mrs Fagbemi, and oral tablets and capsules were signed for at 8:58 AM on 22 January 2024.

Witnesses 2 and 3, in their oral evidence, informed the panel that Mrs Fagbemi had not completed her induction on medications administration at the time.

The panel took into account an email from the Trust, dated 25 January 2024, which states:

> *'…you worked as a supernumerary while completing your oral and IV medication competencies. During this time you still did not declare the interim conditions of practice contrary to the point 9 [condition 9] of the same document. On the morning of 22 January you administered oral CO medication (Pregabolin) [sic] to a patient while not having been signed off as competent by the practice development nurse. You stated that Schedule 3 drugs only need one signature. but [sic] this administration is still against the conditions of practice and being signed off as competent.'*

The panel also took into account Mrs Fagbemi's written statement of the events, dated and signed 21 February 2024. Mrs Fagbemi denied being in breach of her conditions of practice, stating that this is because she is 'aware of [her] professional boundaries.' She stated:

> *'The oral medicines administered by me was done under the guidance and supervision of the Nurse in-charge who was present with me in the medication room and talked me through the entire process. Patient safety was not compromised and there was [sic] no clinical incidents recorded.'*

The panel carefully considered this statement, which does not suggest that Mrs Fagbemi had been deemed competent, but suggests that Mrs Fagbemi administered medication under the supervision of the nurse in charge. However, the panel determined that it was more likely than not that if another nurse was supervising Mrs Fagbemi, then they would have also signed the MAR chart. Mrs Fagbemi was the sole signatory on the chart. The

panel also considered that there is no independent evidence to corroborate her account of the event.

In light of all the above, the panel found charge 3(a) proved on the balance of probabilities.

Charge 3(b) (i)

The panel took into account the statement of Ms 3, who stated that Mrs Fagbemi started her shift, and that any disclosure of NMC interim conditions of practice order was belated. Mrs Fagbemi was working at the Trust for some time, and was told to stop administering medications without another nurse present. The recruitment team also confirmed that Mrs Fagbemi did not disclose that she was subject to an interim conditions of practice order. The written statement provided by Ms 3 was corroborated by Witness 2's oral evidence.

The panel also took into account an email from Ms 3, dated 22 January 2024, which states:

> *'As discussed about the new starter Adedoyin Fagbemi (RN) started in AAU on the 27th December 2023. She on [sic] her first independent shift … and this afternoon she disclosed the NMC - Condition of practice issued to her from 12th September 2022 for 18 months … she was recruited from recruitment fair around end of November 2023.'*

The panel carefully considered that the above email outlines that Mrs Fagbemi did not disclose that she was subject to an interim conditions of practice order until a month into her employment.

In light of all the above, the panel found charge 3(b)(i) proved on the balance of probabilities.

Charge 3(b)(ii)

The panel took into account an email from the Trust, dated 26 January 2024, which states that Mrs Fagbemi *'failed to inform of such restrictions from the NMC on application form and formally when started [sic] employment.'*

It also took into account an email from Witness 2, dated 22 January 2024, which states:

> *'The conditions seem reasonable and ones which can be supported. My concern is that as part of the conditions Adedoyin is expected to disclose at the time of the application and it appears this has not happened.'*

The panel had sight of the application form, which is quite clear, and provided multiple opportunities to raise the interim conditions of practice order.

In light of all the above, the panel found charge 3(b)(ii) proved on the balance of probabilities.

Charge 4

> "Your action/s at charge 3 above were dishonest in that you intended to conceal from Barts Health NHS Trust (Newham University Hospital) that your practice was restricted by an interim conditions of practice order."

This charge is found PROVED.

The panel considered NMC Guidance DMA-8:

> *'To help the panel focus on the central issues and be able to express this in their reasoning, it needs to consider the following:*

- *what the nurse, midwife or nursing associate knew or believed about what they were doing, the background circumstances, and any expectations of them at the time*
- *whether the panel considers that the nurse, midwife or nursing associate's actions were dishonest, or*
- *whether there is evidence of alternative explanations, and which is more likely.'*

The panel took into account that Mrs Fagbemi was subject to a probationary period at the Trust. The panel also considered it is more likely than not that she was aware that being subject to an interim conditions of practice order would impact both her job application and the recruitment process. The panel noted Mrs Fagbemi's explanation to Witness 3 that she was 'waiting for the right time' to disclose.

The panel was of the view that Mrs Fagbemi was, more likely than not, aware that she had a duty to disclose her interim conditions of practice order within her application form. The NMC letters and conditions of practice contains a duty to disclose the interim conditions to any current or future employers.

Further, she had an opportunity to disclose the interim order when she commenced her employment in December 2023, but did not do so until January 2024. The panel therefore considered that, if the failure to disclose the interim conditions of practice order on the application form was a genuine error, then Mrs Fagbemi would have raised it in the interview or at the commencement of her employment. The panel concluded that her failure to do this shows a level of intention, and that this was likely a deliberate attempt to conceal the interim order.

The panel therefore concluded that it is likely that Mrs Fagbemi concealed this in order to secure employment and pass her probationary period.

This concealment was dishonest, and the panel therefore finds this charge proved on the balance of probabilities.

Charge 5

"In or around 31 July 2024 to 29 November 2024 you did not inform the Royal London Hospital:

a. *That your nursing registration was subject to an interim order;*

b. *In your application form for a position as a Health Care Support Worker, of your employment history as a nurse."*

This charge is found PROVED.

In making its decision, the panel took into account the written statement of Ms 2, Ms 7, and the oral and written evidence of Witness 3.

Charge 5(a)

The panel took into account the witness statement of Witness 3, which stated:

'I spoke with the Registrant on 29 November 2024 to discuss her application form. I told her that I had been told she had an NMC registration, despite her working in my team as an HCA. She then told me about how she had been under restriction in practice and that she had previously worked as a RN at Newham hospital in February 2024, for approximately 6 weeks, but that she did not get the support she needed, so she left. I also told the Registrant that when I was looking back over her application form to see if she has mentioned about being a nurse at any point, I could not see any jobs where she has been a nurse. She then told me she didn't write the application form and that a friend had done it for her.'

The panel noted that in both her oral evidence and written statement, Witness 3 was unaware that Mrs Fagbemi was subject to an interim conditions of practice order.

The panel also took into account the written statement of Ms 6, who stated that she discovered that Mrs Fagbemi was under an interim conditions of practice order, and spoke to the ward manager to ascertain whether they were aware of this.
The panel had regard to paragraph 23.3 of the NMC Code:

> *'Cooperate with all investigations and audits. This includes investigations or audits either against you or relating to others, whether individuals or organisations. It also includes cooperating with requests to act as a witness in any hearing that forms part of an investigation, even after you have left the register. Tell any employers you work for if you have had your practice restricted or had any other conditions imposed on you by us or any other relevant body.'*

The panel noted that Mrs Fagbemi was undoubtedly under a duty to disclose her interim order to any employer, notwithstanding that she would be working as a healthcare assistant, and not as a nurse.

In light of all the above, the panel found charge 5(a) proved on the balance of probabilities.

Charge 5(b)

The panel took into account the written and oral evidence of Witness 3, who was unaware that Mrs Fagbemi worked as a registered nurse. Her witness statement, which is signed and dated, states *'when I was looking back over her application form to see if she has mentioned about being a nurse at any point, I could not see any jobs where she has been a nurse.'* The panel concluded that Witness 3 was credible, preferred her statement, and there was no reason to believe that she had motive to fabricate this evidence.

In light of all the above, the panel found charge 5(b) proved on the balance of probabilities.

Charge 6

> "Your actions at any one or more charges at 5 above were dishonest in that you sought to conceal from Royal London Hospital that your nursing registration was subject to an interim order."

This charge is found PROVED.

The panel considered NMC Guidance DMA-8:

'To help the panel focus on the central issues and be able to express this in their reasoning, it needs to consider the following:

- *what the nurse, midwife or nursing associate knew or believed about what they were doing, the background circumstances, and any expectations of them at the time*
- *whether the panel considers that the nurse, midwife or nursing associate's actions were dishonest, or*
- *whether there is evidence of alternative explanations, and which is more likely.'*

The panel took into account that Mrs Fagbemi was engaging with her NMC Case Officer regarding her case and the interim conditions of practice order. In considering the guidance outlined in DMA-8, the panel was of the view that Mrs Fagbemi was aware that she was under an interim conditions of practice order, and that she had a duty to inform her employer about this and provide a copy of the conditions.

The panel concluded that, it was more likely than not that Mrs Fagbemi deliberately concealed that her nursing registration was subject to an interim order to avoid consequences to her employment. The panel determined that this involves a level of intention, and was therefore dishonest.

The panel therefore finds this charge proved on the balance of probabilities.

Charge 7

> "On or about 9 September 2024, you provided to Royal London Hospital:
>
> a.An application form for the position of a Health Care Support Worker which was not completed by you;
>
> b.A false reference following your application for a position as a Health Care Support Worker."

This charge is found PROVED.

In making its decision, the panel took into account Witness 3's written and oral evidence. The panel determined that Witness 3's evidence was credible, reliable, and that there is no motive for fabrication. It also took into account Ms 6's written statement.

7(a)

The panel took into account Witness 3's evidence, which states that when discussing Mrs Fagbemi's application form with her, Mrs Fagbemi told Witness 3 that '*she didn't write the application form and that a friend had done it for her.'*

The panel also took into account Ms 6's written statement, which corroborates Witness 3's evidence. Ms 6 outlines that Witness 3 *'stated that the registrant told her that she had not filled the application form herself'.*

The panel determined that, in light of all of the above, charge 7(a) is proved on the balance of probabilities.

7(b)

The panel took into account Witness 3's written statement and oral evidence, which outlined that she could not find a record of the individual listed as a referee on Mrs Fagbemi's application form. Her written statement states:

> *'I then noticed that the reference for one of the jobs had the same surname as the Registrant. I highlighted this to my Matron and HR advisor who advised I should contact the place of work where the reference had been provided from, to see if I could confirm about the person who provided the reference, and confirm if the Registrant had worked as an HCA or a RN.*
>
> *I was also told by the Queens hospital that the Registrant had previously been known to them as a bank/agency member of staff and that there wasn't anyone called 'Joseph' from their team who may have provided the reference for the Registrant to cover the period 2020 to 2024.'*

The panel considered the statement of Ms 6, which highlighted that the referee's email address matched Mrs Fagbemi's email address:

> *'Being the senior people advisor in HR, the concerns were raised with me on 27 November 2024 that the email address provided in the reference was the same as the Registrant but the name of the referee was different. This had not been picked up at recruitment stage. This raised concerns about potential fraudulent references, therefore, on 4 December 2024, I contacted the Queen's hospital to confirm if the Registrant and the nominated referee, Joseph Ademuyiwa (Band 7 nurse) worked at Queen's hospital from June 2020 until September 2024. The Queen's hospital confirmed that the Registrant worked with them as a Band 5 nurse from 18 September 2017- 28 December 2018 and that the nominated referee was not found.'*

The panel concluded that it was unlikely that the referee provided by Mrs Fagbemi was genuine. The email address was the same email used by Mrs Fagbemi, and the surname of the referee was the same as Mrs Fagbemi's name. Moreover, both Witness 3 and Ms 6 attempted to contact the referee and were told that there were no records of this person.

The panel therefore determined that, without evidence on the contrary to prove that this person was legitimate, it is more likely than not that Mrs Fagbemi provided a false reference for her application to the Royal London Hospital.

The panel determined that, in light of all of the above, charge 7(b) is proved on the balance of probabilities.

Charge 8

> "Your actions at charge 7 above were dishonest in that you sought to create misleading impression about your character and professional status."

This charge is found PROVED.

The panel considered NMC Guidance DMA-8:

'To help the panel focus on the central issues and be able to express this in their reasoning, it needs to consider the following:

- *what the nurse, midwife or nursing associate knew or believed about what they were doing, the background circumstances, and any expectations of them at the time*
- *whether the panel considers that the nurse, midwife or nursing associate's actions were dishonest, or*
- *whether there is evidence of alternative explanations, and which is more likely.'*

The panel first considered the alternative explanation for Mrs Fagbemi's actions in charge 7(a) and (b), namely that an error was made in the reference section and that she did not complete the application on her own. The panel considered that, if it were a genuine error, Mrs Fagbemi neither corrected nor clarified the incorrect and omitted information at later stages. Additionally, the panel was of the view that it was highly unlikely that Mrs Fagbemi would not double check her application at all, and that a friend would be able to fill out her personal information without any input or guidance from Mrs Fagbemi.

The panel considered that, it is likely that Mrs Fagbemi was aware that she may struggle to gain employment if her employment history as a nurse and her interim conditions of practice order were disclosed to the Royal London Hospital. It determined that, by not completing the application herself and by providing a false reference, there was an element of intentional dishonesty in Mrs Fagbemi's actions. The panel determined that Mrs Fagbemi's dishonesty was more likely than not, motivated by an intention to create a misleading or false impression about her character and professional status.

The panel therefore finds this charge proved on the balance of probabilities.

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

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, Mrs Fagbemi's fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a *'word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.'*

Ms Donovan invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The NMC code of professional conduct: standards for conduct, performance and ethics' (the Code) in making its decision.

Ms Donovan identified the specific, relevant standards where Mrs Fagbemi's actions amounted to misconduct. She submitted that Mrs Fagbemi's actions in the conduct found proved amount to breaches of the fundamental tenets of the nursing profession.

Ms Donovan submitted that Mrs Fagbemi's actions amounted to serious misconduct. She submitted that Mrs Fagbemi has demonstrated a pattern of dishonesty for her own gain and benefit, and that harm was caused to Patient A and Patient B.

Submissions on impairment

Ms Donovan 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 cases of *Council for*

Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant [2011] EWHC 927 (Admin).

Ms Donovan invited the panel to make a finding of impairment.

Ms Donovan acknowledged that Mrs Fagbemi has provided a reflective piece for this hearing. She submitted that this reflection provides Mrs Fagbemi's account of the events involving Patient A, but describes the conduct as "a simple error" and fails to acknowledge Mrs Fagbemi's disregard for explicit instructions not to administer pain medication, especially via IV. Similarly for Patient B, Mrs Fagbemi does not acknowledge the harm caused to Patient B as a result of her conduct. Ms Donovan submitted that Mrs Fagbemi's reflection and insight is therefore limited.

Ms Donovan submitted that, in terms of remediation, Mrs Fagbemi appears to have undertaken some medication training since the incidents, and provided a certificate dated 2022 and a training module relating to avoiding medication errors dated 2021.

Ms Donovan submitted that the mitigation of this training may be limited in light of Mrs Fagbemi's failure to disclose her interim conditions of practice order to two subsequent employers, and her conduct in administering controlled drugs in contravention of her conditions and without having completed local competencies.

Ms Donovan submitted that there are attitudinal concerns which arise from the dishonest conduct found proved.

Ms Donovan submitted that Mrs Fagbemi's dishonest conduct and the attitudinal concerns undermine public confidence in the nursing profession. She submitted that the duty of candour is expected to be upheld by nursing professionals, which Mrs Fagbemi has failed to do through her conduct in the charges found proved.

Ms Donovan invited the panel to make a finding of impairment on the basis of serious misconduct.

The panel accepted the advice of the legal assessor.

Decision and reasons on misconduct

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel was of the view that Mrs Fagbemi's actions did fall significantly short of the standards expected of a registered nurse, and that her actions amounted to a breach of the Code. Specifically:

'1.2 make sure you deliver the fundamentals of care effectively

1.4 make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay

8.2 maintain effective communication with colleagues

8.6 share information to identify and reduce risk

10.2 identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need

10.3 complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements

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

13.3 ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence

14.2 explain fully and promptly what has happened, including the likely effects, and apologise to the person affected and, where appropriate, their advocate, family or carers

18.2 keep to appropriate guidelines when giving advice on using controlled drugs and recording the prescribing, supply, dispensing or administration of controlled drugs

18.3 make sure that the care or treatment you advise on, prescribe, supply, dispense or administer for each person is compatible with any other care or treatment they are receiving, including (where possible) over-the-counter medicines

19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place

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

23.3 tell any employers you work for if you have had your practice restricted or had any other conditions imposed on you by us or any other relevant body'

The panel also determined that Mrs Fagbemi's actions breached the nurses' duty of candour.

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that Mrs Fagbemi's actions in the charges found proved were very serious. Her actions caused actual harm to both Patient A and Patient B. The panel also took into account that the charges found proved involve a pattern of dishonest conduct over a period of time, which is very serious. Mrs Fagbemi incorrectly administered medications, putting patients at risk, behaved dishonestly on multiple occasions, and breached her interim conditions of practice order imposed by her regulator.

In light of all the above, the panel found that Mrs Fagbemi's actions did fall seriously short of the conduct and standards expected of a nurse and amounted to serious misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Mrs Fagbemi's 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 and to maintain professional boundaries. 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 "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 finds that patients were put at risk and were caused physical harm as a result of Mrs Fagbemi's serious misconduct.

Mrs Fagbemi administered the incorrect medication via IV to Patient A when she was explicitly instructed not to, failed to accurately record this on the patient's MAR chart, and attempted to dishonestly conceal this from her colleagues. Mrs Fagbemi failed to administer Patient B's medication in a timely manner, which resulted in Patient B experiencing pain, discomfort and distress.

Mrs Fagbemi acted dishonestly in concealing her interim conditions of practice order from two subsequent employers, providing a false reference on her application form, and not completing her job application form herself. She also administered medication in contravention of both her interim conditions of practice order and her employer's internal requirements.

The panel determined that Mrs Fagbemi's misconduct has breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

Regarding insight, the panel carefully considered the written reflection and various training certificates provided by Mrs Fagbemi. However, the reflection contained limited insight into the impact of Mrs Fagbemi's failings on her colleagues, the nursing profession, and the patients. Mrs Fagbemi's reflection did not acknowledge the dishonesty around her failure

to disclose the interim conditions of practice order to her employer. The panel considered that the reflection did not thoroughly address the concerns in the charges found proved and concluded that any remediation was therefore limited.

The panel was not satisfied that the misconduct in this case is capable of being addressed, as the charges found proved relate to dishonesty, which is difficult to remediate and suggest deep-seated attitudinal concerns. Mrs Fagbemi deliberately concealed that she provided Patient A with medicine intravenously, when she was explicitly told not to administer medication through this method. The panel took into account the written statement provided by Ms 1, which suggests an attitudinal concern around receiving instructions:

> *'I reminded Mrs Fagbemi that they are not allowed to administer IV medication and I am not allowed to administer medication that another person had prepared. They told me they were just trying to help, to which I replied I appreciated it but it was still not allowed. Mrs Fagbemi appeared to be annoyed of being told they were not allowed to administer IV medications. I could tell by Mrs Fagbemi's face they seemed annoyed, and they turned their back on me and walked away.'*

The panel was of the view that there is a risk of repetition in light of all the above. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

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

The panel determined that a finding of impairment on public interest grounds is required. The panel concluded that public confidence in the profession would be seriously

undermined if a finding of impairment were not made in this case, given serious nature of the conduct found proved, the dishonesty and attitudinal concerns, and lack of insight. The panel therefore also finds Mrs Fagbemi's fitness to practise impaired on the grounds of public interest.

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

Sanction

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

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

Submissions on sanction

Ms Donovan informed the panel that in the Notice of Hearing, the NMC had advised Mrs Fagbemi that it would seek the imposition of a striking off order if it found Mrs Fagbemi 's fitness to practise currently impaired.

Ms Donovan submitted that the misconduct found in this case is very serious. She submitted that a striking off order is the only appropriate and proportionate order.

Ms Donovan submitted that Mrs Fagbemi's misconduct involved repeated instances of deliberate dishonesty, even when given the opportunity to be truthful. The dishonesty related to both her clinical practice and her compliance with interim conditions of practice order. Ms Donovan submitted that, in relation to Mrs Fagbemi's clinical practice, Mrs

Fagbemi deliberately concealed her wrong-doing in relation to Patient A from her colleagues. The misconduct also involves multiple breaches of her interim conditions of practice order, which she deliberately concealed from two employers.

Ms Donovan submitted that the nature of Mrs Fagbemi's misconduct is fundamentally incompatible with her remaining on the NMC register. Ms Donovan submitted that a conditions of practice order is not appropriate in this case, given the nature of the dishonesty and the breaches of the interim conditions of practice order.

Ms Donovan submitted that a suspension order would not be appropriate, as Mrs Fagbemi has not engaged with these proceedings or demonstrated reflection and insight. She submitted that there is no suggestion that a temporary suspension of Mrs Fagbemi's practice would allow her to address and remediate the impairment, and return to safe practise.

Ms Donovan submitted that the misconduct is indicative of deep-seated attitudinal issues. She submitted that Mrs Fagbemi has failed to accept responsibility for her conduct in the charges found proved. She submitted that there is a real risk of repetition, as there is no information to suggest that the conduct would not be repeated.

Ms Donovan submitted that a striking off order is necessary for the protection of the public given the serious nature of the misconduct, and the real risk of repetition.

Ms Donovan further submitted that the public confidence in the nursing profession would be seriously undermined if Mrs Fagbemi were allowed to practise without restrictions. She submitted that a striking off order is necessary to uphold and declare proper standards of professional conduct and confidence in both the nursing profession, and NMC as its regulator.

The panel accepted the advice of the legal assessor, who referred the panel to the NMC guidance on sanctions, SAN-1.

Decision and reasons on sanction

Having found Mrs Fagbemi ’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 Sanction Guidance (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:

- Lack of insight into failings
- A pattern of misconduct over a period of time, involving deliberate dishonesty spanning three employers
- Conduct which put patients at risk of suffering harm
- Conduct which resulted in actual harm to Patient A and Patient B
- Lack of engagement with regulator
- Breaches of interim conditions of practice order

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, dishonesty, and the public protection issues identified, an order that does not restrict Mrs Fagbemi ’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 Mrs Fagbemi ’s misconduct was not at the lower end of the spectrum and

that a caution order would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Mrs Fagbemi 's registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The misconduct identified in this case was not something that can be addressed through retraining, as the charges relate to sustained dishonesty over a period of time. Furthermore, the panel concluded that the placing of conditions on Mrs Fagbemi 's registration would not adequately address the seriousness of this case and would not protect the public. Mrs Fagbemi was subject to an interim conditions of practice order and acted in direct contravention to her employers' policies on medications administration, instructions, and the conditions implemented by her regulator. The panel does not have confidence that Mrs Fagbemi would comply with any conditions of practice imposed.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident; and*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of

the fundamental tenets of the profession evidenced by Mrs Fagbemi ’s actions is fundamentally incompatible with Mrs Fagbemi remaining on the register.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*
- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

Mrs Fagbemi ’s actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with her remaining on the register. Mrs Fagbemi put patients at risk of serious harm through her conduct, in administering medication via IV, after having been told not to, and by failing to administer pain relief medication in a timely manner. Additionally, the dishonest conduct spanning three different employers over a sustained period of time suggests deep-seated attitudinal issues. Mrs Fagbemi has not provided any information to suggest that she has strengthened her insight into her misconduct, or mitigated the risk of harm and repetition. The panel acknowledged Mrs Fagbemi’s written reflection, but was not satisfied that this reflection addressed the charges relating to dishonesty.

The panel was of the view that the findings in this particular case demonstrate that Mrs Fagbemi ’s actions were serious and to allow her to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of Mrs Fagbemi 's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case.

The panel considered that this order was necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

This will be confirmed to Mrs Fagbemi in writing.

Submissions on interim order

The panel took account of the submissions made by Ms Donovan. Ms Donovan submitted that, given the seriousness of the misconduct and impairment in this case, an interim order is necessary to protect the public and meet the public interest during any appeal period.

Ms Donovan submitted that an interim suspension order is the most appropriate and proportionate order in this case.

The panel accepted the advice of the legal assessor.

Decision and reasons on interim order

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

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

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

That concludes this determination.