

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

Substantive Hearing

Monday, 7 April 2025 – Friday, 11 April 2025

Monday, 14 April 2025

Wednesday, 16 April 2025

Nursing and Midwifery Council
2 Stratford Place, Montfichet Road, London, E20 1EJ

Monday, 28 July 2025

Tuesday, 23 September 2025

Virtual hearing

Name of Registrant:	Amie N-Frempong	
NMC PIN	99I6676E	
Part(s) of the register:	Registered Nurse - Mental Health	
Relevant Location:	Sheffield	
Type of case:	Misconduct	
Panel members:	Judith Webb	(Chair, lay member)
	Deborah Ann Bennion	(Registrant member)
	James Kellock	(Lay member)
Legal Assessor:	Nigel Mitchell (7 – 11, 14, 16 April 2025, and 28 July 2025) Michael Bell (23 September 2025)	
Hearings Coordinator:	Ibe Amogbe	
Nursing and Midwifery Council:	Represented by Tessa Donovan, Case Presenter	
Mrs N-Frempong:	Present and supported (7 - 10 April 2025) Present and unrepresented (11 and 16 April 2025) Not present (28 July 2025) Present and unrepresented (23 September 2025)	
Facts proved by admission:	Charges 1(a), 1(b), 2, 3, 4(a), 4(b), 4(c)	

Facts proved:	Charges 5
Facts not proved:	N/A
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim order:	Interim suspension order (18 months)

Details of charge

That you, a registered nurse:

1. On or around 27 October 2020, upon identifying a potential surplus of controlled drugs, failed to;
 - a. Complete an incident form and/or **[PROVED BY WAY OF ADMISSION]**
 - b. Report the surplus to a colleague **[PROVED BY WAY OF ADMISSION]**
2. On or around 27 October 2020, removed controlled drugs from your place of work without authorisation or clinical justification **[PROVED BY WAY OF ADMISSION]**
3. On or around 27 October 2020, did not record that you had removed 30 controlled drug tablets from the controlled drug stock **[PROVED BY WAY OF ADMISSION]**
4. On or around 28 October 2020, when asked by Colleague A about unaccounted for controlled drugs, provided false information to Colleague A that you had;
 - a. Locked the controlled drugs away somewhere safe and/or; **[PROVED BY WAY OF ADMISSION]**
 - b. Left them in the building and/or; **[PROVED BY WAY OF ADMISSION]**
 - c. Put them in a locker **[PROVED BY WAY OF ADMISSION]**
5. Your actions at charges 3 and/or 4 (a) and/or 4 (b) and/or 4 (c) above were dishonest, in that you were attempting to conceal that you had removed

controlled drugs from your place of work without authorisation or clinical justification **[FOUND PROVED IN ITS ENTIRETY]**

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

Decision and reasons on application for hearing to be held in private

At the outset of the hearing, Ms Donovan, on behalf of the Nursing and Midwifery Council (NMC), made a request that this case be held partly in private on the basis that there will be reference to [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

You indicated that you supported the application.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

Having heard that there will be reference to [PRIVATE], the panel determined to hold those parts of the hearing in private as and when such issues are raised in order to protect your right to privacy.

Background

You commenced work at [PRIVATE], an agency in October 2020.

On 27 October while working your fifth shift as an agency nurse at [PRIVATE] (the Home), you allegedly removed 30 capsules of Gabapentin, a Controlled Drug (CD) from your place of work. A later stock check revealed only 28 capsules were present in the locked cupboard, leaving 30 unaccounted for. It is alleged that, on 27 October 2020, upon identifying a potential surplus of controlled drugs, you failed to complete

an incident form and report the surplus to a colleague. It is further alleged that you removed controlled drugs from your place of work without authorisation or clinical justification.

During a night shift on 27 October 2020, Witness 3, an agency nurse, discovered a discrepancy between the tablet balance on the controlled drugs record and the number of these drugs in the CD cupboard. Witness 3 recorded the discrepancy in the controlled drugs book, and she completed an incident form. On the morning of 28 October 2020, it is alleged that Witness 3 spoke to you, and you admitted that the drugs were at your house. You returned to your house and brought the controlled drugs back to the Home later that morning.

On 28 October 2020, during a meeting with Colleague A, it is alleged that you provided false information that you had locked the controlled drugs away somewhere safe and/or left them in the building and/or put them in a locker, concealing that you had taken the drugs home without authorisation or clinical justification.

In your reflective form, you refer to the pressures you were under and that the shift was busy. [PRIVATE].

Decision and reasons on facts

At the outset of the hearing, the panel heard from you. You informed the panel that you admit to charges 1(a), 1(b), 2, and 3. During the course of the hearing, the panel heard from you under affirmation in which you made admissions to 4(a), 4(b), 4(c) during your evidence in chief.

The panel therefore finds charges 1, 2, 3, and 4 proved in their entirety, by way of your 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 by Ms Donovan on behalf of the NMC and submissions made by yourself.

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: Branch manager at the Home
- Witness 2/ Colleague A: Registered general nurse employed as a clinical lead and manager at the Home.
- Witness 3: Retired registered nurse, previously employed at the Home

The panel also heard evidence from you under affirmation.

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 you and the NMC.

The panel then considered the allegations within the disputed charge separately and made the following findings.

Charge 5

“Your actions at charges 3 and/or 4 (a) and/or 4 (b) and/or 4(c) above were dishonest, in that you were attempting to conceal that you had removed controlled drugs from your place of work without authorisation or clinical justification.”

This charge is found proved in its entirety.

In relation to charge 5 the panel has applied the test for dishonesty set out in paragraph 74 of the Judgement in *Ivey v Genting Casinos UK Limited (Trading as Crockfords)* [2017] UK SC67. It considered firstly what was your state of knowledge or belief as to the facts. Having established this, the panel went on to consider whether your conduct was dishonest applying the objective standards of ordinary decent people. It had regard to all the evidence and before making a decision on dishonesty, it considered whether there were other possible explanations for your conduct.

Your actions in relation to charge 3

You explained to the panel that you went into the general medicine cupboard on your own for a non-controlled drug to administer to another patient. Whilst doing so you looked into the CD book and thought there was a discrepancy of a surplus of 30 Gabapentin tablets. You therefore removed 30 Gabapentin tablets from the CD cupboard. You said that you did this so you could find another nurse to recount the stock with you, however this did not occur as the other nurse was busy.

The panel considered that you are an experienced nurse with over 15 years of practice, during which you have been involved in the administration and handling of controlled drugs. In your oral evidence, you demonstrated a clear understanding of the standard procedures for accessing, administering, and recording CDs, as well as the importance of adhering to the controlled drugs policy. You also confirmed that you had undergone training with the agency, which included the management of CDs. This was also not the first time you had worked in the Home.

The panel found that you were unable to provide a consistent, clear or credible explanation for your actions when you removed 30 tablets of Gabapentin from the CD cupboard. You did not make any record of this or inform a colleague, despite knowing you should have. The panel considered your evidence that you did not intend to take the drugs from the workplace, therefore, you did not consider your actions to be dishonest as you had simply forgotten about them. The panel also

noted that you claimed it was a busy shift with many distractions. Yet you took the time to look at the CD book and proceeded to open the CD cupboard alone and remove 30 Gabapentin tablets which you placed in your tunic.

The panel did not accept your evidence as a plausible justification to not follow the correct procedure.

The panel found that your decision not to record the removal of the 30 Gabapentin tablets was a deliberate attempt to conceal the fact that you had taken the tablets from the CD stock, without authorisation or clinical justification, which you later took home.

The panel was satisfied that you knew at the time that what you were doing was wrong and sought to conceal your actions. The panel concluded that an ordinary, decent member of the public would view your actions as dishonest.

In light of these findings, the panel found that charge 5 in relation to charge 3 is proved.

Your actions in relation to charges 4(a), 4(b) and 4(c)

The panel considered the minutes from your meeting with Colleague A on 28 October 2020, which states:

‘Colleague A: when you removed the capsules where did you put them?’

You: on the side

Colleague A: which side?

You: (did not respond)

Colleague A: where did you put the 30 capsules?

You: I put them to one side, I locked them away somewhere safe I left them in the building

Colleague A: where exactly did you put them; I need to ensure I have the facts clear

You: I put them in a locker’

The panel considered the inconsistencies between the meeting notes dated 28 October 2020, with Colleague A, and the disciplinary hearing on 12 January 2021. In the latter hearing you said:

‘Deputy manager: Ok, so you have a surplus of 30 tablets. What did you do with these?’

You: [Silence] I thought I would hold on to them. Keep them safely

Deputy manager: What is the safest place for them do you think?

You: The safe

Deputy manager: But you decided the safest place was with you?

You: Well just like not checking, I did not do what I should. I do not know what happened, I don’t not know.

Deputy manager: Where did you put the drugs?

You: [Silence] It wasn’t where it was meant to be. It wasn’t in a safe place, but I wanted to reconcile it

Deputy manager: Where did you keep them?

You: [Silence] I did not keep them where they were meant to be

Deputy manager: But where did you place them?

You: [Silence] they were with me

Deputy manager: Where?

You: [Silence] I tried to keep them in the unit, but...

Deputy manager: Where did you actually keep them?

You: [Silence] In my tunic’

At that meeting you said that you were rushing and ‘may have panicked or [PRIVATE]. You further said that you had put the drugs in your garage.

At that same meeting the panel noted that you were able to clearly explain the correct procedure to follow in respect of controlled drugs.

In your oral evidence to the panel, you accepted that what you had said in the meeting on 28 October 2020 was untrue. You further stated experiencing some [PRIVATE], and that there were lapses in your memory related to your state of mind at that time, but that you had not lied.

The panel noted that, on 28 October 2020, you told Witness 3, a fellow nurse, that you had taken the drugs home. However, when asked later that morning by Colleague A, the manager, you provided a different account. The panel found that this was done to conceal from Colleague A that you had taken the drugs home and that you did know what you had done with the drugs.

The panel therefore concluded that you knowingly attempted to conceal that you had removed controlled drugs from your place of work without authorisation or clinical justification. You knew your actions were wrong, and an ordinary member of the public would view this conduct as dishonest.

Accordingly, the panel found charge 5 in respect of charges 4(a), 4(b), and 4(c) proved.

Application to adjourn until Monday 14 April 2025

Mrs N-Frempong made an application in writing for today's hearing, Friday 11 April 2025, to be adjourned until Monday 14 April 2025.

Mrs N-Frempong informed the panel of the application via email dated 11 April 2025 at 12:02, which states:

*'Good Morning,
Please extend our sincere apologies to the Chair and Panel, we are sorry
that [PRIVATE] cannot join you today online.... [PRIVATE].'*

Ms Donovan opposed the application, noting that no specific or confirmed information about [PRIVATE]. Ms Donovan submitted that Mrs N-Frempong failed to attend the hearing and only sent a general email after being contacted post the scheduled start time.

Ms Donovan submitted that Mrs N-Frempong is entitled to legal representation but noted that [PRIVATE] is not legally qualified and has not actively participated in the last few days of the hearing. Ms Donovan invited the panel to consider fairness and

submitted that the seriousness of the charges and public interest support proceeding without Mrs N-Frempong and [PRIVATE].

The panel had sight of the email sent by Mrs N-Frempong which lacked detail as to reasons for the adjournment. The panel therefore asked the Hearing Coordinator to make further contact with her to seek further information about her application to adjourn.

Mrs N-Frempong further responded with an email, dated 11 April 2025, at 13:36 which stated:

*‘Thank you for your emails and telephone calls.
I would be very grateful if you would let the Chair and Panel know that I am unable to join you online today... [PRIVATE]’*

The panel heard the advice of the legal assessor who referred to Rule 32 of the ‘Nursing and Midwifery Council (Fitness to Practise) Rules 2004’, as amended (the Rules).

Decision and reasons

The panel noted that on 10 April 2025, Mrs N-Frempong requested in the hearing a later start for 11 April 2025, which the panel agreed to with an expected start time of 11:30. She did not attend at 11:30 on 11 April 2025, but did communicate her circumstances via email to the Hearings Coordinator at 12:03.

The panel acknowledged that [PRIVATE] absence [PRIVATE] contributed to you asking for this adjournment. The panel also noted that your second email still lacked detail about [PRIVATE].

The panel acknowledged the necessity of fairness to Mrs N-Frempong, the NMC and public interest, and recognised that she has been engaging in the hearing. The panel decided to grant Mrs N-Frempong’s application out of fairness to her and in reaching

that decision it noted that while she is unable to attend the hearing on Friday, 11 April 2025, she is available on Monday, 14 April 2025.

In light of these circumstances, the panel decided to adjourn the hearing, and asked Mrs N-Frempong join the hearing on Monday, 14 April 2025 at 09:30, with a prompt start expected.

Application to adjourn until Wednesday 16 April 2025

The panel noted that an email was sent to the Hearing Coordinator on Saturday 12 April 2025 at 07.55, which states:

'Opt-Out as a representative

I wish to express my right to opt out as a voluntary representative for the above subject registrant in her ongoing NMC case.

I am by this email to inform All parties that with immediate effect no further correspondence regarding above subject should be directed to me

With kind regards

Maxwell Frempong'

Mrs N-Frempong did not attend the hearing at 09:30 on Monday 14 April 2025. Following several attempts from the Hearings Coordinator to contact Mrs N-Frempong, she sent an email at 10:29 in which she said:

'Thank you for your email and phone call.

Please accept my sincere apologies, I am sorry that I missed your calls this morning...[PRIVATE].'

Following which you did attend and made an application to adjourn today's hearing, Monday 14 April 2025, to be adjourned until the next sitting day, Wednesday 16 April 2025.

You submitted that you wish to adjourn the hearing today due [PRIVATE]. You informed the panel that you [PRIVATE].

Ms Donovan submitted that while there is a strong public interest in proceeding, given that the facts have been proved and the seriousness of the charges, she also recognised your explanation regarding [PRIVATE].

On that basis, Ms Donovan adopted a more neutral position on whether it was fair to proceed, leaving the decision to the panel. However, she also noted that there would be only one day remaining and the potential of proceedings going part-heard, if your application to adjourn today is accepted.

The panel heard the advice of the legal assessor who referred to Rule 32 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Decision and reasons

The panel bore in mind the need to ensure fairness to you, the NMC as well as the public interest.

The panel noted that this was the second adjournment request from yourself, however it recognised that this request is based on new circumstances arising, specifically, concerning [PRIVATE].

The panel also noted that [PRIVATE] has now withdrawn from the process.

It accepts the need to adjourn in the interests of fairness to you.

The panel decided to adjourn the hearing, to resume on Wednesday 16 April 2025, at 09:30, with a prompt start expected.

Given what the panel have been informed today, concerning [PRIVATE], the panel further invites you to submit written submissions as to your position on misconduct and impairment, prior to the hearing on Wednesday 16 April 2025, at 09:30. The panel further emphasises that any further request for adjournment would require clear evidence and detailed justification including [PRIVATE].

The hearing resumed on Wednesday 16 April 2025

The panel heard submissions on misconduct and impairment from Ms Donovan, on behalf of the NMC. You attended the hearing via telephone and provided a number of written submissions for the panel's consideration. However, due to time constraints the hearing had to be adjourned.

Interim order

As this case is now due to be adjourned, the panel, in accordance with Rule 32(5), has considered whether to impose an interim order.

Submissions on interim order

The panel took account of the submissions made by Ms Donovan. She invited the panel to impose an interim suspension order for a period of 18 months. She said that the order would remain in effect until the case is concluded.

Ms Donovan submitted that given the seriousness of the charges, an interim order is necessary on the grounds of public protection and is otherwise in the public interest. She submitted that the charges involve breaches of the Code and that there is a risk of repetition if you were allowed to practise unrestricted.

You did not make oral submissions due to [PRIVATE], but you provided written submissions in which you state:

'No interim order is necessary. I am not a danger to the public, the public does not need protection from me because I will not be in this situation again.'

The panel heard and 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. In reaching its decision, the panel had regard to the serious nature of the facts found proved, in particular, the finding of dishonesty. The panel also determined that there is insufficient evidence of insight, strengthening of practice or remedial steps having been undertaken to mitigate the risk identified. The panel therefore determined that there remains a risk of repetition and consequently a real risk of harm.

The panel next considered an interim conditions of practice order and in all the circumstances determined that such an order would be insufficient to protect the public and to meet the wider public interest considerations of this case. The panel was not satisfied that an interim conditions of practice order could be devised which would be sufficient to protect the public given the seriousness of the charges found proved.

The panel therefore imposed an interim suspension order for a period of 9 months. It was satisfied that such an order is proportionate in the circumstances for the protection of the public and to address the wider public interest and maintain confidence in the profession.

The panel has noted that this interim order will prevent you from working as a registered nurse and, as a consequence, you may be caused financial hardship. However, in applying the principle of proportionality, the panel determined that, in any event, the need to protect the public and the wider public interest outweighed your interest in this regard.

The hearing resumed on Monday 28 July 2025

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mrs N-Frempong was not in attendance and that the Notice of Hearing letter had been sent to Mrs N-Frempong's registered email address by secure email on 19 June 2025.

Ms Donovan submitted that it had complied with the requirements of Rules 11 and 34 of 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 N-Frempong'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 N-Frempong 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 N-Frempong for the purpose of handing down the decision on misconduct and impairment

The panel next considered whether it should proceed in the absence of Mrs N-Frempong. It had regard to Rule 21 and heard the submissions of Ms Donovan who invited the panel to continue in the absence of Mrs N-Frempong, in relation to handing down the decision on misconduct and impairment following the hearing of 16 April 2025.

Ms Donovan referred the panel to the email dated 28 July 2025 from Mrs N-Frempong requesting an adjournment of today's proceedings. She submitted that

while Mrs N-Frempong's presence for the handing down is preferable, it is not essential, as the decision will be sent to Mrs N-Frempong and she will not need to make further submissions.

Ms Donovan submitted that given the significant delays in the case, it is in the public interest for proceedings to be concluded expeditiously.

In the email dated 28 July 2025 at 10:21, Mrs N-Frempong stated:

[PRIVATE]

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 has decided to proceed in the absence of Mrs N-Frempong. In reaching this decision, the panel has considered the submissions of Ms Donovan, the representations from Mrs N-Frempong, and the advice of the legal assessor. It has 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 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- There would be no injustice to either party if the hearing proceeded for the purpose of handing down the decision;
- There would be no unfairness to Mrs N-Frempong in proceeding in her absence, to this limited extent;
- There is a public interest not to delay proceedings; and
- There is a strong public interest in the expeditious disposal of the case.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mrs N-Frempong for the purpose of handing down the decision on misconduct and impairment.

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 your 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, your fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct and impairment

Ms Donovan invited the panel to take the view that the facts found proved amount to serious misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses, midwives, and nursing associates (2015) (the Code) in making its decision.

Ms Donovan identified the specific, relevant standards where your actions amounted to misconduct, namely: 8.2, 8.6, 10, 18.2, 18.4, and 20.2.

Ms Donovan referred the panel to the relevant NMC Guidance and indicated that, having found the nurse dishonest, there has been a breach of the duty of candour. She submitted that conduct indicative of attitudinal issues is difficult to remediate.

While acknowledging that you are experienced, with 20 years of practice, she submitted that you acted irresponsibly, engaging in conduct that attempted to cover up wrongdoing by falsifying records and deliberately lying to Colleague A. Ms Donovan submitted that such behaviour falls into the category of attitudinal concerns that are challenging to address and constitutes misconduct.

In considering impairment, Ms Donovan stated that honesty is of central importance to nursing practice. She submitted that allegations of dishonesty are always serious and carry the risk of removal from the register.

In this case, she highlighted your failure to adhere to the medication administration policy, the removal of drugs from the hospital without authorisation or clinical justification, and the fact that these potentially dangerous drugs should not have been left unaccounted for. She further submitted your failure to inform a supervisor or complete an incident report, and the subsequent lies told to Colleague A regarding the whereabouts of the drugs.

Ms Donovan submitted that during the internal investigation and in the evidence, you maintained that it was not a deliberate lie. However, she submitted that you knew what you were doing and were attempting to cover up your actions, demonstrating an instinct to protect yourself rather than act with honesty.

Regarding insight, Ms Donovan acknowledged that you had shown some remorse and insight concerning charges 1 and 2, having provided written submissions. It appears that you engaged in clinical work from December 2020 to March 2021 and August 2022 to July 2023 that involved medication administration. She also noted that you had completed all mandatory training and that no further issues had been raised. However, Ms Donovan submitted that you had not worked in a clinical setting for some time and lacked specific evidence addressing the issues at hand.

Moreover, Ms Donovan submitted that there is no specific insight related to charges 3, 4, and 5. She referred the panel to the written submissions provided on 16 April 2025, in which you stated the intention to '*be transparent and accountable*', yet failed to acknowledge the deliberate dishonesty or the potential harm caused by leaving the controlled drugs cupboard short after the drugs were removed.

She submitted that there is evidence regarding dishonesty and the undermining of confidence and trust within the profession. She submitted that while you cited [PRIVATE], Ms Donovan maintained that, although it may have contextualised the decision to take the drugs, it does not excuse the dishonesty.

In conclusion, Ms Donovan submitted that there is insufficient evidence of true insight or remediation of the issues raised in this case. She submitted that there is a clear attitudinal concern, carrying a high risk of repetition and posing an ongoing risk to the public. Furthermore, she submitted that your conduct and attitudinal issues undermine public confidence, and the duty of candour expected of nurses, and she therefore invited the panel to find that you are currently impaired.

You provided written submissions to the panel on 16 April 2025, in which you stated:

'I sincerely apologize for my actions and omissions, and it will not happen again. If I am given another chance'

'Remedy

Be transparent, accountable

[PRIVATE]

Ensure CDs are kept in a CD cabinet and not in my pocket

Conduct CD handover with Nurse in charge and sign and record balance in the CD book

Regular drug administration training

Administer with a witness present

Upon identifying that Balance in the CD book does not tally with stock balance conduct an audit trail

Participate in mandatory training

Return to nursing on part time basis

Participate in continuing professional development

Complete an incident form

Record and report drug error at hand over

Training

Diploma in Higher Education Mental health , 2002

Wolfson School of Health Sciences; Thames Valley University, - Ealing, Uxbridge Road

My current work experience and current role as an ambassador for targeted health improvement with [PRIVATE] is an excellent platform for learning and continuing professional development as It's a space where you can access clinicians who are experts in their specialism to educate you and your community and colleagues' clinicians and share their knowledge with you.

[PRIVATE] facilitates learning on health and wellbeing topic delivered by Health Care professionals such as General Practitioners , Pharmacist, specialist nurses, Faith Leaders and Consultants and affords me the opportunity to cover a range of topics such as Mental health, Heart Health, Women's Health, Reproductive health and Sexual Health Issues. Men's Health, Respiratory Problems, Cancer, Sickle cells and many more.

[PRIVATE]

One can Request information on any health topic and consolidate Knowledge about several chronic health condition and management of them and develop an increased awareness of the social and recreational benefits of work.

Gain Working knowledge about state benefits.

Being a firm believer in lifelong learning I am also motivated to learn and develop my skills and competencies to enrich the lives of my community.

Future Plans

Continue to impact lives, Study Public Health Studies, and continue with professional development, return to work part time

Risk to the public

Low risk'

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council (No 2)* [2000] 1 A.C. 311, *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin), *Cohen v General Medical Council* [2008] EWHC 581 (Admin), *PSA v General Medical Council and Uppal* [2015] EWHC 1304 (Admin) and *General Medical Council v Chaudhary* (2017) EWHC 2561 (Admin).

Decision and reasons on misconduct

In coming to its decision, the panel had regard to the case of *Roylance v GMC (No. 2)* 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.'

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code. The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct.

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

'8 Work co-operatively

8.2 maintain effective communication with colleagues

8.6 *share information to identify and reduce risk*

10 *Keep clear and accurate records relevant to your practice*

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*

18 *Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations*

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

18.4 *take all steps to keep medicines stored securely*

19 *Be aware of, and reduce as far as possible, any potential for harm associated with your practice*

19.4 *take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public*

Promote professionalism and trust

You uphold the reputation of your profession at all times. You should display a personal commitment to the standards of practice and behaviour set out in the Code. You should be a model of integrity and leadership for others to aspire to. This should lead to trust and confidence in the profession from patients, people receiving care, other health and care professionals and the public.

20 *Uphold the reputation of your profession at all times*

20.2 *act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment'*

The panel determined that the charges found proved were sufficiently serious to amount to misconduct. It noted that you failed to report and document the surplus of controlled drugs but also removed 30 tablets from the controlled drug cupboard and your place of work without any authorisation or clinical justification.

The panel considered that the handling of controlled drugs is highly regulated due to their potential for abuse and harm. It determined that their removal without proper authorisation or clinical justification represents a serious breach of professional standards and has the potential to place patients, colleagues, and the wider public at risk of harm.

Furthermore, the panel considered that your dishonesty in providing false information to Colleague A regarding the whereabouts of the controlled drugs, in an apparent attempt to conceal your actions, demonstrated a lack of accountability and transparency. The panel determined that your actions breached the fundamental tenets of the profession, posed a risk to the public, and undermined public trust and confidence in the nursing profession.

The panel was of the view that your actions fell seriously short of the conduct and standards expected of a registered nurse. Given the nature, extent, and impact of your misconduct, particularly the dishonesty, the panel concluded that your conduct amounted to serious misconduct.

Decision and reasons on impairment

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

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

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

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

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional 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 determined that all four limbs of the test, as set out above, were engaged.

The panel went on to consider the extent to which you have reflected upon your misconduct and provided evidence of your insight and strengthened practice. While the panel accepted that you have shown some remorse and had demonstrated some realisation of your failings, it found that your insight remains very limited. The panel noted that you have not demonstrated a meaningful understanding of the impact of your actions on patients, colleagues, or the reputation of the profession. The panel found that there was no explanation as to why you removed the drugs or why you lied, despite having many years of nursing experience and a clear understanding of relevant policies and procedures.

The panel also considered whether the misconduct is capable of remediation and whether it has been remedied. It took into account your written submissions, which outlined the work you have undertaken, as well as the mandatory training you have completed. The panel took particular note of the submissions provided under the heading '*remedy*'. The panel found that this primarily contained intentions rather than evidence of actions already taken. The panel noted that there was no clear evidence that you had taken steps that directly address the specific misconduct, particularly the dishonesty.

The panel noted that dishonesty and attitudinal concerns are particularly difficult to remediate. In this case, the panel found insufficient evidence of remediation. The

panel was not satisfied that you had taken adequate steps to reflect on, address, or learn from your actions.

The panel was therefore concerned that there is a high risk of repetition. It considered that a nurse of over 20 years' experience knowingly removing controlled drugs and subsequently repeatedly misleading their manager represents a serious attitudinal failing, and not merely a brief lapse in judgement. In light of the above, the panel determined that a finding of impairment is required on the ground 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 reasonable member of the public would be concerned that you have not fully addressed the issues identified. The public expects nurses to be both competent and honest and failure to uphold these standards would undermine confidence in the profession. The panel therefore determined that a finding of impairment is also required on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired.

Application to adjourn

The panel considered Mrs N-Frempong's written application dated 28 July 2025 to adjourn the hearing for today and tomorrow.

Ms Donovan submitted that the NMC was in the panel's hands regarding the application and did not seek to make a positive submission in favour of proceeding in Mrs N-Frempong's absence.

Ms Donovan acknowledged that Mrs N-Frempong appears to be in a [PRIVATE] and emphasised that, while there is a clear public interest in concluding proceedings expeditiously, fairness must also be taken into account.

Ms Donovan noted that she intends to make submissions in relation to a significant sanction, namely striking-off order and given the potential impact of such a sanction, the panel may wish to ensure that Mrs N-Frempong has a further opportunity to engage with this part of the hearing.

Ms Donovan highlighted that Mrs N-Frempong's email did not suggest a desire to disengage from proceedings entirely, but rather that she is unable to participate presently.

Ms Donovan reminded the panel that an interim order remains in place until January 2026. If the panel were minded to grant an adjournment, she asked that a future date be identified well in advance of that expiry to avoid the need for a further interim order hearing.

The panel heard the advice of the legal assessor who referred to Rule 32 of the Rules.

Decision and reasons on application to adjourn

The panel carefully considered the application to adjourn this hearing. It noted that Mrs N-Frempong has not indicated any intention to disengage entirely from the proceedings. The panel noted that Mrs N-Frempong has expressed that she is unable to participate today or tomorrow due [PRIVATE].

The panel recognised that this stage of proceedings involves consideration of sanctions and acknowledged that the NMC is seeking a striking-off order, which is a significant sanction with serious implications for Mrs N-Frempong. The panel noted that Mrs N-Frempong may wish to make submissions in response to those made by the NMC, namely that a striking-off order is the appropriate sanction in this case.

While the panel was mindful of the public interest in the expeditious disposal of this case, it also considered that the interim order currently in place addresses both public protection and public interest. That order remains in effect until January 2026, and the panel was of the view that the public would remain suitably protected. In the circumstances, the panel determined that the balance of fairness lies in favour of granting the adjournment. It considered this would provide Mrs N-Frempong with the opportunity to respond to the panel's findings on impairment and to make any submissions on sanction, either in writing or at the next hearing.

The panel also encourages Mrs N-Frempong to make written submissions on sanction in advance, especially if she is unable to attend the resumed hearing. It noted that she may wish to include evidence of insight, reflection, and testimonials from any current employment, whether voluntary or paid.

Accordingly, the panel granted the application to adjourn and directed that the hearing be relisted and considered before the expiry of the current interim order.

Sanction

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

Submissions on sanction

Ms Donovan submitted that, given the serious nature of the misconduct, which involved dishonesty directly associated with clinical practice, including a deliberate attempt to conceal wrongdoing, a striking-off order is the only appropriate and proportionate sanction in this case.

She noted a lack of insight into the seriousness of the misconduct and its potential impact, highlighting attitudinal concerns, particularly as you suggested that witnesses were deliberately fabricating their evidence or acting with ulterior motives.

Ms Donovan acknowledged that although this was a single incident and you had no previous fitness to practise history, she emphasised that there were multiple opportunities for you to act with honesty, instead of being dishonest and obstructive.

It was further submitted that a suspension order would be insufficient to address the public interest, given the seriousness of the misconduct and the absence of genuine insight or remorse.

Ms Donovan therefore concluded that a striking-off order would adequately reflect the gravity of the case and uphold public confidence in the profession.

You referred the panel to your statement made close to the time of the incident. It stated:

‘On Tuesday 27th of October, I accidentally miscounted a quantity of Gabapentin tablets. The register said that there were 62 tablets (which we signed for), however, coming back I thought I saw another entry of Gabapentin, which had 26 tablets. So, altogether I thought that there were 80-odd Gabapentin tablets – which now, upon further reflection, could have belonged to another patient. After seeing, what I believed to be 80 tablets, I went on to remove some to rationalise them another day. I came to the realisation that instead of the 80 tablets I thought were there, there were only 62. I made sure to bring back the tablets I had removed; my actions were completely accidental, and in hindsight I shall take more attention whilst carrying out such activities. I am apologetic for any disarray this may have caused.’

You submitted that you had no dishonest motive, and stated that you were not attempting to sell medication, nor was anything found to be missing.

You explained that you had been rushing and had taken the tablets by accident, acknowledging that you should have paid more attention. You stated that you apologised profusely at the time and emphasised that this was the first time anything of this nature had occurred.

You concluded by asking the panel to consider a lesser sanction than a striking-off order.

Decision and reasons on sanction

The panel accepted the advice of the legal assessor.

Having found your fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Lack of insight into removing controlled drugs from your place of work
- Lack of insight into the need to be honest with your employer
- Conduct which put patients and members of the public at risk of serious harm.

The panel also took into account the following mitigating feature:

- Admissions to Charges 1 – 4

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that your misconduct was not at the lower end of the spectrum 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 your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable, in accordance with the SG. However, the panel noted the lack of insight which raised concerns about your approach to fundamental aspects of clinical practice and the presence of attitudinal concerns, which mean that there are no practical or workable conditions which can be formulated or would adequately protect the public or satisfy the public interest.

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.*

While the panel acknowledged that the incident itself was a single episode, it noted that your subsequent actions to conceal the fact you had removed the controlled

drugs from your place of work demonstrated a concerning attitude and a lack of understanding regarding the seriousness of your conduct. The panel noted your explanation regarding your [PRIVATE] but found that this did not justify the unauthorised removal of controlled drugs.

The panel was particularly concerned by your lack of insight, including your failure to acknowledge the potential harm to patients, members of the public and damage to public confidence in the profession. The panel noted that while it heard submissions from you today and you had apologised for taking the control drugs, no additional material, such as a reflective piece or testimonials, was provided to demonstrate insight, remorse, or remediation. The panel therefore found there was a significant risk of repetition, given your attitude and absence of meaningful reflection.

Given the finding of dishonesty, the ongoing risk to patients, and the absence of evidence of change, the panel concluded that a temporary removal from the register would be insufficient to protect the public or uphold professional standards.

The panel therefore 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?*

Your actions were significant departures from professionalism and the standards expected of a registered nurse, and are fundamentally incompatible with you remaining on the register. The panel was of the view that the findings in this

particular case demonstrate that your actions were serious and to allow you 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 your actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct themselves, 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.

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in your own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

The panel took account of the submissions made by Ms Donovan. She submitted that a suspension order would be appropriate and that it is the panel's decision on the length of the interim order. She noted that it could be made for up to 18 months.

You made no contrary submissions but informed the panel you would be appealing the substantive decision of this panel.

Decision and reasons on interim order

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

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

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

That concludes this determination.