

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

**Substantive Order Review Meeting
Wednesday, 1 April 2026**

Virtual Meeting

Name of Registrant: Amie Louise Allen

NMC PIN: 19E1088E

Part(s) of the register: Nursing Sub part 1
RNA, Registered Nurse - Adult
15 March 2021

Relevant Location: Hull

Type of case: Misconduct

Panel members: Margaret Wolff (Chair, Lay member)
Mary Karasu (Registrant member)
Paula Newton (Lay member)

Legal Assessor: Gerard Coll

Hearings Coordinator: Ifeoma Okere

Order being reviewed: Suspension order (12 months)

Fitness to practise: Impaired

Outcome: **Striking-Off order to come into effect at the end of 23 April 2026 in accordance with Article 30 (1)**

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Miss Allen's registered email address by secure email on 6 February 2026.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, dates and the fact that this meeting was heard virtually.

In the light of all of the information available, the panel was satisfied that Miss Allen has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Decision and reasons on review of the current order

The panel decided to replace the suspension order with a striking-off order. This order will come into effect at the end of 23 April 2026 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is a second review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 26 March 2024. This was reviewed on 14 March 2025, at which time the panel determined to impose a further 12 month suspension order.

The current order is due to expire at the end of 23 April 2026.

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

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

'That you, a registered nurse between 1 and 2 January 2022, whilst working the night shift on Ward 90, at Hull Royal Infirmary:

1. Failed to administer one or more of the following prescribed medications:

a. Dalteparin 18,000 IU (SC), to a patient unknown at 20:00 hours;

[ADMITTED]

*b. Co-Amoxiclav 1.2g (IV), to a patient unknown at 22:00 hours; **[ADMITTED]***

*c. Levetiracetam 500mg (IV), to Patient C at 20:00; **[ADMITTED]***

d. Co-Trimoxazole 960mg (IV), to a patient unknown at 22:00 hours.

[ADMITTED]

2. Incorrectly signed the medication administration records ('MAR') to indicate that you

had checked and administered medications for one or more of the patients identified at

*charge 1 above. **[ADMITTED]***

3. Completed one or more of the following medication administration records ('MAR')

prior to administering medication:

a. for Patient C, in relation to the 08:00 hours prescribed dose of Levetiracetam

*500mg (IV); **[ADMITTED]***

b. for a patient unknown, in relation to the 10:00 hours prescribed dose of Co-

*Trimoxazole 960mg (IV); **[ADMITTED]***

*c. for a patient unknown, in relation to the 06:00 hours prescribed dose of Co-Amoxiclav 1.2g (IV); **[ADMITTED]***

4. Your actions at charges 2 and/or 3 above were dishonest in that you sought to

misrepresent that you had administered medication when you knew that you had not.

[ADMITTED]

5. Entered a signature for Colleague A, without Colleague A's knowledge or permission, on the medication administration records ('MAR') to indicate that medicines had been administered and checked by a second checker in relation to one or more patients identified in charges 1 and 2 above. **[ADMITTED]**

6. Your actions at charge 5 above were dishonest in that you sought to misrepresent that Colleague A had checked the administration of medication when you knew that they had not. **[ADMITTED]**

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

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

'The panel finds that patients were put at risk of physical harm as a result of Miss Allen's misconduct. Miss Allen's misconduct had 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 considered the reflective piece provided by Miss Allen but found this demonstrated no insight into the impact her actions had on patients. The panel acknowledged that Miss Allen made early admissions, and her reflection recognised this, but it lacked detail as she had not demonstrated an understanding of how her actions put the patients at a risk of harm, how this impacted negatively on the reputation of the nursing profession or how she would handle the situation differently in

the future. Therefore, the panel found that Miss Allen's insight was insufficient at this stage.

The panel also noted that there was some indication that Miss Allen did not recognise that her practise had been restricted by the Trust following this incident. The panel had before it the statement of Witness 1, in which he stated that:

"...she came back on supervised practice, which was very similar to that of the student nurse. She remained on supervised practice until the internal investigation was concluded".

In addition, in Miss Allen's correspondence with the NMC she stated: "...if my practice was dangerous and the incident indicated a dismissal was necessary why were no formal restrictions placed on my practice for those six months", which seemed to suggest that she has not fully understood the seriousness of the charges admitted and does not believe she posed any risk to patients as a result of her actions.

The panel was satisfied that the misconduct in this case is capable of being addressed. However, the panel did not have any evidence before it to determine whether or not Miss Allen has taken steps to strengthen her practice.

The panel is of the view that there is a risk of repetition as the concerns relate to attitudinal problems which are, not impossible but, difficult to remediate and Miss Allen is yet to address these. It also noted that there were previous concerns about her behaviour. 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.

In addition, the panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case, particularly in relation to dishonesty, and therefore also finds Miss Allen's fitness to practise impaired on the grounds of public interest.

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

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

'The panel then went on to consider whether a suspension order would be an appropriate sanction. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

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

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

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

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

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow Miss Allen further time to fully reflect on her previous dishonesty and failings. It considered that Miss Allen's need to gain a full understanding of how the dishonesty of one nurse can impact upon the nursing profession as a whole and not just the organisation that the individual nurse is working for. The panel concluded that a further 12 months suspension order would be the appropriate and proportionate response and would afford Miss Allen adequate time to further develop her insight and take steps to strengthen her practice. It would also give Miss Allen an opportunity to approach past and current health professionals to attest to her honesty and integrity in her workplace assignments since the substantive hearing.

The panel gave consideration to a striking-off order and concluded that this was not a proportionate sanction at this time.

The panel determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. Accordingly, the panel determined to impose a suspension order for the period of 12 months would provide Miss Allen with an opportunity to engage with the NMC, to provide evidence of compliance

with previous recommendations. It considered this to be the most appropriate and proportionate sanction available.'

Decision and reasons on current impairment

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

The panel has had regard to all of the documentation before it, including the NMC bundle.

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

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

The panel noted that the two previous panels had found Miss Allen's fitness to practise impaired and that the burden was on Miss Allen to demonstrate that she was no longer impaired.

The panel noted that Miss Allen had not engaged with the NMC since the last review. The last reviewing panel found that Miss Allen had insufficient insight. The panel considered that this position had not materially changed.

The panel considered whether Miss Allen had taken steps to strengthen her practice. It noted that previous panels had identified a number of steps that would assist, including engagement, reflective work, training, testimonials, and evidence of remediation. However, the panel found that none of these had been provided and there has been no further engagement by Miss Allen with the NMC. The panel therefore concluded that there was no evidence before it to demonstrate any remediation or strengthening of practice.

The panel considered the risk of repetition and determined that, in the absence of any evidence of remediation, insight, or strengthening of practice, there remained a real risk of repetition.

Accordingly, the panel determined that a finding of continuing impairment is necessary on the grounds of public protection.

The panel also bore in mind the wider public interest, including the need to maintain public confidence in the profession and uphold proper standards. It determined that a finding of impairment is also required on public interest grounds.

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

Decision and reasons on sanction

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

The panel considered the sanctions available in ascending order of seriousness.

The panel first considered taking no action but concluded that this would be inappropriate given the seriousness of the concerns and the ongoing risk to the public.

It then considered a caution order but determined that this would be insufficient, as it would not restrict Miss Allen's practice and would not address the public protection concerns identified.

The panel next considered a conditions of practice order. However, it concluded that without Ms Allen's engagement this would not be workable, and further it would not address the issue of dishonesty.

The panel then considered whether to impose a further period of suspension. It noted that suspension is appropriate where there is a realistic prospect that the registrant could return to safe and effective practice.

However, the panel determined that there was no evidence before it to demonstrate any meaningful effort to remediate, no development of insight, and no indication that Miss Allen intended to return to practice. It took into account that the regulatory failings included a risk of serious harm to vulnerable patients and serious dishonesty.

The panel therefore concluded that it was necessary to take action to prevent Miss Allen from practising in the future. It determined that, given the lack of remediation, absence of insight and engagement, and absence of any realistic prospect of return to safe practice, the only appropriate and proportionate sanction was a striking-off order.

The panel recognised that this is a serious outcome but considered that it was necessary to protect the public and maintain confidence in the profession. It also considered that bringing finality to the proceedings was appropriate in the circumstances.

This striking-off order will take effect upon the expiry of the current suspension order, namely the end of 23 April 2026, in accordance with Article 30(1).

This decision will be confirmed to Miss Allen in writing.

That concludes this determination.