

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

**Substantive Order Review Hearing
Wednesday, 8 April 2026**

Virtual Hearing

Name of Registrant: Yeboah Augustine

NMC PIN: 19J05190

Part(s) of the register: Registered Nurse - Adult Nursing
RNA – (14 October 2019)

Relevant Location: Warwickshire

Type of case: Misconduct

Panel members: Nicholas Rosenfeld (Chair, Lay member)
Mitchell Parker (Lay member)
Rowena Chapman Doughty (Registrant member)

Legal Assessor: Fiona Barnett

Hearings Coordinator: Eidvile Banionyte

Nursing and Midwifery Council: Represented by Nina Dunn, Case Presenter

Mr Yeboah: Present and unrepresented

Order being reviewed: Suspension order (6 months)

Fitness to practise: Impaired

Outcome: **Suspension order (6 months) to come into effect on 18 May 2026 in accordance with Article 30 (1)**

Decision and reasons on review of the substantive order

The panel decided to impose a further suspension order for a period of six months.

This order will come into effect at the end of 17 May 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order originally imposed for a period of six months by a Fitness to Practise Committee panel on 16 November 2025.

The current order is due to expire at the end of 17 May 2026.

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

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

That you, a registered nurse:

1. ...
2. *Responded to Colleague A's email sent on or around 21 March 2023 requesting an investigation meeting following the medication error in 1(a) above with, 'I will not be attending any meeting. You need a psychiatric assessment because you are sick in the head' or words to that effect.*
3. *Your actions at charges 2 above were unprofessional and/or intended to undermine Colleague A.*
4. *Between 24 November 2022 and 21 March 2023 made comments on one or more Accident and Incident forms, which were inappropriate and/or unprofessional.*
5. ...

a. ...

b. ...

6. ...

7. ...

8. ...

a. ...

b. ...

c. ...

9. ...

a. ...

b. ...

10. *On or around 31 August 2021 without clinical justification:*

a. *Grabbed Resident B's arm/palm/wrist*

b. *Took a pen out of Resident B's hands and threw it across the room*

11....

12....

a. ...

b. ...

c. ...

13.....

14. ...

a. ...

b. ...

15. ...

16. ...

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

The original panel determined the following with regard to impairment:

'The panel next went on to decide if as a result of the misconduct, Mr Augustine'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 February 2024, which states:

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

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

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must 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) ...*

The panel considered charges relating to unprofessional language engaged limb b because members of the public and fellow professionals would not expect a registered nurse to communicate in such a way. In the absence of any evidence of

insight or reflection, the panel considered that Mr Augustine was liable to treat colleagues in the same way in the future.

The panel considered that limb c was engaged in that Mr Augustine breached one of the fundamental tenets of the nursing profession, namely, the requirement in the Code to promote professionalism and trust.

In respect of charge 10, the panel noted that Resident B was caused physical and psychological harm by Mr Augustine when he grabbed her arm. The panel therefore found that this engaged limb a of the Shipman test. In the absence of any evidence of insight or reflection, the panel considered that Mr Augustine was liable to treat a resident in the same way in the future.

The panel also found that limb b was engaged in respect of charge 10 because members of the public would expect an elderly vulnerable resident to be treated safely and with dignity. Mr Augustine's actions were a clear breach of several fundamental tenets of the nursing profession, and limb c is therefore engaged.

Regarding insight, the panel considered that Mr Augustine has not demonstrated an understanding of the fact that actions caused harm to Resident B, nor has he demonstrated an understanding of why what he did was wrong, the seriousness of his misconduct, and how this impacted negatively on the reputation of the nursing profession.

The panel considered the factors set out in the case of Ronald Jack Cohen v General Medical Council [2008] EWHC 581 (Admin) and determined that the misconduct is capable of remediation. Therefore, the panel carefully considered the evidence before it in determining whether or not Mr Augustine has taken steps to strengthen his practice. The panel considered that Mr Augustine has not provided any evidence to suggest that he is remorseful for his actions, or that he has any insight into his failings. The panel also considered that Mr Augustine has not provided any evidence to suggest that he has remedied the concerns in this case, or that he has taken steps to strengthen his practice. The panel therefore considered that there is a risk of repetition and subsequent risk of harm.

The panel therefore determined that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objective of the NMC is the protection of the public. This is achieved by the pursuit of the following objectives:

- a) To protect, promote, and maintain the health, safety, and well-being of the public;*
- b) To promote and maintain public confidence in the nursing and midwifery professions;*
- c) To promote and maintain proper professional standards and conduct of those professions.*

The panel determined that public confidence in the nursing profession would be undermined if a finding of impairment were not made in this case and therefore also finds Mr Augustine's fitness to practise impaired on the grounds of public interest.

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

The original panel determined the following with regard to sanction:

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

The panel took into account the following aggravating features:

- Conduct which caused harm to Resident B*
- Unprofessional communication occurred on a number of occasions*

- *Lack of insight into failings*
- *Lack of remorse and remediation*

The panel did not identify any mitigating features in this case but recognised that Mr Augustine was not in attendance to present any mitigation.

As required by Article 29(3) of the Nursing and Midwifery Order, 2001 ('the Order'), the panel first considered, pursuant to Article 29(4), whether to undertake mediation or to take no further action. It considered that neither of these outcomes would be appropriate as neither would restrict Mr Augustine's practice. The public would therefore not be protected and the public interest would not be satisfied. The panel then moved on to consider the four available sanctions set out in Article 29(5) of the Order.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Mr Augustine's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where 'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.' The panel considered that Mr Augustine's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

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

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *...*

- ...
- ...
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel rejected Ms Boesche's submission that Mr Augustine's actions at charge 10 are a result of a deep-seated attitudinal problem. It took into account Witness 5's evidence which stated that this was out of character for Mr Augustine. Further, the panel noted that the incident outlined in charge 10 was an isolated incident. However, the panel considered that there are no identifiable areas of Mr Augustine's practice that are in need of assessment or retraining. The panel therefore considered that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case.

Furthermore, the panel concluded that the placing of conditions on Mr Augustine's registration would not adequately address the seriousness of this case and would not protect the public.

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

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*
- ...
- ...
- ...

The panel noted that the harm caused to Resident B was a single instance of misconduct which could be remedied. It noted that Mr Augustine demonstrated more than one instance of unprofessional communication with colleagues, however,

the panel was satisfied that this was not fundamentally incompatible with Mr Augustine remaining on the register.

The panel went on to consider whether a striking-off order would be proportionate. The panel considered that given the fact that the incident of harm caused to Resident B was an isolated incident, to strike Mr Augustine off the register would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Mr Augustine's case to impose a striking-off order.

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

The panel noted the hardship such an order may cause Mr Augustine. However, this is outweighed by the public interest in this case.

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

In making this decision, the panel carefully considered the submissions of Ms Boesche in relation to the sanction that the NMC was seeking in this case. However, the panel considered that a striking off order is not the only sanction that will be sufficient to protect the public and maintain professional standards.

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

At the end of the period of suspension, another panel will review the order. At the review hearing the panel may extend, or further extend the order, make an order falling within Article 29(5), or make a conditions of practice order.

Any future panel reviewing this case would be assisted by:

- [PRIVATE]
- *A reflective piece demonstrating insight into the matters found proved*
- *An indication as to whether Mr Augustine wishes to continue practising as a registered nurse*
- *Evidence of any relevant updated training*
- *Testimonials relating to current employment'*

Decision and reasons on current impairment

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as the ability of a professional on their register to practise as a nurse, midwife or nursing associate safely and effectively without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

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

It has taken account of the submissions made by Ms Dunn on behalf of the NMC.

Ms Dunn outlined the brief background to the case and referred the panel to the hearing bundle.

Ms Dunn referred the panel to your bundle submitted for this hearing. She submitted that the material provided by you appears to predate the substantive hearing decision and it includes WhatsApp messages where it appears that you were repeatedly asked to assist with shifts in July 2024 and February 2025. She submitted that some of those messages appear to be a positive reflection of your nursing skills, along with various training course certificates dated in August 2025. However, Mr Dunn submitted that some of the training certificates do not appear to be directly relevant to the charges found proved, and as already indicated, all of those appear to predate the substantive hearing.

Ms Dunn submitted that in the absence of a reflective piece demonstrating insight into the matters found proved, and the absence of any evidence of any relevant updated training, the panel may consider that you remain liable to treat residents and colleagues in the same way in the future. She submitted that there continues to be a risk of repetition and risk of subsequent harm.

Ms Dunn submitted that without sufficient remediation and noting the seriousness of the charges found proved, which breach the fundamental tenants of the profession, the public confidence in the profession would also continue to be undermined if a finding of impairment on public interest grounds were not to be made.

Ms Dunn invited the panel to find that you remain impaired on both public interest and public protection grounds.

Ms Dunn drew the panel's attention to factors relevant to making its decision on sanction.

Ms Dunn submitted that taking no further action or a caution order would not be appropriate or proportionate in this case.

With reference to a conditions of practice order, Ms Dunn submitted that there are no practical or workable conditions which could be formulated to address the concerns in this case.

Ms Dunn submitted that it was positive to see your attendance at this hearing today. However, given the lack of reflection and insight into your conduct, the panel may still have concerns as to whether there is a realistic possibility you will try to address the concerns and eventually return to practice. Ms Dunn told the panel that you indicated in the preliminary meeting that you wish to return to practice and have undertaken employment as a Healthcare Assistant within a care home. Taking into account your continued efforts to maintain employment in a healthcare setting and your attendance today, Ms Dunn submitted that this could indicate your intention to address the concerns and eventually return to practice.

Ms Dunn submitted that it may be appropriate to extend the current suspension order for a further period to allow you a further opportunity to demonstrate reflection and insight.

With reference to a striking off order, Ms Dunn submitted that the panel could consider this sanction if it was of the view that given the lack of insight or training to address the outstanding fitness to practice concerns there was no realistic prospect that the risk you pose will reduce and that you will be capable of returning to safe practice.

The panel also had regard to your oral submissions.

You explained to the panel that you decided not to appeal the substantive order decision in which you stated that the time scales involved in the High Court appeals process were of concern to you and you instead chose to wait for this review hearing.

You told the panel that you started your current role as a Healthcare Assistant after your suspension, in October 2025. You explained that this is an agency role and advised the panel on the hours and shifts you did and that it was variable. You said that on average you did two or three shifts a week.

With reference to a reflective statement, you explained that it has been very challenging to you because you had to reflect on something that has not happened, in relation to Charge 10. You told the panel that regarding the findings about the communication, you accepted that it was unacceptable and that you were sorry.

You told the panel that you wish to return to nursing. You explained that you have been a nurse since 2011 and that this is the only profession you see yourself excelling in.

You told the panel about the recent training you have undertaken, specifically in relation to medication training. You referred the panel to your bundle that had all the relevant training certificates. You told the panel that you have not undertaken any training since the substantive hearing, other than one on communication last August.

You explained that you currently do not have any employment references as you consider yourself as not having a job currently, so you did not think that those references would be valid.

When asked about your current impairment, you told the panel that you felt that it was time for you to resume your role. You said that you wanted the suspension order to be lifted so that you could resume working.

In answering the panel's question, you explained that you would be a "*fool*" if you found yourself in the same situation again. You expanded on the importance of good communication skills at work.

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 considered whether your fitness to practise remains impaired.

The panel noted that the original panel found that you had not demonstrated an understanding of the fact that your actions caused harm to Resident B, nor had you demonstrated an understanding of why what you did was wrong, the seriousness of your misconduct, and how this impacted negatively on the reputation of the nursing profession.

At this hearing, the panel was of the view that you did demonstrate some limited acceptance and insight into areas of your misconduct, specifically relating to communication. You accepted that your conduct in that regard was unacceptable and offered an apology. The panel noted that you also provided some examples as to how your communication could be better in the future. The panel considered that your insight is developing. It noted your indication that you wish to return to nursing practice and that there have been no further incidents or concerns about you since the original charges.

However, the panel determined that your overall insight was insufficient. The panel was not provided with testimonials from any of your current employers, having informed the panel that you worked as a Healthcare Assistant for several different care homes. The panel was also not provided with any evidence of any up-to-date training. You also did not provide the panel with a reflective piece. Whilst the panel acknowledges that you do not accept some of the findings of the substantive hearing panel, which is your right, you could nevertheless have provided a reflective piece demonstrating insight into the matters you accept and sufficient insight of a more general nature into the matters you disagree with, demonstrating an understanding of why the conduct was considered unacceptable and cannot be repeated.

The panel was not therefore satisfied that your insight has developed sufficiently, but it did acknowledge that there is some insight which is still developing. The panel was also not satisfied that you have taken steps to maintain your skills or knowledge.

The original panel determined that you were liable to repeat matters of the kind found proved.

Today's panel determined that you are still liable to repeat matters of the kind found proved, due to the insufficient insight and lack of strengthening of practice. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that your fitness to practise remains impaired.

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in

Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict 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, but the Committee wants to mark that what happened 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 issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether a conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel bore in mind the seriousness of the facts found proved at the original hearing 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 your misconduct, some of which is attitudinal.

The panel considered the imposition of a further period of suspension. It bore in mind that you have now engaged with the regulatory process and shown some insight into your misconduct. It was therefore of the view that a suspension order would allow you further time to fully reflect on your previous misconduct. The panel concluded that a further six-month suspension order would be the appropriate and proportionate response and would afford you adequate time to further develop your insight and allow you to take steps to strengthen your practice.

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 six months which would protect the public and uphold the public interest whilst providing you with an opportunity to further reflect, obtain references and testimonials from colleagues and undertake any relevant training. It considered this to be the most appropriate and proportionate sanction available.

The panel determined that a striking-off order would be a disproportionate sanction in this case, given your engagement in these proceedings and your intention to return to practice.

The suspension order will take effect upon the expiry of the current suspension order, namely the end of 17 May 2026 in accordance with Article 30(1).

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

Any future panel reviewing this case would be assisted by:

- A reflective piece demonstrating insight into the matters found proved
- Evidence of any relevant updated training and a reflection on how this training can be used in practice
- Testimonials and references relating to current employment (from your employer, from agencies or any colleagues)

This will be confirmed to you in writing.

That concludes this determination.