

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

**Substantive Order Review Hearing
Tuesday, 25 August 2026**

Virtual Hearing

Name of Registrant:	Justine Abena Antwi
NMC PIN:	14I2555E
Part(s) of the register:	Nurses part of the register Sub part 1 RNA, Registered Nurse - Adult (13 June 2015)
Relevant Location:	Fife
Type of case:	Misconduct
Panel members:	Shaun Donnellan (Chair, lay member) Anne Considine (Registrant member) Beverley Blythe (Lay member)
Legal Assessor:	Graeme Dalglish
Hearings Coordinator:	Mahee Vohra
Nursing and Midwifery Council:	Represented by Ms Sila Akin, Case Presenter
Ms Antwi:	Present and represented by Ms Natasha Lake, instructed by Royal College of Nursing (RCN)
Order being reviewed:	Conditions of practice order (12 months)
Fitness to practise:	Not Impaired
Outcome:	Order to lapse upon expiry in accordance with Article 30 (1), namely 30 September 2026

Decision and reasons on review of the substantive order

The panel decided to allow the current order to lapse.

This is the first review of a substantive conditions of practice order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 1 September 2025.

The current order is due to expire at the end of 30 September 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:

On the nightshift of 29-30 July 2023:

- 1. Left approximately 6 syringes of 10mg Immediate Release oral Morphine (IRM) on Patient A’s bedside table.*

On the night shift of 3-4 July 2023:

- 2. Failed to undertake hourly observations for Patient F.*

On the night shift of the 11 April 2023:

- 3. Failed to sign Patient B’s Drug Kardex to record that the following medications had been administered:*
 - a) Leviteracetam (Anti-epileptic medication)*
 - b) Carbocisteine and 0.9% NaCl nebuliser*

4. *Failed to sign Patient C's Drug Kardex to record that the following medications had been administered:*

- a) *Atorvastatin medication*
- b) *Accrete D3*

5. *Failed to sign Patient D's Drug Kardex to record that the following medication had been administered:*

- a) *Senna*

6. *Failed to sign Patient E's Drug Kardex to record that the following medications had been administered:*

- a) *Intermittent pneumatic compressions (IPCs)*
- b) *Cotrimoxazole*

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, 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:

...

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 to care for them in line with the fundamental tenets of nursing at the most vulnerable moments of their lives or 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:

...

The panel determined that limbs a), b), and c) of Grant are engaged in this case. The panel finds that patients were put at risk and although no direct harm was caused as a result of your misconduct, your actions fell significantly short of the standards expected of a registered nurse. Your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

Regarding insight, the panel acknowledged your admissions to the charges at the start of this hearing, and it recognised your reflective pieces. It took into account that you did acknowledge you took responsibility for some of the consequences of your actions. The panel determined, however, that you had limited insight into your failings. The panel took into account your reflective piece dated 7 June 2025 in which:

...

In relation to the above, the panel noted that although you show limited insight into your conduct, you do not go further in understanding the implications of your actions on the patients, the wider public, and the nursing profession. The panel determined that, across your three reflective pieces, you shift the blame for your actions onto issues such as systemic failures, a difficult patient, and lack of induction, thereby minimising your responsibility and failing to take accountability for your shortcomings. Significantly, you have not accepted responsibility for your most concerning decision, namely, to give six doses of Oramorph to allow Patient A to self-administer. While you may have found the working conditions challenging, this decision represents a serious lapse of professional judgment that cannot be explained by the absence of an induction or proper supervision.

The panel therefore concluded that the fluctuating narratives across your reflective pieces, combined with a lack of accountability, undermines the extent of your insight.

Nevertheless, the panel considered that the misconduct in this case may be capable of being addressed. Therefore, the panel went on to carefully consider the evidence before it in determining whether you have taken steps to strengthen your practice. The panel considered that you have not fully addressed the concerns and not understood the implications of your actions and their impact on the nursing profession.

The panel carefully considered your reflective piece dated 14 April 2025 and acknowledged that you did turn your mind to the consequences of your actions, but not fully.

Notwithstanding, your indication that you no longer relied on it, the panel also noted your most recent reflective piece from August 2025, in which you stated that no harm occurred as a result of your actions and that you did not have any malicious intentions. Based on the above, the panel determined that your reflective pieces demonstrate varied and fluctuating levels of appreciation regarding your understanding of the consequences of your misconduct. Therefore, the panel concluded that the specific issues of concern identified remain insufficiently addressed.

The panel noted that your conduct is remediable. The panel acknowledged your training and certificates provided; however, it determined that it did not evidence the concerns addressed and the risk your actions posed to the patients. The panel determined that the courses and training you undertook did not directly address the concerns and that you will only be able to remedy the same if you are exposed again to clinical pressures.

The panel concluded that there remains a risk of repetition due to your limited insight, insufficient reflection, and the lack of any meaningful steps taken to address the underlying reasons for your misconduct. In these circumstances, the panel cannot

conclude that your misconduct is highly unlikely to be repeated and that you continue to present a risk to public safety.

The panel determined that your conduct undermined the standards of the nursing profession, exposed patients to a risk of harm and there is a risk of repetition and therefore decided that a finding of impairment is necessary on the grounds of public protection.

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

The panel determined that, in this case, a finding of impairment is also required on public interest grounds. The panel concluded that a well-informed member of the public, who was aware of the seriousness of the misconduct and the level of your insight and remediation, would be extremely concerned if no finding of impairment were made. The public would be concerned that nurses were permitted to dispense significant amounts of Oramorph to vulnerable patients with a history of addiction, as they would in effect be permitted to endanger the lives of those patients. Indeed, members of the public may be less likely to seek healthcare or be anxious about doing so if they felt that those with addiction problems could be routinely exposed to the risk of significant harm, without any action from the regulator. Moreover, the panel considered that a finding of impairment was necessary to make it clear to other members of the profession that this conduct is unacceptable. Therefore, a finding of impairment was necessary on public interest grounds.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired and that you are not currently able to practise kindly, safely and professionally as a nurse.'

The original panel determined the following with regard to sanction:

'The panel considered all of these criteria applied in this case and determined that it would be possible to formulate relevant, proportionate, measurable, realistic and workable conditions which would address the concerns highlighted in this case and protect the wider public.

The panel had regard to the fact that you have had an unblemished career of ten years as a nurse and that you had no previous regulatory proceedings. The panel was of the view that it was in the public interest that, with appropriate safeguards, you should be able to return to practise as a nurse.

Balancing all of these factors, the panel determined that that the appropriate and proportionate sanction is that of a condition of practice order.

The panel also considered the imposition of a suspension order.

The panel was of the view that to impose a suspension order would be disproportionate and would not be a reasonable response in the circumstances of your case because its findings in relation to your misconduct was in the middle of the spectrum of seriousness and that it could be addressed by imposing appropriate conditions. The panel further noted that although you had not taken full accountability for your actions and had shifted responsibility on others, you were working positively to remediate the same and therefore it did not consider there to be any deep-seated attitudinal issues.

Having regard to the matters it has identified, the panel concluded that a conditions of practice order will protect the public and will mark the importance of maintaining public confidence in the profession. It will also send to the public and the profession a clear message about the standards of practice required of a registered nurse. At the same time such an order will allow the return to practice of an otherwise competent nurse, giving you the opportunity to demonstrate to the panel that will review this order, that you are capable of safe and effective practice.

In making this decision, the panel carefully considered the submissions of Ms Donovan in relation to the sanction that the NMC was seeking in this case. However,

the panel considered that a suspension order would be very restrictive and punitive since the seriousness was not at the higher end of the spectrum and that you had developed some insight, taken steps to remediate the concerns and secured employment.

Balancing all of these factors the panel has concluded that a condition of practice order would be the appropriate and proportionate sanction. The panel considered that a suspension order is not the only sanction sufficient 'to protect patients, members of the public, or maintain professional standards.' The panel was of the view that it would be unduly punitive in your case to impose a suspension order. The panel determined that the following conditions are appropriate and proportionate in this case:

'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.

- 1. You must keep the NMC informed about anywhere you are working by:
 - a) Telling your case officer within seven days of accepting or leaving any employment.*
 - b) Giving your case officer your employer's contact details.**
- 2. You must keep the NMC informed about anywhere you are studying by:
 - a) Telling your case officer within seven days of accepting any course of study.*
 - b) Giving your case officer the name and contact details of the organisation offering that course of study.**
- 3. You must immediately give a copy of these conditions to:
 - a) Any organisation or person you work for.*
 - b) Any employers you apply to for work (at the time of application).*
 - c) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.**

4. *You must tell your case officer, within seven days of your becoming aware of:*
 - a) *Any clinical incident you are involved in.*
 - b) *Any investigation started against you.*
 - c) *Any disciplinary proceedings taken against you.*
5. *You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:*
 - a) *Any current or future employer.*
 - b) *Any educational establishment.*
 - c) *Any other person(s) involved in your retraining and/or supervision required by these conditions*
6. *You must limit your nursing practice to a single employer, and you must not practise as an agency or bank nurse.*
7. *You must work with your employer to create a personal development plan (PDP). Your PDP must address the concerns identified in this case about administration and medication management and recognition and response to an unwell person. You must:*
 - a) *Send your case officer a copy of your PDP within 30 days of starting your new employment.*
 - b) *Send your case officer a report from your employer every two months. This report must show your progress towards achieving the aims set out in your PDP.*
8. *You must provide your case officer with a reflective piece in light of the findings of this panel in six months.'*

The period of this order is for 12 months. This is to allow you sufficient time to demonstrate that you have strengthened your practice and are able to practise kindly, safely and professionally.'

Evidence and submissions 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 our 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 your bundle. It has taken account of the submissions made by Ms Sila Akin, on behalf of the Nursing and Midwifery Council. She submitted that the NMC's position in terms of your impairment is neutral.

Ms Akin referred the panel to the case of *Abrahaem v General Medical Council [2008]* and submitted that at a review hearing the persuasive burden rests upon the registrant to demonstrate that they have acknowledged the concerns previously identified, developed sufficient insight, and taken adequate steps to remediate those concerns through reflection, education, supervision or other appropriate means. Ms Akin submitted that you have provided a number of documents in that regard for the panel to consider.

Ms Akin referred to condition (1) of the conditions of practice imposed on you by the original panel, whereby you are required to inform the NMC within seven days of any employment you undertake or leave. She indicated that although you have kept the NMC informed of the same, it may not have been done in the time period prescribed in the conditions. Ms Akin then referred to condition (7)(b) which required you to create a Personal Development Plan (PDP) and send a report from your employer to the NMC every two months; and submitted that the NMC has not received a report for the month of August 2026, however, you have shared supervision records.

With regard to evidence of safe practice, Ms Akin submitted that until January 2026, you were working one shift a week which would not be equivalent of working in a full-time position and would therefore limit the amount of exposure you may have. She then

submitted to the panel's discretion to decide whether the time period you have worked is sufficient for you to evidence that you have successfully addressed the concerns.

Lastly, Ms Akin submitted that you have been engaged with the NMC throughout this fitness to practice proceedings, have provided significant reflections and testimonials and given evidence towards the progress you have made.

With regard to sanction, Ms Akin referred to the Guidance REV-2C that sets out the guidance on exceptional cases where an order would take immediate effect. She submitted that if the panel finds your fitness to practice to be unimpaired, then the existing order should be allowed to lapse as the present case does not meet the requirements of the exceptional circumstances. She submitted that the present order was made by the original panel for public protection and public interest reasons and that no or limited prejudice would be caused to you if you were to continue to work.

The panel also had regard to your reflections, personal development plan, testimonials, and training certificates. The panel also had regard to your oral evidence and the submissions made by representative Ms Lake, on your behalf.

Ms Lake referred the panel to Guidance REV-2A that sets out the factors to be considered by a panel at a review hearing, when considering whether the fitness to practice of a registrant is still impaired. Ms Lake took the panel through each of the factors and submitted how you have complied with them through your PDP, management reports, reflective pieces, professional references, testimonials and training certificates. She submitted that considering all the aforementioned documentation alongside your oral evidence, you should be allowed to practice unrestricted, that there is no risk to public safety and the aspect of public interest has been sufficiently addressed through your compliance with the conditions of practice.

You gave evidence on oath.

In response to the questions from Ms Akin, you confirmed the date on which you started your employment and the date you informed the NMC of it, you confirmed that you have been working 3-4 shifts a week since January 2026 and that you undertook extra shifts in

December 2025 to assist with staff shortages. The only reason you have not been signed off your PDP is due to the present proceedings and that all individuals who have provided testimonials and references on your behalf for the hearing today are aware of the present proceedings.

In response to the questions from the panel, you elaborated on your reflection sessions, and your sessions with your supervisor. You confirmed that after the hearing today, you would be signed off from your PDP but continue to have supervisions every two months and ongoing check-ins in the course of your employment. You also indicated that you would be subject to annual appraisals and advised the panel of your extensive mandatory annual training requirements.

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

Decisions and reasons on current impairment

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 you have complied with all the conditions of practice imposed by the original panel and considers the quality of evidence provided to be high. With regard to conditions (1) and (7), the panel notes that there may have been a slight delay in strict compliance, nonetheless is of the view that compliance has been met.

The panel noted that the original panel found that you had insufficient insight. At this hearing the panel is of the view that you have developed much greater insight which is demonstrated through your reflective pieces and your oral evidence. The panel notes that your insight seems genuine as you have not only acknowledged your previous misconduct but have taken active steps towards changing your approach to your practice to ensure that it is not repeated. The panel notes that you have explicitly identified and reflected on the patient safety factors relevant to the facts found proved at the previous hearing, have

been able to identify how these have been remedied, and you have unreservedly accepted full responsibility for these matters. The panel particularly noted that you independently sought opportunities for reflection and went above and beyond what was required of you through the conditions of practice order. The panel has noted your consistent and steady progress as well as your attention to supervision, reflection, and continued support.

With regard to training and strengthening of practice, the panel has regard to the training certificates you have provided and the training available to you in your current employment. The panel has noted the examples you have provided of your improved practice, your attention to detail in record keeping, general and medication administration, and is of the view that you have fully addressed the concerns. The panel had regard to the management report from April 2026 which mentioned areas where you could improve and the subsequent report which mentions that you have acted on the previous recommendations and that there is nothing further for you to undertake.

The panel is of the view that you have been able to provide sufficient evidence of safe practice through management reports, examples given by you in your reflective pieces and more specifically, the testimonial from a family member of a patient. The panel notes that since January 2026, you have been working 3-4 shifts a week which would be close to full time employment. Therefore, the panel finds that you have provided sufficient evidence of safe practice.

The original panel determined that you were liable to repeat matters of the kind found proved. Today's panel has received high quality evidence which sufficiently demonstrates that you have addressed all the concerns identified. In light of this, this panel determined that you are now not liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is not 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 not required.

For these reasons, the panel finds that, although your fitness to practise was impaired at the time of the incidents, given all of the above, your fitness to practise is not currently impaired.

In accordance with Article 30(1), the substantive conditions of practice order will lapse upon expiry, namely the end of 30 September 2026.

This will be confirmed to you in writing.

That concludes this determination.