

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

**Substantive Order Review Hearing
Monday, 05 January 2026**

Virtual Hearing

Name of Registrant: Mercy Amoabeng

NMC PIN: 04C06080

Part(s) of the register: Sub part 1, Registered Nurse - Adult
(16 March 2004)

Relevant Location: Glasgow

Type of case: Misconduct

Panel members: Nicholas Rosenfeld (Chair, lay member)
Sally Hatt (Registrant member)
Paul Barton (Lay member)

Legal Assessor: Neil Fielding

Hearings Coordinator: Peaches Osibamowo

Nursing and Midwifery Council: Represented by Katriona King, Case Presenter

Mrs Amoabeng: Present and represented by Callum Heraty, instructed by
Russells Gibson McCaffrey (RGM)

Order being reviewed: Suspension order (6 months)

Fitness to practise: Not Impaired

Outcome: **Order to lapse upon expiry in accordance with Article 30 (1), namely 14 February 2026**

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

At the outset of the hearing, Mr Heraty, on your behalf, made a request that this case be held partly in private on the basis that proper exploration of your case involves your health and family circumstances. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms King, on behalf of the Nursing and Midwifery Council (NMC), indicated that she supported the application to the extent that any reference to your health and family circumstances should be heard in private.

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.

The panel determined to go into private session in connection with your health and family circumstances as and when such issues are raised in order to protect your privacy.

Decision and reasons on review of the substantive order

The panel decided to allow the current suspension order to lapse upon expiry at the end of 14 February 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 6 months by a Fitness to Practise Committee panel on 17 July 2025.

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

'That you, a registered nurse:

...

3. On 16 May 2021, following Resident B's fall, you:
- a. Asked Colleague A and/or Colleague B to say that Resident B was able to walk to bed, which was not correct;
 - b. Sought to induce Colleague A and/or Colleague B to give a false account by saying the following, which was untrue:
 - i. "if anyone asks Resident B was able to walk" or words to that effect.
 - ii. "Resident B walked to their bed" or words to that effect.
 - iii. "if Resident B has a fracture, we should not have got them up, just in case we are asked to write statements" or words to that effect.
4. Your actions at any one or more charges at 3 above were dishonest in that you asked colleagues to corroborate your version of events to create a misleading impression that Resident B had walked to their bed following a fall, when they had not.'

The original panel determined the following with regard to impairment:

'The panel finds that patients were put at risk of physical and emotional harm as a result of your misconduct. While there is no evidence of actual harm being caused there was a significant risk of unwarranted harm to residents. Your 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.

The panel considered that the misconduct in this case can be separated into clinical failings, charges 1 and 2, and dishonesty, charges 3 and 4. In regard to the clinical concerns the panel was satisfied that that the misconduct is capable of being addressed. It heard that you have undertaken a number of recent relevant training courses into your clinical failings and have reflected extensively on this and how you would implement the training in your practice. The panel noted the live evidence of your most recent manager who was satisfied with your kind, safe, and effective nursing practice and that there is therefore a low risk of repetition.

The panel noted that it is in the public interest that nurses who learn from mistakes and have taken remedial actions should not be found impaired on this ground. Therefore, the panel concluded that for charges 1 and 2 you are not currently impaired.

The panel considered that the dishonest conduct at charges 3 and 4 is more difficult to address. The panel had regard to the circumstances around your dishonesty and that it was an isolated incident on a single shift alongside the testimonies provided. However, the panel concluded that the dishonesty was not at the lower end of the scale and was extremely serious. It considered that your dishonesty involved an attempt to cover up clinical failings and that you sought to induce other staff members to be dishonest.

Whilst the panel acknowledged your right to contest the charge of dishonesty, it noted that you had recognised that dishonesty is serious and grave and that you respected the panel's findings. However, it had no other evidence in regard of your insight or remorse and remediation to the dishonesty found proved. Therefore, the panel is of the view that there is a risk of repetition. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection, as given the dishonest conduct relates to resident care there is a risk of harm being caused. Therefore the panel determined that your fitness to practice is impaired on the grounds of public protection.

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

The panel determined that a finding of impairment on public interest grounds is required. It concluded that a reasonable member of the public

would be shocked that a registered nurse's actions were dishonest and that they had sought to induce other colleagues to be dishonest, and were allowed to practise unrestricted. The panel additionally considered that you failed to be a responsible role model for colleagues, who were at that time training to be a nurse, and brought the profession into serious disrepute by your departure from the fundamental tenets.

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 and therefore also finds your fitness to practise impaired on the grounds of public interest.'

The original panel determined the following with regard to sanction:

'The panel next considered whether placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the dishonesty nature of the charges in this case. The misconduct identified in this case was not something that can be easily addressed through training. Furthermore, the panel concluded that the placing of conditions on your 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 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 was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register.

It did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in your 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 will inevitably cause you. 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 in relation to the sanction that the NMC was seeking in this case. However, the panel considered that given the nascent and developing insight, remorse, demonstration of a willingness to undertake further reflection and training a striking-off order would be disproportionate in your case. It concluded that a suspension order with a future review would protect the public and mark the seriousness of the misconduct while being proportionate.

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. In considering the length of time the panel noted that this would mark

the seriousness of dishonesty, and allow you time to reflect on the importance of the duty of candour.

At 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.'

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 a registrant's suitability to remain on the register 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 containing testimonials and training certificates. It has taken account of the submissions made by Ms King. She submitted that your most recent references contain more detail in respect of the incident that led to your misconduct. She submitted that the additional reflective piece dated 1 December 2025 is more complete and reflects more fully on the implications of your conduct and the need for honesty and transparency.

Ms King submitted that you have provided certificates evidencing your attendance at various relevant courses including courses on the duty of candour, duty of care, positive behaviour and incident management.

Ms King submitted that the panel may consider that your reflective accounts and certificates demonstrate your insight into your misconduct and how you have since addressed the regulatory concerns. She submitted that the original panel were concerned by your lack of insight and remorse, which it found gave rise to a risk of repetition. She submitted that your reflective account and training, coupled with positive reports from colleagues represents a change in circumstances. They show that the risk has reduced and potentially disappeared.

Ms King submitted that the panel must consider if a finding of impairment is required on public protection or public interest grounds and the panel may be assisted by making reference to your insight demonstrated in your reflective piece dated 1 December 2025.

The panel also had regard to submissions from Mr Heraty.

Mr Heraty submitted that the events happened during the Covid-19 pandemic which added significant pressure to working in a healthcare environment. He submitted that at the time of the incident you were under enormous stress due to a number of health issues relating to [PRIVATE] which required you to take time off work. The incident occurred during the week you returned to work. Mr Heraty submitted that these personal issues no longer exist.

Mr Heraty submitted that since the suspension order was imposed you have remained in employment and demonstrated that you can be trusted. Your two reflective pieces show your continuing commitment to improving yourself and that you have used the period of suspension effectively. You have taken steps to address your misconduct.

Mr Heraty submitted that your references show that you have excelled whilst working as a senior carer and your colleagues consider your skills '*exemplary*'. You have demonstrated honesty, integrity and professionalism as a senior carer.

Mr Heraty submitted that this incident took place nearly five years ago and you have continued to work with no other concerns. You have had an otherwise unblemished 21-year career.

Mr Heraty submitted that your practice is no longer impaired. He submitted that public confidence has been addressed as the NMC has taken action to ensure you have taken time to improve yourself, focus and engage with the process. You have taken the steps to ensure you will practice safely and without a risk of repetition.

Mr Heraty submitted that you have made significant effort to address the concerns highlighted by the previous panel. He submitted that your practice is no longer impaired

and a suspension order is no longer required. He invited the panel to allow the order to lapse.

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 insufficient insight.

At this hearing the panel noted that you provided two reflective accounts dated 2 October 2025 and 1 December 2025. It considered that the most recent account demonstrated a notable development of your insight and understanding of the issues that gave rise to the misconduct and dishonesty.

In considering whether you have strengthened your practice, the panel took into account the training certificates that you provided as evidence of courses that you have undertaken including: The Duty of Candour completed on 28 July 2025; The Duty of Care completed on 29 July 2025; Positive Behaviour and Support completed on 7 September 2025; and An Introduction to Incident Management completed on 7 August 2025. The panel also noted evidence of more general clinical training which demonstrates that you have kept your knowledge up to date even whilst suspended.

The panel considered that you have worked as senior Healthcare Assistant in the same organisation where your misconduct occurred. It noted a number of very positive testimonials which the panel put significant weight on. A testimonial dated 11 December 2025 from a registered nurse at your current employment states:

'one of the qualities that stood out most was Mercy's honesty and openness. She informed me at the outset about her NMC referral, and again demonstrated sincerity and transparency when she immediately made the company and the team aware of

her interim suspension...I can confirm that Mercy has shown significant growth and insight. She has developed a clear and mature understanding of :

- *The duty of candour*
- *Professional accountability*
- *And the impact of dishonesty on the public, the organisation, residents and colleagues'*

The panel also took into account a testimonial dated 10 December 2025 from a registered nurse who has known you for over 20 years.

'Throughout the period I have known her, Mrs Amoabeng has consistently demonstrated reliability, diligence and a strong sense of responsibility. With almost three decades of service across a range of care settings, she has upheld high standards of patient safety and professionalism. In my experience, she has been a supportive colleague committed to teamwork, and attentive to the needs of those in her care.... I have also had several critical conversations with her regarding her actions and have reflected on how she could have acted better. Through this she has demonstrated insight, accountability and genuine commitment to improvement going forward. I am also aware that Mrs Amoabeng has undertaken several relevant courses including those on Safeguarding and Duty of candor. From our discussions, this education has enhanced her understanding of professional obligations and has shaped the way she intends to approach her practice going forward.'

The panel also considered the employment reference from the regional operations manager dated 11 December 2025 which states:

'Throughout her employment Mercy demonstrated honesty, professionalism and integrity. She was transparent with both the service and me regarding her NMC referral.'

The panel took into account the contextual issues that impacted you at the time of your misconduct. It considered that this was a single incident in an otherwise unblemished career, during the unprecedented Covid-19 pandemic, whilst you were experiencing a

number of serious personal issues in relation to the health of [PRIVATE]. The panel accepted that these contextual factors are no longer present.

Given the evidence, although you may have put patients at unwarranted risk of harm in the past, the panel is satisfied that you would not put a person receiving care at unwarranted risk of harm, breach fundamental tenets of the profession or act dishonestly in the future.

In light of this, this panel determined that you are now not likely 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. The panel is of the view that you do not present a continuing risk to the public, that the public confidence has been properly maintained and appropriate standards have been reinforced by the imposition of the original sanction which reflected the seriousness of your misconduct.

For these reasons, the panel finds that, although your practice was impaired at the time of the incidents, given all the evidence provided since your suspension, the panel concluded that your fitness to practise is not currently impaired and you have demonstrated that you can practice kindly, safely and professionally.

In accordance with Article 30(1), the substantive suspension order will lapse upon expiry, namely the end of 14 February 2026.

This will be confirmed to you in writing.

That concludes this determination.