

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

**Substantive Meeting
Monday, 26 October – Tuesday, 27 October 2026**

Virtual Meeting

Name of Registrant:	Nana Kwasi Asabre
NMC PIN	21E2048E
Part(s) of the register:	Registered Nursing Associate NAR – (18 October 2021)
Relevant Location:	Oxford
Type of case:	Misconduct
Panel members:	Janine Ellul (Chair, Registrant member) Gillian Tate (Registrant member) Robert Marshall (Lay member)
Legal Assessor:	Juliet Gibbon
Hearings Coordinator:	Nicola Nicolaou
Facts proved:	Charges 1, 2, 3a, 3b, and 4
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim order:	Interim suspension order (18 months)
Final outcome:	FTP impaired - striking off order

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Mr Asabre's registered email address by secure email on 9 September 2026.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegations, and that this meeting would be heard virtually on or after 14 October 2026.

In the light of all of the information available, the panel was satisfied that Mr Asabre 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).

Details of charge

That you, a registered nursing associate, whilst working at Prospect Park Hospital:

1. Carried out 10 shifts between 21 June 2022 and 24 July 2022 as a Band 5 registered Nurse.
2. Left the medication cabinet unlocked during a shift on 24 July 2022.
3. Your conduct at charge 1 was dishonest in that you:
 - a) Knew the role you were working in was that of a Band 5 registered nurse
 - b) knew that you were not qualified as a Band 5 registered nurse.
4. On 24 July 2022, administered medication without a registered or suitably qualified nurse present.

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

Background

The Nursing and Midwifery Council (NMC) received a referral on 30 August 2022 by the Your World Healthcare Agency ('the Agency'). The referral raised concerns about Mr Asabre, who is a registered nursing associate.

Mr Asabre joined the NMC register as a nursing associate on 18 October 2021. He is said to have worked between 17 September 2021 and 26 July 2022 at the Oxford Health NHS Foundation Trust ('the Trust') as a Band 3 Healthcare Assistant whilst waiting for his registration as a nursing associate, and then for a Band 4 nursing associate vacancy to be available.

Mr Asabre registered with the Agency in January 2019. He worked 10 night shifts at the Trust between 21 June 2022 and 24 July 2022 on a number of wards, as a registered nurse (Band 5) for which he was not qualified.

It is also alleged that during a shift on 24 July 2022, Mr Asabre administered medication without a qualified staff member on the ward after the Duty Senior Nurse (DSN) had left, and he also allegedly left the medication cabinet unlocked.

On 10 August 2022, the concerns were raised to the Agency and Mr Asabre was approached to clarify whether he knew it was Band 5 shifts that he had accepted. He confirmed that he knew they were Band 5 shifts. Mr Asabre was subsequently referred to the NMC.

Decision and reasons on facts

The panel had sight of a returned Case Management Form which was signed by Mr Asabre on 4 February 2026. It appears from the Case Management Form that Mr Asabre admitted to charges 1, 2, 3a, and 3b. The panel noted from the evidence before it that the NMC had provided Mr Asabre with an amended Case Management Form which included

the addition of charge 4, and a change to the wording of charge 3a. The panel noted that Mr Asabre did not respond to the amended Case Management Form. However, the panel noted, based on the evidence before it, that Mr Asabre accepted the facts as set out in the charges.

In reaching its decisions on the facts, the panel took into account all the documentary evidence in this case together with the written representations made by the NMC, as set out in the undated 'statement of case'.

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 had regard to the written statements of the following witnesses on behalf of the NMC:

- Frank Adu-Gyamfi: Deputy Ward Manager at the Trust at the time of the alleged incidents
- Sarah Milliner-Crewe: Lead Clinical Advisor at the Agency at the time of the alleged incidents
- Patrick Baidoo: Deputy Ward Manager at the Trust at the time of the alleged incidents
- Theresa Wyles: Director of in-patient services for the Trust at the time of the alleged incidents

The panel also had regard to written representations from Mr Asabre.

The legal assessor drew the panel's attention to the decision in, and principles derived from, the case of *Ivey v Genting Casinos* [2017] UKSC 67. She advised the panel that, in determining dishonesty, the panel should adopt a two-stage test. She advised that the

panel firstly should consider Mr Asabre's knowledge or belief as to his conduct. Upon making its decision on this stage, the panel should then apply the standards of ordinary, decent people to judge whether the conduct was dishonest. She further referred the panel to the NMC Guidance, '*Making decisions on dishonesty charges and the professional duty of candour*' (DMA-8), which draws upon the same principles as *Ivey*.

The panel then considered each of the charges and made the following findings.

Charge 1

That you, a registered nursing associate, whilst working at Prospect Park Hospital:

1. Carried out 10 shifts between 21 June 2022 and 24 July 2022 as a Band 5 registered Nurse.

This charge is found proved.

The panel took into account that Mr Asabre admits this charge in the Case Management Form dated 4 February 2026.

The panel also took into account a screenshot of the shift status report from the Trust which suggests that Mr Asabre had been undertaking shifts as a Band 5 registered nurse.

The panel noted from Mr Asabre's written account that he accepted that he was not a Band 5 registered nurse at the time. In the Case Management Form dated 4 February 2026, Mr Asabre stated:

'Allegation 1:

[...]

I understand the seriousness of this allegation. At the time in question, I worked through an agency under the belief that the roles assigned to me were appropriate to my level of experience and training. It was never my intention to misrepresent my

qualifications. If any miscommunication occurred between myself and the agency regarding my banding or scope of practice, I accept responsibility for not being more diligent in clarifying the exact terms of the shifts I was being booked for. I acknowledge the importance of working strictly within one's scope of practice and regret any misunderstanding that may have arisen. [sic]'

Having taken into account all of the evidence before it, including Mr Asabre's admission, the panel considered that it is more likely than not that Mr Asabre carried out 10 shifts between 21 June 2022 and 24 July 2022 as a Band 5 registered Nurse.

The panel therefore found charge 1 proved.

Charge 2

2. Left the medication cabinet unlocked during a shift on 24 July 2022

This charge is found proved.

The panel took into account that Mr Asabre admits this charge in the Case Management Form dated 4 February 2026.

The panel also took into account an email from Judith Crimmins, the Deputy Inpatient Administration Manager at Prospect Park Hospital dated 2 August 2022. Ms Crimmins stated that she had reviewed CCTV footage, which the panel has not had sight of. Ms Crimmins stated:

'[...] In addition to the observations below Nana also left the clinic room at 23.54 and all the meds cabinets were unlocked.'

The panel also took into account Mr Asabre's written response in the Case Management Form dated 4 February 2026 which stated:

'Allegation 2

Regarding the incident on 24 July 2022, where the medication cabinet was left unlocked during my shift, I fully acknowledge the seriousness of this lapse. The shift was particularly busy and demanding, and while this may explain how the incident occurred, it does not excuse it. I accept full responsibility for failing to ensure that the medication cabinet was secured at all times. I recognise that this fell below the expected standards of safe practice and could have posed a risk to patient safety. I sincerely apologise for this error and have reflected deeply on the importance of maintaining strict medication security, regardless of workload or pressure.'

Having taken into account all of the evidence before it, including Mr Asabre's admission, the panel considered that it is more likely than not that Mr Asabre left the medication cabinet unlocked during a shift on 24 July 2022.

The panel therefore found charge 2 proved.

Charges 3a and 3b

3. Your conduct at charge 1 was dishonest in that you:

- a) Knew the role you were working in was that of a Band 5 registered nurse
- b) Knew that you were not qualified as a Band 5 registered nurse.

These charges are found proved.

The panel reminded itself of the legal advice it received in relation to the case of *Ivey*. It also took into account the NMC guidance, '*Making decisions on dishonesty charges and the professional duty of candour*' (DMA-8).

In reaching this decision, the panel took into account an email sent by Mr Asabre to Ms Milliner-Crewe dated 10 August 2022 which stated:

'1) I was referred to Your world by a friend

2) I was asked about my qualifications and reiterated that I was a band 4 and a nurse associate nmc registered and this appears on all my forms I sent.

3)not much was said about the band but I knew it was a band 5 nursing position

4)I understood very well it was a nursing role and I never experienced any issues. I am a trained nurse and the nursing associate training is a very intensive general nursing training that covers everything a band 5 learns but the great thing with it is we have the best of both worlds as I practice full time on acute ward as a nurse administering medication via all routes prescribed by the consultant co-ordinating a shift and everything the nurse on the ward does. I can do more than a strictly RMN can do.'

The panel also took into account Mr Asabre's written response in the Case Management Form dated 4 February 2026 which stated:

'Allegation 3 (a & b)

In relation to Charge 1 concerning dishonesty, I wish to clarify the circumstances while taking full accountability for my actions. The position I initially applied for was intended to be a Band 4 shift. However, due to a technical fault by the agency, I was subsequently booked onto Band 5 shifts. I acknowledge that I was aware that Band 5 roles require qualifications and responsibilities beyond my scope of practice, and that I was not qualified to carry out a Band 5 nursing role.

I regretfully accept that I should have immediately notified the agency of this error. I did not do so, and I fully acknowledge that this was a serious lapse in judgement. I recognise that my failure to act amounted to dishonest conduct, and I take full responsibility for this. I understand that honesty, integrity, and professional accountability are fundamental principles of nursing practice, and I deeply regret that my actions fell short of these standards.'

The panel noted Mr Asabre's acceptance that he was aware that Band 5 roles require qualifications and responsibilities beyond his scope of practice, and that he was not qualified to carry out such responsibilities. It also noted his understanding that the shifts he was undertaking was as a Band 5 registered nurse. The panel determined that despite knowing that he was not qualified to undertake shifts as a Band 5 registered nurse, he

proceeded to work these shifts on multiple occasions. The panel considered that Mr Asabre's actions were dishonest as he was fully aware that he was not qualified to work shifts as a Band 5 registered nurse, but did so anyway. The panel determined that Mr Asabre's actions would be considered dishonest by the standards of ordinary decent people. As such, the panel found charges 3a and 3b proved.

Charge 4

4. On 24 July 2022, administered medication without a registered or suitably qualified nurse present.

This charge is found proved.

In reaching this decision, the panel took into account an email from Judith Crimmins, the Deputy Inpatient Administration Manager at Prospect Park Hospital dated 1 August 2022. Ms Crimmins stated that she had reviewed CCTV footage, which the panel has not had sight of, and confirmed that Mr Asabre was giving medication to patients without a registered or suitably qualified nurse present.

The panel took into account Mr Asabre's reflective statement provided to the Agency dated 18 September 2022 which stated:

'On the 24th of July I was on night shift with [...]. it was a very busy night and there was no nurse in attendance for the ward. it appeared the whole of the hospital was in shortage of nurses. I called the DSN and relayed the information as there was no nurse. The DSN after a few hours managed to visit the ward to administer medication. He was under so much pressure as he had to answer the phone almost every 3 minutes. He excused himself to attend to other pressing issues. Apparently, there was an ambulance with a patient to be admitted. Other wards needed his attention of the DSN for other issues. I took it upon myself to continue with the administration of medication as it was already far past the medication time. Some of the patients were getting agitated, some wanted to go to bed and this was getting the ward very unsettled. I decided to continue with the medication in good faith to keep the ward quiet and hopefully have a settled ward.'

Having taken into account all of the evidence before it, including the fact that Mr Asabre appears to accept this charge, the panel found charge 4 proved.

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 Mr Asabre's 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 safely and effectively, without restriction.

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, Mr Asabre's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

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

The NMC identified the specific, relevant standards where Mr Asabre's actions amounted to misconduct in the statement of case, the NMC stated:

[...] We consider the misconduct serious because:

- i. Mr Asabre worked shifts as a band 5 registered nurse when registered as an Associate Nurse. He therefore worked outside his scope of practice and his level of competence.*
- ii. Mr Asabre acted dishonestly when undertaking shifts as a band 5 registered nurse*
- iii. Mr Asabre left the medication cupboard unlocked in a ward of patients with mental health presentations.*
- iv. Mr Asabre administered medication without a qualified nurse present.*

The NMC submit that each of the individual charges constitute serious misconduct and each put patients at risk of harm.'

The NMC requires the panel to bear in mind its overarching objective to protect the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. The NMC referred the panel to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

The NMC invited the panel to find Mr Asabre's fitness to practise impaired. The statement of case stated:

'Working outside of the Registrant's competence and administering medication [sic] without a suitably qualified nurse placed patients at risk of unwarranted harm. Leaving a medication cabinet unlocked also places patients at risk of harm should the cabinet be accessed.

[...]

Registered professionals occupy a position of privilege and trust in society this is breached if a nursing professional works outside of the scope of their competence. Additionally, a failure to comply with his duty of candour as a nurse brings the profession into disrepute. Mr Asabre financially benefitted from working shifts that he was not qualified to do.

Mr Asabre acted dishonestly by undertaking shifts as a band 5 registered nurse when he was not qualified as such and knew that he was not qualified to do so. Whilst these shifts were undertaken during a relatively short period of time, 10 shifts were undertaken in this manner and therefore there was repetition of the dishonesty.

[...]

We consider the registrant has displayed some insight.

We take this view because the registrant admitted charges 1-3 in a case management form dated 4 February 2026. Subsequent to the receipt of that form from Mr Asabre, the charges were amended with the addition of Charge 4 and a change to the wording of Charge 3a). An amended case management form was provided to Mr Asabre however this has not been returned. Regarding Charge 4 he has previously accepted in a reflective account dated 18 September 2022 and a regulatory concern context form dated 6 December 2022 that he administered medication without a registered or suitably qualified nurse present.

In the completed case management form dated 4 February 2026, Mr Asabre sets out explanations for his conduct and reflections upon the same. Whilst Mr Asabre has shown insight into his behavior, the NMC would submit that this insight is not fully developed and does not acknowledge the risks to the public when a registrant works beyond the scope of their practice. Nor does it address the impact upon public confidence and professional standards. Further Mr Asabre does not address how the issue of dishonesty impacts upon public trust and confidence in the nursing profession.

Mr Asabre has not provided any material in respect of undertaking training and therefore the NMC consider the registrant has not undertaken relevant training in respect of the issues of concern.

We note that Mr Asabre has worked since the issues of concern. The NMC received a reference dated 24 June 2024 confirming that Mr Asabre had not

completed certain areas of mandatory training. This is relevant to the risk of repetition.

We consider there is a continuing risk to the public due to Mr Asabre's lack of full insight and failure to undertake relevant training. The NMC submit that Mr Asabre's fitness to practice is impaired on the grounds of public protection.

[...]

We consider there is a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behavior. The registrant's conduct engages the public interest because Mr Asabre took risks with public safety and is alleged to have acted dishonestly for which they made a financial gain. The public are entitled to expect that nurses or associate nurses caring for them behave honestly. As such, a finding of impairment is necessary to uphold professional standards and conduct and maintain public confidence in the profession.'

The panel also had sight of Mr Asabre's response regarding impairment within the Case Management Form dated 4 February 2026:

'I acknowledge that, in light of the above, my fitness to practise has been impaired by reason of my misconduct. I deeply regret my actions and the concern they have caused to the profession, the public, and the regulatory body.

Since these events, I have reflected extensively on my conduct and the standards expected of me as a healthcare professional. I am committed to learning from these mistakes, strengthening my professional judgment, and ensuring that patient safety, honesty, and accountability remain at the centre of my practice going forward.'

The panel accepted the advice of the legal assessor.

Decision and reasons on misconduct

In coming to its decision, the panel had regard to the case of *Roylance v GMC (No. 2)* [2000] 1 AC 311 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 was of the view that Mr Asabre's actions did fall significantly short of the standards expected of a registered nursing associate, and that Mr Asabre's actions amounted to a breach of the Code. Specifically:

'8 Work cooperatively

To achieve this, you must:

8.1 *respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate*

8.3 *keep colleagues informed when you are sharing the care of individuals with other health and care professionals and staff*

8.5 *work with colleagues to preserve the safety of those receiving care*

13 Recognise and work within the limits of your competence

To achieve this, you must, as appropriate:

13.3 *ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence*

13.5 *complete the necessary training before carrying out a new role*

16 Act without delay if you believe that there is a risk to patient safety or public protection

To achieve this, you must:

16.2 *raise your concerns immediately if you are being asked to practise beyond your role, experience and training*

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

To achieve this, you must:

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*

To achieve this, you must:

19.1 *take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place*

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

To achieve this, you must:

20.1 *keep to and uphold the standards and values set out in the Code*

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that Mr Asabre's conduct at charges 1, 2, 3a, 3b, and 4, could have put patients at significant risk of harm. The panel noted that this was not an isolated incident, and that Mr Asabre dishonestly worked shifts as a Band 5 registered mental health nurse on 10 occasions. Mr Asabre was in fact qualified as a nursing associate in a general nursing setting. The panel also noted that patients on the ward were vulnerable and had complex mental health concerns.

The panel found that Mr Asabre's actions at charges 1, 2, 3a, 3b, and 4, did fall seriously short of the conduct and standards expected of a registered nursing associate and amounted to misconduct.

Decision and reasons on impairment

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

In coming to its decision, the panel had regard to the NMC Guidance on '*Impairment*' (Reference: DMA-1 Last Updated:28/01/2026) in which the following is stated:

‘Being fit to practise is not defined in our legislation but for us it means that a professional on our register can practise as a nurse midwife or nursing associate safely and effectively without restriction.’

Nursing associates 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 nursing associates with their lives and the lives of their loved ones. To justify that trust, nursing associates 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/their fitness to practise is impaired in the sense that S/He/They:

- 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 considered that whilst there was no evidence before it to suggest that patients were caused harm as a result of Mr Asabre's misconduct, there was a potential for serious harm to be caused. The panel considered that Mr Asabre's misconduct had breached fundamental tenets of the profession and therefore brought its reputation into disrepute. The panel was satisfied that confidence in the profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

Regarding insight, the panel noted that Mr Asabre made admissions to the charges. However, it considered that Mr Asabre has not demonstrated an understanding of how his actions put patients at a risk of harm, nor has he demonstrated an understanding of why what he did was wrong and how this impacted negatively on the reputation of the nursing associate profession. The panel noted that initially, rather than appreciating what he did was wrong, Mr Asabre instead appeared to consider himself capable of performing a role that he was not qualified or experienced to do. In his email to Ms Milliner-Crewe dated 10 August 2022, Mr Asabre stated:

[...] I understood very well it was a nursing role and I never experienced any issues. I am a trained nurse and the nursing associate training is a very intensive general nursing training that covers everything a band 5 learns but the great thing with it is we have the best of both worlds as I practice full time on acute ward as a nurse administering medication via all routes prescribed by the consultant co-ordinating a shift and everything the nurse on the ward does. I can do more than a strictly RMN can do.'

The panel took into account Mr Asabre's written response within the Case Management Form dated 4 February 2026 which stated:

'I acknowledge that, in light of the above, my fitness to practise has been impaired by reason of my misconduct. I deeply regret my actions and the concern they have caused to the profession, the public, and the regulatory body.'

'Since these events, I have reflected extensively on my conduct and the standards expected of me as a healthcare professional. I am committed to learning from these mistakes, strengthening my professional judgment, and ensuring that patient safety, honesty, and accountability remain at the centre of my practice going forward.'

The panel considered that whilst Mr Asabre reports that he has reflected extensively on his conduct, and is committed to learning from these mistakes, there is no evidence before it of his reflections or learning undertaken. The panel therefore considered that Mr Asabre has demonstrated limited insight into his misconduct. It considered that there was no evidence to suggest that Mr Asabre had taken any steps to strengthen his practice.

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 may be capable of being addressed, although it recognised that dishonesty is often difficult to remediate. The panel carefully considered the evidence before it in determining whether or not Mr Asabre has taken steps to strengthen his practice. The panel considered that whilst Mr Asabre appears to accept that his fitness to practise is impaired by reason of his misconduct, there was no evidence before it of any relevant training or steps taken by Mr Asabre to strengthen his practice. The panel considered that there was limited insight of any reflection. It noted from Mr Asabre's written responses that he sought to deflect blame onto the Agency for booking him onto shifts that he was not authorised to do. It also noted from his explanation that he conducted these shifts, and administered medication to patients when he was not authorised to do so because he believed he was acting *'in good faith'*. Mr Asabre acknowledged that the shifts he was working was as a Band 5 registered nurse, which he was not qualified to do.

The panel also considered that Mr Asabre received a substantial amount of money for working shifts as a Band 5 registered nurse, however, it considered that there was no evidence before it to indicate that Mr Asabre had repaid this money.

The panel also noted that Mr Asabre's explanations are limited to the one shift on 24 July 2022, and he does not refer or make any explanation for working as a Band 5 registered nurse on the other nine occasions.

For the reasons above, the panel determined that there is a risk of repetition and a real risk of significant harm. The panel therefore decided that a finding of impairment is necessary on the ground of public protection.

The panel bore in mind 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 public confidence in the profession would be undermined if a finding of impairment were not made in a case where a nursing associate has acted dishonestly and worked outside of their scope of practice. The panel therefore also finds Mr Asabre's fitness to practise impaired on the ground of public interest.

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

Sanction

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

Representations on sanction

The NMC's statement of case stated:

[...] Taking the least serious sanction first it is submitted that taking no further action (SAN-2a) would not be appropriate to take no action as the matters in this case are too serious and a sanction will be required to secure public safety, uphold public confidence and maintain professional standards in this case.

It is submitted that a Caution Order (SAN-2b) would not be appropriate the matters identified in this case are too serious for the case to be dealt with by way of a caution order. Although we have evidence of Mr Asabre's insight it is not enough to make the risk of repetition unlikely, dishonesty is a concern which is more difficult to put right and there is no evidence that he repaid the extra money gained from working a Band 5 shift whilst unqualified to do so.

It is submitted that a Conditions of Practise (SAN-2c) would not be appropriate as there are no conditions which could be formulated to address the dishonesty concern.

It is submitted that a Suspension Order (SAN-2d) would be the most appropriate to address the concerns. Due to the dishonesty allegations in this case, anything short of a suspension would be insufficient to mark the gravity of the misconduct. Mr Asabre has shown some insight into the concerns, a period of suspension would be sufficient to allow them to fully strengthen their practice through further reflection and development of their insight Further, the public interest would require that such acts of dishonesty, making a financial gain for Mr Asabre, should be marked by this sanction being imposed.

It is submitted that a Strike-Off (SAN-2e) would be disproportionate as the concerns took place over a relatively short period of time and has not been repeated since. The NMC do not assess these actions, to be fundamentally incompatible with continued registration.'

The panel accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found Mr Asabre'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:

- lack of meaningful insight
- premeditated behaviour
- it is likely that Mr Asabre would have continued to work Band 5 shifts if he had not been investigated by the Trust. It noted that Mr Asabre had future shifts booked as a Band 5 registered mental health nurse, which were cancelled by the Trust
- lack of insight into the differences in training, and the roles and responsibilities between a registered mental health nurse and a registered nursing associate
- many opportunities to reveal dishonesty when working on different wards
- conduct which deliberately or recklessly put people receiving care at risk of suffering harm
- vulnerability of the people receiving care (in that Mr Asabre was working with patients who had complex mental health concerns)

The panel also took into account the following mitigating features:

- admissions to the charges

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.

The panel next considered a caution order and had regard to the NMC Guidance on 'Caution order' (Reference: SAN-2b Last Updated: 28/01/2026) in which the following is stated:

'A caution is only appropriate if the Committee has decided there's no risk to the public or to people using services that requires the professional's practice to be restricted. This means 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 Mr Asabre's 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 Mr Asabre's registration would be a sufficient and appropriate response. The panel was of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The panel noted that Mr Asabre had worked 10 shifts as a Band 5 registered nurse despite having the knowledge that he was not qualified to do so. The panel concluded that the placing of conditions on Mr Asabre's registration would not adequately address the seriousness of this case and would not protect the public or maintain public confidence in the profession.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The latest edition of the SG states that in considering a suspension order the panel should take into account a number of key factors the most relevant of which were:

- *is it realistic that the professional could return to unrestricted practice in the future, even if it is not appropriate for them to do so now?*
- *What would the registrant need to do in order to be fit to practise in the future? Is it realistic that they will be able to do this?*

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nursing associate. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Mr Asabre's actions is fundamentally incompatible with Mr Asabre remaining on the register.

The panel also noted the SG states that the sanction of suspension may be appropriate when:

'despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.'

The panel noted that Mr Asabre initially engaged with the NMC in relation to these proceedings and has provided responses to the concerns. However, the panel considered that he has demonstrated very limited insight, and has not provided any evidence to suggest that he has strengthened his practice. The panel noted that whilst Mr Asabre has accepted his failings, he has not demonstrated an understanding as to why his actions were wrong, or how they could have put patients at a risk of significant harm. Mr Asabre instead described his misconduct as a *'lapse of judgement'*. Further, The panel considered that Mr Asabre had numerous opportunities to disclose that he was not a Band 5 registered mental health nurse, but did not do so.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

Finally, in considering a striking-off order, the panel had particular regard to SAN-3 *Deciding between suspension and strike off* in the SG and, in particular, the last two bullet points:

- *Consider the professional's insight and attitude to addressing the concerns, and whether it is realistically possible that these will change positively during the suspension period. If it is unlikely the professional will try to address the concerns, there may not be appropriate for them to be suspended in the hopes that they will eventually return to practice.*
- *Professionals are under an obligation to cooperate with their regulator. Where professionals have failed to engage with the fitness to practise process, it won't usually be appropriate to use a suspension order as a means of giving them a 'last chance' to engage, reflect or show insight.*

The panel also had careful regard to that part of the SG relating to striking off orders and noted that it had to consider the following:

- *Do the charges found proved raise fundamental questions about their professionalism?*
- *Can public confidence in the profession be maintained if the professional is not removed from the Register?*
- *Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?*
- *Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?*

Mr Asabre has not provided the panel with any up to date reflections, testimonials, or any other evidence of strengthened practice for this meeting.

Mr Asabre's actions were significant departures from the standards expected of a registered nursing associate, and, in the panel's view, are fundamentally incompatible with him remaining on the register. The panel considered that the misconduct identified raises fundamental questions about Mr Asabre's professionalism, and inferred from the evidence before it that there is not a realistic prospect that, after a period of suspension, Mr Asabre would have gained insight and strengthened his practice such that the risk he poses will have reduced. The panel considered the NMC's statement of case, in which the NMC

stated that a striking off order would be disproportionate, however, the panel was of the view that the findings in this particular case demonstrate that Mr Asabre's actions were serious and to allow him 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 matters it identified, in particular the effect of Mr Asabre's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nursing associate 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 nursing associate.

This will be confirmed to Mr Asabre in writing.

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 Mr Asabre's own interests until the striking-off sanction takes effect.

Representations on interim order

The NMC statement of case stated:

'If a finding is made that the registrant's fitness to practise is impaired on a public protection basis is made and a restrictive sanction imposed we consider an interim order in the same terms as the substantive order should be imposed on the basis

that it is necessary for the protection of the public and otherwise in the public interest.'

The panel 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. 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 possible appeal.

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

That concludes this determination.