

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

**Substantive Meeting
Wednesday, 21 October 2026**

Virtual Meeting

Name of Registrant:	Linda Nana Esi Owusu
NMC PIN:	22G1011E
Part(s) of the register:	Registered Nurse – Sub Part 1 Mental Health Nursing – 23 May 2023
Relevant Location:	Buckinghamshire
Type of case:	Caution
Panel members:	Konrad Chrzanowski (Chair, Lay member) Wendy Hope (Registrant member) Chanelle Gibson-McGowan (Lay member)
Legal Assessor:	Sean Hammond
Hearings Coordinator:	Bethany Seed
Consensual Panel Determination:	Accepted
Facts proved:	Charge 1
Fitness to practise:	Impaired
Sanction:	Suspension order (9 months)
Interim order:	Interim suspension order (18 months)
Final outcome:	FTP impaired - suspension order

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Mrs Owusu'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 allegation, the time, dates and the fact that this meeting was heard virtually.

In light of all of the information available, the panel was satisfied that Mrs Owusu 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 nurse:

1. On 30 August 2023, received a conditional caution for the offence of fraud by false representation contrary to the Fraud Act 2006.

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

Consensual Panel Determination

At the outset of this meeting, the panel was made aware that a provisional agreement of a Consensual Panel Determination (CPD) had been reached with regard to this case between the Nursing and Midwifery Council (NMC) and Mrs Owusu.

The agreement, which was put before the panel, sets out Mrs Owusu's full admissions to the facts alleged in the charges, and that her fitness to practise is currently impaired by reason of that caution. It is further stated in the agreement that an appropriate sanction in this case would be a suspension order for a period of between nine and twelve months with a review.

The panel has considered the provisional CPD agreement reached by the parties.

That provisional CPD agreement reads as follows:

"The Nursing & Midwifery Council ("the NMC") and Nurse Linda Nana Esi Owusu ("Mrs Owusu"), PIN 22G1011E ("the Parties") agree as follows:

- 1. Mrs Owusu is content for her case to be dealt with by way of a CPD meeting.*

The charge

- 2. Mrs Owusu admits the following charge:*

That you a registered nurse;

(1) On 30 August 2023, received a conditional caution imposed by the police for the offence of fraud by false representation contrary to the Fraud Act 2006.

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

The facts

3. *Mrs Owusu appears on the register of nurses, midwives and nursing associates maintained by the NMC as a Nurse and has been on the NMC register since 23 May 2023.*
4. *On 3 April 2024, the NMC received a self-referral from Mrs Owusu who was employed by Time4U Limited ('the agency'). Mrs Owusu informed the NMC that she had received a Conditional Caution on 30 August 2023 for the offence of Fraud by False Representation contrary to the Fraud Act 2006.*
5. *Before qualifying and registering as a Nurse, Mrs Owusu worked as a Support Worker for Patient A for about 3 years. Mrs Owusu said that her and Patient A built a strong relationship. In December 2021, Mrs Owusu and Patient A were discussing Christmas gifts and the fact that Mrs Owusu was going through financial difficulties. Mrs Owusu said that Patient A offered to help her buy presents for her family, and Mrs Owusu did not hesitate to accept this offer.*
6. *Mrs Owusu then used Patient A's bank card and made six transactions between 5 December 2021 to 3 January 2022, which totalled £2,068.92.*
7. *Mrs Owusu was the arrested by the police and interviewed. During the course of the interview Mrs Owusu initially stated that she had permission from Patient A to make online purchases using Patient A's bank card in order that she could purchase clothes for herself and her family. However, Mrs Owusu then stated that she purchased gifts for her family that Patient A was unaware of, indicating that she had purchased excessive quantities of clothing that was beyond the consent of Patient A.*
8. *Mrs Owusu accepted during the police interview that she had abused her position of trust between herself and Patient A, and that by purchasing additional gifts beyond what was agreed was dishonest. Mrs Owusu said that 'she was sorry for her actions' and that 'she felt terrible'.*

9. *Mrs Owusu agreed to pay compensation in the sum of £2,068.92 by 20 December 2023 as part of the conditional caution, and was warned that a failure to do so would result in being charged with the original offence, being as follows:*

Fraud by false representation - Fraud Act 2006 (recordable)

On 05/12/2021 - 03/01/2022 at Milton Keynes in the County of Buckinghamshire committed fraud in that you dishonestly made a false representation, namely made 6 online transactions on retail stores with a debit card belong to (redacted) intending to make a gain, namely £2068.92, for yourself.

'Contrary to sections 1 and 2 of the Fraud Act 2006.

10. *Mrs Owusu complied with the conditional caution and paid the amount due in three instalments; the last instalment made on 24 November 2023.*
11. *Mrs Owusu accepts the facts as set out above.*

Law

12. *Mrs Owusu's actions with regards Patient A took place prior to becoming a registered nurse. However, Mrs Owusu's conduct falls within Article 22(1)(a)(iii) and (3) of the Nursing and Midwifery Order 2001, as follows:*

"22.—(1) This article applies where any allegation is made against a registrant to the effect that—

(a) his fitness to practise is impaired by reason of ...

(iii) a conviction or caution in the United Kingdom for a criminal offence,

.....

(3) This article is not prevented from applying because the allegation is based on a matter alleged to have occurred at a time when the person against whom the allegation is made was not registered.”

Caution

13. The NMC have assessed the caution as conduct that is very serious, because it involves Mrs Owusu consciously planning to deliberately take advantage of a vulnerable person for personal financial gain. It is conduct that demonstrates deep-seated attitudinal behaviour that was not only dishonest but also calls into question Mrs Owusu’s integrity and her ability to uphold the standards and values set out in the Code. It is an abuse of trust that breached professional boundaries, and placed Patient A at a significant risk of unwarranted harm. Furthermore, it is conduct that would significantly undermine public confidence in the nursing profession.

14. Honesty is central and fundamental to the nursing & healthcare professions. Without honesty the public will not place their trust in those who are employed to provide the necessary care to them.

15. Therefore, the conduct engages several features that would identify it as being serious, which includes the following:

- Dishonesty;*
- Misuse of power;*
- Abuse of position of a position of trust;*
- Personal and financial gain arising from a breach of trust;*
- Breach of professional boundaries*

Impairment

16. When determining whether Mrs Owusu’s fitness to practise is impaired, the questions outlined by Dame Janet Smith in the 5th Shipman Report Council for

Healthcare Regulatory Excellence v Nursing and Midwifery Council & Anor [2011] EWHC 927 (Admin) (14 April 2011) are instructive. Those questions were:

- “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*
- Has in the past brought and/or is liable in the future to bring the professions into disrepute; and/or*
- Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the professions; and/or*
- Has in the past acted dishonestly and/or is liable to act dishonestly”*

17. Limbs a to d are engaged in this case.

18. Regarding limb a) Mrs Owusu’s purchased goods without Patient A’s consent. There is no evidence that Patient A suffered actual harm. However, Mrs Owusu’s actions clearly placed Patient A at unwarranted risk of harm, namely distress due to financial abuse.

19. Regarding limb b), nurses are held in high regard and in a position of trust. Mrs Owusu exploited a vulnerable resident by using the Patient A’s credit card beyond what was agreed. Not only is it conduct that has taken advantage of her position, but it is also conduct that breached professional boundaries between herself and Patient A. It demonstrates an extreme lack of professionalism, is a significant breach of trust, lacking integrity and candour (being open with the Patient A about the expenditure), and it is conduct that falls far below the standards expected of a registered professional.

20. In relation to limb (c), Mrs Owusu’s conduct is such that it breaches fundamental tenets of the profession and brings the reputation of the nursing profession into disrepute. The public rightly expects healthcare professionals to act with honesty, integrity and compassion, particularly when caring for vulnerable

individuals. By exploiting a patient for personal financial gain, Mrs Owusu failed to uphold these core professional values.

21. Mrs Owusu's caution has breached fundamental tenets of the nursing profession including:

- A failure to prioritise people*
- Promote professionalism and trust*

22. The conduct would have breached aspects of the Code of Conduct of the nursing profession, as follows, to:

1.1 treat people with kindness, respect and compassion.

1.5 respect and uphold people's human rights.

3.4 act as an advocate for the vulnerable.

17.1 take all reasonable steps to protect people who are vulnerable or at risk of harm, neglect or abuse

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

20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people

20.4 keep to the laws of the country in which you are practising

20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress

20.6 stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers

20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to

21.1 refuse all but the most trivial gifts, favours or hospitality as accepting them could be interpreted as an attempt to gain preferential treatment

21.2 never ask for or accept loans from anyone in your care or anyone close to them

21.3 act with honesty and integrity in any financial dealings you have with everyone you have a professional relationship with, including people in your care

23. In regarding to limb d) Mrs Owusu's actions were dishonest.

Remediation, reflection, training, insight and remorse

24. In considering the question of whether Mrs Owusu's fitness to practise is currently impaired, the case of Cohen v General Medical Council [2008] EWHC 581 (Admin) set out three matters which it described as being 'highly relevant' to the determination of the question of current impairment;

- Whether the conduct that led to the charge(s) is easily remediable.*
- Whether it has been remedied.*
- Whether it is highly unlikely to be repeated.*

25. The parties agree that the conduct demonstrated here requires detailed insight & reflection, addressing the concerns through strengthened practise and continuous training. The parties further agree that at this stage Mrs Owusu has yet to fulfil such criteria, and therefore Mrs Owusu continues to present an ongoing risk to the safety, wellbeing and health to members of the public.

26. When Mrs Owusu referred herself to the NMC on 3 April 2024, she reflected as follows:

"Upon reflection, this should not have happened under any circumstances.

The police caution has given me the opportunity to develop insight into the severity of my offence and the impact of my conduct on Patient A, the image of the nursing profession and the public perception on the breach of my professional boundaries. Even though I was not a registered nurse when the incident happened, I would still like to take responsibility for my act of dishonesty.

I have since appreciated the importance of maintaining professional boundaries at all times. I have been able to step back and developed further learning and insight into my misconduct. I have taken learning from this unfortunate event and ensure that a similar event never happens again. I am offering an unreserved apology for my action and the effect my action must have had on Patient A and the reputation of the nursing profession.

All relationships with clients need professional boundaries, whereby expectations will be managed to define what is acceptable. This important aspect is in accordance with section 20.6 of the NMC Code which states that the nurses must stay objective and have clear professional boundaries at all times with people in our care. This reflective exercise made me realise that my conduct has brought the nursing profession into disrepute, and I am profoundly sorry for this as I have always been proud of the nursing profession.

I have also reflected upon section 21.2 of the NMC Code which states clearly that nurses must never ask for or accept loans from anyone in our care. I had worked safely for the same Organisation, Time4U Care for about a year before the incident happened and during that period there was no breach of any professional boundaries. I qualified in January 2023, have been on maternity leave, I have not been able to work in that capacity yet. Nevertheless, I have learnt salutary lesson from my misconduct. I have become a law-abiding citizen and I have since been complying with the NMC code. I have a baby I am currently looking after, having been able to gather my thoughts together.”

27. Mrs Owusu, in her latest reflective statement provided to the NMC on 5 May 2026, stated:

“I am writing this reflection to express my deep remorse for my actions and the consequences they may have had on the profession I value so highly. I now fully understand the serious impact of accepting a gift from a resident and failing to maintain professional boundaries. When the police came to my home and questioned me, my nervousness led me to respond dishonestly. I regret this profoundly, and I acknowledge that this response was wrong and against the standards I have since come to uphold as a nurse.

This experience has given me invaluable insight into the importance of maintaining professional boundaries, as well as the consequences that can follow when these are compromised. I realise that my actions not only risked the trust of a vulnerable resident but also could have affected the public’s confidence in our profession. Even though I was not a qualified nurse at the time, I take full responsibility for my actions and for failing to maintain the honesty and integrity expected in any healthcare role.

In addition, I had worked responsibly and maintained professional standards at Time4U Care for nearly a year before this incident occurred, with no prior breaches of professional boundaries. This lapse was an isolated incident and does not reflect my usual approach to patient care and professional conduct.

Reflecting on this incident, I have gained an understanding of the necessity of clear professional boundaries with residents. Through my nursing training, I have come to appreciate the guidance of the NMC Code, especially sections 20.6 and 21.2, which emphasise the need for objectivity and the importance of not accepting gifts or loans from those in our care. I am deeply

regretful for having acted in a way that breached these standards, and I am committed to ensuring that this does not happen again.

I sincerely apologise for any harm my actions may have caused to the resident involved and to the reputation of the nursing profession. Since this incident, I have dedicated myself to becoming a responsible and law-abiding member of society. I have successfully trained as a nurse, and my goal is to serve my community with integrity and professionalism.

I humbly request that the NMC considers my reflection, growth, and sincere remorse, and I ask for the opportunity to continue serving as a nurse. This second chance would allow me to demonstrate my commitment to upholding the values and trust that our profession demands. Thank you for considering my request.”

28. Whilst Mrs Owusu has demonstrated remorse and an understanding on how her actions have an impact on the nursing & healthcare profession, it must be said that her insight and reflection is still developing at this time.

29. Mrs Owusu does not indicate within her reflection the harm that her actions may have had on Patient A, and on members of the public. The police action may have had a salutary effect upon Mrs Owusu, but the insight shown thus far fails to demonstrate why she acted in the manner that she did (likely due to financial issues), or what steps Mrs Owusu would take in the future to avoid being in a similar situation again. Therefore, when considering the NMC guidance at FTP-16a, Has the concern been addressed? - The Nursing and Midwifery Council - the parties agree that Mrs Owusu’s insight is still developing rather than it being fully realised at this stage.

30. Mrs Owusu has provided certificates of two online courses that she has completed:

- *Probity for healthcare professionals dated 7 January 2026*
- *Safeguarding vulnerable adults' level 3 dated 30 December 2025*

However, Mrs Owusu has not completed any training (online or otherwise) relating to such topics as, professional duty of candour, honesty and integrity, and maintaining professional boundaries, etc.

31. Mrs Owusu is not practising as a nurse at present and therefore cannot demonstrate strengthened practise around the areas of concern within a clinical setting.

32. In addition, Mrs Owusu has provided two testimonials, one on a professional level, and the other on a personal level. Those who have provided such testimonials do not state that they are aware that Mrs Owusu was made the subject of a conditional caution relating to the offence of fraud. However, these testimonials do provide some insight into Mrs Owusu's background & personality. In particular, Lisa Osei, a nurse who worked with Mrs Owusu for one year as a nurse and student at Kentshill Nursing Home, states:

"I have had a professional relationship with Linda Owusu for one year as a Nurse and a student at Kentshill Nursing Home.

Throughout our time working together, Linda consistently demonstrated her leadership and teamwork skills, as that was her management placement. Her respect for colleagues, punctuality, and positive attitude were always evident. Her meticulous approach to documentation in residents' care plans further showcases her commitment and professionalism.

Based on my professional experience with Linda, I am confident she was a suitable student and an excellent one for any role with her unique abilities, compassion, and honesty. I have seen Linda go on to graduate as a Registered Mental Health Nurse, of which I have no doubt about her skills

and future career. I will recommend her in any aspect as far as her career is concerned.”

And Amevi Sogah, for whom Mrs Owusu served as a babysitter for the family for over two years, states:

“I am delighted to write this letter in recommendation of Linda Owusu, who served as our family’s babysitter for over two years (2005-2007) at Monza (Italy).

Linda ‘s dedication to our children’s well-being and development was evident in everything she did, from creating educational games that made learning fun to establishing a gentle yet effective discipline routine. Her ability to connect with our children on a personnel level, ensuring they felt heard and valued, was truly remarkable.”

Public protection impairment

33. The parties agree that there is evidence that Mrs Owusu can become a dedicated nurse, capable of providing the necessary care to those who need it. However, it is agreed that a finding of impairment is necessary on public protection grounds due to the absence of current full insight, remediation, strengthened practise or training, and the likelihood of the conduct being repeated in the future.

Public interest impairment

34. In Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) at paragraph 74 Cox J commented that:

“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.”

35. The conduct of Mrs Owusu has fallen far short of the standards the public would expect of professionals caring for them, and public confidence in the professions has been seriously undermined. A finding of impairment is therefore required to maintain public confidence in the profession and professional standards by marking Mrs Owusu’s caution as unacceptable behaviour for a registered nurse.

36. Mrs Owusu does accept that her fitness to practice is currently impaired on public protection and public interest grounds.

Sanction

37. Mrs Owusu accepts the appropriate sanction in this case would be 9 - 12 months suspension order with a review.

38. The parties have considered the NMC’s Sanction Guidance, bearing in mind that it provides guidance, not firm rules. The purpose of sanction is not to be punitive; however, in order to address the public interest including protecting the public, maintaining confidence in the profession, and upholding proper standards of conduct and behaviour, sanctions may have a punitive effect.

39. The aggravating factors in this case are as follows:

- Dishonesty*
- Personal financial gain*
- Abuse of a position of trust*
- Deep-seated attitudinal behaviour*

- *Lack of professionalism*
- *Potentially caused distress to a vulnerable patient*
- *Conduct which put people receiving care at risk of suffering harm*

40. The parties consider that the mitigating factors in this case include:

- *Remorse*
- *Developing insight and strengthened practice*
- *The incident occurred prior to Mrs Owusu becoming a registered nurse*
- *Mrs Owusu made full admissions when interviewed by the police*
- *Mrs Owusu paid the money back*
- *Mrs Owusu has continued to engage with the NMC*
- *Mrs Owusu self-referred to the NMC*

41. Taking the least serious sanctions first, it is submitted that taking no further action or imposing a caution order would not be appropriate in the circumstances of this case. The conduct is too serious to be dealt with in this manner.

42. Taking no further action: The guidance at SAN-2a, Taking no further action - The Nursing and Midwifery Council - indicates that a sanction of this nature can be imposed in exceptional circumstances. The parties agree that this is not a case whereby exceptional circumstances apply. There remains public protection concerns and the conduct towards a vulnerable patient must be regarded as being very serious. Therefore a more serious sanction would be required in order to secure public safety, uphold public confidence and maintain professional standards.

43. Caution Order: The guidance at SAN-2b, Caution order - The Nursing and Midwifery Council - indicates that a sanction of this nature can be imposed when the Committee determines that there is no risk to the public, or to people using services that requires the professional's practice to be restricted, meaning that the 'case is at the lower end of the spectrum of impaired fitness to practise'.

44. *The parties agree that the conduct here could not be regarded as being at the lower end of the spectrum of impaired fitness to practise. Mrs Owusu has yet to provide significant evidence of re-training and reflection, or significant insight that makes repetition highly unlikely. As stated, the conduct is very serious involving a vulnerable patient, abuse of a position of trust, and was dishonest conduct, and these factors alone indicate that a more restrictive sanction would be appropriate.*

45. *Conditions of Practice Order: The guidance at SAN-2c, Conditions of practice order - The Nursing and Midwifery Council - indicates that a sanction of this nature would be appropriate when there is:*

- *no evidence of deep-seated personality or attitudinal problems*
- *potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*
- *people using services will not be put at risk either directly or indirectly as a result of the conditions*
- *conditions can be created that can be monitored and assessed.*

46. *The parties agree that a conditions of practice order would not be appropriate in the circumstances of this case. Although, there is no evidence that Mrs Owusu's clinical practice is of concern, the conduct here took place within a clinical setting and demonstrates deep-seated attitudinal behaviour that would be difficult to address or monitor via conditions. There are no workable or measurable conditions that could be imposed to protect patients from the risks associated with the regulatory concerns in this case.*

47. *Suspension Order: SAN-2d, Suspension order - The Nursing and Midwifery Council - provides the following guidance when deciding whether a sanction of this nature is appropriate, the relevant aspects being:*

- *The impairment is very serious but not fundamentally incompatible with continuing to be a registered professional*
- *An outcome less severe than strike-off would still satisfy the overarching objective.*
- *Whether the risk posed to the public, or to people receiving care, can only be managed by temporary removal from the Register?*
- *Will suspension be sufficient to protect people using services, public confidence in the profession, or professional standards?*
- *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 charges found proved are at the most serious end of the spectrum and call into question the professional's suitability to continue practising, either currently or at all*
- *While it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation*
- *There is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- *What went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *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.

48. The conduct is so serious that it does raise fundamental questions about Mrs Owusu's professionalism, and public confidence in the profession would be difficult to maintain if Mrs Owusu were not removed from the register; the starting point for consideration would be that Mrs Owusu should permanently be removed from the register.

49. However, there are factors present in this case whereby a panel may be confident in moving downward from a strike off order to a suspension order. Such factors that the panel may feel relevant are;

- Mrs Owusu made full and frank admissions to her offending when interviewed by the police.*
- Mrs Owusu has shown remorse*
- Mrs Owusu paid the money back to Patient A.*
- Mrs Owusu self-referred to the NMC and continues to engage with the NMC.*
- Mrs Owusu has demonstrated some insight, since coming onto the register, as to the impact that her conduct had on Patient A, and the profession, including the importance of maintaining professional boundaries.*

50. Although very serious these factors highlight that suspension from the register on a temporary basis could still achieve the overarching objective. Any risks to the public and those receiving case can be managed by temporary removal. Mrs Owusu continues to engage with the process and is developing insight regarding her conduct, which is an important factor that demonstrates that there is a realistic prospect that she can return to unrestricted practise at some point in the future. Temporary removal will allow Mrs Owusu the opportunity to develop further insight and strengthen her practise in the meantime; there being

a realistic prospect that Mrs Owusu will continue to develop insight and strengthen her practise through recognised training whilst being subject to a suspension order.

51. Therefore, the parties agree that notwithstanding that conduct is very serious, public confidence in the profession and professional standards could be maintained by removing Mrs Owusu from the register on a temporary basis.

52. Striking off order: The guidance at SAN-2e, Striking-off order - The Nursing and Midwifery Council - states that a sanction of this nature would be appropriate where the following factors apply:

- 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?*
- Cases involving dishonesty or a breach of the professional duty of candour*
- Abuse of children or vulnerable adults*

53. Although Mrs Owusu's conduct is very serious, which could warrant permanent removal from the register, there are significant factors present that the panel may deem a sanction of this nature being disproportionate, as set out above.

54. Overall, the parties agree that in taking all matters into consideration, as set out above, temporary removal from the register would be proportionate and appropriate in the circumstances of this case. Not only would it mark the seriousness of Mrs Owusu's conduct, but it would also protect the public, whilst maintaining confidence and upholding professional standards within the profession.

55. The panel is therefore invited to impose a suspension order for a period of between 9 – 12 months with a review.

Interim order

56. The parties agree that an interim order would be necessary for the protection of the public, is otherwise in the public interest for the reasons given above. The interim order should be for a period of 18 months in the event that Mrs Owusu seeks to appeal the panel's decision. The interim order should take the form of an interim suspension order. The order will cover the initial 28-day period before the sanction takes effect, in addition to covering the appeal period if Mrs Owusu lodges an appeal.

The Parties understand that this provisional agreement cannot bind a panel, and that the final decision on findings impairment and sanction is a matter for the panel. The Parties understand that, in the event that a panel does not agree with this provisional agreement, the admissions to the charges and the agreed statement of facts set out above, may be placed before a differently constituted panel that is determining the allegation, provided that it would be relevant and fair to do so."

Here ends the provisional CPD agreement between the NMC and Mrs Owusu. The provisional CPD agreement was signed by Mrs Owusu on 7 September 2026 and the NMC on 9 September 2026.

Decision and reasons on the CPD

The panel decided to accept the CPD.

The panel heard and accepted the legal assessor's advice. He referred the panel to the 'NMC Sanctions Guidance' (SG) and to the 'NMC's guidance on Consensual Panel Determinations'. He reminded the panel that they could accept, amend or outright reject the provisional CPD agreement reached between the NMC and Mrs Owusu. Further, the panel should consider whether the provisional CPD agreement would be in the public interest. This means that the outcome must ensure an appropriate level of public protection, maintain public confidence in the professions and the regulatory body, and declare and uphold proper standards of conduct and behaviour.

The panel noted that Mrs Owusu admitted the facts of the charges. Accordingly, the panel was satisfied that the charges are found proved by way of Mrs Owusu admissions as set out in the signed provisional CPD agreement.

Decision and reasons on impairment

The panel then went on to consider whether Mrs Owusu's fitness to practise is currently impaired. Whilst acknowledging the agreement between the NMC and Mrs Owusu, the panel has exercised its own independent judgement in reaching its decision on impairment.

In respect of Ms Owusu's caution, the panel considered that Patient A was put at an unwarranted risk of harm in that Mrs Owusu's actions may have caused distress arising from financial abuse. The panel considered that this course of conduct breach fundamental tenets of the nursing profession, namely honesty and integrity, and brought the reputation of the nursing profession into disrepute. The panel considered that Mrs Owusu has acted dishonestly in the past by her own admission.

In this respect, the panel endorsed paragraphs 16 to 36 of the provisional CPD agreement. In relation to paragraph 22 of the provisional CPD agreement, the panel was of the view that Mrs Owusu breached the following sections of The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates: 1.1, 20.1, 20.2, 20.4, 20.5, 20.6, 21.1, 21.2 and 21.3. The panel did not agree that Mrs Owusu breached sections 1.5, 3.4, 17.1 and 20.3.

The panel then considered whether Mrs Owusu's fitness to practise is currently impaired by reason of caution.

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

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

"Can the nurse, midwife or nursing associate practise safely and effectively without restriction?"

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

The panel was of the view that this conduct is not easily remediable given it relates to dishonesty. In relation to whether this conduct has been remedied, the panel noted that Mrs Owusu has repaid the money in compensation and has provided two detailed reflections. It noted that in her reflections, Mrs Owusu admitted that when questioned by the police, she was dishonest and told them that the sum total of the money had been a gift. She subsequently accepted in interview that this was dishonest, and she had spent more than she had agreed with Patient A.

The panel endorsed paragraph 28 of the provisional CPD agreement. The panel was of the view that this conduct has not been entirely remedied, in that Mrs Owusu has not yet demonstrated full insight into her dishonesty. The panel considered that Mrs Owusu's reflections address the issue of her accepting a gift from Patient A, but does not address the criminality of spending more money than was agreed with Patient A. The panel considered that Mrs Owusu has demonstrated some developing insight at this time. It considered that this appears to be an isolated incident, and it did not consider this conduct is likely to be repeated.

The panel also noted that Mrs Owusu has completed two relevant training courses, and has provided two character references. However, it noted that these references do not address whether the authors are aware of the conduct that has been found proved.

In relation to public protection and public interest, the panel endorsed paragraph 33 – 36. The panel agreed that in the absence of full insight, remediation and strengthened practice, the risk of harm to the public remains. The panel agreed that Mrs Owusu's conduct fell short of the standards expected of nurses, and that a finding of impairment is necessary to maintain public confidence in the profession and to uphold proper professional standards.

Decision and reasons on sanction

Having found Mrs Owusu'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 considered paragraph 39 of the provisional CPD agreement and disagreed that Mrs Owusu has demonstrated deep seated attitudinal issues. The panel had regard to NMC Guidance DMA – 1 *Impairment* (last updated: 28 January 2026). In particular, it noted the following guidance under the heading “*What do we mean by a ‘deep seated attitudinal issue’*”:

“A deep-seated attitudinal issue refers to an ingrained mindset or belief system that is contrary to these values and behaviours, Deep-seated attitudinal issues are resistant to change and pose risks to the safety and wellbeing of people receiving care and to the public’s confidence in the professions generally and to professional standards.”

The panel considered that Mrs Owusu’s conduct appears to have been an isolated incident of opportunistic dishonesty. The panel also considered that Mrs Owusu has made admissions, has self-referred and has provided two detailed reflection pieces. In light of this, the panel was not satisfied that Mrs Owusu has an ingrained mindset or belief that is contrary to the NMC values and would therefore not categorise her actions as evidence of a deep-seated attitudinal issue.

The panel endorsed the remaining aggravating factors.

The panel therefore took into account the following aggravating features:

- Dishonesty
- Personal financial gain
- Abuse of a position of trust
- Some attitudinal issues
- Lack of professionalism
- Potentially caused distress to a vulnerable patient
- Conduct which put people receiving care at risk of suffering harm

The panel also took into account the following mitigating features:

- Remorse
- Developing insight
- Full admissions when interviewed by the police
- Mrs Owusu paid the money back
- Continued engagement with the NMC

The panel did not consider the fact that this incident occurred prior to Mrs Owusu being a registered nurse as a relevant mitigating factor. Mrs Owusu would have been enrolled in her nursing course at the time the incident occurred and should have therefore borne in mind the values and behaviours expected of a registered nurse. The panel also considered that whilst Mrs Owusu did self-refer, the incident took place in December 2021, and she accepted a police caution on 30 August 2023 but did not refer herself to the NMC until 3 April 2024. The panel accepted that Mrs Owusu may not have been cautioned at the time of the incident but given the absence of information in respect of the timeline of events, the panel was not satisfied that self-referral was a mitigating factor in this case.

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 Mrs Owusu'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 Mrs Owusu'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 Mrs Owusu'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;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to 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 is 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 the concern is attitudinal in nature, and therefore it could not formulate any conditions that could be monitored or assessed. Furthermore, the panel concluded that the placing of conditions on Mrs Owusu'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 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 repetition of behaviour since the incident;*

- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*

The panel was satisfied that in this case that whilst the conduct was very serious, it was not fundamentally incompatible with remaining on the register. The panel noted that this appears to be a single instance of misconduct, Mrs Owusu has demonstrated some reflection and insight into her conduct, and there is no evidence before it that the conduct has been repeated.

The panel had regard to NMC Guidance SAN-2d *Suspension order* (last updated: 28 January 2026). In particular, it noted:

“Key things to weigh up before imposing this order include (but aren’t limited to):

- *whether the risk posed to the public, or to people receiving care, can only be managed by temporary removal from the Register?*
- *will suspension be sufficient to protect people using services, public confidence in the profession, or professional standards?*
- *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?*

Below is a non-exhaustive list of circumstances that may make a suspension order an appropriate sanction:

- *the charges found proved are at the most serious end of the spectrum and call into question the professional’s suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their*

- practice through reflection, the development of their professional skills and / or development of insight and remediation*
- there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
 - what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
 - 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 considered that in the absence of full insight or strengthened practice, the risk posed to the public can only be managed by the temporary removal of Mrs Owusu from the register. The panel considered that this would be sufficient to protect public confidence in the profession and to maintain professional standards. Given Mrs Owusu’s continued engagement with these proceedings, and developing insight, the panel considered that it was realistic that she could return to unrestricted practice in the future. The panel considered that a period of suspension would provide Mrs Owusu time to develop her insight fully, and to undertake more relevant training courses. In this respect, the panel endorsed paragraph 30 of the provisional CPD agreement, and agreed that Mrs Owusu should undertake training such as professional duty of candour, honesty and integrity and maintaining professional boundaries.

The panel considered that the charge found proved is very serious, but this case is not the most serious end of the spectrum in light of Mrs Owusu self-referring, paying the money back and demonstrating some insight into her actions.

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. The panel had regard to NMC Guidance SAN-2e

Striking-off order (last updated: 28 January 2026). It considered that the charge found proved does raise questions about Mrs Owusu's professionalism, but the panel considered that she is taking steps to remediate. The panel considered that public confidence in the profession can be upheld through temporary removal from the register. The panel considered that if Mrs Owusu demonstrates full insight and provides the NMC with evidence of strengthened practice through training and testimonials, the public will be safe, and public confidence maintained. The panel was of the view that there is a real prospect that, after suspension, Mrs Owusu will have gained full insight and strengthened her practice such that the risk has reduced.

Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Mrs Owusu's case to impose a striking-off order.

Balancing all of these factors the panel agreed with the CPD that a suspension order would be the appropriate and proportionate sanction, and it endorsed paragraphs 37 to 55. The panel noted the hardship such an order will inevitably cause Mrs Owusu. 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.

The panel determined that a suspension order for a period of nine months was appropriate in this case to mark the seriousness of the conduct, protect the public and meet the public interest.

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.

Any future panel reviewing this case would be assisted by:

- Whilst the panel has accepted that Mrs Owusu has provided two reflective statements, it was of the view that this can be strengthened by Mrs Owusu demonstrating deeper reflection in relation to the distress and harm caused to Patient A by her fraudulent use of Patient A's card;
- Relevant, appropriate training including on the professional duty of candour, honesty and integrity and professional boundaries; and
- Further contemporary testimonials and character references from any employment, including paid or voluntary work, ideally in the healthcare sector.

This will be confirmed to Mrs Owusu in writing.

Decision and reasons on interim order

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 Mrs Owusu's own interest. The panel heard and accepted the advice of the legal assessor.

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interests. 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 agreed with the CPD 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 protect the public and meet the public interest during any potential appeal period.

If no appeal is made, then the interim suspension order will be replaced by the substantive suspension order 28 days after Mrs Owusu is sent the decision of this hearing in writing.

That concludes this determination.