Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Meeting
Wednesday, 2 September 2026

Virtual Meeting

Name of Registrant:	**Abraham Morgen**
NMC PIN:	08B0675E
Part(s) of the register:	Registered Nurse, Sub Part 1 Adult Nurse (31 July 2008)
Relevant Location:	Dudley
Type of case:	Misconduct
Panel members:	Michelle Lee (Chair, registrant member) Genevieve Nwanze (Registrant member) Caroline Ross (Lay member)
Legal Assessor:	Neil Fielding
Hearings Coordinator:	Clara Federizo
Order being reviewed:	Conditions of practice order (9 months)
Fitness to practise:	Impaired
Outcome:	**Conditions of practice order (12 months) to come into effect on 15 October 2026 in accordance with Article 30 (1)**

Decision and reasons on service of Notice of Meeting

The panel noted at the start of this meeting that the Notice of Meeting had been sent to Mr Morgen's registered email address by secure email on 3 August 2026.

The panel took into account that the Notice of Meeting provided details of the review that the review meeting would be held no sooner than 31 August 2026 and inviting Mr Morgen to provide any written evidence seven days before this date.

The panel accepted the advice of the legal assessor.

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

Decision and reasons on review of the current order

The panel decided to extend the current conditions of practice order (12 months) to come into effect on 15 October 2026 in accordance with Article 30 (1). This order will come into effect at the end of 15 October 2026 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is the second review of a substantive conditions of practice order originally imposed for a period of 18 months by a Fitness to Practise Committee panel on 17 June 2024. This was reviewed on 17 December 2025, where the substantive conditions of practice order was confirmed and extended for a further 9 months.

The current order is due to expire at the end of 15 October 2026.

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

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

'That you, a registered nurse:

1. *On 11 June 2021 in relation to Resident A:*

   i) Failed to dispose of the resident's Alfacalcidol medication by destroying the tablet and returning it to the pharmacy. ***[Proved by admission]***

   ii) Failed to record the disposal of Alfacalcidol in the resident's clinical notes. ***[Proved by admission]***

   iii) Did not hand over and/or escalate to a member of staff the medication error. ***[Proved by admission]***

2. *On 27 July 2021 in relation to Resident B:*

   i) Failed to dispose of the resident's medication by destroying the tablets and returning them to the pharmacy ***[Proved by admission]***

   ii) Failed to record the disposal of medication in the resident's clinical notes. ***[Proved by admission]***

   iii) Did not hand over and/or escalate to a member of staff the medication error. ***[Proved by admission]***

3. *On an occasion between October 2021 and April 2022:*

   i) Used the incorrect dressing for Resident C's wound. ***[Proved by admission]***

   ii) Failed to record the wound in Resident C's clinical notes. ***[Proved by admission]***

   iii) Incorrectly recorded wound care in Resident D's clinical notes. ***[Proved by admission]***

   iv) Made inaccurate records in one or more resident's clinical notes that tasks had been completed. ***[Proved by admission]***

   v) Failed to complete clinical tasks required of you. ***[Proved by admission]***

4. *Your actions in charge 3 iv) were dishonest because you knew you had not completed those tasks.* ***[Proved by admission]***

5. *On 26 September 2022 did not check the electronic medication administration record (eMAR) against medication blister packs for one or more residents.* ***[Proved]***

6. *On 10 October 2022:*

   i) *Failed to administer pain relief to Resident E.* ***[Proved by admission]***
   ii) *Incorrectly recorded pain relief had been administered to Resident E.* ***[Proved by admission]***
   iii) *Failed to administer a Butrans Patch to Resident F in the morning.* ***[Proved by admission]***

7. *On a date between 26 September 2022 and 11 October 2022 failed to have the administration of Gabapentin to Resident G checked and/or failed to ensure it was signed by a second member of staff.* ***[Proved in respect of failure to ensure signature by a second member of staff. Not proved in relation to failure to have the administration checked]***

   …

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

The first reviewing panel determined the following with regard to impairment:

'In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether Mr Morgen's fitness to practise remains impaired.

The panel noted that the original panel found that Mr Morgen had insufficient insight. At this hearing the panel had sight of his reflective statement but as it did not sufficiently address his failings in relation to dishonesty, the panel determined that his insight could be further developed.

In its consideration of whether Mr Morgen has taken steps to strengthen his practice, the panel took into account the additional relevant training Mr Morgen has undertaken, which included a Medication Administration Training Course dated 16 November 2024 but as Mr Morgen has not been able to secure a nursing position, he has not been able to put his learning into practice. Accordingly, the panel concluded that there remained a real risk of repetition and consequent risk of harm.

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

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

For these reasons, the panel finds that Mr Morgen's fitness to practise remains impaired.'

The first reviewing panel determined the following with regard to sanction:

'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 Mr Morgen's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where 'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.' The panel considered that Mr Morgen'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 a further extension of the current conditions of practice order.

It was of the view that a further period of conditions of practice would allow Mr Morgen more time to fully reflect on his previous failings. It considered that, whilst progress has been made Mr Morgen still needs to gain a better understanding of how the dishonesty of one nurse can impact upon the nursing profession as a whole and not just the organisation that the individual nurse is working for. The panel concluded that a further extension of the current conditions of practice order would be the appropriate and proportionate response and would afford Mr Morgen adequate time to further develop his insight and take steps to strengthen his practice once he has secured a nursing role.

The panel determined that the current conditions imposed are proportionate, measurable and workable. The panel accepted that Mr Morgen has been unable to comply with conditions of practice due to only having recently secured employment as a healthcare assistant but is engaging with the NMC and is willing to comply with any conditions imposed once he has secured a nursing role.

The panel was of the view that an extension of the current conditions of practice order is sufficient to protect patients and the wider public interest.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 9 months, which will come into effect on the expiry of the current order, namely at the end of 15 January 2026. It decided to impose the following conditions which it considered are appropriate and proportionate in this case:

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

1. *You must limit your nursing practice to one substantive employer, which must not be an agency.*

2. *You must successfully complete face to face classroom-based training on medication management and administration and wound care.*

3. *You must not administer or manage medication or dress wounds unless under direct supervision by another registered nurse until you are signed off as competent by your supervisor/line manager, who should also be another registered nurse.*

4. *You must ensure that you are supervised any time that you are working. This supervision must consist of:*
   - *Always working on the same shift and the same ward/unit as, but not necessarily always directly observed by, another registered nurse.*

You must do this until signed off as competent by your line manager/supervisor. This competence assessment should include an assessment of your adherence to the duty of candour.

- *Monthly meetings with your supervisor/line manager to discuss your clinical caseload, including medication administration and management, wound care, record keeping and professional ethics/duty of candour.*

5. *You must work with a mentor (who could be the supervisor/line manager above) to create a personal development plan. Your PDP must address concerns about:*
   - *Medication administration and management.*
   - *Wound care.*
   - *Record keeping.*
   - *Professional ethics/the duty of candour.*

6. *You must meet monthly with your mentor to ensure that you are making progress towards aims set in your PDP. For the avoidance of doubt, this can be discussed in the same monthly meeting as described in Condition 4.*

7. *You must keep a reflective practice profile. The profile will:*
   - *Detail examples of cases where you administered and managed medication successfully.*
   - *Detail examples of cases where you completed wound care successfully.*
   - *Detail examples, if and where relevant, of when you have upheld the duty of candour.*
   - *Be signed by your supervisor/line manager each time.*

8. *You must provide a further reflective piece that focusses on the duty of candour and which clearly identifies how you would prevent being dishonest in future situations when under pressure at work.*

9. *You must obtain from your line manager/supervisor and send the NMC a report seven days in advance of the next NMC hearing or meeting. The report should comment on your performance and conduct, including your:*
   - *Medication administration and management.*
   - *Wound care.*
   - *Record keeping.*
   - *Professional ethics/adherence to the duty of candour.*

10. *In addition to the above report, and before the expiry of this order you will send your case officer evidence of your compliance with these conditions, including:*
   - *Evidence of completed training.*
   - *Your reflection piece (as referred to in condition 7 above).*
   - *Your PDP.*
   - *A report from your line manager.*
   - *Your reflective profile (as referred to in condition 8 above).*

11. *You must keep the NMC informed about anywhere you are working by:*
   a) *Telling your NMC case officer within seven days of accepting or leaving any employment.*
   b) *Giving your NMC case officer your employer's contact details.*

12. *You must keep the NMC informed about anywhere you are studying by:*
   a) *Telling your case officer within seven days of accepting any course of study.*
   b) *Giving your case officer the name and contact details of the organisation offering that course of study.*

13. *You must immediately give a copy of these conditions to:*
   a) *Any organisation or person you work for.*
   b) *Any employers you apply to for work (at the time of application).*

c) *Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.*

14. *You must tell your case officer, within seven days of your becoming aware of:*
    a) *Any clinical incident you are involved in.*
    b) *Any investigation started against you.*
    c) *Any disciplinary proceedings taken against you.*

15. *You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:*

    a) *Any current or future employer.*
    b) *Any educational establishment.*
    c) *Any other person(s) involved in your retraining and/or supervision required by these conditions.*

The period of this order is for 9 months.'

Decision and reasons on current impairment

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

The panel has had regard to all of the documentation before it, including the NMC bundle and the written representations and supporting documentation provided on Mr Morgen's behalf. This included evidence relating to his attempts to secure employment, his training and his reflective material.

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

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether Mr Morgen's fitness to practise remains impaired.

The panel noted that the previous reviewing panel had identified issues concerning Mr Morgen's insight and remediation. In relation to insight, the panel considered the reflective material provided by Mr Morgen. It found that the reflections were brief, general and lacked sufficient depth. It determined that Mr Morgen's insight was limited, particularly considering the passage of time. Although the panel recognised that Mr Morgen had identified some learning, he had not adequately demonstrated how he had reached that learning, how he would apply it in practice or how his actions had affected others.

In its consideration of whether Mr Morgen has taken steps to strengthen his practice, the panel determined that there was insufficient evidence before it which showed significant improvement in the areas of concern since the last review. It noted that Mr Morgen was not currently employed and therefore had not been able to demonstrate full compliance with the existing conditions of practice. The panel recognised that Mr Morgen had completed relevant online training in Wound Care on 20 August 2026 and online training in the Safe Administration of Medicines on 21 August 2026. However, it noted that Condition 2 specifically required face-to-face training and that Mr Morgen's previous classroom-based Medication Administration training completed on 16 November 2024 was no longer up to date. It therefore concluded that Mr Morgen had not fully complied with Condition 2.

The panel also considered the seriousness of the concerns found proved by the original panel, including the finding of dishonesty. The panel considered that dishonesty can be difficult to remediate and noted that Mr Morgen had not demonstrated sufficient acknowledgement or insight into the impact of his behaviour on others or on the nursing profession.

In light of this the panel determined that Mr Morgen is still liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the ground of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required because the concerns found proved were serious and included dishonesty, and Mr Morgen had not demonstrated sufficient insight or remediation. The panel considered that the public's confidence in the nursing profession would be undermined if a finding of impairment were not made in these circumstances.

For these reasons, the panel finds that Mr Morgen's fitness to practise remains impaired.

Decision and reasons on sanction

Having found Mr Morgen fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Mr Morgen'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, but the Committee wants to mark that what happened was unacceptable and must not happen again.'* The panel considered that Mr Morgen'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 imposing a further conditions of practice order on Mr Morgen's registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings identified in this case. The panel noted that Mr Morgen had engaged with the regulatory process and had demonstrated some willingness to seek employment and undertake relevant training. Although the panel noted that Mr Morgen appeared to not comply fully with the existing conditions, the panel considered that this did not mean that conditions of practice were unworkable.

The panel was of the view that a further conditions of practice order was sufficient to protect patients and the wider public interest. The panel considered that Mr Morgen should be given the opportunity to undertake the required supervised nursing practice and demonstrate remediation once he obtains employment. It considered that a conditions of practice order would enable Mr Morgen to address the clinical concerns identified while providing the necessary protection for patients and meet the public interest.

The panel considered whether the existing conditions should be amended. In particular, it considered whether the requirement that Mr Morgen limit his nursing practice to one substantive employer, which must not be an agency, may be creating difficulty to obtain employment. However, given the seriousness of the concerns, Mr Morgen's limited insight and the lack of evidence of sufficient remediation, the panel concluded that the existing restrictions remained necessary and proportionate.

The panel also considered the fact that Mr Morgen had only provided evidence of one job application during 2026 and appeared to have limited his applications to nursing homes. The panel considered that Mr Morgen may benefit from widening his search for employment, including to NHS trusts. However, it did not consider that there was sufficient evidence to justify reducing the restrictions imposed by the existing conditions.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of Mr Morgen's case because this would prevent Mr Morgen from undertaking the supervised nursing practice necessary to demonstrate remediation, would not address his clinical deficiencies more effectively than conditions of practice and would serve no additional public protection purpose.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 12 months, which will come into effect on the expiry of the current order, namely at the end of 15 October 2026. It decided to impose and extend the following conditions which it considered are still appropriate and proportionate in this case:

> 'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.'
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> 1. You must limit your nursing practice to one substantive employer, which must not be an agency.
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> 2. You must successfully complete face to face classroom-based training on medication management and administration and wound care.
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> 3. You must not administer or manage medication or dress wounds unless under direct supervision by another registered nurse until you are signed off as competent by your supervisor/line manager, who should also be another registered nurse.
>
> 4. You must ensure that you are supervised any time that you are working. This supervision must consist of:
>
> - Always working on the same shift and the same ward/unit as, but not necessarily always directly observed by, another registered nurse. You must do this until signed off as competent by your line

manager/supervisor. This competence assessment should include an assessment of your adherence to the duty of candour.

- Monthly meetings with your supervisor/line manager to discuss your clinical caseload, including medication administration and management, wound care, record keeping and professional ethics/duty of candour.

5. You must work with a mentor (who could be the supervisor/line manager above) to create a personal development plan. Your PDP must address concerns about:

    - Medication administration and management.
    - Wound care.
    - Record keeping.
    - Professional ethics/the duty of candour.

6. You must meet monthly with your mentor to ensure that you are making progress towards aims set in your PDP. For the avoidance of doubt, this can be discussed in the same monthly meeting as described in Condition 4.

7. You must keep a reflective practice profile. The profile will:

- Detail examples of cases where you administered and managed medication successfully.
- Detail examples of cases where you completed wound care successfully.
- Detail examples, if and where relevant, of when you have upheld the duty of candour.
- Be signed by your supervisor/line manager each time.

8. You must provide a further reflective piece that focuses on the duty of candour and which clearly identifies how you would prevent being dishonest in future situations when under pressure at work.

9. You must obtain from your line manager/supervisor and send the NMC a report seven days in advance of the next NMC hearing or meeting. The report should comment on your performance and conduct, including your:

    - Medication administration and management.
    - Wound care.
    - Record keeping.
    - Professional ethics/adherence to the duty of candour.

10. In addition to the above report, and before the expiry of this order you will send your case officer evidence of your compliance with these conditions, including:

    - Evidence of completed training.
    - Your reflection piece (as referred to in condition 7 above).
    - Your PDP.
    - A report from your line manager.
    - Your reflective profile (as referred to in condition 8 above).

11. You must keep the NMC informed about anywhere you are working by:
    a) Telling your NMC case officer within seven days of accepting or leaving any employment.
    b) Giving your NMC case officer your employer's contact details.

12. You must keep the NMC informed about anywhere you are studying by:
    a) Telling your case officer within seven days of accepting any course of study.
    b) Giving your case officer the name and contact details of the organisation offering that course of study.

13. You must immediately give a copy of these conditions to:
    a) Any organisation or person you work for.
    b) Any employers you apply to for work (at the time of application).
    c) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.

14. You must tell your case officer, within seven days of your becoming aware of:
    a) Any clinical incident you are involved in.
    b) Any investigation started against you.
    c) Any disciplinary proceedings taken against you.

15. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:
    a) Any current or future employer.
    b) Any educational establishment.
    c) Any other person(s) involved in your retraining and/or supervision required by these conditions.

The period of this order is for 12 months.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 15 October 2026 in accordance with Article 30(1).

Before the end of the period of the order, a panel will hold a review hearing to see how well Mr Morgen has complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- Mr Morgen's full compliance with the conditions, including evidence of completion of the required face-to-face training.
- A detailed reflection specifically addressing the dishonest clinical records, why the dishonesty occurred, its impact on patients and the wider profession and precise strategies for responding to workload pressure.
- Evidence of supervised nursing practice, a personal development plan, reflections and a report from his line manager or supervisor addressing Mr Morgen's clinical performance and conduct.

This will be confirmed to Mr Morgen in writing.

That concludes this determination.