

Fitness to Practise Committee
Substantive Hearing
12-15 August 2019

Nursing and Midwifery Council, 2 Stratford Place, Montfichet Road, London, E20 1EJ

Name of Ms Adjei Nurse:	Florence Bertha Adjei
NMC PIN:	02J0053O
Part of the register:	Sub Part 1 Registered Nurse – Adult (RN1) (3 October 2002)
Area of Registered Address:	England
Type of Case:	Misconduct
Panel Members:	Alison Stone (Chair, Lay member) Elaine Biscoe (Registrant member) Sue Davie (Lay member)
Legal Assessor:	Leighton Hughes
Panel Secretary:	Aoife Kennedy
Ms Adjei:	Not present and not represented in her absence.
Nursing and Midwifery Council:	Represented by Sophie Stannard, on behalf of the NMC Regulatory Legal Team.
Facts proved:	All
Facts not proved:	None
Fitness to practise:	Impaired
Sanction:	Striking Off Order
Interim order:	Interim Suspension Order (18 months)

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Ms Adjei was not in attendance and that the Notice of Hearing letter had been sent to her registered address by recorded delivery and by first class post on 4 July 2019.

The panel had regard to the Royal Mail 'Track and trace' printout which showed the Notice of Hearing was delivered to Ms Adjei's registered address on 5 July. It was signed for in the name of "F C".

The panel took into account that the Notice of Hearing provided details of the allegation, the time, dates and venue of the hearing and, amongst other things, information about Ms Adjei's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

Ms Stannard, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

In the light of all of the information available, the panel was satisfied that Ms Adjei has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Ms Adjei

The panel next considered whether it should proceed in the absence of Ms Adjei. The panel had regard to Rule 21(2), which states:

'21.— (2) *Where the registrant fails to attend and is not represented at the hearing, the Committee—*

- (a) *shall require the presenter to adduce evidence that all reasonable efforts have been made, in accordance with these Rules, to serve the notice of hearing on the registrant;*
- (b) *may, where the Committee is satisfied that the notice of hearing has been duly served, direct that the allegation should be heard and determined notwithstanding the absence of the registrant; or*
- (c) *may adjourn the hearing and issue directions.'*

Ms Stannard invited the panel to continue in the absence of Ms Adjei on the basis that she had voluntarily absented herself.

Ms Stannard submitted that Ms Adjei had not engaged with the NMC in relation to these proceedings, despite the NMC's numerous attempts to contact her. She submitted that there was therefore no reason to believe that an adjournment would secure Ms Adjei's attendance on some future occasion.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Ms Adjei. In reaching this decision, the panel has considered the submissions of Ms Stannard and the advice of the legal assessor. It had regard to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Ms Adjei;
- The NMC has exercised exceptional care in its attempts to ensure that Ms Adjei is aware of these proceedings, including using a tracing agency to ascertain her whereabouts when she appeared to have failed to update her usual address;

- Ms Adjei has received correspondence and phone calls from the NMC, but has not engaged with these proceedings, apart from making a telephone call on 8 July 2019. During this call, Ms Adjei said that she would not be attending today's hearing, but wished to speak with her representative. She said she was not in London, and refused to attend by telephone. She subsequently said she would attend in person, with the help of her representative who she said she would try to contact and who would provide a response. The NMC wrote to her on 11 July 2019 to confirm the telephone conversation and then asked her to confirm her position by 18 July 2019. No further response was received from Ms Adjei, although she had signed when she collected this letter on 16 July 2019;
- There is no reason to suppose that adjourning would secure her attendance at some future date;
- The charges against Ms Adjei are extremely serious;
- Two witnesses have attended today to give live evidence;
- Not proceeding may inconvenience the witnesses, their employers and, for those involved in clinical practice, the clients who need their professional services;
- The charges relate to events that occurred in February 2016, and further delay may have an adverse effect on the ability of witnesses accurately to recall events; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Ms Adjei in proceeding in her absence. She will not be able to challenge the evidence relied upon by the NMC in person and will not be able to give evidence on her own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. The panel also has two statements made by Ms Adjei, and the record of a telephone call with her, which will be considered in its deliberations. Furthermore, the limited disadvantage is the

consequence of Ms Adjei's decision to absent herself from the hearing, waive her rights to attend, and/or be represented, and to not provide evidence or make submissions on her own behalf.

In these circumstances, the panel has decided that it is fair, appropriate and proportionate to proceed in the absence of Ms Adjei. The panel will draw no adverse inference from Ms Adjei's absence in its findings of fact.

Decision and reasons on application to admit written statements as evidence

Ms Stannard made an application under Rule 31 of the Rules to allow the following written statements into evidence:

- Dr 1, Forensic Pathologist on the Home Office Register
- Ms 2, Matron at the Trust
- Mr 3, Detective Constable at Metropolitan Police Service
- Dr 4, Forensic Scientist
- Dr 5, Consultant Neuropathologist
- Dr 6, Histopathologist

Ms Stannard provided the panel with background information regarding the evidence, and referred the panel to Rule 31 and the requirements of relevance and fairness.

- Dr 1

Ms Stannard submitted that Dr 1's evidence is highly relevant, as he was the pathologist who examined Patient A, and concludes the cause of death was the way in which the potassium was administered, namely through the PICC line rather than orally.

Ms Stannard told the panel that the NMC contacted Dr 1 in February this year regarding his availability. However, due to his high workload he is unable to participate in a telephone interview or attend any future hearings.

Ms Stannard submitted that, unless today's hearing were adjourned and Dr 1 were summoned to attend, the only avenue by which his evidence can be heard is if the panel admits his report as hearsay which can be read.

- Ms 2 and Mr 3

Ms Stannard submitted that the evidence of Ms 2 and Mr 3 is highly relevant.

Ms 2 was the matron at the time of the incident. She provides her account of what happened on 8 February and provides her explanation as to why she took the steps she took. Ms 2's statement also exhibits the contemporaneous statement made by Ms Adjei on 8 February 2016, and the datix report produced by Ms 2 following the incident. Ms Stannard submitted that it is fair to admit this evidence, primarily to assist Ms Adjei in putting across her account. Ms Stannard submitted that there is no indication that Ms Adjei no longer stands by her statement.

Mr 3's statement exhibits the prepared statement of Ms Adjei for the police, and her interview transcript from the criminal investigation. Ms Stannard submitted that there is no indication that Ms Adjei no longer stands by this statement, and that it is clearly relevant to the proceedings. It was a voluntary interview, and she had her solicitor present who would have advised her before she gave her prepared statement and written it based on her instructions.

Ms Stannard submitted that it would be fair to admit the written statements of Ms 2 and Mr 3 as evidence, as Ms Adjei has been aware since March that the NMC seek to adduce them as evidence, and has had ample opportunity to object to the admission of these witnesses.

Ms Stannard submitted that Ms Adjei has voluntarily absented herself from these proceedings, she has known of this hearing for a long time, and has chosen not to properly engage. Moreover, she submitted that these witnesses, are not contentious.

- Dr 4, Dr 5 and Dr 6

Ms Stannard submitted that the evidence of Dr 4, Dr 5 and Dr 6 is highly relevant and that it would be fair to admit their statements as evidence.

Ms Stannard submitted that the evidence is relevant and is not contentious, particularly because Ms Adjei does not dispute the way in which it is alleged she administered the medication. She submitted that it would be fair to admit these written statements as evidence to ensure that the panel has a full picture.

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included that Rule 31 of the Rules provides that, so far as it is 'fair and relevant', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings.

The panel accepted that the written statements of Dr 1, Ms 2, Mr 3, Dr 4, Dr 5, and Dr 6 were relevant to the charges. The panel also took into account that Dr 1, Dr 4, Dr 5, and Dr 6 were professional witnesses who had provided their statements in the form of expert reports.

The panel then considered whether it would be fair to admit the statements as evidence. It took into account the submissions of Ms Stannard. It considered that Ms Adjei has had ample opportunity to respond to the statements, but has chosen not to respond or object to them. The panel had particular regard to the witness statements of Ms Adjei and considered it significant that she had not challenged or contradicted the evidence of those NMC witnesses to any material extent.

Taking all of the above into account, the panel decided that it would be fair and relevant to admit the statements into evidence. The panel acknowledged that it would not be possible for the authors to be cross-examined on their evidence. However, the panel was satisfied that it could appropriately address these issues by attaching what it deemed the appropriate and relevant weight to this evidence.

The panel therefore decided to admit the witness statements of Dr 1, Ms 2, Mr 3, Dr 4, Dr 5, and Dr 6 into evidence.

Details of charges

That you, a registered nurse, on 8 February 2016:

1. Administered Sando K to Patient A through her PICC line when it was prescribed to be administered orally.
2. Your conduct in Charge 1, above, caused or contributed to the death of Patient A.

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

Background

At the time of the alleged events, Ms Adjei was employed as a band 5 agency nurse in Surgical Ward 2 (“the Ward”) at North Middlesex University Hospital Trust (“the Trust”). The NMC received a referral from the Trust on 11 February 2016 in relation to Ms Adjei’s care of Patient A, an elderly lady who was admitted to the Trust on 31 January 2016.

It is alleged that, on 8 February 2016, Ms Adjei administered Sando K to Patient A through her PICC line when it was prescribed to be administered orally, and that this caused or contributed to Patient A’s death.

Patient A suffered a cardiac arrest shortly after the Sando K was administered. A ‘do not attempt cardiopulmonary resuscitation’ form had previously been signed, and as such CPR was not commenced. Patient A’s time of death was 15.25.

A post-mortem report, dated September 2016, concluded that the cause of death was oral medication being administered via PICC line.

Decision on the findings on facts and reasons

In reaching its decisions on facts, the panel considered all the evidence adduced in this case together with the submissions made by Ms Stannard, on behalf of the NMC.

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

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 the facts will be proved if the panel is satisfied that it is more likely than not that the matter alleged is true.

The panel took into account all the oral and documentary evidence in this case. The panel heard oral evidence from two witnesses called on behalf of the NMC:

- Ms 7, Student Midwife on placement at the Trust

At the time of the alleged events Ms 7 was shadowing Ms Adjei. Ms 7 gave evidence that she watched Ms Adjei administer medication to Patient A through an IV cannula in her right arm. Ms 7 described Patient A as almost immediately showing signs of pain and gagging. Ms 7 alerted nearby nurses and doctors, who were unable to locate a pulse. Patient A was subsequently pronounced dead.

The panel considered Ms 7 to be a clear, credible, and honest witness. It acknowledged that she was not an experienced midwife at the time of events, but was willing to assist the panel where possible.

- Dr 8, Foundation Year 1 doctor on a surgical rotation at the Trust

On the day of the alleged events, Dr 8 prescribed Patient A oral Sando K. Dr 8 gave evidence that Patient A was nil by mouth, but could have sips of water and take medication orally.

The panel considered Dr 8 to be a clear, credible and honest witness. She tried to assist the panel where possible, but conceded when she could not remember any details.

The panel considered the charges and made the following findings:

Charge 1:

Administered Sando K to Patient A through her PICC line when it was prescribed to be administered orally.

In considering charge 1, the panel took into account Ms Adjei's varying accounts of what happened, namely: her contemporaneous local statement to the Trust dated 8 February 2016; her prepared statement for her police interview on 14 April 2016; and her account during a telephone call to the NMC dated 8 July 2019.

In her local statement, Ms Adjei stated:

“Dr came to prescribed Sando K II to be given. At 15 Hours I dilute the II Sando K with 10mls of sterile water and I gave it through the PICC line for 7 minutes. In fact, I forgot myself that this was oral medication and should not have been given via the PICC line. ... I feel very sorry for committing such an error.”

In her prepared statement for her police interview, Ms Adjei stated:

“I considered that at that moment the patient was receiving all her medication through the PICC line [S]he was nil by mouth and it was certain that she would choke if I administered any medication by mouth. In the circumstances the only option I was left with was to administer the medication through the PICC line. I dissolved two tablets of the Sando K II with 10mls of sterile water,

I stopped the feed dripping through the PICC line, then using the sterile syringe I drew the dissolved tablet and fed it through the PICC line, I pushed the medication slowly for about 7 minutes.”

The telephone note from Ms Adjei’s call to the NMC stated:

“Registrant said she had the shock of her life with the incident, the patient had many health issues and she did what happened because the doctor told her to do it.”

The panel noted that Ms Adjei’s explanation for her actions varies throughout her accounts. It also noted variations between some aspects of her statements and evidence from the witnesses. However, the common thread throughout all three accounts is her admission to administering Sando K to Patient A through her PICC line when it was prescribed to be administered orally.

The panel took into account the evidence of Ms 7 that she saw Ms Adjei administer medication to Patient A through an IV cannula in her right arm. It also took into account the evidence of Dr 8 that she prescribed potassium supplementation to be given to Patient A in the oral form, Sando K. This prescription was written clearly in the medication chart in the patient notes. The panel considered that both witnesses’ accounts were consistent with Ms Adjei’s admissions.

The panel therefore found charge 1 PROVED.

Charge 2:

Your conduct in Charge 1, above, caused or contributed to the death of Patient A.

In considering charge 2, the panel took into account the statement of Dr 1, who had performed the post-mortem examination of Patient A, and who based his opinion on

cause of death not only on his own examination, but also on other expert reports from professional colleagues. In particular, the panel noted the following conclusion from Dr 1's report:

"I have considered the manner and mechanism of death, and although I am not able to indicate the concentration of potassium in the deceased's blood post-injection, the circumstantial evidence very strongly suggests that her death was directly related to the intravenous administration of the Sando-K solution. The cause of death is therefore given as; ia. Fatal cardiac arrhythmia, consistent with an episode of acute hyperkalaemia."

The panel noted that the evidence of Dr 1 has never been challenged by Ms Adjei. Ms Adjei has never suggested that there may have been another cause of Patient A's death. The panel also noted that Dr 1, in utilising other expert's opinions, had considered and ruled out other likely causes.

The panel therefore found charge 2 PROVED.

Decision and reasons on misconduct and impairment

Having announced its findings on the facts, the panel then considered whether, on the basis of the allegations found proved, Ms Adjei's fitness to practise is currently impaired by reason of misconduct. The panel took into account all of the evidence before it.

The panel took into account the submissions made by Ms Stannard, on behalf of the NMC. Ms Stannard submitted that Ms Adjei's actions in administering Patient A's oral medication through her PICC line, resulting in the death of Patient A, fell seriously below the standards expected of a registered nurse. Ms Stannard submitted that Ms Adjei breached a number of standards of the 2015 Code (The code: Professional Standards of Practice and Behaviour for nurses and midwives) ("the Code") which caused significant harm to a patient and breached fundamental tenets of the profession. She submitted that Ms Adjei has not demonstrated any evidence of remorse or insight into the impact of her actions. Further, she has not provided any evidence of remediation. Ms Stannard submitted that Ms Adjei's fitness to practise is currently impaired because of her misconduct on both public protection and public interest grounds.

The panel accepted the legal assessor's advice.

In deciding whether Ms Adjei's fitness to practise is currently impaired, the panel has borne in mind that this is a two stage process. It first considered whether the facts found proved in this case amounts to misconduct and, if so, whether as a result of that misconduct, Ms Adjei's fitness to practise is currently impaired.

The panel acknowledged that there is no burden or standard of proof at this stage of the proceedings and that the issues of misconduct and impairment remain matters for the independent judgment of the panel.

In reaching its decision, the panel bore in mind its duty to protect the public, to maintain public confidence in the profession and the regulatory process, and to declare and uphold proper standards of behaviour and conduct.

The panel considered first whether the facts giving rise to the charge found proved amount to misconduct. This case involves Ms Adjei administering medication to Patient A through her PICC line when it was prescribed to be administered orally, which resulted in the death of Patient A.

The panel considered the circumstances of Ms Adjei's actions. It took into account her three conflicting explanations for her actions, namely: her contemporaneous local statement to the Trust dated 8 February 2016; her prepared statement for her police interview on 14 April 2016; and her account during a telephone call to the NMC dated 8 July 2019.

In Ms Adjei's local statement, she said that she made an error in administering the Sando K, and: "In fact I forgot myself that this was oral medication, and should not have been given via the PICC line." However, the panel noted that Patient A's prescription was for oral administration, and that Ms Adjei recorded in Patient A's notes that she had administered it orally.

In Ms Adjei's prepared statement for the police she stated that, having had a debate with the doctor and the doctor reaffirming that Patient A's medication should be administered orally, she went against the doctor's instructions because she thought Patient A would choke if the Sando K was administered to her orally. She made no reference to having checked with any other nurse or doctor before overriding the doctor's instructions. The panel noted that this statement was made with her solicitor present, after she had received legal advice. The panel also noted that, during her police interview, Ms Adjei consistently replied "no comment", and therefore relied entirely on her statement prepared with her solicitor. The panel considered that her statement prepared for the police laid out the rationale for Ms Adjei's decision to administer the Sando K intravenously, and was an admission that it was a deliberate act.

The telephone note from Ms Adjei's telephone call with the NMC dated 8 July 2019 records her as saying that she administered the Sando K through Patient A's PICC line because the doctor had told her to do it. The panel noted that Sando K is the oral form of potassium supplementation. It noted Dr 8's written prescription in the patient notes instructing that the Sando K be administered orally, and it took into account Dr 8's written and oral evidence that her instructions had been to administer the Sando K to Patient A orally.

On balance, the panel therefore considered that the most credible explanation for Ms Adjei's actions was that given in her prepared statement for her police interview, namely, that of her own volition she went against the instructions of Dr 8's prescription to administer the Sando K to Patient A orally. This was the only detailed and reflective account given by Ms Adjei, and it was provided in connection with a police interview, with the benefit of legal advice in connection with potential criminal proceedings.

The panel therefore considered that Ms Adjei made a conscious decision to overrule the prescription and administer Sando K to Patient A via her PICC line, rather than orally. The panel considered that, if Ms Adjei had any genuine concern as to the manner of administration of the medication, it was her duty to seek advice, and it was wholly wrong to change the manner of administration of her own volition. The panel considered that any competent nurse would know that Sando K is the oral form of potassium supplementation, and that it cannot be administered intravenously. The panel was also concerned that Ms Adjei chose to make a contemporaneous record in the patient notes that she had administered it orally in accordance with the prescription, when she clearly had not done so. Furthermore, the panel noted that, at the time of her actions, Ms Adjei was being observed by a student midwife, Ms 7, and therefore had a duty to act as a role model.

In the panel's judgment, Ms Adjei's actions breached the Code, in particular in the following respects:

1.2 make sure you deliver the fundamentals of care effectively

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

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

10.3 complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements

16.3 tell someone in authority at the first reasonable opportunity if you experience problems that may prevent you working within the Code or other national standards, taking prompt action to tackle the causes of concern if you can

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

The panel was aware that not every act falling short of what would be proper in the circumstances, and not every breach of the Code would be sufficiently serious that it could properly be described as misconduct. However, the Code clearly establishes the basic rules and standards ordinarily required to be followed by a registered nurse. The panel was satisfied that Ms Adjei's actions in making a conscious decision to overrule Patient A's prescription and administer Sando K, an oral potassium supplementation, through Patient A's PICC line, leading to the death of Patient A, fell far below the standards expected of a registered nurse and were sufficiently grave to amount to misconduct.

The panel then went on to consider whether, by reason of Ms Adjei's misconduct, her fitness to practise is currently impaired. The panel reminded itself that it should consider not only the risk that a registrant poses to members of the public, but also the public interest in upholding proper professional standards and public confidence

in the NMC as a regulator, and whether those aims would be undermined if a finding of impairment were not made in the circumstances.

The panel reminded itself of the guidance of Mrs Justice Cox in *Council for Healthcare Regulatory Excellence v. NMC and Paula Grant* [2011] EWHC 927 (Admin), adopting the test proposed by Dame Janet Smith in the Shipman enquiry:

“Do our findings of fact in respect of the doctor’s [nurse’s] misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:

- a) has in the past acted and/or is liable to act in the future 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 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 profession; and/or
- d) ...”

The panel decided that limbs a, b, and c of the test are engaged in this case.

The panel considered that Ms Adjei’s actions caused the death of Patient A and brought the profession into disrepute. The panel noted that Ms Adjei’s only engagement with these proceedings has been her telephone conversation with the NMC on 8 July 2019. She has provided no evidence of remorse, insight into the impact of her actions, or remediation. The panel also noted that the two statements from Ms Adjei, and the telephone call, were inconsistent and, while she appeared to apologise in the initial statement, in her second statement and phone call, she then appeared to be shifting blame for what happened. The panel has seen no evidence

that Ms Adjei understands the risks associated with potassium supplementation, or that concentrations calculated for the different routes of administration are not interchangeable.

The panel therefore considered that there remains a significant risk of repetition.

The panel decided that Ms Adjei's behaviour fell seriously short of what is expected of a registered nurse. For all the reasons given thus far, the panel decided that 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 circumstances.

Accordingly the panel decided that Ms Adjei's current fitness to practise is impaired by reason of her misconduct on both public protection and public interest grounds.

Determination on sanction:

Having decided that Ms Adjei's fitness to practise is impaired, the panel has considered what sanction, if any, it should impose. In reaching its decision, the panel has considered all of the evidence provided, together with the submissions of Ms Stannard, on behalf of the NMC.

The panel accepted the advice of the legal assessor.

The panel has considered this case carefully and has decided to make a striking off order.

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 Sanctions Guidance published by the NMC. It had regard to the need to protect the public as well as the wider public interest. It recognised that the decision on sanction is a matter for the panel, exercising its own independent judgement.

Before making its decision on the appropriate sanction, the panel considered the aggravating and mitigating features in Ms Adjei's case. Whilst the panel acknowledged that this was an isolated clinical error, it considered that it was extremely serious and that Ms Adjei's deliberate actions in overruling a doctor's prescription directly resulted in the death of a patient. Further, Ms Adjei did this in the presence of a student midwife whom she should have been mentoring.

The panel considered aggravating features to be:

- Ms Adjei deliberately overruled a doctor's prescription;
- Ms Adjei has demonstrated no remorse, insight or remediation;
- Ms Adjei appears to have an attitudinal problem in that she sought to attribute blame to a doctor, and is reported to imply in her telephone conversation of 8 July 2019 that Patient A's age makes her actions less serious.

The panel considered that there were no mitigating features in this case.

In all the circumstances, the panel considered this to be an extremely serious case of misconduct, at the highest end of the spectrum.

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 protect the public, nor be in the public interest to take no further action.

Next, in considering whether a caution order would be appropriate in the circumstances, the panel took into account the Sanctions Guidance, which 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 Ms Adjei’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 not be sufficient to protect the public, nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Ms Adjei’s registration would be a sufficient and appropriate response. The panel was mindful that any conditions imposed must be proportionate, measurable and workable. The panel was of the view that there are no practical or workable conditions that could be formulated to address the public interest in this case. The panel concluded that placing conditions on Ms Adjei’s registration would not adequately address the seriousness of this case, nor was there any evidence that Ms Adjei would comply with any conditions imposed.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The panel noted that Ms Adjei’s misconduct was serious and that her actions led to the death of a patient, brought the reputation of the profession into disrepute, and breached fundamental tenets of the profession.

The panel considered that Ms Adjei has not engaged with these proceedings, has not demonstrated remorse or insight into her actions and the impact of those actions on Patient A, Patient A's family, her colleagues, or the wider nursing profession.

The panel considered that Ms Adjei deliberately overruled Dr 8's prescription, and administered an oral form of potassium supplementation intravenously. Her conduct was a significant departure from the standards expected of a registered nurse and a serious breach of the fundamental tenets of the profession. The panel considered that her actions, apparent deep-seated attitudinal problems, and lack of insight and remorse are fundamentally incompatible with her remaining on the register. In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction. Nor would it serve any useful purpose in the case of a nurse who has said she would like her name removed from the register and who had burned her uniform.

The panel then went on to consider whether a striking-off order would be appropriate and proportionate in the circumstances. The panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*
- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

The panel has a duty to uphold proper standards of conduct. The panel was of the view that the findings in this particular case demonstrate that Ms Adjei's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Ms Adjei's actions were

extremely serious and had resulted directly in the death of a patient. To allow her 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 effect of Ms Adjei's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, 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 nurse.

This will be confirmed to Ms Adjei in writing.

Decision on interim order and reasons:

The panel has considered the submission made by Ms Stannard, on behalf of the NMC, that an interim suspension order for a period of 18 months should be made on the grounds that it is necessary for the protection of the public and is otherwise in the public interest.

The panel accepted the advice of the legal assessor.

The panel was satisfied that an interim order was necessary for the protection of the public and was otherwise in the public interest. In reaching the decision to impose an interim order, the panel had regard to the reasons set out in its decision for the substantive order. The panel decided to impose an interim suspension order for the same reasons as it imposed the substantive order. To do otherwise would be incompatible with its earlier findings. The panel did not consider that an interim conditions of practice order was appropriate in this case for the same reasons as given in the determination on sanction.

The period of this interim suspension order is for 18 months to allow for the possibility of an appeal to be made and determined. If no appeal is made then the interim order will be replaced by the substantive order 28 days after Ms Adjei sent the decision of this hearing in writing.

That concludes this determination.

This decision will be confirmed to Ms Adjei in writing.