

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

**Substantive Order Review Hearing  
Friday, 14 June 2024**

Virtual Hearing

**Name of Registrant:** Adwoa Addo Obiri

**NMC PIN** 92Y00690

**Part(s) of the register:** Registered Nurse – Sub Part 1  
Adult Nursing - 18 September 1992

Registered Midwife – Midwifery – 3 December 2004

**Relevant Location:** Somerset

**Type of case:** Misconduct/Lack of competence

**Panel members:** Susan Ball (Chair, Registrant member)  
Jude Bayly (Registrant member)  
Ian Dawes (Lay member)

**Legal Assessor:** Gillian Hawken

**Hearings Coordinator:** Audrey Chikosha

**Nursing and Midwifery Council:** Represented by Arthur Lo, Case Presenter

**Mrs Obiri:** Represented by Penny Maudsley, instructed by Nurses Defence Service (NDS)

**Order being reviewed:** Suspension order (9 months)

**Fitness to practise:** Impaired

**Outcome:** **Conditions of practice order (9 months) to come into effect immediately in accordance with Article 30 (2)**

## **Decision and reasons on review of the substantive order**

The panel decided to replace the current suspension order with a conditions of practice order.

This order will come into effect immediately in accordance with 30(2) of the 'Nursing and Midwifery Order 2001' (the Order).

This is an early review of the substantive order imposed on 22 May 2024. This review is being held because at the last review, the panel imposed a suspension order with the intention to suspend Mrs Obiri's midwifery registration only. However, as a dual registrant, Mrs Obiri has also been suspended in relation to her nursing practice while her fitness to practise as a nurse had not been found to be impaired.

This is the sixth effective review of a substantive order originally imposed for a period of 12 months by a Conduct and Competence Committee on 16 November 2016. On 23 November 2017 the original suspension order was reviewed by a panel of the Fitness to Practise Committee which decided to impose a further 12-month suspension order. On 7 December 2018, the suspension order was replaced by an 18-month conditions of practice order. On 6 May 2020, the order was varied and imposed for a further 12 months. On 10 May 2021, a further 36 months conditions of practice order was imposed. The order was reviewed on 22 May 2024 and the panel imposed a 9-month suspension order, due to come into effect at the end of 16 June 2024.

The panel is reviewing the order pursuant to 30(2) of the Order.

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

*'That you, whilst employed as a Band 7 midwife by Croydon Health Services NHS Trust at Croydon University Hospital ("the Hospital"), between November 2012 and March 2014, failed to demonstrate the standards of knowledge, skill and/or*

*judgement required to practise without supervision as a Band 7 midwife, more specifically:*

*1. At an interview for a position as a Practice Development Midwife on or around 7 December 2012, you were found to be lacking in basic key skills required of a Band 7 Midwife namely:*

*1.1 Neonatal resuscitation;*

*1.2 Interpretation of CTG questions and/or identification the 3 overall categories of CTG;*

*1.3 Management of shoulder dystocia.*

*2. On a night shift, on around 11 December 2012, and in your role as the labour ward and unit coordinator, did not effectively and/or efficiently coordinate the labour ward.*

*3. Between March 2013 and September 2013, having been placed on an informal Development plan (“the Plan”), did not successfully complete the plan, in that you were unable to demonstrate that you were able to:*

*3.1 Identify three overall categories of a CTG;*

*3.2 ...;*

*3.3 Consistently and effectively and/or efficiently co-ordinate the labour ward.*

*4. Between March 2013 and September 2013, had to ask a colleague what DCDA meant.*

*5. On or around 27 August 2013, in relation to Patient C, were unable to suture a basic perineal tear.*

*That you, whilst employed as a Band 7 midwife by Croydon Health Services NHS Trust at Croydon University Hospital (“the Hospital”), between November 2012 and March 2014:*

*6. Having been placed on an informal development programme to address your clinical deficiencies described at 1 above, you:*

- 6.1 *Did not believe and/or accept that you needed to improve your practice;*
- 6.2 *Did not adequately engage with the programme;*
- 6.3...
7. *Having been placed on an Informal Development Plan as described in 3 above, you:*
- 7.1 *Did not believe and/or accept that you needed to improve your practice*
- 7.2 *Did not adequately engage with the plan.*
8. *On 27 February 2014, between 12.00 and 20.30, and in relation to Patient A, failed to provide adequate clinical care in that you:*
- 8.1 *Did not introduce yourself to Patient A and/or her husband;*
- 8.2 *Did not obtain consent prior to carrying out the following:*
- 8.2.1 *A cannulation at or around 12.30;*
- 8.2.2 *...;*
- 8.2.3 *A vaginal examination at or around 15.24;*
- 8.2.4 *One or more rectal examinations conducted whilst suturing Patient A's perineal tear.*
- 8.3...
- 8.4 *Did not record or document the following:*
- 8.4.1 *A partogram for Patient A;*
- 8.4.2 *...;*
- 8.4.3 *Maternal observations prior to 16.12;*
- 8.4.4 *The site of the cannulation at 8.2.1 above;*
- 8.4.5 *That you had consent to conduct a vaginal examination at 14.50;*
- 8.4.6 *That you had consent to conduct an artificial rupture of membranes;*
- 8.4.7 *That you had consent to conduct the vaginal examination conducted at 8.2.3 above.*
- 8.5 *Did not adequately record or document the following:*
- 8.5.1 *...;*
- 8.5.2 *....*
- 8.6 *Did not use a cardiotocograph interpretation sticker in Patient A's notes at or around 15.10.*

8.7....

9 On 27 February 2014, and in relation to Patient A, made any or all of the following comments:

9.1 That you were "pushing Patient A's womb back over the baby's head" or words to that effect;

9.2 "if you had listened to me you wouldn't have torn" or words to that effect;

9.3 "do you want to poo out of your vagina?" or words to that effect;

9.4 "the next time you are with your husband you want it to be right" or words to that effect.

10 During a night shift on 20/21 March 2014, and in relation to Patient B, failed to provide adequate clinical care in that you:

10.1 At or around 21.10 and in relation to a vaginal examination:

10.1.1 Did not document consent from Patient B for a vaginal examination;

10.1.2 Did not document the findings of a vaginal examination using a vaginal examination sticker.

10.2 In relation to, and/or whilst suturing Patient B's perineal repair:

10.2.1 Did not adequately escalate Patient B's perineal bleeding to the midwife in charge and/or did not document that you had escalated Patient B's perineal bleeding to the midwife in charge;

10.2.2 At approx. 00.45 continued to suture Patient B when you were told to stop and await medical review;

10.2.3 Continued to suture despite realising this repair was beyond your capability;

10.2.4 Used an excessive amount of suturing material;

10.2.5 Your actions at 10.2.3 and/or 10.2.4 above caused Patient B's perineum to gape and require re-suturing;

10.2.6 Did not ensure that the swabs and suture needle were checked by a second midwife on completion of Patient B's perineal repair and/or did not document that the swabs

- and suture needle were checked by a second midwife on completion of Patient B's perineal repair;*
- 10.2.7 Incorrectly documented Patient B's episiotomy as a second degree tear on her maternity notes;*
- 10.2.8 Took one hour and ten minutes to complete suturing Patient B's perineal repair.'*

The fifth 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 your fitness to practise remains impaired. The panel noted your reflective piece which demonstrated insight into your past failings and what you could have done differently. However, an action plan on going forward was not included.*

*The panel considered the decision from the last reviewing panel where it was stated as follows:*

*'It had regard to the midwifery training you had recently undertaken, and noted that some of the areas which you have addressed in relation to your nursing practice would also apply in your midwifery practice... However, the panel considered that the core concerns about your midwifery practice related to your clinical skills. It was of the view that without a personal development plan specifically relating to your midwifery practice, or any other evidence that may demonstrate your clinical competence as a midwife, you could not be considered to have remediated your midwifery practice.'*

*Today's panel noted that you have not worked as a midwife for 10 years and that there is a considerable amount of work still required to remedy the clinical concerns regarding your midwifery practice.*

*The panel noted that there has not been any evidence of strengthening your midwifery skills through clinical practice since the last review. It acknowledged that there is a persuasive burden on you to demonstrate that you are no longer impaired. It noted a lack of progress in this regard, partly because you have not been able to find employment as a midwife but more significantly because you have not kept yourself up to date regarding the midwifery skills and knowledge which is an essential prerequisite to obtaining employment as a midwife.*

*The last reviewing panel determined that you were liable to repeat matters of the kind found proved if your midwifery skills and knowledge was not strengthened. The panel therefore concluded that a real risk of repetition remains. Therefore, the panel concluded that an order remains necessary to protect the public.*

*The panel concluded that an order is also in the public interest to maintain public confidence in the professions and to declare and uphold proper standards of conduct. It determined that a fully informed member of the public would be concerned to learn that a midwife subject to such serious findings is practising unrestricted.*

*For these reasons, the panel finds that your fitness to practise remains impaired.'*

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

*'Having found your 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 public protection issues identified, an order that does not restrict your 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 your 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 conditions of practice order on your 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 next considered the continuation of the current conditions of practice order.*

*The panel noted that you have not practised as a midwife since 2014. It also noted that you have not provided evidence to demonstrate that you have strengthened your midwifery skills and knowledge in the last 3 years. In light of the protracted period during which you have been unable to secure employment nor kept your midwifery skills and knowledge up to date, the panel concluded that the conditions of practice order is currently not workable in your case. Keeping your skills and knowledge up to date is an important pre-condition to securing any employment as a midwife. The panel concluded that no current workable conditions of practice could be*



*formulated which would protect the public or satisfy the wider public interest.*

*The panel determined that a suspension order is the appropriate sanction which would both protect the public and satisfy the wider public interest. Accordingly, the panel determined to impose a suspension order for the period of 9 months. It considered this to be the most appropriate and proportionate sanction available since it would not only address the public protection and the public interest concerns, but it will also allow you with an opportunity to reflect on your potential future career as a midwife.*

*The panel considered a striking-off order and concluded that this would be disproportionate at this time. It considered however that this option could be considered by a future panel.*

*This suspension order will take effect upon the expiry of the current conditions of practice order, namely the end of 16 June 2024 in accordance with Article 30(1).'*

## **Decision and reasons on current impairment**

The panel has considered carefully whether Mrs Obiri's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's ability to practice kindly, safely and professionally. 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 bundle of supportive documents from Mrs Obiri. It has also taken account of the submissions made by Mr Lo on behalf of the NMC. He took the panel through the background of this case and the previous decisions of the past reviewing panels.

Mr Lo submitted that at the last review on 22 May 2024, the panel had imposed a suspension order for a period of 9 months. He submitted that it was the panel's intention, at that time to suspend Mrs Obiri's midwifery registration only. However, he informed the panel that a partial suspension is not possible in relation to NMC registration. Therefore, when the panel imposed a suspension order it suspended her entire registration both as a nurse and as a midwife.

Mr Lo reminded the panel that the persuasive burden is on Mrs Obiri to show her fitness to practise is no longer impaired. He referred the panel to her reflective statement and training certificates. He submitted that while there is evidence of her competency and reflections in regard to her nursing practice, there is no evidence to support that she has strengthened her midwifery practice. Mr Lo submitted that Mrs Obiri has not worked as a registered midwife in over 10 years and informed the panel that she has expressed her intentions to not return to midwifery.

Mr Lo submitted that in light of this, allowing the current order to lapse to allow Mrs Obiri's midwifery registration to expire simultaneously would be the ideal sanction in this case. However, he reminded the panel that Mrs Obiri's dual registration is not divisible. Therefore, should the panel revoke the current order today, Mrs Obiri would be removed from the register in relation to both her nursing and midwifery registrations as she has been unable to revalidate while she has restrictions on her practice.

Mr Lo therefore invited the panel to impose a conditions of practice order for the remainder of the period, namely 9 months. He submitted that this would be sufficient time to allow Mrs Obiri to gather the relevant information and meet the requirements to revalidate her nursing registration as her fitness to practise in relation to nursing has not been found to be impaired. Mr Lo referred the panel to the NMC Conditions of Practice bank, and invited the panel to impose a condition that restricts Mrs Obiri from working as a registered midwife which, in these circumstances, would be tantamount to a suspension of her midwifery registration.

Mr Lo submitted that at a future review, the panel would then have the opportunity to revoke the current order or allow it to lapse, and at that time, Mrs Obiri's registration would expire but she would be able to readmit as a nurse shortly after.

Ms Maudsley reiterated the submissions of Mr Lo. She submitted that the current suspension order was intended to only suspend Mrs Obiri's midwifery registration. She submitted that as a result of this error, Mrs Obiri has not been able to secure any nursing work. Furthermore, she submitted that Mrs Obiri has not been able to secure any midwifery work in the last 10 years. As a result, Ms Maudsley submitted that Mrs Obiri has not been able to remediate any of the concerns identified regarding her midwifery practice.

Ms Maudsley informed the panel that Mrs Obiri took a career break in August 2023 and has not yet returned to practice. She informed the panel that Mrs Obiri has had difficulties securing employment even in nursing as a result of being subject to a substantive order even though it is in relation to her midwifery practice.

Ms Maudsley submitted that Mrs Obiri no longer wishes to return to midwifery. She submitted that it is Mrs Obiri's request that a future reviewing panel allow the current order to lapse so her midwifery registration can expire and fall away. Ms Maudsley outlined for the panel that Mrs Obiri has not been able to revalidate or pay her retention fees as a nurse despite her fitness to practise not being found to be impaired in this profession.

Ms Maudsley thanked the panel today for allowing time this morning for her to take instructions and get clarification from the NMC with regards to the readmission process should Mrs Obiri's registration as both a nurse and a midwife expire as a result of the substantive order lapsing. Ms Maudsley submitted that Mrs Obiri is aware that should a future panel revoke or lapse the current order, she would have to apply for readmission to the register. Mrs Obiri has confirmed that she is able to fulfil the practice hours and CPD requirements to revalidate her nursing registration. Ms Maudsley submitted that the only difficulty Mrs Obiri would have at this time is gathering references as she has not worked as a registered nurse in nearly a year.

Ms Maudsley therefore agreed with Mr Lo's submission that the panel today should replace the current suspension order with a conditions of practice order. This would allow Mrs Obiri to gather everything she needs to revalidate, while effectively protecting the

public and meeting the public interest as Mrs Obiri remains impaired in relation to her fitness to practise as a midwife.

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 Mrs Obiri's fitness to practise remains impaired.

The panel noted that the last reviewing panel found that Mrs Obiri had insufficient insight with regards to her midwifery practice. At this hearing the panel had no new information before it to undermine this finding.

In its consideration of whether Mrs Obiri had taken steps to strengthen her midwifery practice, the panel had no new information before it to suggest that she had. The panel bore in mind that Mrs Obiri has not worked as a midwife in over 10 years, and she has expressed to the NMC and through her representative at today's hearing, that she does not wish to return to midwifery practice.

The last reviewing panel determined that Mrs Obiri was liable to repeat matters of the kind found proved. Today's panel has heard no new information to undermine this finding of a risk of repetition. In light of this, this panel determined that Mrs Obiri remains liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment in relation to her midwifery practise 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 in relation to Mrs Obiri's midwifery practice on public interest grounds is also required.

For these reasons, the panel finds that Mrs Obiri's fitness to practise as a midwife remains impaired.

The panel first considered the imposition of a caution order but determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Mrs Obiri'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 Obiri'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 considered substituting the current suspension order with a conditions of practice order. The panel noted that Mrs Obiri's fitness to practice is only impaired in relation to her midwifery practice. Taking account of the information before it and the submissions from Mr Lo and Ms Maudsley the panel was satisfied that workable conditions could be formulated to restrict Mrs Obiri's midwifery practise while allowing her to continue practising as a nurse.

The panel noted that Mrs Obiri only remains on the register at this time as a result of these proceedings. It noted that Mrs Obiri has not been able to revalidate her NMC PIN in relation to her nursing registration as a result of being subject to an ongoing substantive order. The panel today did consider revoking the current order to allow Mrs Obiri's midwifery registration lapse. However, upon receiving clarification from the NMC Registration Team, it was informed that her nursing registration would also expire as she is dually registered.

The panel considered both parties' submissions, and determined that it would be fair, appropriate, and proportionate to impose a conditions of practice order restricting Mrs Obiri from practising as a midwife. The panel noted that this would address the public protection and public interest concerns identified in relation to her midwifery practice, while allowing her to continue practising as a nurse.

Furthermore, the panel was of the view that this would afford her the opportunity to arrange and prepare for her revalidation and readmission to the register as a nurse only, at such time that a future reviewing panel were to allow the current order to lapse, simultaneously lapsing her nursing and midwifery registrations.

The panel was satisfied that it would be possible to formulate practicable and workable conditions that, if complied with, may lead to Mrs Obiri's unrestricted return to practice and would serve to protect the public and the reputation of the profession in the meantime.

The panel decided that the public would be suitably protected as would the reputation of the profession by the implementation of the following conditions of practice:

'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 not practise as a midwife in any paid or unpaid capacity.
  
2. You must immediately inform the following parties that you are subject to a conditions of practice order under the NMC's fitness to practise procedures, and disclose the conditions listed at (1) to (10) above, to them:
  - a) Any organisation or person employing, contracting with, or using you to undertake any work requiring your NMC PIN;
  - b) Any agency you are registered with or apply to be registered with (at the time of application) to undertake any work requiring your NMC PIN;
  - c) Any prospective employer (at the time of application) where you are applying for any work requiring your NMC PIN; and
  - d) Any educational establishment at which you are undertaking a course of study connected with midwifery, or any such establishment to which you apply to take such a course (at the time of application).

The period of this order is for the remaining duration of the current order under Article 30(4)(d), namely 9 months.

This conditions of practice order will replace the current suspension order with immediate effect in accordance with Article 30(2)

Before the end of the period of the order, a panel will hold a review hearing. 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:

- References and testimonials from your line manager and senior colleagues regarding your clinical practice from the last 18 months of paid or unpaid work

This will be confirmed to Mrs Obiri in writing.

That concludes this determination.