

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

**Substantive Order Review Hearing
Tuesday, 26 November 2024**

Virtual Hearing

Name of Registrant:	Innocent Blessed Chirawu
NMC PIN	17B1800E
Part(s) of the register:	Registered Nurse – Sub Part 1 Mental Health Nursing – March 2017
Relevant Location:	Nottingham
Type of case:	Misconduct
Panel members:	Michelle McBreeze (Chair, Lay member) Elisabeth Fairbairn (Registrant member) Chantelle Whitehead (Lay member)
Legal Assessor:	Nigel Ingram
Hearings Coordinator:	Ifeoma Okere
Nursing and Midwifery Council:	Represented by Rory Gordon, Mr Gordon
Mr Chirawu:	Present and not represented
Order being reviewed:	Suspension order (6 months)
Fitness to practise:	Impaired
Outcome:	Order to lapse with impairment upon expiry, namely 1 January 2025, in accordance with Article 30 (1)

Decision and reasons on review of the substantive order

The panel decided to allow the order to lapse with impairment upon expiry on 1 January 2025.

This order will come into effect at the end of 1 January 2025 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the seventh review of a substantive conditions of practice order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 28 June 2021. The order was first reviewed on 14 June 2022, when it was extended for a further six months.

The second review took place on 12 December 2022, where the order was extended for an additional six months. At the third review, conducted on 23 May 2023, the order was replaced with a suspension order for three months.

The fourth review was held on 12 July 2023, resulting in the suspension order being extended for another three months. During the fifth review on 12 October 2023, the suspension order was replaced with a conditions of practice order for nine months.

At the sixth review on 1 July 2024, the duration of the conditions of practice order was reduced, with an expiry date set for 2 July 2024. Following this, a suspension order was imposed for a period of six months, effective from 2 July 2024.

The current order is due to expire at the end of 1 January 2025.

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 22 February 2019, whilst working as the sole nurse in charge of a night shift you:*

a) *did not administer a Morphine injection to Resident A as prescribed;*
[PROVED BY ADMISSION]

b) *Upon being instructed by Colleague A to explain how you would prepare a Morphine injection and/or following review of Resident A's MAR chart you:*

i) *incorrectly selected a 5ml syringe to administer the Morphine injection; [PROVED]*

ii) *informed Colleague A that you would administer 2.5ml of Morphine to Resident A when the correct dosage was 0.25ml of Morphine;*
[PROVED]

iii) *upon being informed by Colleague A that the correct dosage of Morphine was 0.25ml you continued to say that you "would administer 2.5ml of Morphine"; and [PROVED]*

c) *Lacked the competency to administer a Morphine injection on your own.*
[PROVED]

2. *Between September 2018 and 22 February 2019, you did not inform the senior staff that you did not have the competency to administer Morphine injections on your own. [PROVED]*

3. **[...]**

4. *During a supervision meeting on 9 January 2019, you did not inform Colleague B that you required retraining in administering Morphine injections. [PROVED]*

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

The sixth 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 noted that the last reviewing panel found that Mr Chirawu had developed some insight in respect of how he would do things differently should a similar situation arise. At this meeting the panel had no new information before it to suggest that Mr Chirawu had understood the potential impact of his actions on patients, their families, his colleagues, the public and the reputation of the nursing profession. The panel was of the view that, although it would take commitment, Mr Chirawu's conduct appears to be remediable but there has been no engagement from Mr Chirawu since the last hearing and no evidence of remediation put before today's panel.

The last reviewing panel determined that Mr Chirawu was liable to repeat matters of the kind found proved. Today's panel has received no information that showed Mr Chirawu had been taking steps to strengthen his practice and remediate the concerns found. Mr Chirawu had provided no evidence of education, training or development to suggest that he had taken steps to improve his practice. In light of this, this panel determined that Mr Chirawu is liable to repeat matters of the kind found proved. 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 both to protect patients and also to meet 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 Chirawu's fitness to practise remains impaired.

The sixth 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 Chirawu'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 Chirawu'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 the continuation of the current conditions of practice order. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel bore in mind the seriousness of the facts found proved at the original hearing and the fact that he has not engaged with the NMC at all since the last hearing. The panel took into account the lack of engagement from Mr Chirawu in providing information on his compliance with his conditions of practice order and his failure to provide a further reflective piece as required by Condition 2. The panel was of the view that it is part of a nurse's professional responsibility to maintain engagement with the regulator. Mr Chirawu has failed to do so and has shown disregard for the NMC's regulatory process.

On this basis, the panel concluded that a conditions of practice order is no longer the appropriate order in this case and that a further period of

conditions would not be adequate to maintain public confidence in the profession and its regulatory process, or to uphold standards.

The panel determined therefore 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 six months which would provide Mr Chirawu with an opportunity to engage with the NMC and provide evidence of progression through completed training, learning and development and a reflective piece which follows a reflective model designed for healthcare practice. The panel considered this to be the most appropriate and proportionate sanction available.

Although the panel has found on this occasion that it would be disproportionate to strike off, it was mindful that future lack of engagement from Mr Chirawu may leave him at risk that the next reviewing panel will strike him off the register.

Accordingly, the period of the current conditions of practice order will be reduced under Article 30 (2) and (4) so that it expires tomorrow, 2 July 2024. The suspension order will then take effect on the expiry of the conditions of practice order in accordance with Article 30 (1).

Before the end of the period of suspension, another panel will review the order. At the review hearing the panel may extend the order or make a different order to take effect on its expiry, or it may revoke the order or reduce its length, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- Mr Chirawu's attendance at the review hearing;*
- Evidence of any self-directed learning or training Mr Chirawu has undertaken;*
- Information regarding Mr Chirawu's current employment; and*

- *Evidence of references or testimonials from any paid or unpaid work undertaken by Mr Chirawu.*
- *A reflective piece from Mr Chirawu which follows a reflective model used in healthcare practice, as suggested above.'*

Decision and reasons on current impairment

The panel has considered carefully whether your 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 practise *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, responses from you. It has taken account of the submissions made by Mr Gordon on behalf of the NMC. Mr Gordon outlined the background of the case, noting that the former panel had made several important requests to guide the current panel's review. These requests included evidence of self-directed learning or training undertaken, information regarding your current employment, any references or testimonials from paid or unpaid work, and a reflective piece that follows a reflective model used in healthcare practice.

Mr Gordon confirmed that he had discussed these points with you, and you provided an update on your current employment. You stated that you have been working as a supply teacher at a secondary school since 2019, teaching Design and Technology (DT) and English. On 21 October 2024, you sent an email providing reflection on the proceedings as a whole; however, this did not specifically address the misconduct, which remains the central issue.

Mr Gordon further noted that you have not provided any reflective piece specifically addressing the misconduct, nor any testimonials or references from relevant employment. Additionally, there is no evidence of self-directed learning, or any training undertaken to address the misconduct, particularly the issues related to injection administration. Given

these points, Mr Gordon submitted that no material changes had been made since the last hearing, and therefore, your fitness to practise remains impaired.

Mr Gordon further submitted that the suspension order should be confirmed and extended, as you have failed to meet the conditions set out. The lack of evidence demonstrating insight into the misconduct or tangible steps taken towards improvement indicates that you remain impaired. Therefore, the suspension should remain in place to ensure public safety and to maintain professional standards

The panel also had regard to your oral submissions at today's hearing. You mentioned that you had been struggling to receive correspondence from the NMC, often discovering decisions about your status online rather than being directly informed via email or post. You highlighted that emails were sent to an old Hotmail account, which you no longer actively use, causing delays in receiving important updates. This lack of clear communication led to confusion regarding your case, and you expressed frustration with the situation.

You confirmed that you have been working as a supply teacher at a secondary school since 2019, teaching Design and Technology (DT) and English. You explained that you took up this role after facing challenges in securing a continuing nursing position due to restrictions on your practice. Prospective employers were hesitant to hire a nurse under suspension, which led you to seek alternative employment.

When asked about training related to injection administration, you acknowledged that you had not undertaken any specific training since the substantive hearing. However, you suggested that you may approach a specialist depo centre for training in administering intramuscular (IM) injections. You explained that this depo centre focuses on such injections, which you believe will help you regain both confidence and competence in injection administration. You also mentioned that you may explore independent courses for additional training, although you noted that financial limitations might pose a barrier.

You shared that you had previously submitted a reflective piece, following the model suggested by the panel, which highlighted the lessons you had learned, particularly regarding drug dosages. You explained that you now fully recognise the importance of double-checking dosages and always confirming them before administering any

medication. You also stated that in the future, if asked about a drug dosage, you would take the necessary time to calculate it properly rather than providing a quick response.

When asked about the impact of your actions on others, you expressed that you felt the situation had been blown out of proportion and that there had been bias in the way you were treated. However, when prompted, you acknowledged that the focus should now be on the steps you need to take to demonstrate your fitness to practise.

You requested that your suspension either be lifted or extended, to give you time to complete the necessary training and demonstrate your competence in administering injections. You asked the panel to consider granting you at least six months to complete the required steps and show that you can return to practice safely and competently.

After listening to the legal assessor's advice, you made a final plea to the panel, requesting that you not be struck off the register. You asked the panel to consider further extending your suspension to allow you the time needed to complete the required training and demonstrate your competence in administering injections. You expressed your willingness to take all necessary steps to return to practice safely and competently and asked the panel for a fair opportunity to do so.

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 your fitness to practise remains impaired.

The panel noted that the previous reviewing panel found that you demonstrated insufficient insight, as there was no evidence to show an understanding of the potential impact of your actions on patients, their families, colleagues, the public, or the reputation of the nursing profession. Additionally, there had been no engagement or evidence of remediation. At this hearing, the panel noted that you have not demonstrated an understanding of how your actions put patients at risk of harm. Furthermore, you have failed to understand why it is important for you to train and stay up to date with professional practice. You have also

failed to demonstrate full insight into why your previous conduct fell short of what would be expected of a registered nurse.

In its consideration of whether you had taken steps to strengthen your practice, the panel noted several critical points. The panel observed that you have not undertaken any additional relevant training, including courses that could have helped address the failings identified in previous hearings. These courses could have focused on areas such as clinical competence, patient safety, and professional conduct, which are vital to ensuring you can provide safe and effective care. Furthermore, the reflective piece written by you on 21 October 2024 was equivocal in respect of your failings and did not demonstrate significant self-awareness regarding your shortcomings. Instead, it focused on your issues with your employer, which suggests a lack of understanding of the broader impact of your actions in respect of patients and the wider public and the significance on your professional development.

The last reviewing panel determined that you were liable to repeat matters of the kind found proved. Today's panel has not heard or received any information to show that you would not repeat the same failings if allowed to practice. In light of this, the panel determined that you, are still liable to repeat matters of the kind found proved. 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 your fitness to practise remains impaired.

Decision and reasons on 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 seriousness of the case, and 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, given the ongoing clinical risk.

The panel next considered whether a conditions of practice order would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable, and workable. However, the panel concluded that a conditions of practice order would not be a suitable response in this case, given the potential impact on patient safety. The panel noted that you have had no clinical experience for several years and have had opportunities to demonstrate insight and provide evidence of compliance with previous recommendations. Despite this, you remain fixated on issues related to your past employment and continue to assert that you will complete the necessary training, despite having had ample time to do so.

Furthermore, there is no documentation or evidence to show that you would comply with any conditions imposed, as did the previous reviewing panel. Considering the seriousness of the findings from the original hearing, the panel determined that a conditions of practice order would not sufficiently protect the public or serve the wider public interest. The panel found it difficult to formulate conditions that would adequately address the concerns arising from your misconduct and ensure public safety.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order could allow you further time to fully reflect on your previous failings. However, the panel concluded that a further suspension would not be the most appropriate or proportionate response, especially given that you have already been under a suspension order, and this has not led to any meaningful improvements in your insight or practice. The panel noted that you have been out of practice for an extended period, and there was no evidence to suggest that additional time under suspension would address the concerns raised or contribute to your professional development. You have previously stated that the suspension has prevented you from working, and given your continued absence from practice, the panel considered that a further suspension would not be effective in supporting your remediation.

As such, the panel determined that suspending you further would not be a suitable course of action to promote safe practice or meaningful remediation. The panel instead emphasised the need for you to take tangible steps to demonstrate your commitment to safe practice and professional integrity.

The panel also had regard to the NMC guidance on '*Removal from the register when there is a substantive order in place*' (REV-3h), which was recently updated on 30 August 2024. It had particular regard to the following parts in section '*2. Lapse with impairment*':

"A panel will allow a professional to lapse with impairment where:

- the professional would no longer be on the register but for the order in place;*
- the panel can no longer conclude that the professional is likely to return to safe unrestricted practice within a reasonable period of time;*
- a striking off order isn't appropriate.*

The panel considered the option of allowing your registration to lapse with impairment, which was deemed appropriate in your case. Allowing your registration to lapse ensures public safety, as you would need to reapply if you wished to return to the register in the future. Additionally, your misconduct would remain on record and must be addressed as part of the reapplication process. Lapse with impairment would provide you with the necessary time to strengthen your practice. Once you are ready and feel competent, you would have the opportunity to reapply to the register.

Whilst the panel acknowledged that you have attended this hearing, the panel noted you remained fixated on issues relating to your past employment and continue to assert that you will complete the necessary training, despite having had ample time to do so.

The panel were concerned that you have had no clinical experience for several years notwithstanding you have had ample opportunity to demonstrate insight and compliance with previous recommendations.

The panel also noted that suspension has not proven effective in supporting your return to practice, and further suspension would not aid your development as you have been given multiple opportunities with various sanctions yet have not demonstrated meaningful progress.

Having considered REV-3h, the panel found that allowing your registration to lapse with impairment is a more appropriate response than striking you off. This approach balances the NMC's values of public safety and the need for nursing professionals to practice safely. Even with additional time, it is uncertain whether this will be sufficient for you to update your clinical knowledge fully.

The panel concluded that allowing your registration to lapse with impairment would provide you with the necessary time to undertake the required remedial work and potentially return to practice when you are able to demonstrate competence and safe practice.

The panel then considered the option of striking you off the register but determined that this would be disproportionate. It would be more appropriate for your order to lapse, especially given that you have started to re-engage with the process. The substantive panel found that your misconduct was not fundamentally incompatible with remaining on the register, and this panel has no new information that would alter that position.

Therefore, the panel determined that a striking off order would be entirely disproportionate and is not a sanction that should be imposed in this case.

The current suspension order will be allowed to lapse with impairment at the end of the current period of imposition, namely the end of 1 January 2025 in accordance with Article 30(1).

This will be confirmed to you in writing.

That concludes this determination.