

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

**Substantive Order Review Hearing
Wednesday, 23 April 2025**

Virtual Hearing

Name of Registrant:	Rasheedat Suleiman-Reuben
NMC PIN:	01B1226E
Part(s) of the register:	Nurses part of the register Sub part 1 RNA: Adult nurse, level 1 (19 March 2004)
Relevant Location:	London
Type of case:	Lack of competence
Panel members:	Richard Weydert-Jacquard (Chair, registrant member) Kathryn Elizabeth Smith (Registrant member) Georgina Foster (Lay member)
Legal Assessor:	Paul Hester
Hearings Coordinator:	Priyam Jain
Nursing and Midwifery Council:	Represented by Ms Vanessa Mistry, Case Presenter
Mr Suleiman-Reuben:	Present and represented by Dr Abbey Akinoshun
Order being reviewed:	Suspension order (6 months)
Fitness to practise:	Impaired
Outcome:	Conditions of practice order (18 months) to come into effect on expiry of the current suspension order effective 2 June 2025 in accordance with Article 30(1).

Decision and reasons on review of the substantive order

The panel decided to replace the current suspension order with a conditions of practice order for 18 months.

This order will come into effect at the end of 2 June 2025 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order originally imposed for a period of six months by a Fitness to Practise Committee panel on 29 October 2024.

The current order is due to expire at the end of 2 June 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:

'You, a registered nurse, failed to demonstrate the standards of knowledge, skill and judgement required to practise without supervision as a Band 5 nurse, in that:

1. [...]
2. [...]
3. *On 17 March 2020 failed to complete neurological assessments accurately or in a timely manner*

While on a formal performance management action plan after 7 August 2020

4. *On or about 3 November 2020:*
 - a. *Did not communicate effectively with Patient A;*
 - b. *failed to manage Patient A's self-discharge adequately or at all.*

5. *On a date prior to 9 November 2020, discussed the details of an unknown patient with Patient B's next of kin.*
6. *On a date prior to 11 November 2020 refused to help Patient C.*
7. *On 4 December 2020 administered an incorrect volume of feed to a patient.*
8. *On 5 December 2020 incorrectly administered Enaxoparin to a patient.*
9. *[...]*
10. *On a date between 8 February 2021 and 14 March 2021 behaved unprofessionally towards Colleague B by saying words to the effect of "have you done this before or not."*
11. *On a date between 8 February 2021 and 14 March 2021 administered an injection using only one hand instead of two.*
12. *[...]*
13. *On 13 February 2021 failed to ensure that a patient was supplied, adequately or at all, with the means to carry out intermittent self-catheterisation.*
14. *On 16 February 2021 failed to administer Nimodipine to a patient.*
15. *On 17 February 2021 during a handover:*
 - a. *spoke unprofessionally to colleagues during a handover;*
 - b. *did not provide handover information in a structured manner.*
16. *On 15 March 2021 administered Gentamicin to a patient without clinical reason.*

17.[...]

18.[...]

19.[...]

That you, a registered nurse:

20.[...]

And in light of the above your fitness to practise is impaired by reason of your lack of competence in respect of charges 1 -19 and/or your lack of competence in respect of charge 20.'

The original panel determined the following with regard to impairment:

'In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

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

"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of CHRE v NMC and Grant in reaching its decision. In paragraph 74, she said:

‘In determining whether a practitioner’s fitness to practise is impaired by reason of lack of competence, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.’

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith’s “test” which reads as follows:

‘Do our findings of fact in respect of the doctor’s lack of competence, 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 in the future to act 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 medical 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 medical profession’*

The panel determined that both patients and colleagues were put at risk of both physical and emotional harm as a result of your lack of competence.

The panel found that patients were put at risk as a result of your lack of competence, the extent of your failure to achieve the required standards of competence and your attitude towards attempts to help you do so, including your conduct towards other staff members and patients brought the profession into disrepute.

The panel focused on the unprofessional behaviour you presented within the multiple charges found proved. The panel noted that you were on a practice plan in relation to helping you achieve better standards when practicing. However, the panel decided that your conduct towards other staff members, and patients, is found to have been unprofessional.

Therefore, the panel determined that your lack of competence had breached the fundamental tenets of the nursing profession as outlined above within this determination, and therefore, had brought its reputation into disrepute.

The panel was satisfied that the lack of competence in this case is capable of being addressed. Therefore, the panel carefully considered the evidence before it in determining whether or not you have taken steps to strengthen your practice or provided any level of insight.

The panel considered the training you have undertaken but noted that this is limited, comprising of online courses at a social care level as demonstrated by the certificates provided, as opposed to training at the level of a registered nurse and does not address all of the areas of concern. However, the panel did consider that your engagement with these courses does represent a level of remediation, albeit, limited. The panel further considered the family letter you provided, which references you having been working successfully in a home care setting as a carer; this, the panel determined, is limited evidence of an attempt/intention to strengthen your practice.

The panel took into account the fact that your case involves multiple concerns, and that you have provided no insight into your lack of competence, nor have you provided a reflective written piece showing insight or acknowledgement into developing/strengthening your practice as a registered nurse (although, the panel did acknowledge your initial reflection which you provided to your previous employer as part of an internal investigation).

The panel considered the context in which you were working within your clinical role at the time of these facts proven. The panel noted the fact that you were providing care as part of a multidisciplinary team, within a new environment. You gave evidence that you had experienced conflict with your colleagues and felt isolated, as though there was a 'conspiracy' against you.

Consequently, the panel is of the view that there is a risk of repetition based on the fact that you have not provided any significant level of insight or remediation into the seriousness of your actions. The panel noted that there remains a concern in relation to your ability to practice safely, professionally, and kindly, at this stage of this process, as you have not worked in the setting of a registered nurse, nor have you undertaken any specific clinical training aimed at improving your nursing practice. Therefore, there remains a risk of repetition. The panel therefore decided that a finding of impairment is necessary on the ground of public protection.

The panel bore in mind that the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

Given all of the considerations of the panel, it determined that a finding of impairment on public interest ground is also required because a well-informed member of the public would expect a registered nurse facing such concerns relating to your lack of competence, to have your fitness to practice found

impaired. In addition, the panel concluded that the public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds your fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired.'

The original 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 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 lack of competence was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular, that conditions may be appropriate where:

- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*

- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*

The panel determined that conditions would be inappropriate in this case. In the absence of full reflection and insight into the wide-ranging competency issues, the panel were concerned about your willingness to respond positively to retraining.

The concerns identified in the facts found proved are serious involving risks to people receiving care. The panel are of the view that your behaviour was particularly serious as your conduct and poor practice indicated a dangerous attitude to the safety of people receiving care. The panel have had regard to the context in which concerns arose and your attitude toward colleagues and patients at that time and the panel also bore in mind the fact that concerns arose when you were subject to an improvement plan. Notwithstanding that the concerns around your clinical practice are wide ranging, the panel are currently of the view that those concerns may be capable of remediation. However, your insight into the concerns has been very limited and until you have demonstrated proper insight regarding the concerns and your own practice, and taken steps to improve your nursing practice, the risk to public safety remains high. Until the issues around your insight have been addressed there are no workable conditions of practice which would be appropriate to address the concerns around your clinical practice at this time.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- *In cases where the only issue relates to the nurse or midwife's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.*

The panel concluded that the placing of conditions on your registration would not adequately address the seriousness of the charges found proved and would not protect the public.

The panel therefore concluded that the only appropriate order to address public protection is a suspension order and we are also of the view that a suspension order is required in the public interest to maintain public confidence in the profession as the public would be concerned to know that a nurse would be allowed to practice until the concerns have been addressed.

The panel determined that your lack of competence in the charges found proved are wide ranging, both in nature and over a period of time. The panel further highlighted that both patients and your colleagues were put at a risk of harm due to your lack of competence; you have presented a lack of insight, appropriate training, and reflection, which therefore results in a significant risk of repetition in this case. The panel determined that a period of suspension would be a proportionate sanction to protect the public and to mark the seriousness of your lack of competence.

The panel noted the hardship such an order will inevitably cause you. However, this is outweighed by the public interest in this case.

The panel considered that this order is necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

The panel determined that a suspension order for a period of 6 months was appropriate in this case to mark the seriousness of the lack of competence, alongside allowing you the time to develop and evidence your insight and reflect on your lack of competence.

At the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- *Evidence of insight and remorse into your failings;*
- *Evidence that you have refreshed your professional knowledge and any other evidence that you may want to provide as evidence of having strengthened your practice;*
- *Any references/testimonials provided by either paid or unpaid work;*
- *An updated reflective piece in response to the facts found proved in this case.'*

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 practice kindly, safely, and professionally as a registered nurse. 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 the documentation before it, including the NMC bundle, your reflective statement and your training, and testimonial bundle dated 23 April 2025. It has taken account of the submissions made by Ms Mistry on behalf of the Nursing and Midwifery Council (NMC).

Ms Mistry first took the panel through the background of the case and the documentation received. She submitted that although you have taken steps to strengthen your practice and develop insight, you have only undertaken training this month. She submitted that your testimonials are positive in nature and highlight a

significant change in behaviour towards your patients and your duty of care. She further submitted that your reflective statement although gives references to the training you have undertaken, it does not show any insight or remorse into the facts on the charges found proved.

Ms Mistry further informed the panel that your lack of insight and remorse, puts the public at a risk of harm and thus affects public confidence in the nursing profession. She submitted that you continue to remain impaired on public protection and public interest grounds and submitted that your current suspension order should continue due to lack of insight and remorse.

The panel also had regard to submissions from Dr Akinoshun, who firstly took the panel through the background of the case and the documents submitted. Dr Akinoshun told the panel that your reflective statement and testimonials given, demonstrate you have developed sufficient insight and have remedied your failings. He submitted that you are working as a live-in carer and that this practice demonstrates that you have developed insight and can work safely and professionally. He submitted that since your previous suspension order, you have worked and undergone relevant training and that the positive testimonials received from your current employer, demonstrate there is no risk of harm or repetition on grounds of public interest and public protection.

Dr Akinoshun informed the panel that while working as a live-in carer, you are also working on continuing your training and e-learning on issues such as communication and medical care. This demonstrates your determination to strengthen your practice despite working full-time. He also told the panel that you take full responsibility for your actions and hold yourself accountable for your failings. Dr Akinoshun submitted that you should be found not impaired and that your current suspension order should be revoked since there exists no risk of harm or risk of repetition on public protection and public interest grounds.

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.

In considering impairment, the panel took into account the test in the Fifth Shipman Report approved of in *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin). The test in Shipman is as follows:

‘Do our findings of fact in respect of the doctor’s misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/their fitness to practise is impaired in the sense that S/He/They:

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical 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 medical profession; and/or*
- d) ...’*

In order to determine whether you are liable to engage these limbs in the future the panel considered the three questions in the case of *Cohen v General Medical Council* [2008] EWHC 581 (Admin).

The panel considered whether your lack of competence is capable of being easily remedied. The panel is of the view that your lack of competence is capable of being remedied by reflection which demonstrates genuine remorse and fully developed

insight into the impact of your actions upon patients, colleagues, and the wider public confidence in the nursing profession. Furthermore, the panel considered that evidence of your commitment to keep your training up to date and remain working in a field that is relevant to nursing (health or social care) may also assist in demonstrating your remediation.

The panel next went on to consider whether your lack of competence has been remedied. It was of the view that you have provided evidence of up-to-date and relevant training certificates. Furthermore, the panel bore in mind the testimonials that attest to your skill and dedication as a carer across two different employers. The panel considered that this was to your credit and demonstrated your commitment to working in a nursing adjacent role whilst under a suspension order. The panel determined that your reflection upon the care you have delivered to a long-term client you care for does discuss topics relevant to the concerns found proved against you, in so far as you state what your present approach is.

However, as regards insight into the concerns that were found proved, the panel did not have sufficient evidence from you to show that you had fully developed insight into or reflected upon the impact of your actions upon your patients, your colleagues, and the wider public confidence in the nursing profession. Furthermore, the panel bore in mind that while you were remorseful in a broad sense for your failings, you had not provided a detailed reflection to evidence the extent of your remorse.

In light of the above the panel determined that you have taken significant steps towards strengthening your practice. You have demonstrated developing insight into your failings. However, you have as yet not demonstrated full insight into the impact of your actions upon all stakeholders, and as such the panel determined that you have not strengthened your practice sufficiently.

The panel next went on to consider whether you were highly unlikely to repeat your shortcomings. The panel noted that you have taken some effective steps through relevant training to improve your practice and you have undertaken a demanding caring role with positive testimonials. However, you have not been working as a registered nurse and therefore there is no record of safe practice without further

incident since the last hearing. Further, as your insight is not fully developed the panel decided that there remains a real risk of repetition.

Consequently, in light of the above, the panel determined that the first three limbs in Shipman are engaged when looking at the future and that your fitness to practise is currently impaired. The panel decided that you cannot practice safely and professionally.

The panel determined that as you have not fully strengthened your practise or demonstrated full insight into your failings and bearing in mind its finding above on the likelihood of repetition, that a finding of impairment was required to protect the public. 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 grounds of the wider public interest is also required. The panel determined that there would be serious damage to the reputation of the nursing profession if there was not a finding of impairment given your present lack of full insight and inability to practise safely and professionally.

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 lack of competence 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 to impose a conditions of practice order.

The panel noted the seriousness of your general lack of competence, however, there has been evidence to show that you have developed your insight. The panel was of the view that you have taken significant steps to demonstrate your commitment to return to nursing practice. In particular it bore in mind your positive testimonials attesting to the beneficial impact you have had upon the present client in your care, and her family.

The panel carefully considered the NMC guidance which stated that conditions of practice orders would not be appropriate where there was evidence of general incompetence. The panel acknowledged that the facts found proved against you amount to evidence of general incompetence. However, it weighed this against your recent updated training, positive work testimonials, the fact that you are working in a nursing adjacent role that is demanding, and your developing insight into your failings.

On balance the panel considered that a conditions of practice order was the least restrictive sanction that would both protect the public and uphold the public interest.

Furthermore, that this sanction will permit you the opportunity to demonstrate that you are a fully remediated practitioner, in resolving the competency concerns and evidencing your full remorse and insight into those concerns.

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

The panel gave serious consideration to the imposition of a suspension order. However, considered that such an order would not permit you to take the next step toward demonstrating your full remediation as it would not permit you an opportunity to demonstrate safe and competent nursing practice. Consequently, the panel determined this was not an appropriate or proportionate sanction at this time.

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 keep the NMC informed about anywhere you are working by:
 - a) Telling your case officer within seven days of accepting or leaving any employment.
 - b) Giving your case officer your employer's contact details.
2. 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.
3. You must immediately give a copy of these conditions to:
- a) Any organisation or person you work for.
 - b) Any agency you apply to or are registered with for work.
 - c) Any employers you apply to for work (at the time of application).
 - d) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.
 - e) Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity
4. 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.
5. 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

6. You must send us a report seven days in advance of the next NMC hearing or meeting from either:
 - a) Your indirect supervisor,
 - b) Your line manager
7. You must limit your nursing practice to one substantive employer and not undertake work with an agency or a staff bank.
8. You must ensure that you are indirectly supervised by a registered nurse any time you are working.
9. You must not administer medication until signed off to do so or unless supervised by a registered nurse.

You must meet with your clinical supervisor on a monthly basis and discuss your progress towards evidencing your competency on:

- a) Patient neurological assessment,
 - b) Patient communication,
 - c) Patient discharge planning,
 - d) Maintaining patient confidentiality,
 - e) Administering feeds to patients when required,
 - f) Medication administration,
 - g) Safe administration of injected medication,
 - h) Professional communication with colleagues,
 - i) Communicating patient handovers.
10. You will send your case officer evidence that you have successfully completed your monthly clinical supervisions and evidence that you have been signed off in administering medications by 1 month before the next review date.

11. You must keep a reflective practice profile. This profile will give examples of when you have undertaken or assisted with administering medication and including all conditions highlighted in condition 9. You must send your case officer a copy of the profile every 3 months you are working.
12. You must work with your supervisor to create a personal development plan (PDP). Your PDP must address the concerns highlighted in condition 9. You must send your case officer a copy of your PDP 1 month before your next review date.
13. You must engage with your supervisor on a monthly basis to ensure that you are making progress towards aims set in your PDP.

The period of this order is for 18 months to allow you to secure a post and establish a record of safe practise. This conditions of practice order will take effect upon the expiry of the current suspension order, namely the end of 2 June 2025 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 you have complied with the order. At the review hearing the panel may revoke the order or any condition in it, it may confirm the order or vary any condition in it, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- Your attendance at the next review
- Evidence of your progress towards resolving the lack of competency concerns
- Evidence of your remorse and insight through reflections on the impact of your actions upon patients, your colleagues, and the wider public confidence in the profession

- An up-to-date reference from your substantive employer
- Any up-to-date training records

This will be confirmed to you in writing.

That concludes this determination