Nursing and Midwifery Council Fitness to Practise Committee

Substantive Order Review Meeting Friday, 21 November 2025

Virtual Meeting

Name of Registrant: Gerald Mawere

NMC PIN: 04J0803E

Part(s) of the register: Registered Nurse - Sub part 1 - RNA

Adult Nursing - October 2004

Type of case: Health

Panel members: Susan Ball (Chair, registrant member)

Stacey Coxon (Registrant member)

Robert Marshall (Lay member)

Legal Assessor: Andrew Reid

Hearings Coordinator: Ekaette Uwa

Order being reviewed: Suspension order (12 months)

Fitness to practise: Impaired

Outcome: Suspension order (12 months) to come into effect on

27 December 2025 in accordance with Article 30 (1)

Decision and reasons on service of Notice of Meeting

The panel noted at the start of this meeting that the Notice of Meeting had been sent to Mr Mawere's registered address by recorded delivery on 24 September 2025.

The panel had regard to the Royal Mail 'Track and trace' printout which showed the Notice of Meeting was delivered to Mr Mawere's registered address on 25 September 2025. It was signed for in the name of Gerald.

The panel took into account that the Notice of Meeting provided details of the review that the review meeting would be held no sooner than 3 November 2025 and inviting Mr Mawere to provide any written evidence seven days before this date.

The panel accepted the advice of the legal assessor.

In the light of all of the information available, the panel was satisfied that Mr Mawere has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (as amended) (the Rules).

The panel noted that the Rules do not require delivery and that it is the responsibility of any registrant to maintain an effective and up-to-date registered address.

Decision and reasons on review of the current order

The panel decided to impose a suspension order for 12 months. This order will come into effect at the end of 27 December 2025 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is the first review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 26 November 2024.

The current order is due to expire at the end of 27 December 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. [PRIVATE].
- 2. [PRIVATE]:
 - a. [PRIVATE].
 - b. Left the medication trolley unlocked and/or unsupervised.
 - c. Left a box of Gabapentin on the floor.
 - d. Provided Colleague 1 the incorrect medication for Resident B.
 - e. Did not document that Resident B had been provided with their medications.
 - f. Failed to undertake Resident A's observations following Resident A possibly taken an overdose.
 - g. ...

And in light of the above your fitness to practise is impaired [PRIVATE].

Schedule 1:

[PRIVATE]

[PRIVATE]

The original panel determined the following with regard to impairment:

'In reaching its decision, the panel reminded itself of its finding of fact. It considered the report from Dr 1, dated 3 January 2023. [PRIVATE].

In relation to charges 2a to 2d, the panel took into account that three limbs of Grant are engaged. It took into account that patients were at unwarranted risk of harm and that there was an inherent risk to Residents A and B. The panel took into account that Mr Mawere [PRIVATE], left the medicines trolley unattended by leaving it unlocked and/or unsupervised, left box a box of Gabapentin on the floor and made medicines administration and recording errors. These errors resulted

in 1. Resident A taking medication, which was not prescribed for him, and 2. Resident B being given incorrect medication. [PRIVATE].

In relation to charge 2e, the panel took into account that Mr Mawere did not document the medicine he had administered. Consequently, Witness 2 was not aware that the medication had already been given and could have administered a second dose of medication incorrectly.

In relation to charge 2f, the panel took into account that Mr Mawere failed to undertake Resident A's observations following Resident A's overdose as requested. The panel took into account that Mr Mawere's actions put patients at risk of harm.

[PRIVATE].

Regarding insight, the panel considered that Mr Mawere has not engaged with these Fitness to Practise proceedings, [PRIVATE].

The panel carefully considered the evidence before it in determining whether or not Mr Mawere has taken steps to strengthen his practice. The panel took into account Mr Mawere did not provide any evidence of training or reflection in relation to the charges. The panel also have no information about Mr Mawere's current employment.

In light of all the above, the panel had sufficient evidence before it to suggest that Mr Mawere currently poses a risk to patient safety. It considered there to be a risk of repetition of the incidents found proved and a risk of unwarranted harm to patients in his care, should he decide to return to nursing practice without some form of restriction. This finding is made to protect the public from harm which might be caused by Mr Mawere practising without restriction while unfit, which would involve a breach of a fundamental tenet of the profession and could result in his bringing the nursing profession into disrepute, albeit that this could be involuntary on his part. Therefore, the panel decided that a finding of impairment is necessary on the grounds of public protection.

The panel finds that residents were put at risk of harm [PRIVATE]. It was satisfied that confidence in the nursing profession would be undermined if the regulator did not find his actions very serious. It concluded that public confidence in the nursing profession would be undermined if a finding of impairment was not made in this case. Therefore, the panel determined that a finding of impairment on public interest grounds was also required.

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.

Having regard to all of the above, the panel was satisfied that Mr Mawere's fitness to practise is currently impaired [PRIVATE].'

The original panel determined the following with regard to sanction:

'Having found Mr Mawere's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. 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 (SG). The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- No evidence of any insight into failings
- Mr Mawere's conduct put patients at risk of harm

The panel found no mitigating features in this case.

[PRIVATE].

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case and the public protection issues involved. 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 determined that, due to the seriousness of the case, and the public protection issues identified, this would not be an appropriate sanction.

The panel next considered whether placing conditions of practice on Mr Mawere's 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 Sanctions Guidance (SG). [PRIVATE]. The panel is of the view that there are no practical or workable conditions that could be formulated.

[PRIVATE]. The panel noted that due to his lack of engagement, there is no evidence that Mr Mawere would be able to respond to retraining or comply with conditions.

Furthermore, the panel concluded that the placing of conditions on Mr Mawere's registration would not adequately address the seriousness of this case and would not protect the public.

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:

- A single instance of misconduct but where a lesser sanction is not sufficient;
- No evidence of harmful deep-seated personality or attitudinal problems;

- No evidence of repetition of behaviour since the incident;
- ...
- In cases where the only issue relates to the nurse or midwife's health, there is a risk to patient safety if they were allowed to continue to practise even with conditions;

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[PRIVATE].

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction. The panel noted the hardship such an order will inevitably cause Mr Mawere. 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.

[PRIVATE].

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:

- [PRIVATE]
- [PRIVATE]
- [PRIVATE]
- Evidence of any healthcare employment
- Testimonials'

Decision and reasons on current impairment

This panel has considered carefully whether Mr Mawere'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.

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

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

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

This panel had regard to the nature of the facts found proved by the original panel and determined that they are serious. The panel took into account that Mr Mawere's misconduct put patients at risk of harm, breached the fundamental tenets of the nursing profession and brought its reputation into disrepute.

The panel was satisfied that the misconduct in this case is capable of being addressed.

However, the panel noted that the original panel found that there was no evidence that Mr Mawere had any insight into his failings and recommended that a future reviewing panel would be assisted by:

- [PRIVATE]
- [PRIVATE]
- [PRIVATE]
- Evidence of any healthcare employment
- Testimonials

At this meeting, the panel noted that Mr Mawere has not engaged with the regulatory process, despite repeated efforts by the NMC [PRIVATE].

The panel took into account that due to Mr Mawere's continued lack of engagement there was no evidence of any development of insight nor any evidence of remediation and/or strengthening of practice.

The original panel determined that there was a risk of repetition of the incidents found proved and a risk of unwarranted harm to patients in his care, should Mr Mawere decide to return to nursing practice without some form of restriction. [PRIVATE]. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

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

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

Decision and reasons on sanction

Having found Mr Mawere's 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 nature and 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 Mawere'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 Mawere's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether 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. The panel bore in mind the seriousness of the facts found proved at the original hearing and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel was not able to formulate conditions of practice that would adequately address the concerns [PRIVATE] given his lack of engagement.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow Mr Mawere further time to fully reflect on his previous failings and engage with his regulator.

The panel determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. Accordingly, the panel determined to impose a suspension order for the period of 12 months. This would provide Mr Mawere with an opportunity to engage with the NMC and provide information that would assist the next reviewing panel.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 27 December 2025 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 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:

- [PRIVATE]
- [PRIVATE]
- [PRIVATE]
- [PRIVATE]
- Evidence of any healthcare employment
- Testimonials from any paid or unpaid work

This will be confirmed to Mr Mawere in writing.

That concludes this determination.