

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

**Substantive Meeting
Monday, 27 October 2025**

Virtual Meeting

Name of Registrant:	Shilyrand Panashe Charigwati
NMC PIN:	22H0859E
Part(s) of the register:	Registered Nurse – (sub part 1) Adult Nursing – Level 1 (20 February 2023)
Relevant Location:	Hertfordshire
Type of case:	Conviction
Panel members:	George Duff (Chair, Lay member) Vickie Glass (Registrant member) Shazad Amin (Lay member)
Legal Assessor:	Graeme Dalglish
Hearings Coordinator:	Catherine Blake
Facts proved:	Charges 1 and 2
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim order:	Interim suspension order (18 months)

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Ms Charigwati's current address by recorded delivery and by first class post on 22 September 2025.

The panel had regard to an email confirming Ms Charigwati's current address, as well as the Royal Mail 'Track and trace' printout which showed the Notice of Hearing was delivered to Ms Charigwati's address on 23 September 2025.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, date and the fact that this meeting was heard virtually.

In the light of all of the information available, the panel was satisfied that Ms Charigwati 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).

Details of charge

That you, a registered nurse, on 10 April 2025 were convicted of the following offences.

1. Murder- victim of one year of age or older. On 14 April 2024 at Hemel Hempstead in the county of Hertfordshire murdered [PRIVATE]
2. Assault/ill treat/neglect/abandon a child/young person to cause unnecessary suffering/injury. On 14 April 2024 being a person who attained the age of 16 years, and having responsibility for [PRIVATE] a child under that age, namely 7, wilfully assaulted and ill-treated [PRIVATE] in a manner likely to cause unnecessary suffering to him or injury to his health in that you instructed him to lie on a pillow and not breath and jumped on him.

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

Background

On 10 April 2025, the Luton Crown Court found Ms Charigwati guilty of the following charges:

1. Murder- victim of one year of age or older. On 14 April 2024 at Hemel Hempstead in the county of Hertfordshire murdered [PRIVATE]
2. Assault/ill treat/neglect/abandon a child/young person to cause unnecessary suffering/injury. On 14 April 2024 being a person who attained the age of 16 years, and having responsibility for [PRIVATE] a child under that age, namely 7, wilfully assaulted and ill-treated [PRIVATE] in a manner likely to cause unnecessary suffering to him or injury to his health in that you instructed him to lie on a pillow and not breath and jumped on him.

Ms Charigwati was sentenced to mandatory life imprisonment and a minimum term of 14 years 259 days.

Decision and reasons on facts

At the outset of the meeting, the panel noted the Certificate of Conviction from Luton Crown Court that Ms Charigwati was convicted of the two charges as drafted.

The panel bore in mind the NMCs Fitness to Practise Rules 31 (2)(b):

‘Where a registrant has been convicted of a criminal offence—

...

b) the findings of fact upon which the conviction is based shall be admissible as proof of those facts’

The panel also bore in mind the criminal courts observe a higher burden of proof.

The panel therefore finds charges 1 and 2 proved.

Having announced its findings on the facts, the panel then considered whether, on the basis of the facts found proved, Ms Charigwati's fitness to practise is currently impaired by reason of Ms Charigwati's conviction. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

Representations on impairment

The NMC requires the panel to bear in mind its overarching objective to protect the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. The panel has referred to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin) and *Cohen v GMC* [2008] EWHC 581 (Admin).

The panel noted that Ms Charigwati applied for Agreed Removal on 16 July 2025. The panel also noted her written response dated 29 July 2025:

'...According to [the] Nursing and Midwifery Council and the Standards[sic] I completely agree my fitness to practise is impaired.'

The panel accepted the advice of the legal assessor.

Decision and reasons on impairment

The panel next went on to decide if as a result of the conviction, Ms Charigwati's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the NMC Guidance on '*Impairment*' (Reference: DMA-1 Last Updated: 03/03/2025) in which the following is stated:

‘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. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. 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 misconduct, 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 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*
- a) ...'

The panel finds that patient(s) would be put at risk and caused physical and emotional harm as a result of Ms Charigwati's conviction. Ms Charigwati's conviction breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be seriously damaged if its regulator did not find the charges found proved extremely serious.

The panel noted that Ms Charigwati plead not guilty at trial, and successfully plead diminished responsibility. Despite her conviction, Ms Charigwati does not accept the outcome of the trial in her written statement:

'I disagree with the outcome of the Criminal Proceedings which have solidified the response of the NMC.'

The panel was concerned that Ms Charigwati has not demonstrated insight or remorse into her conviction. Even without this, given the nature and gravity of the offence, the panel did not consider that any amount of insight or remorse could satisfy the panel that Ms Charigwati's practice was not impaired. Accordingly, the panel determined that a finding of impairment on the ground of public protection.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect the wider public interest, which includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional

standards for members of those professions. Accordingly, the panel determined that a finding of impairment on public interest grounds was also required.

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

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Ms Charigwati off the register. The effect of this order is that the NMC register will show that Ms Charigwati has been struck-off the register.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

Representations on sanction

The panel noted that in the Notice of Meeting, dated 22 September 2025, the NMC had advised Ms Charigwati that it would seek the imposition of a striking-off order if it found Ms Charigwati's fitness to practise currently impaired.

The panel also bore in mind the following from Ms Charigwati's written representations:

'I do not wish to delay my striking off order with further lengthy hearings and I have no objections to my removal'

Decision and reasons on sanction

Having found Ms Charigwati'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 SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

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 Ms Charigwati'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 Ms Charigwati's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Ms Charigwati's registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The misconduct identified in this case was not something that can be addressed through retraining. Furthermore, the panel concluded that the placing of conditions on Ms Charigwati'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 conduct, as highlighted by the facts found proved, was an extreme departure from the standards expected of a registered nurse. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Ms Charigwati's actions is fundamentally incompatible with Ms Charigwati remaining on the register.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

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

Ms Charigwati's actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Ms Charigwati's actions were serious and to allow her to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Ms Charigwati's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case.

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

This will be confirmed to Ms Charigwati in writing.

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Ms Charigwati's own

interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months to allow time for any appeal to be resolved.

If no appeal is made, then the interim suspension order will be replaced by the striking off order 28 days after Ms Charigwati is sent the decision of this hearing in writing.

That concludes this determination.