Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Tuesday, 18 August 2026

Virtual Hearing

Name of Registrant:	Rohncy John Kachira
NMC PIN:	19G0012O
Part(s) of the register:	Registered Nurse - RN1 Adult Nursing, Level 1 (2 July 2019)
Relevant Location:	Lewisham and Greenwich
Type of case:	Misconduct
Panel members:	Michael Williams (Chair, Lay member) Susan Madden (Registrant member) Beverley Blythe (Lay member)
Legal Assessor:	Attracta Wilson
Hearings Coordinator:	Dilay Bekteshi
Nursing and Midwifery Council:	Represented by Ruhena Parker, Case Presenter
Mrs Kachira:	Present and represented by Rebecca March, SEQUENTUS
Order being reviewed:	Suspension order (12 months)
Fitness to practise:	Not Impaired
Outcome:	**Order to lapse upon expiry in accordance with Article 30 (1), namely 23 September 2026**

Decision and reasons on review of the substantive order

The panel decided to allow the current suspension order to lapse upon expiry in accordance with Article 30 (1) of the 'Nursing and Midwifery Order 2001' (the Order), namely 23 September 2026.

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 22 August 2025. The current order is due to expire at the end of 23 September 2026. 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 one or more dates between July 2021 and November 2021,
   a. Administered intravenous medication knowing you were not qualified to do so.

2. In acting as alleged at charge 1 (a), you acted outside the scope of your competence.

3. Did not disclose to your colleagues that you were not qualified to administer IV medication.

4. …,
   a. …
   b. …
   c. …

5. Your actions at charge 1(a) were dishonest in that you represented to your colleagues that you were qualified to administer IV medication when you knew you had not yet passed the IV administration test.

6. …

7. …

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

The original panel determined the following with regard to impairment:

"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/ 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; and/or*

d) *has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel concluded that limbs a – d of the "test" are engaged in this case. The panel found that patients were put at a risk of physical harm as a result of your misconduct. You breached fundamental tenets of the nursing profession, namely, to act with honesty and integrity and to put patient safety first and by doing so, you brought the reputation of the profession into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to acting outside the scope of your competence and acting dishonestly to be extremely serious.

Regarding insight, the panel noted that you made admissions at the outset of the proceedings, and it observed that you demonstrated some understanding of how your actions put the patients at risk of harm. During your oral evidence you demonstrated remorse and apologised to the panel for your misconduct. The panel noted that you have shown some developing insight into the wrongfulness of your actions, particularly in terms of understanding how your conduct did not align with proper and safe procedures. However, you have yet to show any insight into your dishonesty and the impact this has on patients, colleagues and confidence in the nursing profession. The panel therefore concluded that your insight was limited.

The panel noted that you stated your mistakes were made whilst [PRIVATE]. *You told the panel on many occasions that you made a "mistake" because of your own external circumstances. However, the panel was unable to identify a causal link*

between what you have told the panel [PRIVATE] *and your decision to act outside your scope of competency, to hide this fact from your colleagues and later to lie to Witness 1 about it.*

The panel was satisfied that the misconduct in this case is capable of being addressed. In light of this, it considered the evidence before it and determined whether you have taken sufficient steps to strengthen your practice. The panel took into account:

- *A certificate for an IV therapy workshop of a duration of 8 hours (19 June 2024)*
- *A CPD Certificate on How to perform drug calculations for safe administration of Intravenous (IV) infusions and medicines (8 April 2023)*
- *IV Therapy Passport certificate (31 October 2023)*
- *Reflective piece written by you on an unknown date addressing your remorse for what you have done*
- *Typed reflective piece written by you dated, 16 November 2021*
- *Reference letter from your current employer*
- *Your oral evidence*

The panel also considered that within your written reflective piece you were aware that your actions put patients at risk of harm and 'trouble to the trust' to go through these proceedings.

> *"It was my over confidence and too much trust in myself… I should have thought about the impact my actions on the others, especially the patients."*

The panel was not satisfied that the courses you have undertaken directly address the specific concerns raised in this case. Whilst the training you have completed is a good start to strengthen your practice in IV administration, it does not address the main concerns in this case that relate to knowingly practising outside the scope of your practice and acting dishonestly. Dishonesty is less easy to remedy and particularly so where a registrant has not acknowledged that their conduct was dishonest, demonstrated remorse for that dishonesty and assured the panel that it

would not be repeated. Accordingly, the panel could not be satisfied at this time that you would not repeat such conduct and thereby once again put patients at risk of harm. It follows that a finding of impairment is therefore necessary on the grounds 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.

The panel determined that a finding of impairment on public interest grounds is required because public confidence in the profession would be undermined if a finding of impairment were not made in this case. This is because members of the public would be shocked if no finding of current impairment were made in a case where a nurse represents a proven risk to the public and has been knowingly carrying out procedures that she was not competent to do, whilst acting dishonestly by hiding that fact from her colleagues. The panel concluded therefore that it also finds your fitness to practise impaired on public interest grounds namely upholding proper professional standards and conduct and maintaining public confidence in the profession.

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 and the element of dishonesty. 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.

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:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The conduct took place over a period of time, and while you did show some developing insight, there was no evidence of insight in relation to dishonesty.

The panel took into account that there is no evidence before it which reassures the panel that you can practice openly and honestly under conditions to practice, given the seriousness of your conduct and, in particular, due to the dishonesty element.

The panel considered that the clinical component of the conduct is capable of being addressed through conditions, but noted that you have not taken sufficient action to address the probity concerns.

In light of this, the panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges found proved in this case.

Furthermore, the panel concluded that the placing of conditions on your registration would not adequately address the seriousness of this case, the seriousness of the dishonesty, and would not meet the public interest.

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:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*

From your live evidence at this hearing and written reflections, it is clear that, based on your past experience, you held the misguided belief that you were capable of administering the IV medication, and in doing so, your motive was to be helpful in providing timely treatment to patients rather than for personal gain. Whilst your actions involved dishonesty, the panel considered that this did not constitute a deep-seated attitudinal problem. The panel noted that, apart from this discrete area, there are no concerns whatsoever in relation to your wider clinical practice.

The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register.

The panel did go on to seriously consider whether a striking-off order would be proportionate. However, it noted that you have started demonstrating some insight into acting beyond your scope of practice, apologised, and showed genuine

remorse for your conduct. In light of this, along with the mitigation provided, the panel concluded that it would be disproportionate to impose a striking-off order. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order.

The panel determined that a period of suspension would allow you to develop your reflection and insight, especially in relation to the dishonesty and your duty of candour.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.

…

Any future panel reviewing this case would be assisted by:

- *Reflective account which addresses the issues of knowingly practising outside of your scope of practice and acting dishonestly*
- *Testimonials from current employers*
- *Your continued engagement with the NMC*
- *Your attendance at future review hearings"*

Your evidence under oath

Since the order was imposed, you said you have been working at Poplars Care Centre as a healthcare assistant, providing personal care and supporting residents with their daily needs.

In relation to how dishonesty would impact on those under your care, you said a patient would feel uncertain if the care they were receiving was from a dishonest person, they would be unsure and may not trust the carer. You said this would cause problems and undermine trust in the care being provided, the individual providing it, and the home they represent.

You gave evidence that in the past, you had not demonstrated the professional boundaries and judgement which you now understand are essential. You recognise that you should

not try to manage care beyond your role; instead, you would stop, consider the situation, communicate your concerns and escalate if needed. You said that if you acted outside your role, patients could be exposed to unsafe care and potential harm. You said you would recognise the limits of your competence and seek appropriate assistance should a situation similar to that giving rise to your misconduct arise in the future.

You said being a nurse is everything you have hoped for since you were a child. You said you have worked hard to become a nurse and that it is the nobility of the profession that makes you want to practise. You said you are proud to be a nurse.

In response to Ms Parker's questions about training in administering IV medication, you said you had completed it, including an online element and an in-person workshop. You confirmed that the training is complete.

You said you forwarded the Nursing and Midwifery Council (NMC) bundle to Poplars Care Centre after your interview and that they are aware of the dishonesty concerns. You said you do not administer any medication. You said there are two sections within Poplars Care Centre, with three carers in one section and two carers in the other, and that you always work together and are never alone. You confirmed that you would like to return to a nursing role if the suspension is lifted. You said you want to work in a hospital setting. You said you would administer medication only after completing your competencies, noting that your IV medication competence is currently outstanding and the requirements for IV training depend on the policies of different hospitals.

In cross-examination, you confirmed that the IV training you have undertaken was dated 2023 and 2024.

In response to panel questions, you said this period of suspension has given you time to reflect on what you have done and to recognise that you fell short of the duty of candour. You said that, as a nurse, you care for patients holistically and advocate for them, so trust is fundamental. You said patients are vulnerable and depend wholly on nurses to look out for them. You said that "*if they can't trust a nurse, it would bring a whole shadow over the nurse and career to any or all nurses".*

You said you have read about the duty of candour and completed a set of questions. You said a nurse should be open and honest about what they can and cannot do. You said a nurse should not be unwilling to disclose concerns or acknowledge mistakes, as doing so would breach the trust that patients have in nurses. You said you have completed online reading. Looking back, you said you are able to recognise where you should have stopped because you had reached your limit, rather than pretending or relying on overconfidence in your previous skills. You said you should have raised concerns or uncertainty and asked for help from your superior or the nurse in charge.

You said you have provided certificates relating to evidence-based practice, which you understand to be internationally accepted. You said many of these were based in Gulf countries and the US. You said you have read articles, watched online videos, listened to lectures and completed questionnaires at the end of them. You said you have a natural interest in learning more, keeping your knowledge updated, and that this fascinates you. You are interested in learning about new evidence-based practice and developments in the nursing field. You said this would be relevant if you wanted to move into a particular field, such as infection control.

In considering whether a conditions of practice order could be appropriate, you said Poplars Care Centre where you work has nursing assistants who are not nurses but work under nurses. You confirmed that there are nurses within Poplars Care Centre who supervise nursing assistants. You confirmed there would be an opportunity for you to be employed as a nurse if the suspension were lifted. You confirmed that there is one nurse on each side during the night and two nurses on each side during the day. You said Poplars Care Centre is happy to help you as much as it can.

In relation to your CPD (Continuing Professional Development) from Medscape, you said you undertook further learning with other providers. You said Medscape provides the certificates and that the method of teaching is good.

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 the ability of a professional on our register to practise as a nurse, midwife or nursing associate safely and effectively without restriction. 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 took into account the submissions made by Ms Parker on behalf of the NMC. Ms Parker outlined the background of the case and referred the panel to the relevant documentation. She submitted that it is a matter for this panel to consider whether you remain impaired on the grounds of public protection and public interest. She referred the panel to the case of *Ibrahim v General Medical Council* [2022] EWHC 2936 (Admin). She said the panel must consider whether it is satisfied that the reflections within your bundle and your CPD record are sufficient. She submitted that you have not practised as a nurse for some time and may require further strengthening of your practice. Having heard from you today, she submitted, the panel must be satisfied that you will work within your remit, place the protection of patients and the public at the forefront of your practice, and maintain honesty and integrity by not bringing the profession into any further disrepute.

Ms Parker referred the panel to the NMC guidance at REV-2a. She submitted that the panel may find that you are still impaired and, if it does, it would then be for the panel to consider the appropriate order. She submitted that the full range of orders is available to the panel, from imposing no order through to striking you off. She submitted that the panel may be minded to consider a conditions of practice order, which may appear desirable in the circumstances to allow you to work under supervision. However, she submitted that such an order must be necessary and would need to be imposed for a period of time while you gain skills, experience and strengthen your practice. She told the panel that your registration fee expired on 31 July 2026. She submitted that this means, if the panel allows the order to expire today, your registration would lapse automatically.

The panel also had regard to Ms March's submissions on your behalf. She submitted that you have produced continuous and consistent reflections over the duration of your suspension order. She invited the panel to consider your oral evidence as an extension of your written reflections, submitting that the detail of your insight is contained more fully within those written reflections. She submitted that you have also undertaken training

across a broad range of practice areas in order to strengthen your practice. She said that you described having a natural interest in learning and that you enjoy broadening your knowledge of evolving nursing practice.

Ms March submitted that, since the original hearing, you have thought deeply about the issue of dishonesty and about how honesty and integrity are fundamental tenets of the profession. She submitted that you set out the potential consequences of acting dishonestly, not only in relation to the risk to patient safety but also in terms of the potential damage to the reputation of the nursing profession. She submitted that your reflections contain many examples demonstrating this and referred the panel to relevant parts of your reflective material.

Ms March submitted that the panel could be satisfied that, if you found yourself in a similar situation again, your deep and genuine insight into the importance of always acting with honesty and integrity would prevent you from making the same choices. She submitted that you have considered why acting within the scope of your competence is important, not only to protect patients but also to maintain the public's trust and confidence in the nursing profession. She submitted that you have made changes to your practice to ensure that you do not perform any tasks that you are not fully trained to do. She submitted that you have fully remediated the concerns identified by the substantive panel. On that basis, Ms March submitted that your fitness to practise is no longer impaired and that you do not pose a risk to the public, given your complete remediation of the concerns. She further submitted that, on the expiry of the order, the public interest would have been sufficiently marked and that there is no further need for an order on public interest grounds. She submitted that it would not be proportionate for the suspension order to be replaced with a conditions of practice order and that no order is necessary.

Ms March submitted that the suspension order should lapse on its expiry and that no further order should be imposed.

The panel 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 has had regard to all of the documentation before it, including, the NMC bundle and your response bundle, which contains your reflective accounts, examples of changed practice, CPD records, and your supervision record. It also includes a reference from the Home Manager at Poplars Care Centre, your completed nursing courses, and certificates from Medscape and other training providers focused on specialised nursing. You also gave oral evidence.

The panel noted that the original panel found that you had shown some developing insight into the wrongfulness of your actions, particularly in terms of understanding how your conduct did not align with proper and safe procedures. However, it found that you had yet to show any insight into your dishonesty and the impact that it had on patients, colleagues and confidence in the nursing profession.

In its consideration of whether you have taken steps to strengthen your practice since the original substantive hearing, the panel considered your reflective accounts and noted it demonstrates that you have considered the concerns in detail and have developed a clearer understanding of the seriousness of your conduct. You identified occasions when you failed to recognise the limits of your role and explained why administering IV medication without authorisation was unsafe, inappropriate and outside your scope of practice. You also reflected on the importance of honesty within nursing, recognising that patients and the public expect nurses to act with integrity at all times. You acknowledged that your actions had the potential to undermine confidence in the nursing profession, as well as trust in you as a nurse. The panel noted that you set out what you would do differently now, how your practice has changed since 2021, and the safeguards you have put in place to prevent similar concerns arising in the future. In particular, you explained that you would stop, recognise the limits of your competence, and seek advice from a qualified nurse. You also addressed the impact of your conduct on patients, colleagues, the profession and public confidence. The panel further noted that there had been no

further incidents involving dishonesty, the duty of candour or working outside your scope of practice.

However, the panel considered that your oral evidence on these matters was more limited. You did not always elaborate in response to questions, although the panel took into account that you were nervous and that English is your second language. The panel acknowledged that you had undertaken a significant amount of CPD. While it considered that some of the training was not directly relevant to the specific concerns in this case, it nevertheless recognised the effort you had made to maintain and develop your knowledge and your commitment to strengthening your practise. Taking your reflection, oral evidence and wider remediation into account, the panel was satisfied that you had sufficiently addressed the concerns relating to dishonesty and probity.

The panel was satisfied that you had remediated the concerns in this case. The panel considered that in light of this, the risk of you repeating matters of a similar nature was extremely low. The panel therefore determined that a finding of impairment no longer remains necessary on the ground 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 had regard to the seriousness of the misconduct in this case, however it considered that this had been sufficiently marked by the imposition of a suspension order by the original substantive hearing panel. In addition, the panel considered that you had made considerable efforts to develop insight and to remediate your failings. The panel considered that your use of the period of suspension constructively would assure members of the public, armed with full knowledge of the circumstances of your case, that you are safe to return to nursing. The panel recognised the public interest in returning an otherwise safe and effective nurse back to work. It considered that public confidence in the nursing profession and in the NMC as a regulator would not be undermined if you were permitted to return to unrestricted nursing practice. The panel therefore determined that a finding of impairment no longer remains necessary on public interest grounds.

For these reasons, the panel finds that, although your fitness to practise was impaired at the time of the incidents, given all of the above, your fitness to practise is not currently impaired.

In accordance with Article 30(1), the substantive suspension order will lapse upon expiry, namely the end of 23 September 2026.

This will be confirmed to you in writing.

That concludes this determination.