

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

**Substantive Order Review Hearing  
Tuesday, 3 February 2026**

Virtual Hearing

<b>Name of Registrant:</b>	<b>Dorothy Onwuteaka</b>
<b>NMC PIN</b>	19K0631O
<b>Part(s) of the register:</b>	RN1, Registered Nurse – Adult (20 November 2019)
<b>Relevant Location:</b>	Bournemouth
<b>Type of case:</b>	Lack of competence
<b>Panel members:</b>	Christine Nwaokolo (Chair Lay member) Prisca Igwe (Registrant member) Sally Bournier (Lay member)
<b>Legal Assessor:</b>	Nigel Ingram
<b>Hearings Coordinator:</b>	Teige Gardner
<b>Nursing and Midwifery Council:</b>	Represented by Simran Ghotra, Case Presenter
<b>Mrs Onwuteaka:</b>	Not present and unrepresented
<b>Order being reviewed:</b>	Suspension order (12 months)
<b>Fitness to practise:</b>	Impaired
<b>Outcome:</b>	<b>Striking-Off order to come into effect on 12 March 2026 in accordance with Article 30 (1)</b>

## **Decision and reasons on service of Notice of Hearing**

The panel was informed at the start of this hearing that Mrs Onwuteaka was not in attendance and that the Notice of Hearing had been sent to Mrs Onwuteaka's registered email address by secure email on 6 January 2026.

Ms Ghotra, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the substantive order being reviewed, the time, date and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mrs Onwuteaka's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In the light of all of the information available, the panel was satisfied that Mrs Onwuteaka has been served with notice of this hearing in accordance with the requirements of Rules 11 and 34.

## **Decision and reasons on proceeding in the absence of Mrs Onwuteaka**

The panel next considered whether it should proceed in the absence of Mrs Onwuteaka. The panel had regard to Rule 21 and heard the submissions of Ms Ghotra who invited the panel to continue in the absence of Mrs Onwuteaka.

Ms Ghotra submitted that there had been no engagement by Mrs Onwuteaka with the NMC since March 2025 in relation to these proceedings. As a consequence, there was no reason to believe that an adjournment would secure her attendance on some future occasion. She submitted that it is in the public interest for this case to continue as the suspension order is due to expire on 12 March 2026.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Mrs Onwuteaka. In reaching this decision, the panel has considered the submissions of Ms Ghotra and the advice of the legal assessor. It has had particular regard to any relevant case law, relevant NMC guidance and to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mrs Onwuteaka;
- There is no reason to suppose that adjourning would secure her attendance at some future date; and
- There is a strong public interest in the expeditious review of the case.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mrs Onwuteaka.

### **Decision and reasons on review of the substantive order**

The panel decided to replace the current suspension order with a striking off order.

This order will come into effect at the end of 12 March 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the fourth review of a substantive suspension order originally imposed for a period of six months by a Fitness to Practise Committee panel on 9 and 10 February 2023. This was reviewed on 28 July 2023, when the reviewing panel imposed a further six months suspension order. At the second review hearing on 2 February 2024, a suspension order was imposed for a period of 12 months. On 13 February 2025, the order was reviewed for a third time, whereby that panel decided to impose a suspension order for a period of 12 months.

The current order is due to expire at the end of 12 March 2026.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved by way of admission which resulted in the imposition of the substantive order were as follows:

*'That you, a registered nurse, between November 2019 and April 2021, failed to demonstrate the standards of knowledge, skill and judgement required to practise without supervision as a Band 5 nurse in that you:*

1. *On 20 November 2019 in respect of a patient with a NEWS score of 3:-*
  - a. *Failed to recognise that the patient's blood pressure was not within normal parameters.*
  - b. *Failed to carry out a further review of the patient or escalate the patient's NEWS score to a more senior nurse or doctor.*
  
2. *On 28 November 2019*
  - a. *Were 15 minutes late for the shift;*
  - b. *Fell asleep during the shift.*
  
3. *On 13 December 2019*
  - a. *Were late for handover;*
  - b. *Required prompting to check patient identification before administering medication on one or more occasions;*
  - c. *Required prompting to check patient observations before administering medication on one or more occasions;*
  - d. *Took one and a half hours to complete a drug round for 5 patients;*
  - e. *Failed to communicate effectively with a patient to gauge their level of pain;*
  - f. *Were unable to calculate the appropriate level of pain relief for a patient;*
  - g. *Took 45 minutes to carry out pre-operative checks for one patient;*
  - h. *Failed to carry out required observations for five patients by lunchtime;*
  - i. *Failed to update the written handover sheet to an adequate standard for one or more patients.*

4. *On 24 October 2020 failed to complete the following records for one or more patients:-*
  - a. *Nursing evaluation;*
  - b. *Patient repositioning charts;*
  - c. *Patient food charts;*
  - d. *Mouthcare charts.*
  
5. *On 25 October 2020*
  - a. *Did not know how to escalate a patient with a NEWS score of 7 to a doctor;*
  - b. *Did not complete repositioning of patients and/or patient nursing evaluations in a timely manner;*
  - c. *Were unable to complete a nursing evaluation without assistance from a colleague;*
  - d. *Failed to handover to night staff that a patient had a NEWS score of 5.*
  
6. *On 2 November 2020*
  - a. *Failed to record a patient's observations;*
  - b. *Failed to complete the required admissions assessments and/or admissions documentation by the end of the shift;*
  - c. *Required prompting to update the handover sheet and/or to do a verbally recorded handover for the night staff;*
  - d. *Failed to record a patient's blood sugar result in a timely manner;*
  - e. *Attempted to give Aspirin and Clopidogrel to a patient without knowing their indications;*
  - f. *Required prompting to review a patient's blood sugar level before administering medication for diabetes;*
  - g. *Required prompting to review a patient's observations before administering hypertensive and/or diuretic medications on one or more occasions.*
  - h. *Failed to ensure that a patient received IV antibiotics when required;*

- i. Were unable to communicate clearly and/or effectively during a board round with the multi-disciplinary team;*
- j. Failed to remove a patient's catheter in a timely manner;*
- k. Failed to complete the admissions process and/or complete the required admissions documentation for a patient by the end of the shift;*
- l. Failed to complete neurovascular observations for a patient;*
- m. Failed to complete a written handover and/or verbal handover to an adequate standard.*

*7. On 12 November 2020*

- a. Failed to complete the drug round for four patients in a timely manner;*
- b. Attempted to incorrectly administer the following medication during the drug round:-*
  - i. Paracetamol in tablet form;*
  - ii. A 100mcg tablet of Fludrocortisone;*
  - iii. 2.5 mls of Oramorph.*
- c. Failed to complete a patient's admission in a timely manner;*
- d. In respect of a patient with a blood oxygen saturation level of 80-84%:-*
  - i. Failed to immediately escalate the patient's condition to your supervising nurse or a doctor;*
  - ii. Failed to document your discussion with a doctor in the patient's notes;*
  - iii. Failed to follow the doctor's instruction to administer oxygen to the patient or arrange for a colleague to do so.*

*8. On 15 November 2020*

- a. Failed to complete the administration of medication to one patient in a timely manner;*
- b. Required prompting to ascertain a patient's pain score;*

- c. *Incorrectly stated to your supervising nurse that pro re nata medication should be administered to a patient instead of their regularly prescribed dose;*
- d. *Required prompting to check a patient's observations before administering Amlodipine;*
- e. *Attempted to administer Movicol when:-*
  - i. *It was not clinically indicated;*
  - ii. *You had not checked that the patient consented to its administration;*
- f. *Were unable to accurately explain why a patient was prescribed Enoxaparin twice a day;*
- g. *Failed to empty a patient's urometer between 7am and 12 noon;*
- h. *Failed to record a patient's fluid intake and output on a fluid balance chart between 7am and 12 noon;*
- i. *Required prompting to remove a theatre canvas from beneath a post-operative patient.*

9. *On 16 November 2020*

- a. *Administered Mebeverine, Etololac and Quetiapine when you were unable to explain what their indications were;*
- b. *Failed to record in a communication sheet that a post-operative patient needed to be prescribed intravenous antibiotics;*
- c. *When you had removed a patient's catheter:-*
  - i. *Failed to record removal of the catheter in the patient's notes;*
  - ii. *Failed to update the patient's fluid balance chart or record whether the patient had passed urine after removal of the catheter.*

10. *On 20 December 2020*

- a. *Had to be prompted to check the indication for medication before administering it on one or more occasions;*

- b. Failed to check whether Pro Re Nata medication could be administered on one or more occasions;*
- c. Failed to complete the drug round in a timely manner.*

*11. On 17 February 2021 during a mock non-intravenous medication administration assessment:-*

- a. Did not meet six of the criteria set out in the assessment form;*
- b. Administered medication without knowing its indication on one or more occasions;*
- c. Attempted to incorrectly administer a 2.5mg dose of Nebivolol;*
- d. Failed to complete the administration of medication to seven patients in a timely manner.*

*12. On 6 March 2021 during a formal non-intravenous medication administration assessment:-*

- a. Failed to complete a drug round in a timely manner;*
- b. Left the drug trolley unattended;*
- c. Attempted to incorrectly use water instead of saline for a nebuliser;*
- d. Failed to check if a “nil by mouth” patient had been administered their morning medication by the night staff.*

*13. On 17 March 2021*

- a. Gave a patient two 500mg paracetamol tablets when one tablet was the correct dose;*
- b. Took 25 minutes to administer medication to two patients.*

*14. On 5 April 2021 did not know how to perform a full set of neurological observations.*

*15. On 8 April 2021*

- a. Failed to carry out pressure area care for a patient between 9am and 1.30pm;*

- b. *Failed to ensure that a patient was ready to be discharged at 1.30pm;*
- c. *Failed to complete patient documentation including bedside notes and/or SKINN bundle (skin assessment) and/or falls prevention plans, for one or more patients*
  - i. *in a timely manner; and/or*
  - ii. *to an adequate standard.*
- d. *Were unable to explain the difference between a total hip replacement and a hemiarthroplasty to your supervising nurse.*

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

The third reviewing panel determined the following with regard to impairment:

*'The panel considered whether your fitness to practise remains impaired.*

*The panel noted that the last reviewing panel found that you had insufficient insight. At this hearing the panel was not provided with evidence of relevant training or a reflective piece.*

*The panel noted that that there remains a high risk of harm to the public due to wide-ranging failures in fundamental deficiencies in basic nursing skills such as clinical practice, medication administration, and record keeping over a considerable period of time and whilst supervised.*

*In considering whether you had taken steps to strengthen your practice, the panel noted that despite your inability to work in a nursing role due to your suspension, you have not sufficiently demonstrated engagement in relevant training or professional development to address the deficiencies previously identified in your practice.*

*The original panel determined that you were liable to repeat matters of the kind found proved. Today's panel has not received any new information to suggest that you have gained sufficient insight.*

*In light of this, this panel determined that you are still liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.*

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

*For these reasons, the panel finds that your fitness to practise remains impaired.'*

The third reviewing panel determined the following with regard to sanction:

*'The panel first considered whether the imposition of 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. It noted that you have not provided evidence of insight or strengthened practice. The panel noted concerns surrounding your inability to practice safely despite support and plans put in place by your previous employer and concluded that a conditions of practice order requires a registrant to demonstrate that they would comply with any conditions imposed, which you have failed to do. It therefore determined 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 relating to your extensive lack of competence.*

*The panel considered whether to impose a further period of suspension. It was of the view that a suspension order would allow you additional time to address the concerns identified respecting your lack of competence, particularly in relation to demonstrating insight on all proven charges and undertaking further relevant training.*

*The panel considered that a further 12 months suspension period would provide you with another opportunity to take meaningful steps to remediate your failings and to provide the necessary evidence to a future panel.*

*The panel did not consider a strike-off order, as this was not an available sanction at this stage.*

*The panel therefore determined that a suspension order is the appropriate sanction which would continue to satisfy the wider public interest. Accordingly, the panel determined to impose a suspension order for the period of 12 months would provide you with an opportunity to engage with the NMC to provide a reflective statement on all charges. It considered this to be the most appropriate and proportionate sanction available.'*

## **Decision and reasons on current impairment**

The panel has considered carefully whether Mrs Onwuteaka 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 suitability to remain on the register 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 has had regard to all of the documentation before it, comprising of the NMC bundle and proof of service. It did not receive any documentation from Mrs Onwuteaka. It has taken account of the submissions made by Ms Ghotra on behalf of the NMC. She submitted that there has been no substantive change since the previous hearing regarding the risk posed by Mrs Onwuteaka. She submitted that there is no evidence of Mrs

Onwuteaka strengthening her practice nor improving her insight. She submitted that, in light of this, there remains a risk of harm and a risk of repetition in this case.

Ms Ghotra submitted that a finding of impairment is necessary in the wider public interest, as a well-informed member of the public would be concerned to find that Mrs Onwuteaka is allowed to practice, considering the serious and wide-ranging nature of the charges.

Ms Ghotra submitted that it is for the panel to decide on which order is the most appropriate and proportionate. She reminded the panel that a striking off order is available to it.

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 Mrs Onwuteaka fitness to practise remains impaired.

The panel was of the view that the charges are serious, wide-ranging, high in volume and took place over an extended period of time (between November 2019 and April 2021). The charges relate to several fundamental areas of nursing practice. The panel found that there was no further written evidence regarding Mrs Onwuteaka's insight into her actions. In addition, the panel noted that there has been no evidence of Mrs Onwuteaka strengthening her practice in the areas of concern identified, despite being given clear steer on this from the previous reviewing panels. Therefore, the panel determined that there remains a risk of repetition in this case and a finding of 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. Due to the high volume and wide-ranging concerns about clinical practice and competence of Mrs Onwuteaka, coupled with the absence of any evidence regarding Mrs Onwuteaka strengthening her practice or

improving her insight, the panel determined that a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that Mrs Onwuteaka fitness to practise remains impaired.

### **Decision and reasons on sanction**

Having found Mrs Onwuteaka 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 Mrs Onwuteaka'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 Mrs Onwuteaka'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 on Mrs Onwuteaka registration 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 relating to Mrs Onwuteaka lack of competence.

The panel next considered imposing a further suspension order. The panel noted that Mrs Onwuteaka has had sufficient opportunity to show insight into the charges found proved. However, there has been no evidence that she has improved her insight despite being given clear steer on this from the previous reviewing panels. Further, Mrs Onwuteaka has not demonstrated that she has strengthened her practice in the relevant areas of nursing practice identified in the charges. The panel was of the view that considerable evidence would be required to show that Mrs Onwuteaka no longer posed a risk to the public. The panel determined that a further period of suspension would not serve any useful purpose in all of the circumstances, especially as Mrs Onwuteaka has not engaged with the NMC since March 2025. Throughout the duration of the three year suspension order, a pattern of failing to provide sufficient insight and reflection has emerged at each review. In respect of this review, the panel has not received any evidence of insight and reflection. The panel has not received any information surrounding Mrs Onwuteaka's motivation and commitment to return to work as a registered nurse. The panel determined that it was necessary to take action to prevent Mrs Onwuteaka from practising in the future and concluded that the only sanction that would adequately protect the public and serve the public interest was a striking-off order.

This striking-off order will take effect upon the expiry of the current suspension order, namely the end of 12 March 2026 in accordance with Article 30(1).

This decision will be confirmed to Mrs Onwuteaka in writing.

That concludes this determination.