

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

**Substantive Order Review Hearing  
Friday, 13 February 2026**

Virtual Hearing

**Name of Registrant:** Emmanuel Xavier Udo

**NMC PIN:** 03G02520

**Part(s) of the register:** Registered Nurse – Sub Part 1  
Adult Nursing – July 2003

**Relevant Location:** Kent and Medway  
Maidstone and Tunbridge Wells

**Type of case:** Misconduct

**Panel members:** Nilla Varsani (Chair, lay member)  
Karen Gardiner (Registrant member)  
Mitchell Parker (Lay member)

**Legal Assessor:** Neil Fielding

**Hearings Coordinator:** Rene Aktar

**Nursing and Midwifery Council:** Represented by Nawazish Choudhury, Case  
Presenter

**Mr Udo:** Not present and unrepresented at the hearing

**Order being reviewed:** Conditions of practice order (18 months)

**Fitness to practise:** Impaired

**Outcome:** **Order to lapse upon expiry in accordance with  
Article 30 (1), namely 19 March 2026**

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

The panel was informed at the start of this hearing that Mr Udo was not in attendance and that the Notice of Hearing had been sent to Mr Udo's registered email address by secure email on 15 January 2026.

Mr Choudhury, 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, that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mr Udo's right to attend, be represented and call evidence, as well as the panel's power to proceed in his absence.

In the light of all of the information available, the panel was satisfied that Mr Udo 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 Mr Udo**

The panel next considered whether it should proceed in the absence of Mr Udo. The panel had regard to Rule 21 and heard the submissions of Mr Choudhury who invited the panel to continue in the absence of Mr Udo. He submitted that Mr Udo had voluntarily absented himself.

Mr Choudhury referred the panel to the email dated 11 February 2026 from Mr Udo which stated:

*"This is to notify you that I am not attending the review hearing on the 13th of February 2026 and I confirm that I am happy for the panel to proceed in my absence."*

The panel accepted the advice of the legal assessor.

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

- No application for an adjournment has been made by Mr Udo;
- Mr Udo has informed the NMC that he has received the Notice of Hearing and confirmed he is content for the hearing to proceed in his absence;
- There is no reason to suppose that adjourning would secure his 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 Mr Udo.

### **Decision and reasons on application for hearing to be held in private**

At the outset of the hearing, Mr Choudhury made a request that this case be held partly in private on the basis that proper exploration of Mr Udo's case involves reference to [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

Having heard that there may be references to [PRIVATE], the panel determined to hold the hearing partly in private in order to preserve the confidential nature of those matters. The panel is satisfied that these considerations justify that course, and that this outweighs any prejudice to the general principle of hearings being in public.

## Decision and reasons on review of the substantive order

The panel decided to allow the current conditions of practice order to lapse upon its expiry at the end of 19 March 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the second review of a substantive conditions of practice order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 22 August 2023. The order was reviewed on 9 August 2024 when the conditions of practice order continued for a further 18 months.

The current order is due to expire at the end of 19 March 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 18 January 2018, administered analgesia to the wrong patient;*

*2) On 27 November 2018, failed to undertake frequently or at all, observations on a post-operative patient;*

*3) On 10 August 2019. administered medication to a patient while the patient was asleep, causing a choking hazard;*

*4) On 19 April having administered Lorazepam to a patient, you failed to sign the drug chart to confirm this had been done;*

*5) On 22 October 2020 you: a) failed to administer insulin to a patient at the prescribed time;*

6) *Between 24 October 2020 and 25 October 2020, you administered incorrect dose/s of insulin to a patient in your care; a) Administered incorrect doses of insulin to a patient; b) Administered 14 units of insulin instead of the prescribed 18 units*

7) *During a night shift on 27 October 2021, you failed to conduct frequently or at all, clinical observations for Patient A;*

8) *On 17 November 2021:*

*a) during handover you provided colleagues with inadequate information relating to patients you had cared for;*

*b) in relation to Patient B you:*

- i. failed to ensure that both dextrose and insulin were attached to the syringe pump as prescribed;*
- ii. failed to sign out controlled drugs in the presence of a second nurse;*
- iii. failed to sign Patient B's drug chart to confirm intravenous phosphate polyfuser had been administered;*
- iv. administered medication to Patient B via an incorrect route and/or without checking the prescribed route for administration;*
- v. failed to follow the correct procedure when setting up a syringe driver by not having a second nurse present;*
- vi. having administered medication, failed to obtain a second nurse's signature on Patient B's drug chart;*

*c) In relation to Patient C, you failed to follow the correct procedure for controlled drugs in that you:*

- i. did not have a second nurse present when signing out morphine;*
- ii. did not have a second nurse present when administering morphine;*
- iii. administered morphine to Patient C via an incorrect route and/or without checking the prescribed route for administration;*

*d) In relation to Patient D, you failed to follow the correct procedure for controlled drugs in that you:*

- i. did not have a second nurse present when signing out oxycodone and midazolam;*
- ii. did not obtain a second nurses signature on Patient D's drug chart;*
- iii. administered medication to Patient D via an incorrect route and/or without checking the prescribed route for administration;*

*e) did not complete visual infusion phlebitis scores for one or more patients;*

*9) During a night shift on 31 October 2019 in relation to Patient E you failed to:*

- a) check if Patient E's syringe pump was on and/or working;*
- b) conduct and/or note frequently or at all, clinical observations for Patient E;*

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

The original panel determined the following with regard to impairment:

*'The panel next considered whether by reason of his misconduct Mr Udo's fitness to practise is currently 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 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) ...'*

*The panel determined that limbs a, b and c, of the Grant test are engaged.*

*The panel determined that Mr Udo's failures potentially placed patients at an unwarranted risk of harm. The panel determined that Mr Udo's misconduct had breached the fundamental tenets of the nursing profession and that his actions brought the reputation of the profession into disrepute.*

*The panel is aware that this is a forward-looking exercise and accordingly, it went on to consider whether Mr Udo's misconduct was remediable and whether it had been remedied. The panel then considered the factors set out in the case of *Cohen v GMC* [2007] EWHC 581 (Admin). It determined that the misconduct in this case can be remediated.*

*The panel went on to consider whether Mr Udo remained liable to act in a way that would put patients at risk of harm, would bring the profession into disrepute and*

*breach the fundamental tenets of the profession in the future. In doing so, the panel considered whether there was any evidence of insight and remediation.*

*The panel carefully considered the documentation and found that there was some evidence that demonstrated limited insight when Mr Udo repeatedly accepted the errors and said that he would not act in the same way again. Additionally, the panel noted that there was evidence of [PRIVATE] due to shortage of staff which might have adversely affected Mr Udo's ability to practise safely and professionally. However, the panel considered that, Mr Udo, as a professional nurse could have escalated the matter to the appropriate authority.*

*In the panel's judgment, Mr Udo's reflective pieces, written at the time of each incident, were very limited with no details of how he would do things differently in the future or any material to indicate that he wished to remediate the concerns raised with his practice.*

*The panel has not been able to ascertain his current level of insight. The panel was therefore unable with confidence to accept that Mr Udo had demonstrated anything other than limited insight into his misconduct or that he had considered the impact on patients, colleagues and the reputation on the profession.*

*The panel next considered whether Mr Udo has taken any steps to strengthen his practice. The panel did not find any references, testimonials or evidence of Continuing Professional Development (CPD) to indicate strengthening of practice related to the regulatory concerns.*

*In the absence of any evidence of steps to strengthen his practice or provide evidence of remediation, the panel concluded that Mr Udo had not remediated his actions.*

*In all the circumstances, the panel considered that there remains a risk of repetition should Mr Udo return to unrestricted practice which could place patients at risk of harm, bring the profession into disrepute and breach fundamental tenets of the*

*profession in the future. The panel therefore determined that a finding of impairment is 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.*

*Having regard to Mr Udo's conduct in this case, the panel considered that members of the public and patients would expect a nurse to provide safe and effective care to patients by ensuring all care is carried out safely. The panel therefore determined that a finding of impairment is also necessary on public interest grounds.*

*In light of all of the above, the panel concluded that Mr Udo's fitness to practise is currently impaired.'*

The original panel determined the following with regard to sanction:

*'Having found Mr Udo'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 took into account the following aggravating features:*

- *Multiple series of incidents involving a number of patients over a period almost four years.*
- *Real risk of patient harm.*
- *Conduct continued after warnings.*
- *Lack of insight into failings.*

*The panel also took into account the following mitigating features:*

- *Some insight demonstrated notably by Mr Udo's acceptance of responsibility of majority of charges and acceptance of his own impairment.*
- *Mr Udo worked as an agency nurse, and he did not have support.*
- *Busy working environment with a shortage of staff.*

*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 Mr Udo'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 Udo'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 placing conditions of practice on Mr Udo'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 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;*

- *Potential and willingness to respond positively to 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 panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case.*

*The panel was satisfied that the clinical failings found proved revealed identifiable areas of Mr Udo's practice which are in need of further assessment or training. The panel was of the view that it was in the public interest that, with appropriate safeguards, Mr Udo should be able to return to practise as a nurse.*

*The panel took into account that Mr Udo is not currently working as a registered nurse in the UK and there is no information about whether he intends to return to nursing practice, or his willingness to comply with conditions of practice. However, the panel determined that it would be possible to formulate sufficient, appropriate and practical conditions which would address the failings highlighted in this case should he return to practice.*

*The panel was of the view that a conditions of practice order would allow Mr Udo to work on, and evidence insight and the impact of his failings as identified in this case on patients and colleagues.*

*The panel was of the view that to impose a suspension order or a striking-off order would be disproportionate in the circumstances of Mr Udo's case. The panel determined that the concerns are related Mr Udo's practice and it considered that suspending Mr Udo from nursing practice would prevent him from addressing those concerns, developing his skills and*

*demonstrating safe medication management along with record keeping, taking observations and communicating with colleagues. The panel was satisfied that Mr Udo's misconduct was not fundamentally incompatible with remaining on the register.*

*Having regard to the matters it has identified, the panel has concluded that a conditions of practice order will mark the importance of maintaining public confidence in the profession, and will send to the public and the profession a clear message about the standards of practice required of a registered nurse.*

*The panel determined that the following conditions are appropriate and proportionate in this case:*

*'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing... role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing...'*

*1. You will send the NMC a report seven days in advance of the next NMC hearing or meeting from either:*

- Your line manager, mentor or supervisor detailing your progress including the plan, log and any training as set out in Condition 5 below.*

*2. You must not administer medication, whether orally, via injection or infusion unless directly supervised by another nurse until such time that you have been signed off as competent by your line manager, mentor, or supervisor (who must be a registered nurse).*

*3. You must ensure that you are supervised by a registered nurse any time you are working. Your supervision must consist of:*

- Working at all times on the same shift as, but not always directly observed by a registered nurse.*

4. *You must identify a personal development plan with you line manager, mentor or supervisor and keep a log of your progress towards addressing the following areas:*

- *Medicine administration*
- *Record keeping*
- *Hand overs to colleagues, verbal and written*
- *Patient Observations*

5. *You must provide a reflective piece for a reviewing panel covering the areas of concern identified.*

6. *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.*

7. *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.*

8. *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*

9. 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.

10. 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

The period of this order is for 12 months.

The panel determined that this was the minimum time necessary for Mr Udo to find a nursing job that will afford him the necessary support, and demonstrate adherence to the conditions outlined above.

Before the order expires, a panel will hold a review hearing to see how well Mr Udo has complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- Mr Udo's attendance at any future hearing.
- An indication of Mr Udo's future intentions in relation to his nursing career.
- Testimonials and/or references from any work paid or otherwise.'

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

The panel has considered carefully whether Mr Udo'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 practise 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, it has taken account of the submissions made by Mr Choudhury.

Mr Choudhury submitted that Mr Udo has not provided any information in relation to a reflective piece, testimonials, or any evidence as to what he has been doing in a registered capacity. He invited the panel to find Mr Udo impaired on public protection grounds.

Mr Choudhury submitted that there is a risk of repetition as there was a risk of significant harm, limited or no insight. He submitted that an order remains necessary in the public interest.

Mr Choudhury submitted that it is a matter for the panel to either confirm the existing order and extend it, or to impose a suspension or striking-off order. He also drew the panel's attention to the guidance 'Ref-REV 2h' which includes reference to lapse with impairment.

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 Udo's fitness to practise remains impaired.

The panel took into account that there has not been a material change in circumstances since the last substantive review hearing. The panel recognised that Mr Udo has had

limited engagement with these proceedings and is not aware of his current status [PRIVATE], his current practice, his future intentions, [PRIVATE].

The panel also noted that there was no evidence that Mr Udo had returned to clinical practice, nor had he provided any testimonials or a reflective piece in relation to the misconduct found in his nursing practice. The panel also took into account that since of the beginning of this process, there has been little to no insight demonstrated by Mr Udo. The panel determined that Mr Udo has not yet demonstrated that he has remediated the failings in his practice and concluded that there therefore remains a high risk of repetition and a consequent risk of harm to patients and that a finding of impairment remains necessary on the grounds of public protection. Mr Udo has therefore not discharged burden placed upon him to show that he is no longer impaired.

The panel determined that patients would be placed at real risk of harm, if Mr Udo were able to practise without restriction. The panel therefore determined that a finding of impairment remains 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 Udo's fitness to practise remains impaired.

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

Having found Mr Udo'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 had regard to the NMC guidance on '*Allowing orders to expire when a nurse or midwife's registration will lapse*'. This guidance states that, in certain circumstances,

allowing a suspension or conditions of practice order to expire following a finding of current impairment may be the best way to protect the public from concerns about a nurse's practice. Taking this option is likely to be appropriate if:

- The nurse's registration is only active because of the substantive order being in place
- The nurse does not wish to continue practising, and
- The public are protected because the panel have made a clear finding that the nurse's fitness to practise is currently impaired so that this can be drawn to the attention of any future decision-maker if the nurse attempts to re-join the register

It noted that the guidance on allowing an order to expire suggests that this outcome may not be appropriate if the nurse or midwife is not engaging with the NMC. The panel noted that Mr Udo has engaged with the NMC and his registration is only active because of the substantive order in place.

The panel was of the view that extending the existing conditions of practice order (which has already been in place for a significant period of time) or imposing a suspension order would serve no useful purpose. This is because of Mr Udo's limited engagement, the age of the original regulatory concerns and absence of evidence of strengthened practice and insight over that timeframe. The panel was of the view that a striking off order was disproportionate given the nature of the original regulatory concerns and the fact they were previously considered to be remediable.

The panel noted that the public remain protected because the panel have made a clear finding that Mr Udo's Fitness to Practice remains impaired and this will be evident to the Registrar should they be required to consider any future attempts by Mr Udo to re-join the register.

Accordingly, the substantive conditions of practice order will be allowed to lapse at the end of the current period of imposition, namely the end of 19 March 2026 in accordance with Article 30(1).

This will be confirmed to Mr Udo in writing. That concludes this determination.