

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

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

Virtual Hearing

Name of Registrant: Spilisiwe Zivurawa

NMC PIN: 10A0413A

Part(s) of the register: Registered Nurse – Sub Part 1
Mental Health Nursing – February 2010

Relevant Location: Bradford

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

Mrs Zivurawa: 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 18 March 2026**

Decision and reasons on service of Notice of Hearing

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

Further, the panel noted that the Notice of Hearing was also sent to Mrs Zivurawa's representative 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 Mrs Zivurawa'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 Zivurawa 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 Zivurawa

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

Mr Choudhury referred the panel to an email dated 13 February 2026 from Mrs Zivurawa's previous representative which stated:

'I'm not currently instructed to attend the hearing and I'm not certain as to whether the registrant will attend.'

Mr Choudhury submitted that there had been no engagement by Mrs Zivurawa in relation to this current review hearing and, as a consequence, there was no reason to believe that an adjournment would secure her attendance on some future occasion.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Mrs Zivurawa. In reaching this decision, the panel has considered the submissions of Mr Choudhury, the email from Mrs Zivurawa's previous representative, 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 Mrs Zivurawa;
- Mrs Zivurawa has not engaged with the NMC in relation to this review hearing and has not responded to any of the letters sent to her about this hearing;
- This is a mandatory review;
- 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 Zivurawa.

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 18 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 18 months by a Fitness to Practise Committee panel on 18 August 2023. Following an appeal by the Professional Standards Authority (PSA), the High Court substituted the original order with a suspension order for 12 months. This was reviewed on 30 May 2025 when the suspension order was replaced with a conditions of practice order for a period of 9 months.

The current order is due to expire at the end of 18 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 28 December 2020 verbally and/or physically abused Patient B by;

(a) Shouting at him. [PROVED]

(b) Saying words to the effect of, "you are a bastard". [PROVED]

(c) Saying words to the effect of, "Look at the mess you have made". [PROVED]

(d) Throwing a bottle of spray towards him. [NOT PROVED]

2. Failed to treat Patient B with dignity and/or respect by;

(a) Not changing Patient B for around 45 minutes after he had been incontinent and requested a change, on a date unknown in November 2020; [PROVED]

(b) Not changing Patient B in private on 28 December 2020. [NOT PROVED]

3. On a date unknown verbally abused Patient B by saying words to the effect of, "do you think your wife would want someone depressed like you". [NOT PROVED]

4. On an unknown date in November 2020 failed to treat Patient B with dignity and/or respect by;

(a) Preventing access to the lounge. [PROVED]

(b) Failing to change his sanitary pad. [NOT PROVED]

(c) Saying to colleagues words to the effect of, "He has a toilet in his bedroom, he should know how to use the toilet". [PROVED]

5. On 26 January 2021 verbally abused Patient E by;

(a) Shouting at him. [NOT PROVED]

(b) Saying words to the effect of, "stop being stupid". [NOT PROVED]

(c) Saying words to the effect of, "you are a bastard". [NOT PROVED]

6. On an unknown date in November 2020 failed to treat Patient A with dignity and/or respect by;

(a) Holding the door closed preventing Patient A entering the lounge. [PROVED]

(b) Blocking Patient A's entrance to the lounge using a sofa preventing the door to open. [PROVED]

(c) Placing a bed sheet over the observation panel of the door preventing Patient A from looking through the door into the lounge. [PROVED]

7. On 28 January or 31 January 2021 failed to treat Patient A with dignity and/or respect by instructing Colleague 2 to frighten them. [NOT PROVED]

8. On one or more occasions on dates unknown verbally abused patients by;

(a) Shouting at them. [NOT PROVED]

(b) Telling them words to the effect of, "shut up". [PROVED]

(c) Calling them words to the effect of, "bastard". [PROVED]

(d) Saying to them words to the effect of, "fuck you" and/or "fuck off". [PROVED]

9. On one or more occasions on dates unknown physically abused patients when escorting them by;

(a) Putting pressure on their arms. [NOT PROVED]

(b) Putting pressure on their backs. [NOT PROVED]

10. On one or more occasions between June and October 2020;

(a) Slept whilst on duty. [PROVED]

(b) Encouraged Colleague 1 to sleep whilst on duty. [PROVED]

(c) Encouraged Colleague 1 not to trust colleagues who did not sleep outside of their break. [NOT PROVED]

11. On 4 October 2020 bullied and/or intimidated Colleague 1 into not completing an IRIS report by;

(a) Shouting at her. [NOT PROVED]

(b) Telling her words to the effect of, "that if you report what had happened, management would come down to the unit and possibly fire you". [NOT PROVED]

(c) Saying words to the effect of, "you are acting stupid to risk losing your job". [NOT PROVED]

12. Your actions at charge 11 above showed a lack of integrity in that you placed the interests of a colleague above those of residents in your care. [PROVED]

13. On or after the 4 October 2020 failed to complete a safeguarding report relating to the incident that occurred between Patient A and Patient B. [PROVED]

14. On an unknown date in January 2021 bullied and/or intimidated Colleague 1 by;

(a) Shouting at her. [NOT PROVED]

(b) Saying words to the effect of, "you are being disrespectful". [NOT PROVED]

(c) Saying words to the effect of, "you can deal with him (as in Patient B) if he becomes challenging". [NOT PROVED]

15. On a date unknown inaccurately recorded incident summaries in Patient A's care plan by;

(a) Copying and pasting earlier incident summaries, and/or [NOT PROVED]

(b) Altering the dates. [NOT PROVED]

16. Your actions in charge 15 were dishonest in that you deliberately sought to mislead others into believing that the incident summaries were correct when you knew that they were not. [NOT PROVED]

17. On 19 December 2020 encouraged and/or instructed Colleague 1 to alter patients' physical observation readings so that their score could be calculated to read as 0. [PROVED]

18. Your actions in charge 17 were dishonest in that this was an attempt to mislead others into believing that patients' physical observations were accurate knowing that they were not. [NOT PROVED]

19. On one or more occasions on dates unknown failed to follow Patient C's care plan by using pull up sanitary pads instead of a 'Kylie'. [PROVED]

20. On one or more occasions on dates unknown failed to follow Patient D's care plan by placing a second sanitary pad across his genitals. [PROVED BY ADMISSION]

21. In relation to charge 19 and/or 20 failed to;

(a) Update Patient C's care plan and/or Patient D's care plan accordingly. [NOT PROVED]

(b) Recommend that Patient C's care plan and/or Patient D's care plan be adjusted accordingly. [PROVED BY ADMISSION in relation to Patient D, PROVED in relation to Patient C]

22. On an unknown date in January 2021 failed to follow Patient B's care plan by requesting that Colleague 1 order Patient B a pizza. [NOT PROVED]

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 noted that it had found misconduct in relation to your proven actions in respect of charges 1(a), 1(b), 1(c), 2(a), 4(a), 4(c) 6(a), 6(b), 6(c) 8(b), 8(c), 8(d), 12 and 13. It next went on to decide whether, as a result of that misconduct, your 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. 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 found that limbs a), b) and c) of the test outlined above were engaged in this case by your actions and omissions. It considered that patients were put at risk of harm, and in some instances were caused emotional harm, as a result of your misconduct. It further considered that your misconduct breached the fundamental tenets of the nursing profession, in particular in relation to treating patients with dignity and respect, and also brought the reputation of the profession into disrepute.

The panel therefore went on to consider whether you were liable, or likely, to act in such a way in future. In doing so, it had particular regard to your professional history, your levels of insight and the training you have undertaken.

In evaluating your level of insight into your misconduct, the panel took account of your oral evidence at both stages of the hearing and your reflective piece dated 14 August 2023. The panel acknowledged your evident desire to return to your nursing practice, and noted that you have expressed significant levels of remorse about your actions and have clearly learned a salutary lesson from these proceedings. The panel noted that you had, throughout your evidence, been able to go into detail about best practice with regard to patient care, and had demonstrated insight into what you should have done. You had also been able to identify pressures in the workplace environment and more generally which may have impacted on your behaviour at the time, including high staff turnover, understaffing, being the only registered nurse on shift, and the impact of the COVID pandemic. The panel noted, however, that although your frustration may have impacted your behaviour in some specific incidents, there were others (notably the incident regarding the sofa) which could not be explained by this and which may suggest an element of attitudinal concern.

Overall, however, the panel considered that you had shown more limited reflection and insight in relation to your specific actions and behaviours at the time. It noted that you had struggled to articulate how you felt at the time, or how this affected your behaviour, why you acted as you did, and

how you could identify and take steps to prevent any factors which might risk a recurrence. You had reflected on what you should have done, but not so extensively on what you did, and why, and the seriousness of your actions. You had also only demonstrated limited understanding of the impact your misconduct had on the patients and colleagues involved, and on public perception of the nursing profession. The panel therefore considered that while you have demonstrated some insight, your insight is still developing and is not yet fully formed.

Although the misconduct in this case is serious involving your treatment of extremely vulnerable patients for whose care you were responsible, your breach of your duty of candour and the coercion of junior staff, the panel was satisfied in the circumstances of this case that the misconduct is capable of being addressed. In considering the steps you have taken to strengthen your practice to address the concerns identified, the panel took into account the positive testimonials from your previous colleagues, the patient feedback reviews..., and the training certificates you have provided.

The panel considered that the testimonials and patient feedback you had provided were compelling and reassuring. They were consistent in attesting to your generally good character and work ethic throughout your nursing career prior to and subsequent to these events. They attest to the fact that you are usually kind, sensitive and considerate to patients and colleagues and are well-regarded for your clinical skills and professionalism. The panel accepted that this evidence suggested that your actions were out of character with the rest of your professional career.

The panel also noted that, despite not having practised for some time, you have done all you could to ensure that you undertook relevant training in relation to the areas of concern identified in this case. It was also satisfied that you were able to demonstrate the learning you gained from these training courses during your oral evidence. However, as you are currently not working in a nursing capacity, you have not yet had the opportunity to

put your learning into practice within a healthcare setting caring for patients, in order to demonstrate that you are capable of returning to safe practice.

Taking all of the above into account, the panel is of the view that although you are unlikely to repeat your past actions, there remains a residual risk of repetition at this time if you were to return to unsupervised practice. This is mainly due to the under-developed nature of your insight and the fact that you have yet to have the opportunity to demonstrate the lessons you have learned through safe clinical practice in a nursing capacity. The panel therefore decided 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.

In addition, the panel concluded that public confidence in the profession would be undermined if a finding of impairment was not made in this case given the nature of the misconduct in this case. It therefore also finds your fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired on both public protection and public interest grounds.'

The original panel determined the following with regard to sanction:

'Having found your 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:

- The incidents involved extremely vulnerable patients.*
- The concerns are wide-ranging and occurred over a period of several months.*
- The findings included a finding of a lack of integrity involving junior colleagues.*
- The findings involved an abuse of your power.*
- At least one of the findings involved an attitudinal aspect.*
- There was an aspect of poor and/or inappropriate communication with colleagues and patients.*

The panel also took into account the following mitigating features:

- The misconduct was contained within a single workplace setting and was confined to a period of a few months.*
- No similar concerns were raised in your lengthy career prior to this episode or in the eight months of nursing practice subsequent to the incident.*
- There were very positive testimonials in relation to your previous and subsequent nursing career attesting to your good character, professionalism and high standards of practice, including your kindness to patients, compassion and dedication.*
- The incidents could therefore be regarded as out of character within an otherwise excellent and well-regarded nursing career.*
- The incidents took place within a contributory context of significant pressures in the workplace environment at the time, including the demanding clinical environment, staffing pressures, high levels of agency staff, you being the only registered nurse on shift, and the effects of the COVID-19 pandemic on the Ward and on you personally.*
- You have demonstrated significant remorse and have undertaken training relevant to the areas of concern to strengthen your practice.*
- You have demonstrated some insight although this requires further development.*
- You have demonstrated yourself willing to take further steps to strengthen your practice.*

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 ongoing residual risks identified at the previous stage. To impose no order would be insufficient to protect the public or to satisfy the wider public interest considerations in this case.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the ongoing public protection issues identified, an order that does not restrict your practice would not be appropriate. 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 the imposition of a caution order would neither be sufficient to protect the public nor to satisfy the wider public interest considerations in this case.

The panel next considered whether a conditions of practice order 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:

- Identifiable areas of the nurse or midwife’s practice in need of assessment and/or retraining;*
- No evidence of general incompetence;*
- 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 found that the misconduct in your case was remediable, and noted that you have already taken steps to address some of the concerns identified and strengthen your practice to date. The panel determined that it would be possible to

formulate appropriate and workable conditions which would address the failings highlighted in this case while protecting the public.

You have demonstrated during these proceedings a willingness to engage with the NMC and to take further steps to strengthen your practice, and a strong desire to return to safe practice. The panel had regard to your years of commitment and dedication to the profession, and to the period of clinical practice without incident which occurred after these incidents occurred. It also had regard to the extremely positive references about your high standards of professionalism and clinical practice prior to and subsequent to these events. It bore in mind the significant remorse you have demonstrated, together with your understanding of how you should have acted and your developing insight into your actions.

In all the circumstances, the panel considered that it would be in the public interest to enable an experienced, competent, committed and well-regarded nurse with developing insight into her failings the opportunity to address the concerns identified in the context of suitable supervision and monitoring. This is in order to enable a return to safe practice. The panel was therefore confident that you will comply with any appropriate conditions imposed on your practice, and determined that such an order would not only serve the public interest, but also sufficiently protect the public.

The panel was satisfied, given the low risk of repetition, that a conditions of practice order would be effective to protect the public while you take the further steps required of you to develop your insight and remedy your past failings. It also considered that in the circumstances of this case, such an order would be sufficient to satisfy the wider public interest considerations in this case, marking the seriousness of your actions, ensuring that professional standards are upheld, and upholding public confidence in the profession.

Balancing all of these factors, the panel determined that the appropriate and proportionate sanction is that of a conditions of practice order.

The panel was of the view that to impose a suspension order or a striking-off order would be disproportionate and unduly punitive in the circumstances of your case.

This is because the risks identified are capable of being sufficiently managed by conditions on your practice, and you have indicated that you are willing to work on strengthening your practice whilst working under conditions. The panel was mindful that the incidents in this case were very serious. However, they were entirely out of character with your normal practice. The panel noted that a considerable period has elapsed since these events. During that period you have taken the opportunity to demonstrate a sustained period of eight months of practice without further incident, and have taken further steps to strengthen your practice even when you were no longer able to work. You have demonstrated your commitment to strengthening your practice and ensuring that further regulatory concerns do not recur. The panel has found that you are unlikely to repeat your actions and you have shown your determination to returning to the safe and dedicated practice which you have demonstrated at all other times in your professional career.

On this basis, the panel determined that a period of suspension at this time would serve no purpose. It further considered that your actions were not incompatible with remaining on the register, and that striking you off the register would be wholly disproportionate.

Having regard to the matters it has identified, the panel has concluded that a conditions of practice order would be sufficient to mark the seriousness of your actions, address the ongoing risks identified, uphold professional standards, maintain public confidence in the profession, and 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, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.

- 1. You must restrict your practice to one substantive employer. This must not be an agency.*

2. *You must neither be the nurse in charge of a shift, or the sole nurse on duty during a shift at any time.*
3. *You must ensure that you are indirectly supervised. Your supervision must consist of working at all times on the same shift as, but not always directly observed by, another registered nurse.*
4. *You must work with your line manager, mentor or supervisor to create a personal development plan (PDP). Your PDP must address the following areas:*
 - *Integrity;*
 - *Duty of candour;*
 - *Responding to challenging behaviour; and*
 - *Effective communication with patients and colleagues.*

You must provide a copy of this PDP to your NMC case officer prior to any review hearing. This report must show your progress towards achieving the aims set out in your PDP.

5. *You must meet with your line manager, mentor or supervisor on a monthly basis to discuss your performance and conduct, as well as your progress with your PDP, in particular in relation to the following areas:*
 - *Integrity;*
 - *Duty of candour;*
 - *Responding to challenging behaviour; and*
 - *Effective communication.*
6. *You must provide a report from your line manager, mentor or supervisor commenting on your conduct and performance generally, and with specific reference to the following areas:*
 - *Integrity;*
 - *Duty of candour;*
 - *Responding to challenging behaviour; and*
 - *Effective communication. You must provide a copy of this report to your NMC case officer prior to any review hearing.*

7. You must maintain a reflective log in relation to your clinical practice, providing your ongoing reflections on any incidents which arise which relate to the issues identified in this case and to the areas identified in your PDP. You must also produce a reflective statement, setting out your further reflections on, and insight into, the events giving rise to these proceedings.

You must provide a copy of both the reflective log and the reflective statement to your NMC case officer prior to any review hearing.

8. You must keep the NMC informed about anywhere you are working by:

- a) Telling your NMC case officer within seven days of accepting or leaving any employment.*
- b) Giving your NMC case officer your employer's contact details.*

9. You must keep the NMC informed about anywhere you are studying by:

- a) Telling your NMC case officer within seven days of accepting any course of study.*
- b) Giving your NMC case officer the name and contact details of the organisation offering that course of study.*

10. You must immediately give a copy of these conditions to:

- a) Any organisation or person you work for.*
- b) Any employers you apply to for work (at the time of application).*
- c) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.*

11. You must tell your NMC 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.*

12. You must allow your NMC 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 18 months. The panel considers that this will allow sufficient time for you to secure employment and then demonstrate a sustained period of safe and effective practice while you are carefully monitored and supervised. It will also allow you a sufficient period to achieve the further development required in your levels of insight. The panel considered, given the seriousness of your actions, that a shorter period would be insufficient to satisfy the public interest considerations in this case.

Before the order expires, a panel will hold a review hearing to see how well you have 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, whether or not you have succeeded in securing work in a nursing capacity by the time of a review, by:

- References or testimonials from paid and/or unpaid employment, whether in a nursing role or in any other role in a healthcare setting or elsewhere, attesting to your character and nursing practice; and
- A reflective piece demonstrating your insight into these incidents.'

Decision and reasons on current impairment

The panel has considered carefully whether Mrs Zivurawa's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined

fitness to practise as a registrant's ability to practice kindly, safely and professionally. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle, and taken account of the submissions made by Mr Choudhury.

Mr Choudhury submitted that Mrs Zivurawa has not discharged her persuasive burden and that she is still impaired on both public protection and public interest grounds. He submitted that in terms of public protection, these were serious, wide-ranging derogations of duty involving vulnerable patients directly linked to Mrs Zivurawa's clinical practice over a sustained period of time.

Mr Choudhury submitted that Mrs Zivurawa has not shown any strengthening of practice and that the insight that was provided is somewhat historic. He submitted that a finding of impairment should be made on public interest grounds.

Mr Choudhury invited the panel to extend the existing conditions of practice. He submitted that it is a matter of the panel if they want to change the order to a more serious order with a suspension or striking-off order if required or deemed appropriate.

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 Zivurawa's fitness to practise remains impaired.

The panel took into account that there is limited information on Mrs Zivurawa's current employment and her future intentions working as a registered nurse. The panel has not been informed of any material change in circumstances since the last substantive review hearing. The panel recognised at the last review hearing, Mrs Zivurawa showed some

insight and submitted some evidence of reflection. However, in preparation of this review, no further examples of insight, reflections, or of strengthened practice have been provided.

The panel determined that there therefore remains a 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. Mrs Zivurawa 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 Mrs Zivurawa 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 Mrs Zivurawa's fitness to practise remains impaired.

Decision and reasons on sanction

Having found Mrs Zivurawa'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

The panel 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 Mrs Zivurawa has engaged with the NMC and her 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 or imposing a suspension order would serve no useful purpose. Mrs Zivurawa has now been subject to restrictions of some kind for around 20 months and has not engaged with NMC in relation to this hearing today. Due to Mrs Zivurawa's limited recent engagement, the age of the original regulatory concerns and the absence of sufficient evidence of strengthened practice and insight being provided over that timeframe, the panel decided it was proportionate to allow the current order to lapse. The panel also acknowledged that conditions of practice orders are not intended to exist indefinitely and it is neither in the public nor the professional's own interest, particularly when there is a lack of consistent engagement with the NMC's process.

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 by the previous reviewing panel and has in the past engaged with the NMC.

The panel noted that the public remain protected because the panel have made a clear finding that Mrs Zivurawa's Fitness to Practice remains impaired and this will be evident to the Registrar should they be required to consider any future attempts by Mrs Zivurawa 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 18 March 2026 in accordance with Article 30(1).

This will be confirmed to Mrs Zivurawa in writing.

That concludes this determination.