

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

**Substantive Order Review Hearing
Monday, 12 January 2026**

Virtual Hearing

Name of Registrant:	Member Iorhom
NMC PIN:	21C1179O
Part(s) of the register:	Registered Nurse - Sub part 1 Adult nurse, level 1 (23 March 2021)
Relevant Location:	Edinburgh
Type of case:	Misconduct & Lack of competence
Panel members:	Rachel Forster (Chair, Lay member) Gillian Tate (Registrant member) Colin Mark Allison (Lay member)
Legal Assessor:	Graeme Dagleish
Hearings Coordinator:	Elizabeth Fagbo
Nursing and Midwifery Council:	Represented by Megan Verity, Case Presenter
Mrs Iorhom:	Present and represented by Simon Holborn, of Humans HR Ltd
Order being reviewed:	Conditions of practice order (18 months)
Fitness to practise:	Impaired
Outcome:	Conditions of practice order (12 months) to come into effect on 21 February 2026 in accordance with Article 30 (1)

Decision and reasons on review of the substantive order

The panel decided to vary the current conditions of practice order.

This order will come into effect at the end of 21 February 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive conditions of practice order originally imposed for a period of 18 months by a Fitness to Practise Committee panel on 24 July 2024.

The current order is due to expire at the end of 21 February 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:

1. Between October 2021 and 25 March 2022 failed to demonstrate the standards of knowledge, skill and judgement required to practice without supervision as a band 5 nurse in that you:

a) On 14 October 2021:

i) Failed to take action upon being informed a patient's human albumen was available for collection.
ii) Were unable to identify how to take blood for blood gas analysis.

b) On 19 October 2021 failed to check a patient's ventilator alarms in a timely manner.

c) On 28 October 2021:

i) Failed to escalate a patient's high blood pressure alarm.

ii) Failed to act promptly when instructed to apply a 'Bair hugger' to a patient.

d) On 1 November 2021 failed to administer anti-epileptic medication to a patient.

e) On 4 November 2021:

i) Failed to administer a patient's 10am dose of Pancrex.

ii) Failed to use a second checker before connecting a new bottle of Propofol to a patient's infusion machine.

iii) On more than one occasion failed to respond to alarms.

f) On 18 November 2021:

i) Failed to carry out the specific suctioning procedure on a patient as instructed.

ii) Incorrectly recorded that a patient was not in pain.

g) On 22 November 2021 failed to deal appropriately with a patient's oxygen alarm.

h) On 23 November 2021 failed to deal appropriately with a patient whose oxygen saturation was dropping.

i) On 25 November 2021:

i) Failed to compare patient breaths with ventilator breaths.

ii) Were unable to distinguish PICC lines from PICCO lines.

iii) Had to be prompted to add observations to patient notes.

iv) Failed to respond to alarms.

v) Had to be prompted to hand over all relevant aspects of care during handover.

j) On 29 November 2021 failed to identify that a patient was extremely ill.

k) On 9 December 2021:

- i) Removed the oxygen connector from an adjacent bed space without replacing it.
- ii) Failed to respond to alarms.
- iii) Were unable to explain a patient's status to the surgeon doing rounds.

l) On an unknown date in 2022:

- i) Failed to escalate a patient's early warning score of 5.
- ii) Incorrectly place 2g of Vancomycin in a patient's IV bag when the correct dose was 1.5g.

m) Inappropriately slept whilst on duty on the following dates:

- i) 15 January 2022.
- ii) 16 January 2022.
- iii) 31 January 2022.

n) On 5 to 6 February 2022, inappropriately slept overnight on the ward.

o) On 10 February 2022:

- i) Failed to escalate a patient's early warning score of 6.
- ii) Failed to take full observations on a new patient.

2. Having accepted undertakings on 2 March 2023, failed to comply with said undertakings in that you failed to notify the NMC of an internal investigation commenced by your employer on 25 April 2023 in breach of undertaking 4.

AND in light of charge 1 above, your fitness to practise is impaired by reason of your lack of competence.

AND in light of charge 2 above, your fitness to practise is impaired by reason of your misconduct.'

The original panel determined the following with regard to impairment:

'In respect of lack of competence, the panel took the view that the evidence before it indicates that your clinical skills fell below the standards expected of a band 5 nurse and put patients at risk of harm. The panel determined that a finding of impairment is necessary in respect of lack of competence to uphold the proper professional standards, maintain public confidence in the nursing profession and the NMC as regulator.'

In this respect, the panel endorsed paragraphs 58 to 64 of the provisional CPD agreement in respect of lack of competence.

In respect of misconduct, the panel agreed your actions in respect of the charges fell seriously short of the standard set out in The Code: Professional standards of practice and behaviour for nurses and midwives (2015) ("the Code"). It considered that the areas of the Code that had been identified by the NMC were appropriate. Therefore, the panel determined that your actions were so serious that they amounted to misconduct.

In this respect, the panel endorsed paragraphs 65 to 70 of the provisional CPD agreement in respect of misconduct.

The panel then considered whether your fitness to practise is currently impaired by reasons of misconduct and lack of competence.

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

'The question that will help decide whether a professional's fitness to practise is impaired is:

"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"

If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'

The panel determined that your fitness to practise is currently impaired as your actions breached fundamental tenets of the profession, pose an ongoing risk to patient safety and would be deemed concerning by the public. Based on the information before the panel and what has been agreed, the panel was not satisfied that you can practise kindly, safely and professionally at this time, without restriction.

The panel determined that your fitness to practise is currently impaired.

In this respect, the panel endorsed paragraph 71 to paragraph 93 of the provisional CPD agreement.'

The original panel determined the following with regard to sanction:

'The panel took into account the following aggravating features:

- *Clinical failure in fundamental areas of nursing across two separate placements, despite support and supervision.*
- *A failure to comply with undertakings.*
- *A lack of full insight, remorse and remediation.*
- *Placed vulnerable patients at a significant risk of harm.*

The panel also took into account the following mitigating features:

- *Acceptance of the concerns.*
- *Engagement with the regulator.*

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 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;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*
- *The nurse or midwife has insight into any health problems and is prepared to agree to abide by conditions on medical condition, treatment and supervision;*
- *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 accepted that you would be willing to comply with conditions of practice.

Balancing all of these factors, the panel agreed with the CPD 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 wholly disproportionate and would not be a reasonable response in the circumstances of your case because the charges could be addressed by a more proportionate sanction such as conditions of practice order. The panel carefully considered whether a suspension order may be more appropriate but determined that the risk to patient safety would be addressed by conditions of practice and therefore determined that a suspension order is not appropriate.

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 had some observations as to the conditions of practice and sent those observations to the parties for consideration. The parties confirmed that they agreed with the observations and accordingly prepared an amended CPD which was agreed.'

Decision and reasons on current impairment

The panel at this substantive review hearing has considered carefully whether your fitness to practise is currently 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, including the NMC bundle, and the documentation you provided. It has taken account of the submissions made by Ms Verity on behalf of the NMC.

Ms Verity outlined the background of the case and referred to the relevant documentation and the relevant NMC Guidance. She submitted that you have provided a large amount of material which predates the findings of the fitness to practise panel and the making of this substantive order. She told the panel that much of the material that you have provided will have already been considered by the previous panel and therefore, she invited the panel to consider in particular the more recent information and reflections in the bundle.

Ms Verity submitted that the areas of concern relate to medication management and administration, identification and escalation of clinical concerns, record keeping and documentation, and communication. She submitted that there is a lack of detail and seemingly some lack of understanding around the seriousness of the concerns and the impact they had and/or could have had on colleagues, patients and on public confidence.

Ms Verity acknowledged and commended the training and development you have sought in light of the findings and the concerns with your practice. She submitted that the majority of training appears to have been completed online and your reflections on your practice have been undertaken in a care home and community setting, as opposed to an acute hospital ward which was the environment in which some of the initial concerns arose. However, Ms Verity acknowledged that you have done what you can, given the circumstances.

Ms Verity submitted however, that it is a matter for the panel to decide whether or not you are currently impaired, and if so, the appropriate and proportionate sanction to be placed on your practice.

The panel also had regard to the documentation you provided, the submissions made by Mr Holborn on your behalf, and the submissions made by you in answer to questions posed by the panel.

Mr Holborn invited the panel to revoke failing which to vary the conditions of practice order. He submitted that you have made around 300 job applications and have been invited for several job interviews but have been unable to secure employment in a nursing role due to the current conditions of practice order. He informed the panel that you have an upcoming interview for a nursing role.

Mr Holborn referred the panel to evidence of supervision and your reflections. He told the panel that you were concerned that the work and mentoring that you had undertaken in 2023 had not been fully taken into account by the previous panel. He submitted that you have undertaken various training, have worked on your deficiencies, have worked in a care setting albeit as a support worker, and you have been supervised and mentored. He also submitted that you have fully engaged with the proceedings and have complied with the conditions of practice order as far as possible. However, the conditions are unworkable as you have not been able to secure employment in a nursing role. Further, Mr Holborn invited the panel to take the view that you have done everything possible at this time.

Mr Holborn submitted that the conditions are onerous and asked the panel to consider amending the conditions to require you to be indirectly supervised and to allow you to work for more than one employer. He submitted that you are keen to be able to continue working as a nurse as you enjoy the role and would appreciate the panel's assistance to be able to do so.

When questioned by the panel regarding your upcoming interview you submitted that the role is at a hospital in the maternity section, where you would be required to assist midwives as a registered nurse. You told the panel that in Nigeria you were a registered midwife and a registered nurse, however, in the UK you are a registered nurse only.

When questioned as to whether prospective employers have been made aware of your current conditions of practice order, you submitted that in your applications you always disclose that you are a registered nurse subject to conditions of practice.

When questioned regarding your current role, you submitted that you are currently working for a care provider in the community. You submitted that you do house visits which requires you to go to patient's homes up to three times a day in some cases. You told the

panel that you support patients with their eating and drinking, taking their medication, shopping and tidying up their environment.

When questioned by the panel regarding whether you could provide it with any references from your current employer, you submitted that you have approached them for references, however, as they did not employ you as a nurse, they therefore did not assist with this.

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 your fitness to practise remains impaired.

The review panel noted that the original panel found insufficient insight. At this hearing the panel noted that you have provided reflective pieces in which you have demonstrated an understanding of why what you did was wrong and how this had impacted negatively on the reputation of the nursing profession. It noted that you also addressed how you would handle the situation differently in the future.

In its consideration of whether you have taken sufficient steps to strengthen your practice, the panel noted that you have consistently and regularly undertaken many training courses, both prior to the substantive hearing and since then, most of which have been online. It took into account your personal development plan which covered your compliance with the undertakings given to you by the NMC.

The panel acknowledged that because you have been unable to obtain a role as a registered nurse, you have not had the opportunity to practise as a registered nurse since the imposition of these conditions especially with regard to record keeping and medication administration. However, the panel noted that you have shown dedication to improving your practice and have shown greater insight into the impact of your misconduct on patients, colleagues and the wider public. As you have not been able to demonstrate how your learning and developing insight has been embedded in your practice and you have

not provided any evidence from managers or colleagues to vouch for your practice, the panel had no evidence to demonstrate that the risk of repetition has diminished. Therefore, it decided that there is still a real risk of harm to patients if you were permitted to practise unrestricted at this time. The panel decided that a finding of continuing impairment is 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 determined that, in this case, given the continuing risk of repetition the public would expect a finding of continuing impairment on public interest grounds to be made.

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

Decision and reasons on sanction

Having found your 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 fact that a finding of impairment has been made. 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 imposing a further and/or varied 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 bore in mind the seriousness of the facts found proved at the original hearing and the fact that you have not yet been able to comply with the previous conditions due to not securing employment as a nurse. It considered that the conditions could be varied to address your failings, whilst also allowing you further time to obtain employment and demonstrate strengthened practice and full insight.

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 noted that you are engaging with the NMC and are willing to comply with any conditions imposed.

The panel was of the view that a varied conditions of practice order is sufficient to protect patients and the wider public interest, noting, as the original panel did, that there are no deep-seated attitudinal problems and that the misconduct related largely to clinical competence issues.

The panel decided to amend the current conditions by clarifying the language of condition 7 to make clear that you require indirect supervision only; by merging conditions 8 and 9 and by removing condition 10. The panel was of the view that condition 10 does not specifically address the issue in question and goes beyond what is necessary and proportionate to manage the current risk. The panel decided that you still need to continue to work for a single employer and not for an agency in order to ensure that you are given good and consistent supervision, a chance to demonstrate how your practice and skills are improving and be assessed as competent. This is also necessary in order to protect the public against any ongoing risk. The panel also amended condition 11.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances

of your case because you have been proactive in attempting to secure employment and in seeking to improve your practice.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 12 months, which will come into effect on the expiry of the current order, namely at the end of 21 February 2026. It decided to impose the following conditions which it considered 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 will 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.
2. You will 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.
3. You will 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.
4. You will 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.
- 5. You will allow your NMC case officer to share, as necessary, details of your performance, your compliance with and progress towards completing 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.
- 6. You will limit your nursing practice to a single substantive employer, which will not be a nursing agency.
- 7. You will ensure that you are supervised by another registered nurse and/or midwife any time you are working. Your supervision will consist of:
 - Working at all times on the same shift as, but not always directly observed by a more senior nurse and/or midwife
 - Not being the nurse in charge on any shift
 - The direct observation of all your dispensing and administration of medication until deemed competent by your supervisor
- 8. You will provide evidence that you have been assessed by your supervisor as competent in the following areas:
 - The dispensing and administration of medication
 - The prompt identification and escalation of clinical concerns
 - Record keeping and documentation
 - Communication

These assessments must be sent to your NMC case officer before the review of this order or as soon as completed, if earlier, in which case you can request an early review of this order.

9. You will keep a reflective practice profile. The profile will:

- Detail at least one example of each of the four concerns about your practice as set out in conditions 8
- Set out the nature of the care given
- Provide a detailed reflection, following a recognised reflective practice model, of what you have learned from each of the examples
- Be signed each time by your workplace supervisor and/or mentor

You will send to your NMC case officer a copy of the profile before the review of this order or earlier.

The period of this order is for 12 months.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 21 February 2026 in accordance with Article 30(1).

Before the end of the period of the order, a panel will hold a review hearing to see how well you 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:

- Evidence of professional development and competency assessments by your current supervisor or line manager

- Recent testimonials from a line manager or supervisor that detail your current work practices
- Reflective practice profile
- Your continued engagement and attendance at the next review

This will be confirmed to you in writing.

That concludes this determination.