Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Tuesday, 7 July 2026

Virtual Hearing

Name of Registrant:	Natasha Maria Chipindiko
NMC PIN:	18A0015E
Part(s) of the register:	Registered Nurse – Adult 24 January 2018
Relevant Location:	Wolverhampton
Type of case:	Lack of competence
Panel members:	Christine Nwaokolo (Chair, lay member) Rowena Chapman Doughty (Registrant member) Nicola Bryar KPM (Lay member)
Legal Assessor:	John Donnelly
Hearings Coordinator:	Mahee Vohra
Nursing and Midwifery Council:	Represented by Lindsey McFarlane, Case Presenter
Ms Chipindiko:	Present and represented by Wafa Shah, instructed by the Royal College of Nursing (RCN)
Order being reviewed:	Conditions of practice order (12 months)
Fitness to practise:	Impaired
Outcome:	**Conditions of practice order (12 months) to come into effect on 16 August 2026 in accordance with Article 30 (1)**

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

At the outset of the hearing, Ms Shah, your Representative made a request that this case be held partly in private on the basis that proper exploration of your 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).

Ms McFarlane, the case presenter on behalf of the Nursing and Midwifery Council (NMC) supported the application.

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.

The panel determined to go into private session in connection with [PRIVATE] as and when such issues are raised in order to protect your privacy.

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 16 August 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 24 months by a Fitness to Practise Committee panel on 19 July 2023. This was reviewed on 8 July 2025 and the conditions of practice order was extended for a period of 12 months.

The current order is due to expire at the end of 16 August 2026.

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

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

> *'That you a registered nurse between 8 December 2019 and the 28 October 2021 failed to demonstrate the standards of knowledge, skill, and judgement required to practise as a band 5 nurse in that:*
>
> *1. On 9 December 2019 incorrectly administered 35 units of Novorapid to Resident A instead of the prescribed dosage of 6 units.*
>
> *2. On 25 June 2020 failed to administer a 100mg Gabapentin tablet to Patient A, the prescribed dosage being two 100mg tablets.*
>
> *3. On 25 June 2020 incorrectly documented on Patient A's MAR chart that you had administered two 100mg Gabapentin to them.*
>
> *4. On or before 20 July 2020:*
> *(a) Left the medication trolley unattended with the keys in the lock.*
> *(b) Administered Digoxin to a patient before checking their pulse.*
> *(c) Administered all the patient's medication in one go, via PEG, rather than individually with a water flush in between.*
> *(d) Failed to correctly administer Fortisip to a patient.*
> *(e) Failed to complete a patient's resident of the day form.*
> *(f) Needed reminding to complete wound charts and care plans after dressings had been changed.*
> *(g) Failed to check a patient's care plan before applying a dressing.*
> *(h) Failed to adequately complete a care plan for a patient who suffered a skin tear.*
>
> *5. On 31 July 2020 incorrectly administered 60mg of Isosorbide Mononitrate to Patient B instead of the prescribed dosage of 30mg.*
>
> *6. On 31 July 2020 incorrectly documented on Patient B's MAR chart that you had administered 30mg of Isosorbide Mononitrate to them.*

7. On 1 August 2020 increased Patient C's oxygen levels before:
(a) Seeking the advice from a senior nurse and/or
(b) Seeking the advice of a GP.

8. Between the 23 April 2021 and 27 October 2021 failed to;
(a) Document drugs that had been administered to patients on 24 September 2021.
(b) Document drugs that had been administered to patients on 30 September 2021
(c) Document drugs that had been administered to a patient on 27 October 2021
(d) Document patient observations in a timely manner on 23 April 2021.
(e) Communicate handovers effectively on 23 April 2021 and/or 22 June 2021.

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

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

'The panel considered whether Mrs Chipindiko's fitness to practise remains impaired.

The panel noted that the original panel found that Mrs Chipindiko had developing, but not full, insight. At this hearing, the panel had not received any additional reflection or evidence of further developed insight from Mrs Chipindiko.

In addition, it noted that Mrs Chipindiko has not been able to engage with the current conditions of practice, to follow any recommendations made by the original panel, or address the concerns identified.

The original panel determined that Mrs Chipindiko was liable to repeat matters of the kind found proved. The only information before today's panel was that Mrs Chipindiko

has not been able to address the concerns due to a period of suspension from work and [PRIVATE]. Mrs Chipindiko has not provided any evidence of developed insight, testimonials or relevant training. In light of this, this panel determined that Mrs Chipindiko is still liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required. It considered that a well-informed member of the public and fellow practitioners would be concerned if a finding of impairment were not made in this case as Mrs Chipindiko has not provided any evidence of further insight or evidence of strengthened practice at this stage. The panel found that public confidence in the nursing profession would be undermined if no finding of current impairment were made.

For these reasons, the panel finds that Mrs Chipindiko's fitness to practise remains impaired.'

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

'Having found Mrs Chipindiko'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 first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Mrs Chipindiko's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where 'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.' The panel considered that Mrs Chipindiko's lack of competence 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 conditions of practice order on Mrs Chipindiko's registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

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 Mrs Chipindiko has been unable to comply with conditions of practice due to her current employment status and maternity leave, but is engaging with the NMC and is willing to comply with any conditions imposed.

The panel was of the view that a further conditions of practice order is sufficient to protect patients and the wider public interest, noting as the original panel did that the failings identified can be addressed and there was no deep-seated attitudinal problems. It found that in this case, a conditions of practice order would be workable, measurable and appropriate, and there are conditions which could be formulated which would protect patients and address the wider public interest during the period they are in force.

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 this case as Mrs Chipindiko has not had the opportunity to engage fully with the conditions as set out in the substantive conditions of practice order.

The panel acknowledged the fact that during the time since Mrs Chipindiko's substantive meeting and this hearing, Mrs Chipindiko was [PRIVATE] and under suspension from work due to a disciplinary investigation. The panel further noted the disciplinary outcome letter dated 28 May 2025, which stated that all allegations against Mrs Chipindiko were not upheld. Therefore, the panel was of the view that a suspension order would not be fair or appropriate in order to allow Mrs Chipindiko the opportunity to fully reflect on her lack of competence and strengthen her practice.

The panel was satisfied that Mrs Chipindiko's lack of competence is capable of being addressed and it acknowledged that Mrs Chipindiko is beginning a new job on 9 July 2025. Therefore, the panel was of the view that due to Mrs Chipindiko's current employment status, she would be able to gain the support and training that she requires in order to comply with her conditions of practice order.

Further, through her continued engagement with the NMC and in the written representations from the RCN, Mrs Chipindiko has demonstrated willingness to return to safe, kind and professional practice without restriction. The panel determined that a suspension order would be unduly punitive in this case.

The panel was satisfied that it could formulate practicable and workable conditions that, if complied with, would serve to protect the public and may lead to your unrestricted return to practice.

The panel decided that the public would remain suitably protected by the continuation of the following conditions of practice:

'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 limit your nursing practice to one substantive employer. This must not be an agency.*
2. *You must not be the sole nurse in charge of any shift.*

3. *You must not administer medication unless directly supervised by another registered nurse; until you have been assessed as competent to do so by another registered nurse.*

4. *You must ensure that you are supervised by another 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 another registered nurse.*

5. *You must work with your supervisor to create a personal development plan (PDP). Your PDP must address the concerns about*

   - *medication administration;*
   - *record keeping; and,*
   - *communication and management in emergency situations.*

   You must:

   a. *Send your case officer a copy of your PDP before the next NMC review.*
   b. *Meet with your supervisor at least every month to discuss your progress towards achieving the aims set out in your PDP.*
   c. *Send your case officer a report from your supervisor before the next NMC review. This report must show your progress towards achieving the aims set out in your PDP.*

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 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.*

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. *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 with a review.'

Decision and reasons on current impairment

This panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as the ability of a professional on our register to practise as a nurse, midwife or nursing associate safely and effectively without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle, your reflective statement, personal development plan (PDP), trust development plan, testimonials, trainings undertaken and calculation reflection. It has taken account of the submissions made by Ms McFarlane on behalf of the NMC and Ms Shah on your behalf.

Ms McFarlane submitted that you have continued to engage with the NMC through the fitness to practice proceedings, you have offered a reflective piece and evidence of strengthening of practice, however you have not been able to complete your medication competency which forms part of your conditions of practice.

Ms McFarlane referred the panel to the decision in *Abrahaem v General Medical Council [2008] EWHC 183 (Admin)* and submitted that, at a review hearing, the persuasive burden rests upon the registrant to demonstrate that their fitness to practice is no longer impaired. She submitted that as you have not been able to comply with all the conditions of practice imposed by the previous panels, you have not been able to demonstrate that you would be able to return to safe practice.

In terms of sanction, Ms McFarlane submitted that in order to protect the public from risk of harm, a lesser sanction than a conditions of practice would not be appropriate. The previous panels had found that workable, measurable and proportionate conditions could be formulated and that those considerations continued to apply. She submitted that the panel may impose conditions of practice order for a period they deemed fit.

Ms Shah submitted on your behalf that you had complied with the conditions of practice order to date, with the exception of the outstanding medication competency. She submitted that [PRIVATE].

Ms Shah referred the panel to the latest testimonial from your ward manager which demonstrated that you had engaged throughout with the support provided and had continued to work towards achieving your competencies. She submitted that you had remained under appropriate supervision and [PRIVATE]. She further submitted that you had fully engaged with the fitness to practice proceedings by providing all the documentation required for the review hearing, including a completed professional development plan, evidence of training undertaken, and reflective pieces.

Ms Shah submitted that you had not only complied with the conditions of the order but had also addressed the matters identified by the previous reviewing panel as being helpful for a future review. She submitted that you had provided a detailed reflection on the original charge as well as a further reflection relating to a subsequent medication error which had

occurred during your employment and that this demonstrated your willingness and ability to engage with the regulatory process and the conditions imposed.

Ms Shah invited the panel to consider that it was in the public interest to allow a committed nurse, who was actively working to improve her practice, sufficient time to achieve the required competencies. She submitted that although you had not progressed as quickly as others might have done, you have continued to work constructively with those supporting you and had made steady progress.

Accordingly, Ms Shah invited the panel to extend the conditions of practice order for a further 12 months. She submitted that a 12 month extension would provide you with adequate time to [PRIVATE], continue working with your supervisors, complete the outstanding medication competency, and demonstrate a sustained period of safe practice.

[PRIVATE]

[PRIVATE]

[PRIVATE]

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 panel noted that the last reviewing panel found that you had insufficient insight. At this hearing the panel has noted the reflective statements you have offered with regard to your practice and the calculation error that was dealt with locally and is of the view that your insight is still developing.

The panel noted that you demonstrated a commitment and motivation to improve your practice and had taken steps to develop your practice, including training and engagement with occupational health. The panel noted that in your reflections, you described an occasion where you sought guidance from another supervisor when you were unsure of the medication; and considered this to be an appropriate and safe course of action, demonstrating an understanding of the importance of seeking support where required.

The panel was of the view that your insight is continuing to develop. It considered that you currently lack confidence in some aspects of your role and that this is likely to improve as you gain further experience and competence. It noted that once you are fully established in your role, you would be able to demonstrate deeper reflection on your past failings and the steps taken to prevent repetition.

The panel noted that in your reflective statement, you referred to workplace pressures including staffing issues. The panel was of the view that while such contextual factors may have been relevant, they cannot detract from the seriousness of medication-related practice as medication administration is a critical aspect of professional practice where errors cannot be afforded.

[PRIVATE]

[PRIVATE]

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account the training courses you have undertaken, your PDP and trust development plan. The panel noted that your supervisors acknowledge your commitment to improvement, however, they have also noted that you have not been able to practice safely as you have continued to make medication errors. The panel also acknowledges that the courses you have undertaken are relevant to the concerns about your competence.

The panel is of the view that you lack some confidence with regard to medication administration and hope that once you gain confidence by strengthening of practice, you

should be able to administer medication without errors. The panel considered that an error in medication administration is very serious as it impacts patient safety.

The last reviewing panel determined that you were liable to repeat matters of the kind found proved. Today's panel has heard the submissions by your representative and received your reflective statement, personal development plan (PDP), trust development plan, testimonials, trainings undertaken and calculation reflection. In light of this, this panel determined that you are liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

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

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 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, but the Committee wants to mark that what happened was unacceptable and must not happen again.'* The panel considered that your lack of competence 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 conditions of practice order on your registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

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 decided that the public would remain suitably protected by the variation of the following conditions of practice:

> *'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 limit your nursing practice to one substantive employer. This must not be an agency.

2. You must not be the sole nurse in charge of any shift.

3. You must not administer medication unless directly supervised by another registered nurse; until you have been assessed as competent to do so by another registered nurse.

4. You must ensure that you are supervised by another 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 another registered nurse.

5. You must work with your supervisor to create a personal development plan (PDP). Your PDP must address the concerns about
   - medication administration;
   - record keeping;
   - communication and management in emergency situations; and,
   - [PRIVATE]

   You must:
   a. Send your case officer a copy of your PDP before the next NMC review.
   b. Meet with your supervisor at least every month to discuss your progress towards achieving the aims set out in your PDP.
   c. Provide meeting records documented by your supervisor setting out the achievements, difficulties, significant incidents since the previous meeting and any further learning.
   d. Send your case officer a report from your supervisor before the next NMC review. This report must show your progress towards achieving the aims set out in your PDP.

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 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.

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. 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 with a review. The panel determined that this will allow sufficient time for you to [PRIVATE], as well as give you an opportunity to demonstrate practice for a period without errors in medication administration.

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 was no evidence of deep seated attitudinal problems. In this case, there are conditions that could be formulated which would protect patients during the period they are in force.

The panel was of the view that to impose a suspension order would be wholly disproportionate and inappropriate in the current circumstances as it would prevent you from achieving safe practice. [PRIVATE]

The panel has noted your engagement with the conditions of practice imposed by the previous panels, that you have worked on it and have met all conditions barring one, and hence there is no reason to impose a suspension.

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 16 August 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 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 by:

- Your continued engagement with the NMC and attendance at future review hearings.
- Evidence of a period of practice with no medication errors.
- [PRIVATE]
- Your confidence and competence in medication administration demonstrated through your reflective statement, PDP reports and strengthening of practice.

This will be confirmed to you in writing.

That concludes this determination.