Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Meeting
Monday, 20 July 2026

Virtual Meeting

Name of Registrant:	Phina-Mary Omowumi Onuwa Dike
NMC PIN:	98B1341E
Part(s) of the register:	Registered Nurse - Sub part 1 Adult Nursing – 19 February 2001 Registered Midwife - 19 December 2002
Relevant Location:	London
Type of case:	Misconduct
Panel members:	Susan Thomas (Chair, Lay member) Cerys Jones (Lay member) Jennifer Anne Childs (Registrant member)
Legal Assessor:	Gillian Hawken
Hearings Coordinator:	Margia Patwary
Order being reviewed:	Conditions of practice order (12 months)
Fitness to practise:	Impaired
Outcome:	**Conditions of practice order extended (12 months)**

Decision and reasons on service of Notice of Meeting

The panel noted at the start of this meeting that the Notice of Meeting had been sent to Mrs Dikes's registered email address on 11 June 2026.

Further, the panel noted that the Notice of Meeting was also sent to Mrs Dike's representative, Dr Akinoshun on 11 June 2026.

The panel took into account that the Notice of Meeting provided details of the review, that the review meeting would be held no sooner than 20 July 2026 and invited Mrs Dike to provide any written evidence seven days before this date.

The panel accepted the advice of the legal assessor.

In the light of all of the information available, the panel was satisfied that Mrs Dike has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (as amended) (the Rules).

Decision and reasons on review of the current order

The panel decided to extend the current interim conditions of practice order for a period of 12 months. This order will come into effect at the end of 1 September 2026 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is the first review of a substantive conditions of practice order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on Friday 1 August 2025.

The current order is due to expire at the end of 1 September 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:

Details of charge

'That you, a registered midwife:

1) While working at Kings College Hospital:

a) On 11 August 2020, incorrectly administered paracetamol to Patient A and/or to Patient B.
b) On 16/17 February 2021, failed to treat Patient C with kindness and compassion in that you were rude and/or abrupt.
c) On 18 February 2021, in relation to Patient D,
i) failed to advise them to restrict their fluid intake,
ii) failed to recognise and/or escalate their deteriorating condition namely, severe urinary retention.

2) While working at Newham University Hospital:
a) On 10 December 2020, in relation to Patient E,
i) failed to administer prescribed doses of anti-hypertensive medications,

ii) failed to escalate their Maternity Early Obstetric Warning System (MEOWS) score.

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

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

'The panel found that patients were put at risk of harm and were also caused physical and emotional harm as a result of Mrs Dike's misconduct. Mrs Dike's misconduct had breached the fundamental tenets of the midwifery profession and therefore brought its reputation into disrepute.

The panel considered the fact that Mrs Dike has not practised kindly, safely or professionally. On some occasions, Mrs Dike administered medications incorrectly. Further, Mrs Dike did not flag pertinent issues when they had arisen, nor did she escalate the deterioration of patients, which led to actual and unwarranted patient harm. The panel noted that Mrs Dike did not act in a kind or caring manner, and that her misconduct occurred on a number of occasions. The panel were of the view that both Mrs Dike's actions, and inactions, have caused potential harm to patients, which was unwarranted. Her actions were a serious departure from the Code of Conduct and standards of care expected from a midwife.

Regarding insight, the panel were of the view that through Mrs Dike's reflections and responses to the NMC, she has not fully acknowledged the consequences of her actions, nor has she provided substantial evidence of her having acknowledged, learned from, or corrected her misconduct. The panel noted that, Mrs Dike seemed to have placed much of the responsibility of part of her failings on the system failures within the establishment in which she worked. Furthermore, in relation to Patient C, Mrs Dike, in her reflection, failed to acknowledge her mistreatment of this patient. She highlighted that Patient C had hugged her upon leaving the hospital, which she interpreted as a positive sign that all was well.
The panel was satisfied that the misconduct in this case is capable of being addressed. Therefore, the panel carefully considered the evidence before it in

determining whether or not Mrs Dike has taken steps to strengthen her practice. The panel acknowledged that Mrs Dike has been working as a midwife and that the panel have not seen any evidence of repetition of her failings. However, the panel determined that there is limited evidence which demonstrates that Mrs Dike has implemented changes which would aid her in improving her practice as a midwife.

The panel is therefore of the view that there is a risk of repetition based on Mrs Dike's limited reflection, or insight. 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.

The panel determined that a finding of impairment on public interest grounds is required. The panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case. A member of the public would be horrified if a registrant who had acted in such a way whilst practicing as a midwife, were to have their fitness to practice not found impaired.

Consequently, in having regard to all of the above, the panel was satisfied that Mrs Dike is unable to practise kindly, safely, or professionally, and therefore, her fitness to practise is currently impaired.'

The original panel determined the following with regard to sanction:

'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 Dike'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 Dike's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Mrs Dike's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:

- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Potential and willingness to respond positively to retraining;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel determined that it would be possible to formulate relevant, proportionate, measurable and workable conditions which would address the failings highlighted in this case.

The panel had regard to the fact that these incidents occurred some time ago and that, other than these incidents, Mrs Dike has had an unblemished career of many years as a registered midwife. The panel determined that although Mrs Dike has shown an attitudinal problem, it did not appear to be a deep-seated issue; she has

shown developing insight into her failings. Therefore, re-training through conditions of practice at this juncture would be appropriate and workable. The panel was of the view that it was in the public interest that, with appropriate safeguards, Mrs Dike should be able to practise as a midwife.

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 midwife.

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

In making this decision, the panel carefully considered the sanction of a suspension order proposed by the NMC. However, the panel considered that there would be workable and appropriate conditions which could be implemented in Mrs Dike's case, which would also manage the identified risks.

The panel was of the view that to impose a suspension order would be disproportionate and would not be a reasonable response in the circumstances of this case. The panel determined that conditions being placed on the practice of Mrs Dike would be far more appropriate at this stage, as opposed to a temporary removal from the register, given her previously unblemished career, the lack of a deep-seated attitudinal concern, and the lack of the repeated concerns since the initial referral.

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. *At any time that you are employed or otherwise providing midwifery services, you must place yourself and remain under the supervision of a workplace line manager, mentor or supervisor nominated by your employer, such supervision to consist of indirect supervision, namely working at all times on the same shift as, but not necessarily under the direct observation of, a registered midwife who is physically present in or on the same ward, unit, floor or home that you are working in or on.*

2. *You must work with your line manager, mentor or supervisor (or their nominated deputy) to create a personal development plan designed to address the concerns about the areas outlined below:*

    a) *Risk assessment, recognising and escalating concerns in emergency and non-emergency situations to include MEOWS.*
    b) *Managing clinical risks and providing care for catheterised patients, including care and management following the removal of the catheter. This should also include enhanced knowledge and skills in Trial Without Catheter (TWOC) protocol.*
    c) *Involvement of patients in discussing care planning and evaluation of care.*
    d) *Practical assessments by a clinical skills facilitator in medicines management including ensuring administration of adequate analgesia, utilisation of the 5 Rights of medication administration, effective management of drug rounds, knowledge update on electronic medicine management system.*

e) *Clinical record keeping – electronic and paper*

f) *Attend a course to include professional boundaries, communication, and compassion and provide confirmation of attendance.*

g) *You must write a reflective account to include the importance of kindness and compassion in midwifery, identifying what went wrong and how you will ensure respectful care in the future.*

3. *You must send a report from your line manager, mentor or supervisor (or their nominated deputy) setting out the standard of your performance, your integrity as a midwife and your progress towards achieving the aims set out in your personal development plan to the NMC every 6 months and at least 14 days before any NMC review hearing or meeting.*

4. *You must tell the NMC within 14 days of any nursing or midwifery appointment (whether paid or unpaid) you accept within the UK or elsewhere and provide the NMC with contact details of your employer.*

5. *You must tell the NMC about any professional investigation started against you and/or any professional disciplinary proceedings taken against you within 14 days of you receiving notice of them.*

6. *You must within 14 days of accepting any post or employment requiring registration with the NMC, or any course of study connected with nursing or midwifery provide the NMC with the name and contact details of the individual or organisation offering the post, employment or course of study.*

7. *You must within 14 days of entering into any arrangements required by these conditions of practice provide the NMC with the name and contact details of the individual/organisation with whom you have entered into the arrangement.*

8. *You must immediately tell the following parties that you are subject to a conditions of practice order under the NMC's fitness to practise procedures, and disclose the conditions listed.*

    a) *Any organisation or person employing, contracting with, or using you to undertake nursing or midwifery work.*
    b) *Any agency you are registered with or apply to be registered with (at the time of application) to provide nursing or midwifery services.*
    c) *Any prospective employer (at the time of application) where you are applying for any nursing or midwifery appointment.*
    d) *Any educational establishment at which you are undertaking a course of study connected with nursing or midwifery, or any such establishment to which you apply to take such a course (at the time of application)*

9. *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.*

10. *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.*

11. *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.*

12. *You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:*
    a) *Any current or future employer.*
    b) *Any educational establishment.*
    c) *Any other person(s) involved in your retraining and/or supervision required by these conditions.*

The period of this order is for 12 months.

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

- *Mrs Dike's engagement with, and attendance at any future process;*
- *Evidence of completion of the recommended courses;*

- *Evidence of regular supervision with the appropriate line manager, mentor or supervisor;*
- *A reflective account addressing the importance of kindness and compassion in midwifery, having identified what went wrong and how to ensure respectful and dignified care;*
- *A feedback report from Mrs Dike's line manager that includes evidence of appropriate use of 'MEOWS', compliance with 'TWOC' guidelines, and her escalation of concerns;*
- *Compliance with the conditions which have been set out above.'*

Decision and reasons on current impairment

The panel has considered carefully whether Mrs Dike's 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 had regard to all of the documentation before it, including the NMC bundle, which included the substantive determination dated 1 August 2025 and Mrs Dike's email dated 22 August 2025, which stated:

> *'Dear Mr Roberts,*
>
> *I hope this message finds you well.*
>
> *I am writing to inform you that I experienced a stroke within the past year, which required hospitalisation for over a month and has significantly impacted my day to day living. As a result, I am currently unable to complete the form that was requested.*
>
> *At this time, I do not have plans to return to work. I have made my representative, Dr. Abbey aware of this information early this year.*
>
> *Thank you for understanding. Please let me know if you require any further information from me.*
>
> *Kind Regards*
>
> *Phina-Mary Dike'*

The panel 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 Dike's fitness to practise remains impaired.

The panel noted that the original panel found that Mrs Dike had demonstrated limited insight into her misconduct. The original panel determined that, whilst the misconduct was capable of remediation, Mrs Dike had not fully acknowledged the consequences of her actions, had provided limited evidence of remediation and had not demonstrated that she had implemented changes to strengthen her practice. The original panel therefore concluded that there remained a risk of repetition and found Mrs Dike's fitness to practise impaired on both public protection and public interest grounds.

In considering whether Mrs Dike has taken sufficient steps to strengthen her practice since the substantive order was imposed, the panel had regard to the evidence before it. The panel noted that it had received no updated reflective account, no evidence of remediation, no evidence of compliance with the conditions of practice order, no supervisory reports, no testimonials and no updated information regarding [PRIVATE], current employment status or intentions regarding returning to practice.

The panel noted Mrs Dike's email dated 22 August 2025 in which she advised that she had suffered a stroke, was unable to complete the requested documentation and did not intend to return to work at that time. However, the panel noted that this information was almost one year old and that no further update or medical evidence had been provided.

In the absence of any updated evidence demonstrating insight, remediation or compliance with the conditions of practice order, the panel was unable to conclude that the concerns identified by the substantive panel had been addressed. [PRIVATE]. Accordingly, the panel concluded that it could not be satisfied that the risk of repetition had reduced and determined that a finding of continuing 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 Dike's fitness to practise remains impaired.

The panel first considered whether to allow the current order to lapse upon its expiry. However, it determined that this would not be appropriate. Whilst the panel noted Mrs Dike's email dated 22 August 2025 indicating that she had suffered a stroke and, at that time, had no plans to return to work, this information was almost one year old and had not been supported by any updated medical evidence or further information. The panel therefore concluded that it did not have sufficient evidence to determine that Mrs Dike no longer posed a risk or that no order was required.

The panel next considered whether a caution order would be appropriate but determined that it would not provide sufficient protection to the public, nor would it adequately address the wider public interest, given the finding of continuing impairment.

The panel then considered extending the current conditions of practice order. The panel remained mindful that any conditions imposed must be proportionate, workable, measurable and capable of protecting the public.

The panel noted that it had received no evidence of compliance with the existing conditions of practice order. [PRIVATE].

The panel was satisfied that a further conditions of practice order remained sufficient to protect the public and address the wider public interest. It noted, as the original panel had, that the misconduct was capable of being addressed by conditions and that the original panel had considered a conditions of practice order to be appropriate and proportionate. In the absence of any updated information demonstrating a material change in circumstances, the panel concluded that extending the existing conditions of practice order remained the least restrictive and proportionate sanction.

The panel considered whether it would be appropriate to impose a suspension order or a striking-off order. However, it determined that either of these sanctions would be disproportionate at this stage. [PRIVATE]. The panel considered that, without current medical evidence or updated information regarding her future intentions, it would be disproportionate to impose a more restrictive sanction.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to extent the current conditions of practice order for a period of 12 months, which will come into effect on the expiry of the current order. 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. At any time that you are employed or otherwise providing midwifery services, you must place yourself and remain under the supervision of a workplace line manager, mentor or supervisor nominated by your employer, such supervision to consist of indirect supervision, namely working at all times on the same shift as, but not necessarily under the direct observation of, a registered midwife who is physically present in or on the same ward, unit, floor or home that you are working in or on.

2. You must work with your line manager, mentor or supervisor (or their nominated deputy) to create a personal development plan designed to address the concerns about the areas outlined below:

    a) Risk assessment, recognising and escalating concerns in emergency and non-emergency situations to include MEOWS.
    b) Managing clinical risks and providing care for catheterised patients, including care and management following the removal of the catheter.

This should also include enhanced knowledge and skills in Trial Without Catheter (TWOC) protocol.

c) Involvement of patients in discussing care planning and evaluation of care.

d) Practical assessments by a clinical skills facilitator in medicines management including ensuring administration of adequate analgesia, utilisation of the 5 Rights of medication administration, effective management of drug rounds, knowledge update on electronic medicine management system.

e) Clinical record keeping – electronic and paper

f) Attend a course to include professional boundaries, communication, and compassion and provide confirmation of attendance.

g) You must write a reflective account to include the importance of kindness and compassion in midwifery, identifying what went wrong and how you will ensure respectful care in the future.

3. You must send a report from your line manager, mentor or supervisor (or their nominated deputy) setting out the standard of your performance, your integrity as a midwife and your progress towards achieving the aims set out in your personal development plan to the NMC every 6 months and at least 14 days before any NMC review hearing or meeting.

4. You must tell the NMC within 14 days of any nursing or midwifery appointment (whether paid or unpaid) you accept within the UK or elsewhere and provide the NMC with contact details of your employer.

5. You must tell the NMC about any professional investigation started against you and/or any professional disciplinary proceedings taken against you within 14 days of you receiving notice of them.

6. You must within 14 days of accepting any post or employment requiring registration with the NMC, or any course of study connected with nursing or midwifery provide the NMC with the name and contact details of the individual or organisation offering the post, employment or course of study.

7. You must within 14 days of entering into any arrangements required by these conditions of practice provide the NMC with the name and contact details of the individual/organisation with whom you have entered into the arrangement.

8. You must immediately tell the following parties that you are subject to a conditions of practice order under the NMC's fitness to practise procedures, and disclose the conditions listed.

    a) Any organisation or person employing, contracting with, or using you to undertake nursing or midwifery work.
    b) Any agency you are registered with or apply to be registered with (at the time of application) to provide nursing or midwifery services.
    c) Any prospective employer (at the time of application) where you are applying for any nursing or midwifery appointment.
    d) Any educational establishment at which you are undertaking a course of study connected with nursing or midwifery, or any such establishment to which you apply to take such a course (at the time of application)

9. 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.

10. 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.

11. 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.

12. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:
    a) Any current or future employer.
    b) Any educational establishment.
    c) Any other person(s) involved in your retraining and/or supervision required by these conditions.

The period of this order is a further 12 months. In the panel's view this will allow Mrs Dike sufficient time to engage with these conditions of practice or to update the NMC in relation to her future intentions around her midwifery practice.
Before the end of the period of the order, a panel will hold a review hearing to see how well Mrs Dike 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:

- [PRIVATE];
- Up-to-date information regarding Mrs Dike's current employment status;
- Information regarding Mrs Dike's intentions in relation to returning to midwifery/nursing practice;
- If Mrs Dike intends to return to practice, evidence of compliance with the conditions of practice order;
- A reflective piece demonstrating insight into the concerns found proved;
- Evidence of any relevant training, CPD or remediation undertaken;
- Any supervision reports, testimonials or references relevant to Mrs Dike's practice.

This will be confirmed to Mrs Dike in writing.

That concludes this determination.