Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Meeting
Tuesday 28 July 2026

Virtual Meeting

Name of Registrant:	Cali Maxamuud
NMC PIN:	13H2425E
Part(s) of the register:	Registered Nurse – Mental Health September 2017
Relevant Location:	Bedfordshire
Type of case:	Misconduct
Panel members:	Mark Gower (Chair, lay member) Claire Cawley (Registrant member) Farrah Pradhan (Lay member)
Legal Assessor:	Juliet Gibbon
Hearings Coordinator:	Salima Begum
Order being reviewed:	Suspension order (6 months)
Fitness to practise:	Impaired
Outcome:	**Suspension order extension of 6 months to come into effect at end of 11 September 2026 in accordance with Article 30 (1)**

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 Mr Maxamuud's registered email address by secure email on 21 July 2026.

Further, the panel noted that the Notice of Meeting was also sent to Mr Maxamuud's representative at Thompsons Solicitors on 21 July 2026.

The panel Mr Maxamuud's representative had sent an email to the Nursing and Midwifery Council (NMC) on 17 July 2026 confirming that he was willing to accept short notice of a new review meeting date.

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 27 July 2026 and inviting Mr Maxamuud 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 Mr Maxamuud has received proper notice of this meeting.

Decision and reasons on review of the current order

The panel decided to extend the current suspension order for a period of 6 months.

This order will come into effect at the end of 11 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 suspension order originally imposed for a period of 6 months by a Fitness to Practise Committee panel on 10 February 2026.

The current order is due to expire at the end of 11 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:

> ‘That you a registered nurse whilst working at [PRIVATE] between 2018 - 24 February 2019:
>
> In relation to Patient A
>
> 1. …
> 2. …
> 3. …
> 4. On 26 February 2019 made one or more of the following comments via WhatsApp in relation to Patient A to Colleague A
>   a. “She is a psychopath”
>   b. “She need to be put down like unhealthy animal”
>   c. “She should be allowed to die when she took Clozapine”
> 5. Your comments were at charges 4a, and/or 4b, and or 4c were derogatory.
>
> AND in light of the above, your fitness to practise is impaired by reason of your misconduct.’

The original panel determined the following with regard to impairment:

> *‘The panel began by considering whether these limbs were engaged with regard to the past. The panel determined that limbs b and c were engaged by your misconduct with regard to the past.*
>
> *The panel considered that your actions, in making derogatory comments, brought the profession into disrepute. It was of the view that your conduct*

had breached the fundamental tenets of the nursing profession, namely to "Treat people as individuals and uphold their dignity" and to "Uphold the reputation of your profession at all times".

The panel recognised that it must make an assessment of your fitness to practise as of today. This involves not only taking account of past misconduct but also what has happened since the misconduct came to light and whether you would pose a risk of repeating the misconduct in the future.

The panel had regard to the principles set out in the case of Ronald Jack Cohen v General Medical Council [2008] EWHC 581 (Admin) and considered whether the concerns identified in your nursing practice were capable of remediation, whether they have been remedied and whether there was a risk of repetition of a similar kind at some point in the future. In considering those issues the panel had regard to the nature and extent of the misconduct and considered whether you had provided evidence of insight and remorse.

The panel took account of your evidence. It noted that while you expressed remorse and stated, continuously, that you had learned a lot from the incident, you were unable to state specifically what you had learned. Further, in the panel's view, you were not able to grasp and understand the impact your conduct would have had on Patient A, her family, colleagues or the nursing profession had the comments come to light in the public domain.

The panel also found that you could not provide specific examples of your coping mechanisms if you found yourself in a similar position in the future. You merely stated that you would escalate it to a manager and that you would not let it happen. The panel found these to be insufficient coping mechanisms and was not satisfied that you would not repeat similar conduct in similar circumstances.

In light of the above, the panel determined that you had an insufficient level of insight in relation to your misconduct.

The panel was satisfied that the misconduct in this case is capable of being remedied. Therefore, the panel considered the evidence before it in determining whether you have taken steps to strengthen your practice.

The panel took account of the "Professional Boundaries" course you completed in April 2025. It also considered that in your oral evidence you stated that you had read many articles. However, when questioned by the panel, you could not name the specific articles you had read, or even the journals you had accessed these articles.

The panel considered the testimonials you had provided, which were authored by colleagues in a healthcare setting who commended your clinical skills. However, it noted that the charges did not concerns your clinical competence, but rather derogatory comments made about Patient A. It also considered the fact that you had not worked in a healthcare setting since 2019 meant that these testimonials were not current.

The panel bore in mind that you have had ample time, namely six years, to undertake training and provide detailed insight into the concerns. However, there was insufficient evidence that you had taken steps to strengthen your practice. Given the lack of insight and strengthened practice the panel was not satisfied that the concerns had been remedied sufficiently.

The panel bore in mind that it had no evidence of similar conduct before or since the incident to demonstrate that this was common for you. However, it was of the view that in the absence of sufficient insight and evidence that you had strengthened your practice there was a risk that you might repeat your actions in the future. The panel considered that the comments you made risked influencing Witness 2 and therefore potentially impacting on Patient A's care. Further, it considered that Patient A could read the determination and see the derogatory comments made and therefore there

was a risk of harm to Patient A in the future. It followed that the panel determined that limbs a, b and c of Grant were engaged with regard to the future.

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 are 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 was satisfied that, having regard to the nature of the misconduct, "the need to uphold proper professional standards and public confidence in the profession would be undermined" if a finding of current impairment were not made. It had in mind that you are a mental health nurse caring for a very vulnerable patient and made damaging comments in a text message. Additionally, members of the nursing profession would find such comments deplorable. Further a reasonable, informed member of the public would be very concerned if your fitness to practise were not found to be impaired and therefore public confidence in the nursing profession would be undermined if you were allowed to practise unrestricted.

For all the above reasons the panel concluded that your fitness to practise is currently impaired by reason of misconduct on both public protection and public interest grounds.'

The original panel determined the following with regard to sanction:

'The panel was aware that you are currently [PRIVATE]*. The panel then considered 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.

The panel then considered the imposition of a caution. It bore in mind that the guidance refers to evidence of retraining and insight. However, it had identified a risk of repetition due to the lack of insight and strengthened practice. It 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 bore in mind that Mr Halliday's submissions with regards to conditions almost exclusively revolved around clinical practice. It had not found your clinical practice to be in question.

The panel was also mindful that you are presently unable to undertake any clinical practice due [PRIVATE]. *You would therefore be unable to take any employment as a registered nurse and engage with any conditions imposed.*

The panel also considered Mr Halliday's submissions in regard to a return to practice course. The course includes clinical work which you are currently [PRIVATE] *from therefore, in light of your inability to currently*

practice, the panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the facts found proved in this case.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG (updated 28/01/26) states that suspension order may be appropriate where some of the following factors are apparent:

- *…*
- *will suspension be sufficient to protect people using services, public confidence in the profession, or professional standards?*
- *is it realistic that the professional could return to unrestricted practice in the future, even if it is not appropriate for them to do so now?*
- *what would the registrant need to do in order to be fit to practise in the future? Is it realistic that they will be able to do this?*

The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register. It was of the view that a period of suspension would allow you to fully strengthen your practice through retraining, reflection, develop your professional skills and develop your insight.

The panel was satisfied that a period of suspension would satisfy the overarching objective of public protection and maintaining confidence in the profession.

It did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.

The panel noted the hardship such an order will inevitably cause you. However this is outweighed by the public interest in this case.

The panel considered that this order is necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

The panel determined that a suspension order for a period of six months with review was appropriate in this case to mark the seriousness of the misconduct.

At the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.'

Decision and reasons on current impairment

The panel has had regard to all of the documentation before it, including the NMC bundle.

The panel has considered carefully whether Mr Maxamuud'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 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 noted that the original panel found that Mr Maxamuud had insufficient insight. At this meeting, the panel noted that there had been very limited engagement since the substantive hearing. It had received no evidence demonstrating that Mr Maxamuud had developed his insight into the misconduct found proved or reflected on the concerns identified by the original panel. The panel acknowledged the information provided by his representative that Mr Maxamuud had [PRIVATE] to prepare for and participate in a substantive order review hearing. However, it concluded that this did not provide evidence of developing insight or remediation.

In its consideration of whether Mr Maxamuud had taken steps to strengthen his practice, the panel took into account that it had received no evidence of relevant training, reflective work or any other information demonstrating that he had addressed the concerns identified at the substantive hearing. The panel also noted that there had been no communication from Mr Maxamuud since the substantive hearing beyond the information regarding his personal circumstances.

The original panel determined that Mr Maxamuud was liable to repeat matters of the kind found proved. Today's panel received limited information through Mr Maxamuud's representative [PRIVATE] but no evidence of insight or strengthened practice. In light of this, the panel determined that Mr Maxamuud remained liable to repeat matters of the kind found proved. The panel therefore decided that a finding of current impairment was necessary on the grounds of public protection.

The panel bore 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. Given the nature of the misconduct, the absence of any evidence of developing insight into the concerns arising from the matters found proved, the panel determined that a finding of current impairment on public interest grounds was also required.

For these reasons, the panel found that Mr Maxamuud's fitness to practise remains impaired.

Decision and reasons on sanction

Having found Mr Maxamuud 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 (1) 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 Mr Maxamuud'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, but the Committee wants to mark that what happened was unacceptable and must not happen again'.* The panel considered that Mr Maxamuud'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 a conditions of practice order on Mr Maxamuud's registration would be a sufficient and appropriate response. The panel was mindful that any conditions imposed must be relevant, proportionate, measurable and workable. It concluded that, in the absence of any engagement since the substantive hearing, there was insufficient information regarding Mr Maxamuud's current circumstances, his intentions for future practice or the steps he intended to take to address the concerns. The panel was therefore unable to formulate workable conditions that would adequately address the misconduct found proved. It concluded that a conditions of practice order would not adequately protect the public or satisfy the wider public interest.
The panel next considered whether to extend the current suspension order. It noted that the original panel had provided clear guidance as to the information that would assist a future reviewing panel. However, no such evidence had been provided. The panel nevertheless took into account the information that Mr Maxamuud [PRIVATE], which may

have affected his ability to engage with the regulatory process. It considered that these personal circumstances warranted allowing Mr Maxamuud additional time to address those matters before fully engaging with the NMC and reflecting on the concerns identified.

The panel carefully considered the submission made on Mr Maxamuud's behalf that an extension of 3 months on the current suspension order would be appropriate. However, it concluded that a period of 6 months was more appropriate and proportionate in the circumstances. The panel considered that a longer period would provide Mr Maxamuud with sufficient time to deal with his current personal circumstances, reflect on the misconduct found proved, and obtain the information identified by the original panel that would assist a future reviewing panel. The panel also noted that, should Mr Maxamuud be in a position to demonstrate earlier remediation and engagement, he would be able to request an early review of the order.

The panel determined that a suspension order remained the appropriate sanction because it would continue to protect the public whilst giving Mr Maxamuud a further opportunity to develop insight, strengthen his practice and fully engage with the regulatory process. The panel decided to extend the current suspension order for a period of 6 months. It considered this was the appropriate and proportionate sanction that would satisfy both the public protection and public interest considerations.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 11 September 2026 in accordance with Article 30(1).

Before the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may further extend the order, or it may replace the order with another order.

This will be confirmed to Mr Maxamuud in writing.

That concludes this determination.