

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

**Substantive Order Review Hearing
Wednesday, 17 June 2026**

Virtual Hearing

Name of Registrant: Raymond Ndubueze Ehiemere

NMC PIN: 98C1450E

Part(s) of the register: Nursing Sub part 1
RNMH, Registered Nurse - Mental Health
4 May 2001

Relevant Location: Teeside

Type of case: Misconduct

Panel members: Nicholas Rosenfeld (Chair, lay member)
Christine Dorothy Wroe (Lay member)
Vivienne Cooper-Thorne (Registrant member)

Legal Assessor: Monica Daley

Hearings Coordinator: Grace Sharp

Nursing and Midwifery Council: Represented by Stephen Earnshaw, Case Presenter

Mr Ehiemere: Present and unrepresented

Order being reviewed: Suspension order (12 months)

Fitness to practise: Impaired

Outcome: **Suspension order (6 months) to come into effect on 25 June 2026 in accordance with Article 30 (1)**

Decision and reasons on review of the substantive order

The panel decided to confirm the current suspension order.

This order will come into effect at the end of 25 June 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 28 May 2025.

The current order is due to expire at the end of 25 June 2026.

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

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

'That you a registered nurse:

1. *On or about 31 October 2023, you intentionally struck Patient A on the head with a sharps tray.*
2. *On or around 6 November 2023, provided a statement to Colleague A, which incorrectly stated that:*
 - a. *You did not strike Patient A on the head.*
 - b. *Patient A snatched the sharps tray from you and tried to hit you with it.*
3. *Your conduct in Charge 2 was dishonest in that you:*
 - a. *intended to mislead your colleagues into believing that:*
 - i) *You did not strike Patient A on the head.*
 - ii) *Patient A snatched the sharps tray from you and tried to hit you with it'*

The original panel determined the following with regard to impairment:

'The panel then considered whether your fitness to practise was currently impaired. The panel is of the view that the misconduct found proved in the charges are difficult to remediate.

The panel is concerned that you have shown only limited insight and awareness in relation to your actions and in particular the impact on Patient A, and the wider public's confidence and perception of the nursing profession. The panel is of the view that that you have shown limited willingness to accept and learn from your misconduct.

In response to panel questions, you stated that if you were in this situation again you would approach Patient A's room with other female members of staff, and that in the future, you would assess the risk properly before intervening. You further stated that in response to provocation from a patient, you would walk away and remove yourself from the situation.

In relation to the inaccuracies in your first written statement, you stated that should you find yourself in a similar situation again, you would not complete your statement with as much information if you could not remember, and that you would simply say "you can't remember" the full details of the incident.

In your oral evidence, you assured the panel that this incident would not happen again and that you still want to practise as a nurse, continue teaching and uphold the standards of nursing. You acknowledged that patients are vulnerable but stated that nurses are also vulnerable. You referred to Patient A being stronger than you.

The panel are not reassured by your responses to the charges, the panel is of the view that you have shown a very low level of reflection that focussed primarily upon the impact on yourself rather than the patient.

The panel went onto consider whether you had strengthened your practice since the incident. The panel acknowledge that this may have been difficult as you have not practised as a nurse since the incident. The panel had sight of your recent Level

2 qualification in Safeguarding and in oral evidence, you stated that you have completed your refresher training in PMVA in 2024.

The panel was of the view that whilst this demonstrated some evidence of strengthening of practise, it was limited and insufficient to address the concerns in the circumstances of this case.

The panel is of the view that you have shown no remorse, limited insight and reflection, and little relevant evidence of strengthening of your practice.

Based upon all the information provided before it, the panel has found that there is an ongoing risk to the public and therefore decided that a finding of impairment is required 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 is necessary on the grounds of public interest as public confidence in the profession would be undermined if a finding of impairment was not made in this case.

The panel find that you are not capable of practising kindly, safely and professionally and therefore your fitness to practise is currently impaired.'

The original panel determined the following with regard to sanction:

'The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that a suspension order may be appropriate where some of the following factors are apparent:

- A single instance of misconduct but where a lesser sanction is not sufficient;*

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident; and*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour.*

The panel was satisfied that, in this case, the misconduct was not fundamentally incompatible with remaining on the register. The panel noted that you had previously had an unblemished career. There has been no repetition of the incident, noting that you have not been working in the nursing profession since the incident. It accepted your assertions that your actions in relation to the striking of Patient A were not premeditated but spontaneous. During your oral evidence today, you stated that this was a “one-off” incident and that your actions were not done out of malice but during the provision of service and was “contrary to [your] profession of 24 years”.

In relation to the charge of dishonesty, the panel was satisfied that this was a one-off incident in an otherwise unblemished career. Whilst you maintained that you had no intention of deceiving your colleagues, you then accepted the panel’s findings of deliberate dishonesty stating that it is not what you had stood for over 24 years.

The panel went 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 one year is appropriate in this case to mark the nature and 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.

Any future panel reviewing this case would be assisted by:

- *A written reflective statement which addresses the following:*
 - *Your understanding and insight into the charges found proved including your reflection as to any barriers into your insight into the charges.*
 - *The impact of the charges found proved on patients, your colleagues and the wider public.*
 - *Your understanding of the importance of the duty of candour and how you intend to incorporate this into your future nursing practice.*
 - *References to any training that you have completed in respect of the above bullet points and provide examples of how you will implement your learning into your nursing practice.*
- *Evidence of further training in relation to dealing with challenging behaviours (such as de-escalation of and managing violence and aggression).'*

Decision and reasons on current impairment

The 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.

It has taken account of the submissions made by Mr Earnshaw on behalf of the NMC.

Mr Earnshaw took the panel through a brief background of the case and the charges found proved against you.

Mr Earnshaw invited the panel to consider whether you could return to unrestricted practice and submitted that there remained concerns regarding your current impairment.

Mr Earnshaw acknowledged the reflective piece provided by you but submitted that it lacked sufficient detail to demonstrate a comprehensive understanding of the impact of your actions and did not adequately address the circumstances that led to the misconduct, nor did it provide sufficient evidence of reflection and insight.

Mr Earnshaw further submitted that there was an overall lack of evidence present before the panel today of any relevant training, professional development or strengthened practice since the substantive order was imposed which would have benefitted the panel in assessing whether you have worked towards addressing the concerns found proved.

In these circumstances, it was submitted that the panel could not be satisfied that the risk to patient safety had been reduced or that you are currently capable of returning to practice unrestricted, and as a result your fitness to practice remains impaired.

The panel also had regard to your oral submissions.

You addressed the panel and submitted that prior to the incident giving rise to the regulatory concerns, you have maintained an unblemished professional record. You emphasised that there had been no concerns regarding your clinical competence or the standard of care you have provided throughout your career.

You explained that you are currently employed in a security role, which has provided you with opportunities to undertake training in areas including safeguarding and de-escalation techniques. You submitted that your current employment regularly requires you to manage challenging and potentially confrontational situations involving members of the public and that these experiences have further developed your communication and de-escalation skills. You provided an example from your current employment involving the management of aggressive individuals you encounter and explained that the behaviours shown are similar to those you encountered within mental health nursing. You told the panel you successfully utilised de-escalation skills, do not retaliate and allowed managers to take the lead where necessary.

In response to the questions from the Chair regarding insight, you stated that you would approach the situation differently. You explained you would seek the support of female colleagues where appropriate to accompany you in similar scenarios. You stated that you have reflected on the incident and in the future would continue to adapt your practice where necessary.

You were also asked about how you would incorporate the duty of candour into future practice, where you responded with '*You can't teach an old dog new tricks*' and explained that the incident arose unexpectedly and commented that you would seek to ensure that concerns were addressed appropriately and transparently.

You informed the panel that you wished for the order to lapse and expressed your desire to return to nursing as you had previously practised effectively and efficiently.

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 acknowledges that you are currently not working as a nurse but accepted that you are in daily contact with the public and provided examples of situations where you have utilised de-escalation skills effectively.

The panel bore in mind that you are demonstrating emerging insight that is evident in your reflective statement and your oral submissions. You were able to identify examples of how you would approach things differently, adapt your practice going forward and how the situations dealt with in your current employment are not dissimilar to those you might experience in mental health nursing in terms of behaviour that is challenging to staff.

However, the panel were not persuaded that your fitness to practice is no longer impaired. The panel saw no evidence of training or references/testimonials which would have been beneficial in assessing whether you are currently impaired. The panel finds that your insight is developing, however you have not fully acknowledged the impact of your misconduct found proved on the patient, colleagues and the wider public. The panel found that there was limited reflection into the incident itself and your dishonesty.

The panel noted that the original panel found that you had insufficient insight. At this hearing the panel bore in mind that you have a persuasive burden to demonstrate that you have strengthened your practice by providing evidence of insight, application, education, supervision or other achievement to sufficiently address the past impairment.

The panel referred to your reflective statement where you have provided an address for references to be obtained but had not provided any independent references yourself, which has not afforded the opportunity for the panel to review your performance in your current role. Your reflection refers to some training undertaken in your current employment that is potentially relevant to your nursing career, but the panel noted you have not provided any documentary evidence of this.

In light of this, this panel determined that there is a risk of repetition of the 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. As members of the public would be concerned about the lack of full insight into the impact and seriousness of the misconduct found proved.

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 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 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 concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel acknowledged that the misconduct did not arise from a lack of clinical competence or deficiency in clinical skills but concerns with an attitudinal issue. In these circumstances, the panel were not able to formulate conditions of practice that would adequately address the concerns relating to your misconduct.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow you further time to fully reflect on your previous misconduct. The panel concluded that a further 6-month suspension order would be the appropriate and proportionate response and would afford you adequate time to further develop your insight, take steps to strengthen your practice, obtain additional evidence demonstrating remediation, undertake further relevant training, gather testimonials and references.

The panel concluded that the attitudinal concerns were not so deep-seated, persistent as to be fundamentally incompatible with continued registration and determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 25 June 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 confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- Evidence of testimonials and references that are current and independent
- Fuller evidence of reflection/insight on the misconduct and the impact of the particular issues of misconduct and dishonesty on patients, colleagues and the wider public
- Evidence of any training undertaken

- Demonstration that attitudinal concerns have been appropriately addressed
- Stronger reflection on the duty of candour in the profession

This will be confirmed to you in writing.

That concludes this determination.