

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

**Substantive Order Review Hearing  
Thursday, 18 June 2026**

Virtual Hearing

**Name of Registrant:** Ijeoma Benedette Uche

**NMC PIN:** 00Y0222O

**Part(s) of the register:** Registered Nurse – Sub Part 1  
Adult Nursing – 25 October 2000

**Relevant Location:** London

**Type of case:** Misconduct

**Panel members:** Michaela McAleer (Chair, lay member)  
Richard Desir (Registrant member)  
Deborah Morel (Lay member)

**Legal Assessor:** Alain Gogarty

**Hearings Coordinator:** Mahee Vohra

**Nursing and Midwifery Council:** Represented by Tom Hoskins, Case Presenter

**Ms Uche:** Not present and unrepresented

**Order being reviewed:** Conditions of practice order (6 months)

**Fitness to practise:** Impaired

**Outcome:** **Conditions of practice order (6 months) to come into effect on 26 July 2026 in accordance with Article 30 (1)**

## **Decision and reasons on service of Notice of Hearing**

The panel was informed at the start of this hearing that Ms Uche was not in attendance and that the Notice of Hearing had been sent to Ms Uche's registered email address by secure email on 14 May 2026.

Mr Hoskins, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules). Further, Mr Hoskins also referred to the telephone conversation between Ms Uche and her case officer on 12 May 2026, whereby Ms Uche confirmed that she would not be attending the hearing.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the substantive order being reviewed, the time, date and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Miss Uche's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In light of all of the information available, the panel was satisfied that Miss Uche was served with notice of this hearing in accordance with the requirements of Rules 11 and 34.

## **Decision and reasons on proceeding in the absence of Ms Uche**

The panel next considered whether it should proceed in the absence of Ms Uche. The panel had regard to Rule 21 and heard the submissions of Mr Hoskins who invited the panel to continue in the absence of Ms Uche. He submitted that Ms Uche had voluntarily absented herself as has been confirmed by her through telephone and email, she has not made an application for adjournment; and the matter ought to be dealt with expeditiously in public interest.

Mr Hoskins referred the panel to the decision of the original panel in this regard at which time Ms Uche had once again voluntarily absented herself. He submitted that the current

conditions of practice order was intended for a period of six months and as such there is a statutory duty of this panel to review the same.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Ms Uche. In reaching this decision, the panel has considered the submissions of Mr Hoskins and the advice of the legal assessor. It has had particular regard to any relevant case law and to the overall interests of justice and fairness to all parties.

The panel noted the telephone conversation between Ms Uche and her case officer whereby she had confirmed that she would not be attending the hearing. Further, the panel referred to Ms Uche's written submissions and documents, she has engaged by email and been intentional about her absence for the hearing. It noted that:

- No application for an adjournment has been made by Ms Uche;
- Ms Uche has informed the NMC that she has received the Notice of Hearing and confirmed that she would not be attending the hearing.
- There is no reason to suppose that adjourning would secure Ms Uche's attendance at some future date; and
- There is a strong public interest in the expeditious review of the case.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Ms Uche.

### **Decision and reasons on review of the substantive order**

The panel decided to extend the current conditions of practice order for a further period of 6 months.

This order will come into effect at the end of 26 July 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive conditions of practice order originally imposed for a period of six months by a Fitness to Practise Committee panel on 18 December 2025.

The current order is due to expire at the end of 26 July 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 are as follows:

*'That you a registered nurse whilst employed at Primelife / Tanworth Court (the 'Home'):*

1. *On or around 26 June 2023 documented the following inaccurate information in Resident A's risk assessment and/or plan of care:*

...

*1.5 Referred to Resident C instead of Resident A.*

...

2. *Having documented incorrect information in Resident A's risk assessment and/or plan of care, as set out in charge 1, sent such documentation to a safeguarding officer at the local authority:*

...

*2.2 On 28 June 2023.*

3. *On or around 27 June 2023, failed to recognise that thickener prescribed for one resident could not be used for another resident.*

4. *On or around 27 June 2023;*

*4.1 Sought to undertake a medication round when you had not completed a medication competency using the Primelife format.*

...'

The original panel determined the following with regard to impairment:

*'The panel next went on to decide if as a result of the misconduct, Ms Uche's fitness to practise is currently impaired.*

...

*The panel considered that in failing to recognise that thickener prescribed for one resident could not be used for another, Ms Uche placed patients at an unwarranted risk of harm. Having found that Ms Uche placed residents at unwarranted risk of harm, the panel considered that she brought the profession into disrepute. The panel considered that as patient safety is a fundamental tenet of the profession, Ms Uche's actions as set out in charge 3, amounted to a breach of this limb.*

*The panel went on to consider the case of Cohen and was of the view that the misconduct identified was easily remediable as it was clinical in nature and could therefore be addressed through retraining.*

*The panel noted that it had not been provided with any evidence of reflection or insight. It noted that in the RCN written submissions on behalf of Ms Uche on 16 October 2024, the following was stated:*

*'19. In respect of concern 4 (b), the registrant instructs us that she found a resident's thickener in the kitchen area. She recalls asking the carer who put it in the kitchen and warned them that they cannot leave the thickener in the kitchen and further instructed her that they cannot use the thickener on other patients.'*

*The panel also had regard to Ms Uche's responses in the meeting on 30 June 2023 in which she recognised that giving thickener to residents for whom it was not prescribed for was not good practice. However, the panel also had regard to the inconsistent responses she gave in this meeting. Whilst Ms Uche may accept that thickener could only be used for the resident for whom it was prescribed, the panel had no evidence to suggest that this potential understanding has been embedded*

*into her practice through reflection and/or training. The panel was also mindful of the most recent email communications from Ms Uche to the NMC, in which the panel considered that Ms Uche's acceptance of the concerns and insight was limited. In the absence of any reflection, remediation or strengthened practice, and without any evidence given to this panel that she has worked in a healthcare related role, the panel determined that the risk of repetition of the misconduct is high. Having found that the risk of repetition of is high, the panel determined that there is a consequent risk of harm to patients. The panel therefore considered that a finding of impairment was necessary on the ground of public protection.*

*The panel determined that a finding of impairment on public interest grounds is required because having found that a fellow practitioner would consider Ms Uche's actions to be deplorable, and that there is a continuing risk to the public given Ms Uche's lack of understanding about the appropriate use of prescribed substances, the public would expect a finding of impairment. The panel also concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore found Ms Uche's fitness to practise impaired on the grounds of public interest.*

*The panel had regard to the NMC Guidance on 'Impairment' and considered that in light of all of the above, Ms Uche is not currently capable of practising 'kindly, safely and professionally'.*

*Taking into account all of the evidence before it, and the considerations as set out above, the panel concluded that Ms Uche's fitness to practise is currently impaired on both public protection and public interest grounds.'*

The original panel determined the following with regard to sanction:

*'The panel next considered whether placing conditions of practice on Ms Uche'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, and found that the following factors were applicable in the circumstances of this case:*

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*
- *...;*
- *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.*

*Having found that the above factors are applicable to this case, the panel determined that it would be possible to formulate relevant, proportionate workable and measurable conditions which would address the failings highlighted in this case. As previously set out, the misconduct found was clinical in nature and capable of being addressed through retraining. The panel therefore determined that that the appropriate and proportionate sanction is that of a conditions of practice order. The panel was of the view that a conditions of practice order would protect patients and allow Ms Uche the opportunity to address the shortfall in her practice.*

*Having regard to the matters it has identified, the panel has concluded that a conditions of practice order will mark the importance of maintaining public confidence in the profession and will send to the public and the profession a clear message about the standards of practice required of a Registered Nurse.*

*The panel was of the view that to impose a suspension order disproportionate and would not be a reasonable response in the circumstances of this case.*

*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. You must limit your nursing practice to a single substantive employer which must not be an Agency.*
- 2. You must ensure that you are directly supervised by another Registered Nurse when undertaking medication administration until you have undertaken a medication administration assessment and are signed off as competent by another Registered Nurse.*
- 3. You must provide a copy of this assessment, signed by the Registered Nurse who completed the medication administration assessment, to your Case Officer at the NMC within 14 days of the completed assessment.*
- 4. You must meet with your line manager or supervisor at least once a month to discuss your performance in relation to medication administration.*
- 5. You must obtain a report from your line manager or supervisor before this order is reviewed and provide it to your NMC Case Officer. This report must contain details of your performance in relation to medication administration.*
- 6. You must keep us 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 us 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) 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 6 months.*

*Before the order expires, a panel will hold a review hearing to see how well Ms Uche has complied with the order.*

*Any future panel reviewing this case would be assisted by:*

- *Ms Uche completing further training in medication administration.*
- *Evidence of professional development, including documentary evidence of completion of the above mentioned training.*
- *A reflective statement in which Mrs Uche addresses the misconduct found.'*

## **Decision and reasons on current impairment**

The panel has considered carefully whether Ms Uche'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 has had regard to all of the documentation before it, including the NMC bundle, Ms Uche's reflective statement, documents regarding her new study program, email correspondence, and proof of training. It has taken account of the submissions made by Mr Hoskins on behalf of the NMC, including the background of the case, and the NMC submission that Ms Uche's conditions of practice should be extended for a further period 6 months or for any period of time as deemed fit by the panel.

Mr Hoskins submitted that the concerns identified by the original panel are extant, and the conditions put in place to protect the public and strengthen Ms Uche's practice have not been complied with.

Mr Hoskins compared Ms Uche's submissions with respect to charge 3, as noted in the decision of the previous panel, with Ms Uche's submissions in her most recent reflective statement regarding the same issue. He submitted that Ms Uche's statements are contradictory and therefore Ms Uche's insight remains insufficient.

Mr Hoskins submitted that the basis of the finding of the misconduct by the original panel was Ms Uche's lack of understanding about the use of one patient's medication for another, does not just indicate risk in the specific facts in this case, but also points to general concern about the level of Ms Uche's clinical understanding.

Mr Hoskins submitted that although Ms Uche has subsequently accepted that thickener could only be used for a patient for whom it was prescribed, the panel has no evidence to suggest this potential understanding has been embedded into practise through reflection and/or training. Referring to the original panel's decision, Mr Hoskins submitted that therefore, there is a high risk of repetition which poses a threat to public protection, that a fellow practitioner would see Ms Uche's actions as deplorable and hence public interest is also linked.

Mr Hoskins submitted Ms Uche's misconduct was clinical in nature; and proportionate, workable and measurable conditions of practice were put in place by the original panel. The current conditions of practice protect patients and give Ms Uche the opportunity to address the shortfall.

Mr Hoskins referred to the voluntary removal proceedings in January 2026 which could not be proceeded with because Ms Uche does not accept the charges against her, even the ones found proved.

Mr Hoskins referred to the reflective statement and other documents submitted by Ms Uche which indicate that she is retraining in international business and indicates that she does not wish to return to nursing. Her most recent document also indicates that her new chosen profession is nursing adjacent. Ms Uche has submitted that she does not administer medication but has a role in the 'duty of office and medicine management', and control and storage of medication. However, neither in Ms Uche's reflective piece or training documents, nor in the feedbacks shared by her, have any of the conditions of practice been complied with. Mr Hoskins submitted that the panel would have benefitted by Ms Uche's presence in the hearings and her position is not entirely clear, but this single finding of misconduct is still relevant at this time.

The panel also had regard to Ms Uche's documents regarding her new study program, email correspondence, and proof of training.

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 Ms Uche's fitness to practise remains impaired.

The panel noted that the original panel found that Ms Uche had insufficient insight. At this hearing, the panel is of the view that in her reflective statement, Ms Uche has externalised the issues and placed blame on other factors or persons, rather than focus on the steps she needs to take to address the impairment identified by the original panel.

In its consideration of whether Ms Uche has taken steps to strengthen her practice, the panel took into account her reflective statement and the training courses Ms Uche completed as part of her internship programme. The panel noted that none of the training undertaken by Ms Uche address the training mandated to her in the conditions of practice order and hence does not contribute towards resolution of the central issue of this case. The panel has not been provided with objective evidence of safe practice, such as medication competency assessment or a supervisor report, which were explicitly required by the original conditions.

The panel further noted that it ought to give primacy to public protection and all registrants must have a clear understanding of medicines management and patient specific prescribing. Ms Uche's action and understanding is not just relevant in the facts and circumstances of this case, but challenge the general principle of medicine administration, which is a fundamental tenet of nursing practice.

The panel noted some inconsistencies in Ms Uche's explanation regarding her current role, however even taking her account at its highest, this does not demonstrate remediation of her clinical concern. The original panel noted that the shortfall was easily

remediable and the subsequent conditions of practice to be workable, however, as Ms Uche has failed to comply, a high risk of repetition remains. The panel therefore concluded that the grounds of public protection and public interest are both engaged.

The panel was of the view that while Ms Uche has demonstrated engagement with the NMC throughout the proceedings, this has not extended to developing insight and undertaking relevant training in medicine administration and/or management. That irrespective of the change in her career aspirations, if Ms Uche is allowed to remain on the register unrestricted, she would have the ability to practice as a nurse; which would be a threat to public protection and public interest.

The original panel determined that Ms Uche was liable to repeat matters of the kind found proved. Today's panel maintains the same view 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 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 required.

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

### **Decision and reasons on sanction**

Having found Ms Uche'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 risk of repetition and the fact that the conditions of practice have not been complied with by Ms Uche. 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 public protection issues identified, an order that does not restrict Ms Uche'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 Ms Uche'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 extending the conditions of practice order on Ms Uche'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 was of the view that extending the conditions of practice order is sufficient to protect patients and the wider public interest. Noting as the previous panel did that there was only one instance of misconduct which can be easily remediated. In this case, the conditions formulated protect patients during the period in which 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 the circumstances of Ms Uche's case because this was a case of a single instance of misconduct and the compliance of the conditions of practice would be sufficient to maintain public protection and public interest.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to extend the conditions of practice order for a period of 6 months, which will come into effect on the expiry of the current order, namely at the end of 26 July 2026. It decided to impose the following conditions which it considered are appropriate and proportionate in this case:

For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also,

'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.

1. You must limit your nursing practice to a single substantive employer which must not be an agency.
2. You must ensure that you are directly supervised by another Registered Nurse when undertaking medication administration until you have undertaken a medication administration assessment and are signed off as competent by another Registered Nurse.
3. You must provide a copy of this assessment, signed by the Registered Nurse who completed the medication administration assessment, to your Case Officer at the NMC within 14 days of the completed assessment.
4. You must meet with your line manager or supervisor at least once a month to discuss your performance in relation to medication administration.
5. You must obtain a report from your line manager or supervisor before this order is reviewed and provide it to your NMC Case Officer. This report must contain details of your performance in relation to medication administration.
6. You must keep us 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 us 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) 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 six months.

Before the order expires, a panel will hold a review hearing to see how well Ms Uche has complied with the order.

Any future panel reviewing this case would be assisted by:

- Ms Uche's engagement with the proceedings and attendance at the next review hearing.

- Ms Uche's self-reflection.
- Ms Uche's broader awareness and training of medicines management including administration and safe storage in a health and care setting.
- A statement from Ms Uche's regarding her continued desire or otherwise to work as a registered nurse.

This will be confirmed to Ms Uche in writing.

That concludes this determination.