

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

**Substantive Order Review Hearing
Wednesday, 4 March 2026**

Virtual Hearing

Name of Registrant: Melfort Makhosonke Khumalo

NMC PIN: 11E1092E

Part(s) of the register: Registered Nurse – Sub Part 1
Adult Nursing – 12 May 2011

Relevant Location: Leicester

Type of case: Misconduct and Lack of Competence

Panel members: Margaret Wolff (Chair, Lay Member)
Harriet Fielder (Registrant Member)
Julia Cutforth (Lay Member)

Legal Assessor: Caroline Hartley

Hearings Coordinator: Yousra Hassan

Nursing and Midwifery Council: Represented by Iwona Boesche, Case Presenter

Mr Khumalo: Present and represented by Emily Kettell, instructed by Royal College of Nursing (RCN).

Order being reviewed: Conditions of practice order (12 months)

Fitness to practise: Impaired

Outcome: **Conditions of practice order varied (12 months)**

Decision and reasons on review of the substantive order

The panel decided to vary the current conditions of practice order.

This order will come into effect at the end of 16 April 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the second review of a substantive conditions of practice order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 19 March 2024. This was reviewed on 27 February 2025, and the conditions of practice order was extended for another 12 months.

The current order is due to expire at the end of 16 April 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:

- 1. On 26 May 2018 having checked the wrong patient's drug chart, incorrectly administered Paracetamol and Ibuprofen to a patient.*

- 2. On 26 July 2018 failed to administer the following drugs whilst completing the 18.00 drugs round:*
 - (a) Dalteparin.*
 - (b) Metformin.*
 - (c) Zomorph.*

- 3. On 22 September 2018;*
 - (a) Failed to administer Dalteparin to a patient.*
 - (b) Administered a non-steroid medication too early to a patient.*

- 4. ...*

5. *On 11 May 2019 administered the incorrect eye drops to a patient.*
6. *On 15 May 2019 failed to check and/or ensure that a patient's intravenous cannula had been removed prior to the patient being discharged.*
7. *...*
8. *On 14 June 2019 had to be prompted on one or more occasions to check a patient's blood sugar level before insulin could be administered safely.*
9. *On 14 June 2019 failed to immediately dispose of a controlled medication device containing morphine upon removal from the patient.*

Whilst working at University Hospital Coventry & Warwickshire

10. *...*
11. *On 6 January 2021 incorrectly potted 12.5mg of Diazepam instead of the prescribed amount of 12.5mls.*
12. *On or around 29 January 2021 failed to complete a health clinic in respect of one or more patients.*
13. *On 5 February 2021 failed to;*
 - (a) *Complete mattress audits.*
 - (b) *Complete first aid box checks.*
 - (c) *Review and/or adequately evaluate one or more patients' care plan.*
14. *On 9 February 2021 on one or more occasions failed to complete waterlow assessments for patients.*

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

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

'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 Mr Khumalo's fitness to practise remains impaired. The panel noted that the original panel found that Mr Khumalo had insufficient insight. At this hearing, today's panel has received evidence of reflection from Mr Khumalo as recommended by the original panel. However, although he has shown developing insight, he has had no opportunity to show that he is no longer impaired because he has not been working as a registered nurse.

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 was of the view that an informed member of the public would be concerned to learn that a registrant, in these particular circumstances, was allowed to practice unrestricted. 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 Mr Khumalo's fitness to practise remains impaired.'

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

'Having found Mr Khumalo's fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

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

Next, in considering whether a caution order would be appropriate in the circumstances, the panel took into account the SG, which 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 Mr Khumalo’s misconduct was not at the lower end of the spectrum and the caution order would be inappropriate in the view of the issues identified. The panel decided that it would neither be proportionate nor in the public interest to impose a caution order.

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. The panel accepted that Mr Khumalo has been unable to comply with conditions of practice due to their current employment status but is engaging with the NMC, is actively seeking employment as a registered nurse and is willing to comply with any conditions imposed.

The panel was of the view that a further conditions of practice order is sufficient to protect patients and the wider public interest, noting as the original panel did that there were no deep seated attitudinal problems. In this case, conditions could be formulated which would protect patients during the period they are in force.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of Mr Khumalo’s case.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to extend the existing conditions of practice order for a period of 12 months, which will come into effect on the expiry of the current order, namely at the end of 16 April 2025. It decided to impose the following conditions which it considered are appropriate and proportionate in this case:

- 1. You must limit your employment to one substantive employer. This cannot include agency work.*
- 2. You must ensure that you are working at all times on the same shift as, but not always directly observed by a registered nurse of band 6 or above and/or equivalent.*
- 3. You must be directly supervised by another registered nurse of band 6 or above and/or equivalent when administering medication until signed off as competent by your clinical line manager, mentor and/or supervisor.*
- 4. You must work with your line manager, mentor and/or supervisor to create a personal development plan (PDP). Your PDP must address the regulatory concerns about:
a) Medication administration
b) Prioritisation
c) Record keeping
d) Time management
You must send your case officer a copy of your PDP before any review hearing.*
- 5. You must meet with your line manager, mentor and/or supervisor, every two weeks for the first three months of this order and once a month thereafter, to discuss your progress towards aims set in your personal development plan (PDP).*

6. *Send your case officer a report from your line manager, mentor and/or supervisor before any review hearing. This report must show your progress towards achieving the aims set out in your PDP.*

7. *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.*

8. *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.*

9. *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.*

10. *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.*

11. *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 condition*

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 16 April 2025 in accordance with Article 30(1)

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

- Engagement with the NMC and any proceedings including attendance at future review hearings;*
- Up to date reflective statement from Mr Khumalo demonstrating his insight, what he has learnt since this hearing and how he has strengthened his practice;*
- References and testimonials relating to his clinical work from colleagues who are aware of the regulatory concerns of this case;*
- Evidence of any completed training and associated assessment that relate to the regulatory concerns in this case.'*

Decision and reasons on current impairment

The panel carefully considered whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the Nursing and Midwifery Council (NMC) has defined fitness to practise as a registrant's ability to practise suitability to remain on the register without restriction. In considering this case, the panel carried out a

comprehensive review of the order in light of the current circumstances. Whilst it noted the decision of the last panel, this panel exercised its own judgement as to current impairment.

The panel had regard to all of the documentation before it, including the NMC bundle and your own bundle. It took account of the submissions made by Ms Boesche, on behalf of the NMC. She submitted that you have provided certificates of new training. She also noted your expressed willingness to learn and improve; this is supported by the new testimonials contained within the hearing bundle. She submitted that these documents are recognised as evidence that you seek to demonstrate progress and engagement with remediation.

Ms Boesche submitted that at the previous review hearing, you provided a reflective statement and testimonials. Since then, you have been working as a healthcare assistant, which is relevant to your ongoing professional development and exposure to a healthcare environment.

Ms Boesche submitted that, despite these developments, there remains insufficient evidence of strengthened professional practice or clear remediation of the concerns that led to the original findings. On that basis, Ms Boesche submits that the current order continues to be necessary to protect the public and maintain confidence in the profession.

The panel also had regard to your submissions from your representative, Ms Kettell. Ms Kettell submitted that your primary position was to seek amendments or some relaxation of the current conditions of practice order, so that they are more workable in practice and enable you to obtain employment as a registered nurse.

Ms Kettell drew the panels attention to numerous job applications evidenced in your bundle and made by you to hospitals and care homes for nursing positions. She submitted that these applications have been unsuccessful, primarily due to the restrictions created by Conditions 2 and 3, which make it difficult for employers to accommodate you.

Ms Kettell submitted that if the panel was not minded to amend the conditions, that the current conditions of practice order should remain in place for a further 12 months. This

would provide you with additional time to seek employment as a registered nurse and demonstrate your progress.

Ms Kettell submitted that the previous panel had indicated the types of evidence that would assist at this review, including an updated reflective statement demonstrating insight, evidence of learning since the last review hearing, testimonials addressing the concerns, and evidence of completed training. She submitted that you have sought to address these expectations. Since the previous hearing, you have completed four reflective statements, including: medication administration, patient safety and documentation, medication errors in nursing and record keeping. She submitted that these demonstrate further development of learning, insight and meaningful reflection on the concerns identified in this matter.

Ms Kettell brought the panel's attention to details of the training undertaken by you, in your role as a healthcare assistant particularly in relation to medication administration. Although you have not yet been able to apply this learning within a registered nursing role, you have reflected on how this training would inform your practice in the future.

Ms Kettell submitted that evidence of testimonials and references are highlighted in the bundle. You have been working as a healthcare assistant since 2022 and in your current role since 2025 and you are currently supporting a gentleman with disabilities. In this role, you have assisted with matters such as administering medication, skin integrity, monitoring bruising, and liaising with healthcare professionals, including doctors. She submitted that your colleagues have provided testimonials attesting to your professionalism and competence and your assistance in mentoring junior colleagues.

Ms Kettell referred to a range of training certificates and evidence of continued professional development provided in the bundle. This includes evidence that you have completed a medication administration course and confirmation that you have been signed off as competent in this area as a healthcare assistant by a team leader. There are other training certificates relevant to nursing and healthcare practice. She submitted that this demonstrates your ongoing commitment to maintaining and developing your skills, knowledge, and professional standards.

Ms Kettell submitted that you have taken consistent and meaningful steps towards remediation, and that the public interest would be served by enabling you to return to practice as a nurse where you can demonstrate safe and effective practice. Ms Kettle invited the panel to consider relaxing or amending the current conditions so that you have a realistic opportunity to obtain employment as a registered nurse.

The panel heard and accepted the advice of the legal assessor.

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether your fitness to practise remains impaired.

The panel noted that the last reviewing panel found that you had developing insight, but you have had no opportunity to demonstrate strengthened practice in a nursing role. At this hearing the panel noted that you have made progress and are currently working as a healthcare assistant, which has enabled you to remain in a clinical environment and maintain your general healthcare knowledge and skills. This role has allowed you to continue developing aspects of patient care and retain familiarity with healthcare practice. However, the panel's primary concern relates to medication administration within a hospital setting, particularly where a nurse is responsible for managing medication safely across multiple patients. Although you have completed the training previously requested by the panel, you have not yet had the opportunity to practise medication administration in a registered nursing role.

The panel noted that without the opportunity to demonstrate safe medication management in the role of a registered nurse, there is a risk that similar errors to those identified previously could occur if you were to return to unrestricted nursing practice. This creates a concern that, if you were allowed to return to practice without appropriate safeguards, the same issues could potentially arise again.

The panel carefully considered the evidence presented, including the testimonials, training records, reflective statements, and submissions from both parties. While a number of testimonials have been provided in support of you, the panel noted that none of the recent testimonials were from a registered nurse who had directly supervised or assessed your practice in a registered nursing capacity. As such, the panel considered that the testimonials, while positive, provided limited assurance regarding your competence at the level expected of a registered nurse.

The panel remained concerned about patient safety. It noted that patients had previously been placed at risk of harm as a result of your clinical errors, particularly in relation to medication management. The panel considered that there was insufficient evidence to demonstrate that you have fully remediated these concerns and that you would now be able to practise safely across the full range of competencies required of a registered nurse. In particular, you have not yet had the opportunity to demonstrate safe practice in a registered nursing role since the concerns arose.

The panel was satisfied that you are unlikely to bring the profession into disrepute, and that your conduct and engagement with the regulatory process has been positive. However, you have not had the opportunity to demonstrate safe practice in medication administration at the level required of a registered nurse.

For these reasons, the panel finds that your fitness to practise remains impaired on the grounds of public protection.

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 also took into account the 'NMC's Sanctions Guidance' (SG) and bore 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 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 a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether imposing a varied conditions of practice order on your registration would still be a sufficient and appropriate response. The panel was mindful that any conditions imposed must be proportionate, measurable and workable.

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case.

The panel was of the view that a varied conditions of practice order is sufficient to protect patients and the wider public interest, noting that there were no deep-seated attitudinal problems. In this case, there were conditions that could be formulated which would protect patients during the period they are in force.

The panel was of the view that to impose a suspension order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case because your actions are remediable with appropriate medication administration training and working in a clinical setting as a registered nurse.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a condition of practice order for a period of 12 months, which will come into effect on the expiry of the current order, namely at the end of 16 April 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 employment to one substantive employer. This cannot include agency work.
2. Until you have been signed off as competent in medication administration for a registered nurse by your clinical line manager or Band 6 mentor or supervisor you must be directly supervised by another registered nurse of Band 6 or above or equivalent when administering medication.
3. Until you have been signed off as competent in medication administration by your clinical line manager or Band 6 mentor or supervisor you must ensure that you are working at all times on the same shift but not always directly observed by a registered nurse.
4. You must work with your line manager, mentor and/or supervisor to create a personal development plan (PDP). Your PDP should focus on:
 - a) Medication administration
 - b) Prioritisation
 - c) Time managementYou must send your case officer a copy of your PDP before any review hearing.
5. You must meet with your line manager, mentor or supervisor, every two weeks for the first three months of this order and once a month thereafter, to discuss your progress towards aims set in your personal development plan (PDP).

6. Send your case officer a report from your line manager, mentor or supervisor before any review hearing. This report must show your progress towards achieving the aims set out in your PDP.
7. 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.
8. 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.
9. 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.
10. 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.
11. 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 condition

The period of this order is for 12 months.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 16 April 2026 in accordance with Article 30(1).

Before the end of the period of the order, a panel will hold a review hearing to see how well you have complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- Evidence of you working in a registered nursing capacity.
- Recent testimonials including from your line manager.
- Your engagement with the NMC including attendance at a future review.

This will be confirmed to you in writing.

That concludes this determination.