

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

**Substantive Order Review Meeting
Thursday, 28 May 2026**

Virtual Meeting

Name of Registrant: Ifeanyi Kenechukwu Paul

NMC PIN 21K05720

Part(s) of the register: Registered Nurse - Sub Part 1
Mental Health Nursing – 9 November 2021

Relevant Location: Kent

Type of case: Misconduct

Panel members: Farrah Jaura (Chair, Lay member)
Emma Quinn (Registrant member)
Joanne Morgan (Lay member)

Legal Assessor: Nina Ellin KC

Hearings Coordinator: Stanley Udealor

Order being reviewed: Suspension order (12 months)

Fitness to practise: Impaired

Outcome: **Suspension order (12 months) to come into effect on
17 July 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 Paul's registered email address by secure email on 23 April 2026.

Further, the panel noted that the Notice of Meeting was also sent to Mr Paul's representative at Equality for Black Nurses on 23 April 2026.

The panel took into account that the Notice of Meeting provided details of the review and that the meeting would be held on or after 25 May 2026

The panel accepted the advice of the legal assessor.

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

Decision and reasons on review of the current order

The panel decided to extend the suspension order for twelve months with a review.

This order will come into effect at the end of 17 July 2026 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is the second review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee on 19 June 2024. The order was reviewed on 9 June 2025 when it was extended for a period of twelve months.

The current order is due to expire at the end of 17 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 were as follows:

‘That you, a registered nurse:

1. *On 6 December 2021, failed to ensure that continuous observations of Patient A were conducted in that on one or more occasions, you moved to an area where you were unable to continuously observe Patient A.*
2. *On 31 December 2021, you left a set of keys to the clinic room in the door of the clinic room.*
3. *On 31 December 2021 in relation to Patient C you:*
 - a. *failed to administer the 9pm dose of Depakote either at 9pm or at all;*
 - b. *...*
4. *On 29 January 2022, in relation to Patient B, you:*
 - a. *administered a 5mg tablet of Diazepam when 10 mg of liquid Diazepam was prescribed;*
 - b. *failed to ensure that the administration of the liquid and/or tablet Diazepam was witnessed by a nurse or approved support worker.*
 - c. *failed to ensure that a nurse or approved support worker countersigned the Drugs Liable for Misuse Book for Liquid and/or tablet Diazepam.*
5. *On 29 January 2022, in relation to Patient B, you inaccurately recorded that:*
 - a. *10 mg of liquid Diazepam had been administered when it had not been administered;*

- b. *a tablet of Diazepam had been disposed of, when it had not been.*
6. *Your conduct at any and/or all of Charge 5 was dishonest in that you:*
- a. *Knew that you had not:*
 - i. *Administered liquid Diazepam;*
 - ii. *Disposed of a tablet of Diazepam.*
 - b. *Intended to create the misleading impression that:*
 - i. *You had administered liquid Diazepam;*
 - ii. *You had disposed of a tablet of Diazepam.*

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

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

'The panel considered whether Mr Paul's fitness to practise remains impaired.

No new evidence from Mr Paul has been presented to the panel to demonstrate a material change in circumstances, or to evidence insight, remorse or strengthening of Mr Paul's practice. In light of this the panel has concluded that Mr Paul still has insufficient insight into his actions and has not strengthened his practice. As such there is a likelihood that matters of the kind found proved may be repeated.

The panel referred to the charges found proven by the original panel and noted they posed a direct risk to patients. The matters found proved include failure to ensure continuous observation of a patient, leaving keys to the clinic room in the door of the clinic room, and medication administration errors. The matters found proved include dishonesty on the part of Mr Paul by attempting to cover up medication errors. The panel has not received new information to demonstrate remediation of Mr Paul's misconduct. In

light of this, it determined that Mr Paul has not upheld the standards of the profession and there remains an ongoing risk of harm to patients and the public should he be allowed to practice unrestricted. The panel determined that a finding of impairment on public protection grounds is required.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

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

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

'Having found Mr Paul'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 considered the imposition of a further period of suspension. It was of the view that a suspension order would allow Mr Paul further time to fully reflect on his previous misconduct. The panel concluded that a further 12 month suspension order would be the appropriate and proportionate response and would afford Mr Paul adequate time to engage with proceedings, develop his insight and take steps to strengthen his practice. It would also give Mr Paul an opportunity to approach past and current health professionals to attest to his honesty and integrity in his workplace assignments since the substantive hearing.

The panel determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. The panel did consider whether a shorter period of suspension would be appropriate in the circumstances however considered that 12 months was proportionate and gave Mr Paul adequate time to address the concerns raised.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 17 July 2025 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:

- *Engagement with a reviewing panel.*
- *Provision of up to date contact information for Mr Paul, including email address, telephone number and registered address.*
- *Evidence of professional development, including documentary evidence of completion of relevant training courses relating to medications management and patient care.*
- *A reflective account on what happened, why it happened, the impact of those actions and what Mr Paul would do differently to ensure that the misconduct is not repeated.*
- *A statement from Mr Paul which outlines his intentions for the future.*
- *Testimonials from a line manager or supervisor that detail his current work practices.'*

Decision and reasons on current impairment

The panel has considered carefully whether Mr Paul's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's suitability to practise 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, an on-table bundle containing Mr Paul's training certificates and reflective statement, and a reference made on his behalf dated 27 May 2026.

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 Mr Paul's fitness to practise remains impaired.

The panel took into account that Mr Paul did not engage with the NMC at the last review hearing, but he has now re-engaged with these proceedings. The panel considered Mr Paul's reflective statement and noted that he had expressed regret for his actions and demonstrated some insight into the seriousness of his clinical failings. He had also provided evidence of the training courses he had completed. However, the panel was of the view that Mr Paul has failed to demonstrate insight into the seriousness of his dishonest conduct and its impact on patients, his colleagues, the nursing profession and the public.

The panel had sight of the various training courses Mr Paul had completed in the areas of clinical concerns and duty of candour, however, it was of the view that he had failed to demonstrate how he would apply lessons he had learnt from those training courses into his nursing practice. The panel also considered the recent positive reference made on Mr

Paul's behalf, however, it noted that the reference did not clearly set out what Mr Paul's clinical role was within the nursing department in Nigeria. The panel noted that Mr Paul did not provide any statement which outlined what clinical work he had done and what his intentions for the future were as recommended by the last reviewing panel.

Having considered the steps taken so far by Mr Paul to strengthen his nursing practice and remediate the concerns, the panel determined that Mr Paul's insight remains limited and developing. It was of the view that Mr Paul was still at the early stages of remediation.

In light of this, the panel determined that there remains a real risk of repetition and a consequent risk of harm to the public. It therefore concluded that a finding of continuing impairment is necessary on the grounds of public protection.

The panel has also 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. In the particular circumstances of this case, given the serious concerns about Mr Paul's practice relating to patient care, dishonesty and the insufficient evidence of strengthened practice and insight, the public would expect the regulator to take action. The panel determined that public confidence in the profession, would be seriously undermined and damaged if a finding of impairment were not made in this case. For these reasons, the panel determined that a finding of current impairment is necessary on the grounds of public interest.

Having regard to all of the above, the panel finds that Mr Paul's fitness to practise remains impaired on both public protection and public interest grounds.

Decision and reasons on sanction

Having found Mr Paul'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 and not proportionate in view of the seriousness of the case. It had earlier decided that there is a risk of repetition, that Mr Paul has failed to demonstrate sufficient insight into the concerns especially on his dishonest conduct and he was still at the early stages of remediation. The panel therefore determined that it would neither protect the public nor be in the public interest to take no further action.

The panel 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 Paul's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Mr Paul's misconduct was not at the lower end of the spectrum and that a caution order would not be proportionate and appropriate in view of the issues identified. The panel decided that a caution order would neither protect the public nor be in the public interest.

The panel next considered whether a conditions of practice order on Mr Paul'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 was of the view that although Mr Paul's clinical failings could be addressed with retraining and supervised practice, his dishonest conduct relates to attitudinal issues which are difficult to address with conditions of practice. The panel noted that Mr Paul has not yet demonstrated sufficient insight into the seriousness of his dishonest conduct, and the impact of his clinical failings and dishonesty on patients, his colleagues, the nursing profession and the public. The panel further noted that Mr Paul had only recently re-engaged with these proceedings, and he had not indicated his future plans in relation to nursing practice in the United Kingdom.

In this regard, the panel determined that there were no practical or workable conditions that could be formulated to adequately protect the public and satisfy the public interest. The panel therefore concluded that a conditions of practice order would not be appropriate and proportionate in this case.

The panel considered the imposition of a further period of suspension. It noted that Mr Paul has now re-engaged with the NMC and these proceedings. The panel recognised the efforts Mr Paul had made so far to develop his insight into his clinical failings and strengthen his nursing practice. However, the panel noted that Mr Paul had failed to demonstrate any insight into the seriousness of his dishonest conduct, and impact of his clinical failings and dishonesty on patients, his colleagues, the nursing profession and the public. It had earlier determined that Mr Paul's insight was still developing and he was still at the early stages of remediation.

Therefore, the panel decided to provide Mr Paul with further opportunity to demonstrate evidence of sufficient insight into his misconduct especially his dishonesty and to strengthen his nursing practice. The panel determined that a further suspension order for a period of twelve months would be the appropriate and proportionate sanction to protect the public and satisfy the public interest considerations in this case.

The panel decided that a striking-off order would be disproportionate given that the misconduct in this case is capable of remediation, Mr Paul's insight is developing and his recent re-engagement with these proceedings.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 17 July 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:

- An updated reflective statement:
 - a) demonstrating in-depth insight into the seriousness and impact of Mr Paul's dishonesty and his clinical failings on patients, his colleagues, the nursing profession and the public.

- b) demonstrating insight into what happened, why it happened, the impact of those actions and what Mr Paul would do differently to ensure that the misconduct is not repeated.
 - c) demonstrating application of the lessons he has learnt from the training courses in his nursing practice, especially relating to the duty of candour.
- A statement from Mr Paul which outlines his current work role and his intentions for the future relating to nursing practice in the United Kingdom.
 - Testimonials from a line manager or supervisor that detail his current work role and work practices.
 - Mr Paul's continued engagement with the NMC and future review hearing/meeting.

This will be confirmed to Mr Paul in writing.

That concludes this determination.