Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Thursday, 19 November 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:	Susan Thomas (Chair, Lay member) Elisabeth Cardwell (Registrant member) Shelley Smith Hemsley (Lay member)
Legal Assessor:	Alain Gogarty
Hearings Coordinator:	Grace Sharp
Nursing and Midwifery Council:	Represented by Gemma Grant, Case Presenter
Mr Ehiemere:	Present and unrepresented
Order being reviewed:	Suspension order (6 months)
Fitness to practise:	Impaired
Outcome:	**Suspension order extended for a period of 6 months to come into effect on 25 December 2026 in accordance with Article 30 (1)**

Decision and reasons on review of the substantive order

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

This order will come into effect at the end of 25 December 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (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 panel on 28 May 2025. This was reviewed on 17 June 2026 where the panel decided to extend the suspension order for a further 6 months.

The current order is due to expire at the end of 25 December 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 first reviewing panel determined the following with regard to impairment:

'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.'

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

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

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'*

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 Nursing and Midwifery Council (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 and NMC Guidance '*Impairment*' (Reference: DMA-1, Last updated: 28/01/2026).

It has taken account of the submissions made by Ms Grant on behalf of the NMC.

Ms Grant submitted that your fitness to practise remained impaired on both public protection and public interest grounds. She reminded the panel that this was a review of current impairment, rather than a rehearing of the original allegations, and that it should consider the original findings, previous review decisions and any evidence of progress since the last review. Ms Grant referred to the case of *Abraham v General Medical Council* [2008] EWHC 183 (Admin) where it states that there is a persuasive burden on the registrant to demonstrate that they have fully acknowledged why past professional performance was deficient through insight, education, supervision or other achievement, to show that the concerns have been sufficiently addressed.

Ms Grant submitted that you have continued to demonstrate insufficient insight and reflection, with no adequate evidence of relevant training, professional development, remediation or strengthened practice. There were no further reflective pieces, independent testimonials or other documentary evidence demonstrating that the concerns had been addressed. Ms Grant acknowledged that the concerns were capable of remediation but submitted that you had not demonstrated that remediation had taken place and that the risk of repetition therefore remains.

In the event of a finding of continuing impairment, she submitted that a further period of suspension remained appropriate and proportionate, as taking no further action, allowing the order to lapse, imposing a caution or imposing conditions of practice would not adequately address the concerns due to the absence of new evidence demonstrating that the concerns had been sufficiently addressed.

The panel also heard evidence from you under oath.

You stated in your evidence to the panel, that the matter giving rise to the misconduct charges had proceeded to court but that you had not been convicted. You explained that, following the expiry of your one-year suspension order imposed by a Fitness to Practice comittee, you had submitted a reflective piece to the first reviewing panel which was found to be insufficient.

You said that you had undertaken training in your previous security role, which you considered comparable in some respects to nursing practice. You also described your role in security where you experienced challenging behaviour, including racial abuse, and explained how you managed the situation well and did not react but that the stress of this experience led you to leave your role in security and expressed to the panel that you wish to return to nursing practice.

You submitted that you have had a 24-year unblemished nursing career and that the misconduct found proved was a spontaneous event. You said you have done the best you could and have been unable to undertake further reflective writing. You explained that, over the preceding six months, you had been unable to make any tangible progress due to the effect of the racial abuse you had experienced at work.

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. At this hearing, the panel considered that you had not demonstrated any meaningful improvement in your insight since the previous review. In your evidence, despite prompting from the panel to focus on the issue of current impairment, you focused largely on the facts of what had happened rather than demonstrating reflection on your actions, the seriousness of your misconduct or its impact. The panel noted that you appeared not to accept the dishonesty found proved or recognise that your behaviour at the time was unacceptable. There was no further information to demonstrate that you understood the distress your actions had caused to the patient, their family and your colleagues, or the wider impact on the nursing profession. The panel expected to see a further reflective piece at this hearing where you reflected on these impacts, explained what you had since learnt and how you would approach a similar incident in the future.

The panel also considered whether you had taken steps to remediate the concerns and strengthen your professional practice. However, there was no evidence before it of any recent relevant training, professional development, further reflection, testimonials or other evidence demonstrating that you had taken steps to address the concerns identified. The panel also noted that the previous reviewing panel had clearly identified evidence and supporting information that would assist a future reviewing panel in assessing whether you had addressed the concerns. Despite being given a further period of suspension to provide this information at today's hearing, you had not provided any of the material identified by the previous reviewing panel to demonstrate insight, strengthened practice or remediation.

The panel considered whether you remained liable to repeat the matters found proved. It was satisfied that the concerns were capable of remediation, but there was no evidence

before it that you had taken any meaningful steps to address them. In the absence of demonstrated insight, reflection, remediation or strengthened practice, the panel was unable to conclude that the risk of repetition had been sufficiently reduced. It therefore considered that you remained liable to repeat the misconduct and that there remained a risk to patients.

The panel considered that the persuasive burden on you to demonstrate that you had sufficiently addressed the past impairment had not been met. Accordingly, 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 considered that the charges found proved were serious and included a charge of dishonesty. It considered that a member of the public would expect a registrant to demonstrate clear insight and remediation before being allowed to return to unrestricted practice. In the absence of this evidence, public confidence in the profession and in the regulatory process would be undermined, and therefore a finding of continuing impairment on public interest grounds is also required.

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) (Reference: SAN-1 and SAN-2, Last Updated: 28/01/2026) 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 was not able to formulate conditions of practice that would adequately address the concerns relating to your misconduct.

The panel considered whether to further extend the suspension order. It acknowledged that you have not provided sufficient evidence to demonstrate meaningful insight or remediation.

The panel was of the view that you should be afforded a further opportunity to demonstrate that you have reflected on the matters found proved, developed a proper understanding of their seriousness and impact, and taken appropriate steps to strengthen your professional practice. The panel considered that a further suspension order would provide you with an opportunity to undertake the relevant learning and development, complete meaningful reflective work, and obtain testimonials or other independent evidence demonstrating how you have addressed the concerns.

The panel is in agreement with the previous reviewing panel that the attitudinal concerns were not so deep-seated or persistent as to be fundamentally incompatible with continued registration. It concluded that to impose a striking off order, at this stage, would be disproportionate. Therefore, the panel determined that extending the suspension order is the most appropriate sanction as it provides you a further opportunity to demonstrate that you can address the concerns, while maintaining public protection and upholding confidence in the nursing profession.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 25 December 2026 in accordance with Article 30(1).

Before the end of the period of suspension, another panel will review the order. Whilst this panel cannot bind any subsequent reviewing panel, that panel is likely to consider the imposition of a more severe sanction (including strike off) should there not be significant progress in relation to the outstanding matters regarding remediation and insight. 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;
- Full 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 and;
- Strong reflection on the duty of candour in the profession

The panel encourages you to contact the NMC during the period of suspension to seek guidance on the type and standard of reflective evidence that would assist a future reviewing panel. In particular, you should seek clarification about the matters your reflections should address and the type of supporting evidence that may demonstrate meaningful insight, remediation and strengthened practice. If you do not provide sufficient evidence of insight, remediation and strengthened practice, a future reviewing panel may

conclude that there is no realistic prospect of the concerns being addressed through further suspension. In those circumstances, a striking-off order may be considered.

This will be confirmed to you in writing.

That concludes this determination.