Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Friday, 6 November 2026

Virtual Hearing

Name of Registrant:	**Rasheedat Suleiman-Reuben**
NMC PIN:	01B1226E
Part(s) of the register:	Nurses part of the register Sub part 1 RNA: Adult nurse, level 1 (19 March 2004)
Relevant Location:	London
Type of case:	Lack of competence
Panel members:	Nilla Varsani (Chair, lay member) John Marley (Lay member) Vivienne Cooper-Thorne (Registrant member)
Legal Assessor:	Ben Stephenson
Hearings Coordinator:	Max Buadi
Nursing and Midwifery Council:	Represented by Stephen Earnshaw, Case presenter
Ms Suleiman-Reuben:	Not present and not represented at this hearing
Order being reviewed:	Conditions of practice order (18 months)
Fitness to practise:	Impaired
Outcome:	**Conditions of practice order (12 months) to come into effect on 2 December 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 Suleiman-Reuben was not in attendance and that the Notice of Hearing had been sent to Ms Suleiman-Reuben's registered email address by secure email on 29 September 2026.

Mr Earnshaw, 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).

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 Ms Suleiman-Reuben's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In the light of all of the information available, the panel was satisfied that Ms Suleiman-Reuben had been 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 Suleiman-Reuben

The panel next considered whether it should proceed in the absence of Ms Suleiman-Reuben. The panel had regard to Rule 21 and heard the submissions of Mr Earnshaw. He referred the panel to the email from Ms Suleiman-Reuben's representative, Dr Abbey Akinoshun, dated 19 October 2026, which stated that Ms Suleiman-Reuben would not be attending the hearing and is content for the hearing to proceed in her absence.

Mr Earnshaw submitted that Ms Suleiman-Reuben has voluntarily absented herself and reminded the panel there is a public interest in the expeditious review of this case.

Mr Earnshaw invited the panel to continue in the absence of Ms Suleiman-Reuben.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Ms Suleiman-Reuben. In reaching this decision, the panel has considered the submissions of Mr Earnshaw and the representations made on Ms Suleiman-Reuben's behalf. It has had particular regard to any relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- The representative for Ms Suleiman-Reuben informed the panel that she had received the Notice of Hearing and confirmed that she is content for the hearing to proceed in her absence;
- No application for an adjournment has been made by Ms Suleiman-Reuben;
- There is no reason to suppose that adjourning would secure her 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 Suleiman-Reuben.

Decision and reasons on review of the substantive order

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

This order will come into effect at the end of 2 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 six months by a Fitness to Practise Committee panel on 29 October 2024. The order was reviewed on 23 April 2025 and the suspension order was replaced with a conditions of practice order for a period of 18 months.

The current order is due to expire at the end of 2 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:

> *"You, a registered nurse, failed to demonstrate the standards of knowledge, skill and judgement required to practise without supervision as a Band 5 nurse, in that:*
>
> 1. *[…]*
> 2. *[…]*
> 3. *On 17 March 2020 failed to complete neurological assessments accurately or in a timely manner*
>
> *While on a formal performance management action plan after 7 August 2020*
>
> 4. *On or about 3 November 2020:*
>   a. *Did not communicate effectively with Patient A;*
>   b. *failed to manage Patient A's self- discharge adequately or at all.*
>
> 5. *On a date prior to 9 November 2020, discussed the details of an unknown patient with Patient B's next of kin.*
>
> 6. *On a date prior to 11 November 2020 refused to help Patient C.*
>
> 7. *On 4 December 2020 administered an incorrect volume of feed to a patient.*
>
> 8. *On 5 December 2020 incorrectly administered Enaxoparin to a patient.*
>
> 9. *[…]*

10. *On a date between 8 February 2021 and 14 March 2021 behaved unprofessionally towards Colleague B by saying words to the effect of "have you done this before or not."*

11. *On a date between 8 February 2021 and 14 March 2021 administered an injection using only one hand instead of two.*

12. *[…]*

13. *On 13 February 2021 failed to ensure that a patient was supplied, adequately or at all, with the means to carry out intermittent self-catheterisation.*

14. *On 16 February 2021 failed to administer Nimodipine to a patient.*

15. *On 17 February 2021 during a handover:*

    a. *spoke unprofessionally to colleagues during a handover;*
    b. *did not provide handover information in a structured manner.*

16. *On 15 March 2021 administered Gentamicin to a patient without clinical reason.*

17. *[…]*

18. *[...]*

19. *[…]*

That you, a registered nurse:

20. *[…]*

And in light of the above your fitness to practise is impaired by reason of your lack of competence in respect of charges 1 -19 and/or your lack of competence in respect of charge 20.'

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

'In considering impairment, the panel took into account the test in the Fifth Shipman Report approved of in Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin). The test in Shipman is as follows:

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/their fitness to practise is impaired in the sense that S/He/They:

a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*

b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

d) *...'*

In order to determine whether you are liable to engage these limbs in the future the panel considered the three questions in the case of Cohen v General Medical Council [2008] EWHC 581 (Admin).

The panel considered whether your lack of competence is capable of being easily remedied. The panel is of the view that your lack of competence is capable of being remedied by reflection which demonstrates genuine

remorse and fully developed insight into the impact of your actions upon patients, colleagues, and the wider public confidence in the nursing profession. Furthermore, the panel considered that evidence of your commitment to keep your training up to date and remain working in a field that is relevant to nursing (health or social care) may also assist in demonstrating your remediation.

The panel next went on to consider whether your lack of competence has been remedied. It was of the view that you have provided evidence of up-to-date and relevant training certificates. Furthermore, the panel bore in mind the testimonials that attest to your skill and dedication as a carer across two different employers. The panel considered that this was to your credit and demonstrated your commitment to working in a nursing adjacent role whilst under a suspension order. The panel determined that your reflection upon the care you have delivered to a long-term client you care for does discuss topics relevant to the concerns found proved against you, in so far as you state what your present approach is.

However, as regards insight into the concerns that were found proved, the panel did not have sufficient evidence from you to show that you had fully developed insight into or reflected upon the impact of your actions upon your patients, your colleagues, and the wider public confidence in the nursing profession. Furthermore, the panel bore in mind that while you were remorseful in a broad sense for your failings, you had not provided a detailed reflection to evidence the extent of your remorse.

In light of the above the panel determined that you have taken significant steps towards strengthening your practice. You have demonstrated developing insight into your failings. However, you have as yet not demonstrated full insight into the impact of your actions upon all stakeholders, and as such the panel determined that you have not strengthened your practice sufficiently.

The panel next went on to consider whether you were highly unlikely to repeat your shortcomings. The panel noted that you have taken some effective steps through relevant training to improve your practice and you have undertaken a demanding caring role with positive testimonials. However, you have not been working as a registered nurse and therefore there is no record of safe practice without further incident since the last hearing. Further, as your insight is not fully developed the panel decided that there remains a real risk of repetition.

Consequently, in light of the above, the panel determined that the first three limbs in Shipman are engaged when looking at the future and that your fitness to practise is currently impaired. The panel decided that you cannot practice safely and professionally.

The panel determined that as you have not fully strengthened your practise or demonstrated full insight into your failings and bearing in mind its finding above on the likelihood of repetition, that a finding of impairment was required to protect the public. 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 grounds of the wider public interest is also required. The panel determined that there would be serious damage to the reputation of the nursing profession if there was not a finding of impairment given your present lack of full insight and inability to practise safely and professionally.

For these reasons, the panel finds that your fitness to practise remains impaired.'

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

‘The panel carefully considered the NMC guidance which stated that conditions of practice orders would not be appropriate where there was evidence of general incompetence. The panel acknowledged that the facts found proved against you amount to evidence of general incompetence. However, it weighed this against your recent updated training, positive work testimonials, the fact that you are working in a nursing adjacent role that is demanding, and your developing insight into your failings.

On balance the panel considered that a conditions of practice order was the least restrictive sanction that would both protect the public and uphold the public interest. Furthermore, that this sanction will permit you the opportunity to demonstrate that you are a fully remediated practitioner, in resolving the competency concerns and evidencing your full remorse and insight into those concerns.

The panel was satisfied that it would be possible to formulate practicable and workable conditions that, if complied with, may lead to your unrestricted return to practice and would serve to protect the public and the reputation of the profession in the meantime.

The panel gave serious consideration to the imposition of a suspension order. However, considered that such an order would not permit you to take the next step toward demonstrating your full remediation as it would not permit you an opportunity to demonstrate safe and competent nursing practice. Consequently, the panel determined this was not an appropriate or proportionate sanction at this time.

The panel decided that the public would be suitably protected as would the reputation of the profession by the implementation of the following conditions of practice:

> *‘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 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.*

2. *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.*

3. *You must immediately give a copy of these conditions to:*
   a) *Any organisation or person you work for.*
   b) *Any agency you apply to or are registered with for work.*
   c) *Any employers you apply to for work (at the time of application).*
   d) *Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.*
   e) *Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity*

4. *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.*

5. *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*

6. *You must send us a report seven days in advance of the next NMC hearing or meeting from either:*
   a) *Your indirect supervisor,*
   b) *Your line manager*

7. *You must limit your nursing practice to one substantive employer and not undertake work with an agency or a staff bank.*

8. *You must ensure that you are indirectly supervised by a registered nurse any time you are working.*

9. *You must not administer medication until signed off to do so or unless supervised by a registered nurse.*

You must meet with your clinical supervisor on a monthly basis and discuss your progress towards evidencing your competency on:
   a) *Patient neurological assessment,*
   b) *Patient communication,*
   c) *Patient discharge planning,*
   d) *Maintaining patient confidentiality,*

e) Administering feeds to patients when required,

f) Medication administration,

g) Safe administration of injected medication,

h) Professional communication with colleagues,

i) Communicating patient handovers.

10. You will send your case officer evidence that you have successfully completed your monthly clinical supervisions and evidence that you have been signed off in administering medications by 1 month before the next review date.

11. You must keep a reflective practice profile. This profile will give examples of when you have undertaken or assisted with administering medication and including all conditions highlighted in condition 9. You must send your case officer a copy of the profile every 3 months you are working.

12. You must work with your supervisor to create a personal development plan (PDP). Your PDP must address the concerns highlighted in condition 9. You must send your case officer a copy of your PDP 1 month before your next review date.

13. You must engage with your supervisor on a monthly basis to ensure that you are making progress towards aims set in your PDP.'

Decision and reasons on current impairment

The panel has considered carefully whether Ms Suleiman-Reuben'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 remain on the register 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 written representations made on Ms Suleiman-Reuben's behalf. It has taken account of the submissions made by Mr Earnshaw on behalf of the NMC.

Mr Earnshaw drew the panel's attention to what the last reviewing panel would like the current panel to have before it to make an informed decision. He submitted that none of those requirements have been met.

Mr Earnshaw informed the panel that Ms Suleiman-Reuben is still not employed and therefore cannot comply with any of the conditions of practice

Mr Earnshaw submitted that the panel may take the view that in the circumstances of this case, Ms Suleiman-Reuben is still currently impaired. He submitted that a "practical" solution would be to extend the conditions of practice order for another 12 months. He submitted that in doing this, the panel may consider that this would provide Ms Suleiman-Reuben with another opportunity.

Mr Earnshaw submitted that, in the absence of any evidence, Ms Suleiman-Reuben is still currently impaired and should not be admitted back to the NMC Register.

In response to panel questions, Mr Earnshaw confirmed that there is no further evidence of Ms Suleiman-Reuben's insight.

The panel also had regard to Dr Akinoshun's written representations from the aforementioned email. In the email Dr Akinoshun submitted that there has been no material change to Ms Suleiman-Reuben's circumstances. He also informed the panel that she remains unsuccessful in obtaining a job since last year despite continued efforts.

In the email, Dr Akinoshun submitted that Ms Suleiman-Reuben has been unable to practice and demonstrate her ability to practice within the conditions imposed and address the lack of competency concerns identified by the NMC. He further submitted that, as a

result, she has been unable to provide an up-to-date reference from a substantive employer.

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 Suleiman-Reuben's fitness to practise remains impaired.

The panel noted that the previous reviewing panel had found that Ms Suleiman-Reuben had not provided sufficient evidence to demonstrate that she had fully developed her insight or adequately reflected on the impact of her actions on patients, colleagues and public confidence in the nursing profession.

The panel had no further information before it from Ms Suleiman-Reuben to demonstrate how her insight had developed since the last review or what steps she had taken to strengthen her practice and address the concerns identified.

The panel acknowledged that Ms Suleiman-Reuben is not currently employed as a registered nurse and, consequently, has not had the opportunity to practise under the conditions of the current order. However, the panel noted that Ms Suleiman-Reuben had not provided any further evidence of her remorse or insight through reflections in respect of patients, colleagues and the wider public confidence in the profession. The panel also has no information about her future intentions, including whether she intends to return to the nursing profession.

The panel wished to emphasise that Ms Suleiman-Reuben does not need to be employed as a registered nurse to demonstrate progress. She could have undertaken reflection on the concerns and provided evidence of her developing insight and remorse irrespective of her employment status. Similarly, she could have undertaken relevant training and provided evidence of this without being in nursing employment.

The panel bore in mind that the concerns date back to 2020/2021, are wide-ranging and relate to the fundamental aspects of nursing care.

The panel further noted that the previous reviewing panel had determined that Ms Suleiman-Reuben remained liable to repeat matters of the kind found proved. In the absence of any new evidence to demonstrate that the risk had reduced, the panel was unable to conclude that Ms Suleiman-Reuben no longer posed a risk to patient safety.

In light of this, this panel determined that Ms Suleiman-Reuben is still liable to repeat 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 due to the wide ranging clinical concerns in this case, a finding of continuing impairment on public interest grounds is also required.

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

Decision and reasons on sanction

Having found Ms Suleiman-Reuben'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 nature of the concerns which are fundamental to the nursing profession. The panel decided that it would be neither proportionate nor 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 Ms Suleiman-Reuben'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 Ms Suleiman-Reuben'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 Suleiman-Reuben'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 considered that the concerns remain remediable and that there had been no fundamental change in circumstances to alter the nature of the risk identified. It recognised that Ms Suleiman-Reuben would require time and an opportunity to demonstrate that she had strengthened her practice, which would most likely be achieved through securing employment in a nursing role. The panel noted that Ms Suleiman-Reuben had not yet secured such employment.

The panel was satisfied that Ms Suleiman-Reuben remains engaged with the NMC proceedings and concluded that a conditions of practice order remains an appropriate and proportionate measure at this time.

The panel was of the view that a further conditions of practice order is sufficient to protect patients and the wider public interest.

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 Suleiman-Reuben's case. It was of the view that she remains engaged with the NMC and nothing had fundamentally changed in this case to suggest that the risk to the

public had increased. It was of the view that she should be afforded time to address the concerns.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to extend the current 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 2 December 2026. It decided to continue 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 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.

2. 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.

3. You must immediately give a copy of these conditions to:
    a) Any organisation or person you work for.
    b) Any agency you apply to or are registered with for work.
    c) Any employers you apply to for work (at the time of application).

d) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.

e) Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity

4. 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.

5. 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

6. You must send us a report seven days in advance of the next NMC hearing or meeting from either:

c) Your indirect supervisor,

d) Your line manager

7. You must limit your nursing practice to one substantive employer and not undertake work with an agency or a staff bank.

8. You must ensure that you are indirectly supervised by a registered nurse any time you are working.

9. You must not administer medication until signed off to do so or unless supervised by a registered nurse.

   You must meet with your clinical supervisor on a monthly basis and discuss your progress towards evidencing your competency on:

   a) Patient neurological assessment,
   b) Patient communication,
   c) Patient discharge planning,
   d) Maintaining patient confidentiality,
   e) Administering feeds to patients when required,
   f) Medication administration,
   g) Safe administration of injected medication,
   h) Professional communication with colleagues,
   i) Communicating patient handovers.

10. You will send your case officer evidence that you have successfully completed your monthly clinical supervisions and evidence that you have been signed off in administering medications by 1 month before the next review date.

11. You must keep a reflective practice profile. This profile will give examples of when you have undertaken or assisted with administering medication and including all conditions highlighted in condition 9. You must send your case officer a copy of the profile every 3 months you are working.

12. You must work with your supervisor to create a personal development plan (PDP). Your PDP must address the concerns highlighted in condition 9. You must send your case officer a copy of your PDP 1 month before your next review date.

13. You must engage with your supervisor on a monthly basis to ensure that you are making progress towards aims set in your PDP.

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 2 December 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 Ms Suleiman-Reuben 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:

- Ms Suleiman-Reuben's attendance at the next review hearing;
- Evidence of Ms Suleiman-Reuben's progress towards resolving the lack of competency concerns;
- Evidence of Ms Suleiman-Reuben's remorse and insight through reflections on the impact of her actions upon patients, her colleagues, and the wider public confidence in the profession;
- An up-to-date reference from Ms Suleiman-Reuben's substantive employer
- Any up-to-date training records;
- Information on whether Ms Suleiman-Reuben intends to continue practising as a registered nurse.

This will be confirmed to Ms Suleiman-Reuben in writing.

That concludes this determination.