Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Thursday, 10 September 2026 – Monday, 14 September 2026

Virtual Meeting

Name of Registrant:	**Raphael Iyiewuare**
NMC PIN:	23A1776E
Part(s) of the register:	Registered Nurse – Sub Part 1 RNA: Adult nursing (27 October 2023)
Relevant Location:	Nottingham
Type of case:	Misconduct and Lack of competence
Panel members:	Michelle Lee (Chair, registrant member) Genevieve Nwanze (Registrant member) Caroline Ross (Lay member)
Legal Assessor:	Neil Fielding
Hearings Coordinator:	Clara Federizo
Facts proved by admission:	All charges
Facts not proved:	None
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
Interim order:	**Interim suspension order (18 months)**

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Mr Iyiewuare's registered email address by secure email on 27 July 2026.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the fact that this meeting will take place on or after 31 August 2026 and heard virtually.

In the light of all of the information available, the panel was satisfied that Mr Iyiewuare 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).

Details of charge

That you a registered nurse:

1. Submitted a 'High Dependence & critical care skills' Band 5 competency checklist to Pulse Agency dated 4 June 2024 which you knew to be false, in that you declared yourself to be competent in a number of areas which you knew you were not.

2. Your actions at charge 1 were dishonest in that you:

    a. Falsely represented to Pulse Agency that you were competent in some or all of the clinical skills and practice areas detailed on the 'High Dependence & Critical care skills' Band 5 competency checklist, when you were not.

3. Permitted an employment reference dated 21 June 2024 (reference 1) to be submitted to Pulse Agency via the email address of Colleague 1 (CK), when you knew that reference to be false, in that it:
    a. Indicated that you were competent in the skills and practice areas required for the role, when you were not;

b. Falsely indicated that you were competent to work locum shifts in the clinical areas indicated on the reference, when you were not;
c. Forged the signature of Colleague 1 on the reference.

4. Your actions at charge 3 were dishonest in that you:
    a. Falsely represented to Pulse Agency that you were competent in some or all of the clinical skills and practice areas listed in reference 2 when you were not;
    b. Falsely represented to Colleague 1 that you were competent in some or all of the skills and practice areas listed in the reference 1 checklist when you were not;
    c. Falsely represented to Pulse Agency that reference 1 had been completed and signed by Colleague 1 when it had not.

5. Permitted an employment reference dated 18 June 2024 (reference 2) to be submitted to Pulse Agency from colleague 2 (UO), when you knew that reference to be false in that it:
    a. Falsely indicated that you were competent in the skills and practice areas required for the role, when you were not;
    b. Falsely indicated that you were competent to work locum shifts in the clinical areas indicated on the reference, when you were not.

6. Your actions at charge 3 were dishonest in that you:
    a. Falsely represented to Pulse Agency that you were competent in the clinical skills and practice areas listed in reference 2 when you were not.

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

That you, a registered nurse, between 27 November 2023 and 19 December 2024, failed to demonstrate the standards of knowledge, skills and judgement required to practise without supervision as a Band 5 nurse in that you:

7. On one or more of the dates detailed in schedule 1 did not display adequate knowledge in the management of IV medication.

8. On one or more of the dates detailed in schedule 2 did not display adequate knowledge in the management of basic critical care medication.

9. On one or more of the dates detailed in schedule 3 did not display adequate skills in communication in not seeking assistance from colleagues when needed.

10. On one or more of the dates detailed in schedule 4 did not display adequate knowledge in when to escalate deteriorating patients.

11. On one or more of the dates detailed in schedule 5 did not display adequate skills in time management.

12. On one or more of the dates detailed in schedule 6 did not display adequate knowledge and / or skills in the setting and / or monitoring of patient alarms.

AND in light of charges 7, 8, 9, 10, 11 and / or 12 your fitness to practise is impaired by reason of your lack of competence.

Schedule

Schedule 1 – IV medication (25 May 2024)
Schedule 2 – critical care medication (25 May 2024)
Schedule 3 – communication in not seeking assistance (6 January 2024, 30 December 2024)
Schedule 4 – escalation of deteriorating patients (16 April 2024, 30 December 2024)
Schedule 5 – time management (16 April 2024, 25 May 2024)
Schedule 6 – setting / monitoring of patient alarms (25 May 2024)

Background

The charges arose whilst Mr Iyiewuare was employed as a registered nurse by Nottingham University Hospitals NHS Trust (the Trust) and Pulse Nursing Agency (the Agency).

Mr Iyiewuare was referred to the NMC on 9 January 2025 by the Trust, his former employer. The concerns relate to events alleged to have occurred between November 2023 and 19 December 2024, during Mr Iyiewuare's employment on the Adult Intensive Care Unit (AICU) at the Trust and with the Agency.

Mr Iyiewuare was a Band 5 nurse on the AICU on 27 November 2023. He was initially supernumerary and entered into a learning contract in accordance with the Trust's arrangements for new starters. Concerns subsequently arose regarding his development and clinical competencies. In January 2024, Ms Sally Fairbass, a clinical educator, began working with him in response to those concerns.

In June 2024, further concerns were raised that Mr Iyiewuare had provided inaccurate or false references to the Agency in order to obtain additional shifts in paediatric intensive care and critical care. It was alleged that he had represented himself as competent in areas in which he was not competent and had forged a colleague's signature on one of the reference documents. The Trust subsequently conducted an internal investigation into the concerns.

The Agency also undertook an internal investigation. Mr Iyiewuare's employment with the Agency was terminated on 29 November 2024 following his admission that he was not yet competent in paediatric critical care, despite having represented in references provided to the Agency that he was competent in that area.

Decision and reasons on facts

At the outset of the meeting, the panel noted the written representations from the NMC informing that Mr Iyiewuare returned the Case management Form on 22 April 2026, which stated that he made full admissions to all the charges and that his fitness to practise is impaired by reason of his misconduct and lack of competence.

The panel therefore finds charges 1 to 12 proved in their entirety, by way of Mr Iyiewuare's admissions.

Fitness to practise

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

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and/or a lack of competence, and if so, whether Mr Iyiewuare's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise safely and effectively without restriction.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct and/or a lack of competence. Secondly, only if the facts found proved amount to misconduct and/or a lack of competence, the panel must decide whether, in all the circumstances, Mr Iyiewuare's fitness to practise is currently impaired as a result of that misconduct and/or lack of competence.

Representations on misconduct

The NMC invited the panel to take the view that the facts found proved amount to misconduct. The NMC referred the panel to have regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code) and identified the specific provisions of the Code breached in this case, and the relevant standards where Mr Iyiewuare's actions amounted to misconduct. The NMC's written representations on misconduct (introduction and reference to case law omitted):

> *"[…] 19. The concerns in this case are serious and some relate to multiple instances of dishonesty. The dishonesty is directly linked to Mr Iyiewuare's professional practice. Mr Iyiewuare's conduct, as detailed in the charges, fall*

significantly short of what would be expected of a registered nurse. The concerns are behavioural in nature, which suggests an attitudinal issue.

20. Honesty is of central importance to a nurse, midwife or nursing associate's practice thus allegations of dishonesty will always be serious.

21. In the case of Khan v GMC [2015] EWHC 301 (Admin) the court said at para.[6]:

> *"The findings of this court have demonstrated that a very strict line has been taken in relation to findings of dishonesty. This court […] has repeatedly recognised that for all professional men and women, a finding of dishonesty lies at the top end of the spectrum of gravity of misconduct."*

22. Whilst breaches of the Code will not be conclusive as to the issues of misconduct, these are fundamental requirements for the nursing profession, and in a case of such failings, breaches of these parts of the Code would assist in determining misconduct.

23. The overall conduct in these charges is a serious matter. It is submitted that these failings are clear examples of misconduct, failing far short of what is deemed proper conduct of a professional.

24. The conduct involves a serious departure from the standards expected of a registered nurse and the facts are sufficiently serious to constitute misconduct. The panel is invited to find that the conduct admitted at charges 1 – 6 does amount to serious misconduct."

Decision and reasons on misconduct

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a *'word of general effect, involving some act or omission which falls short of what would be proper in the circumstances'.*

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel was of the view that Mr Iyiewuare's actions did fall significantly short of the standards expected of a registered nurse, and that Mr Iyiewuare's actions amounted to a breach of the Code. Specifically:

*'**1 Treat people as individuals and uphold their dignity***

To achieve this, you must:

1.2 make sure you deliver the fundamentals of care effectively

1.4 make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay

6 Always practise in line with the best available evidence

To achieve this, you must:

6.2 maintain the knowledge and skills you need for safe and effective practice

8 Work co-operatively

To achieve this, you must:

8.1 respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate

8.5 work with colleagues to preserve the safety of those receiving care

13 Recognise and work within the limits of your competence

To achieve this, you must, as appropriate:

13.1 accurately identify, observe and assess signs of normal or worsening physical and mental health in the person receiving care

13.2 make a timely referral to another practitioner when any action, care or treatment is required

20 Uphold the reputation of your profession at all times

To achieve this, you must:

20.1 keep to and uphold the standards and values set out in the Code

20.2 act with honesty and integrity at all times, treating people fairly without discrimination, bullying or harassment

20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people

20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that Mr Iyiewuare's conduct represented a serious and sustained course of dishonest behaviour, which amounted to misconduct.

The panel considered that Mr Iyiewuare had repeatedly and deliberately misrepresented his clinical competencies to obtain work in highly specialised critical care environments. He completed and signed competency checklists containing inaccurate declarations, permitted false references to be submitted in support of his suitability for critical care work, and entered a colleague's signature on a reference without their authority. The panel considered that this was not an isolated lapse of judgment, but repeated and calculated conduct undertaken to obtain critical care agency work despite knowing that he lacked the necessary competencies for it.

The panel found that Mr Iyiewuare's dishonesty created a significant risk to patient safety because he obtained critical care work on the basis of representations that he possessed competencies which he knew he did not have. The panel considered that the potential consequences of such conduct could be serious, particularly given the vulnerability of intensive care patients and the complexity of the care being delivered.

Further, the panel considered that employers and colleagues were also placed at risk because they were entitled to rely on the accuracy of the information provided by Mr Iyiewuare when assessing his suitability for critical care work and allocating responsibility for the care of vulnerable patients, thereby increasing the potential for unsafe practice. The panel also considered the impact on the colleague whose signature had been falsified, as this placed that individual in a professionally vulnerable position.

The panel concluded that Mr Iyiewiare's dishonesty was particularly serious because it was directly connected to obtaining employment in an environment where shortcomings in competence could have immediate and serious consequences for patient safety. The panel considered that Mr Iyiewuare's conduct demonstrated significant failings in the honesty, integrity, professionalism and trustworthiness expected of a registered nurse.

Having regard to the seriousness and sustained nature of the conduct, the panel concluded that Mr Iyiewuare's actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Accordingly, the panel found that charges 1 to 6 amounted to serious professional misconduct.

Representations on lack of competence

The NMC has defined a lack of competence as:

> *'Lack of competence involves an unacceptably low standard of professional performance, judged on a fair sample of a professional's work, which could put people receiving care at risk. This includes when a professional on our register demonstrates a lack of knowledge, skill or judgement which shows that they are incapable of safe and effective practice.'*

The NMC invited the panel to find that the facts found proved show that Mr Iyiewuare's competence at the time was below the standard expected of a band 5 registered nurse and amount to a lack of competence.

The NMC's written representations on lack of competence were as follows:

> *"25. Although not defined in statute, Jackson J in the case of Calhaem v General Medical Council [2007] EWHC 2606 Admin sets out that when considering whether allegations represent deficient professional performance so as to impair a practitioner's fitness to practise, their standard of performance must be "unacceptably low" and represent a "fair sample" of the practitioner's work.*

26. The NMC's guidance on cases concerning a lack of competence reinforces, in line with the case of Calhaem, that a lack of competence would usually involve an unacceptably low standard of professional performance, judged on a fair sample of their work, which could put patients at risk.

27. The NMC submits that charges 7-12 show an unacceptably low standard of performance. Sally Fairbass (clinical educator) provides an overview of the concerns that were raised about Mr Iyiewuare's clinical practice on the CCU and exhibits all relevant documents. Sally Fairbass says that despite being on the CCU for 7 months, Mr Iyiewuare had not made sufficient progress in various aspects of his clinical practice. This included identification of medications prior to giving them to a patient, independence in picking up more difficult tasks and/or patients, time management, organisation, independence and setting up a Transducer system. Sally Fairbass says that she spoke to Mr Iyiewuare about this, he became less engaged, and by 10 months, he still had outstanding competencies. Sally Fairbass confirms starting Mr Iyiewuare on an Action Plan but felt he was not willing to develop or engage and says that his clinical practice was poor in the basic standards of care required.

28. Rachel Egner provides an overview of the following concerns:

- *Critical Care IV Medication. Ms Egner says there was a significant delay in Mr Iyiewuare completing his learning package in this area and would expect these assessments to have been completed within a 6-month time frame for all new staff members. She says that by September 2024, he had still not completed this.*
- *Communication. Ms Egner was aware of concerns that Mr Iyiewuare did not escalate patients when they deteriorated.*
- *Time management. Ms Egner says he didn't complete certain tasks and often did not meet care delivery times expected of him.*

29. Mr Iyiewuare failed to deliver the fundamentals of care on more than one occasion, due to his lack of skills, knowledge and judgement. Mr Iyiewuare was

unable to achieve the required standards to work independently. These clinical aspects, in which Mr Iyiewuare has failed, relate to fundamental aspects of a nurse role.

30. It is submitted that the breaches of the Code amount to a lack of competence and are serious because a lack of competence in any area of nursing practice puts patients at risk. The panel are invited to find that the conduct in the admitted charges 7 – 12 does amount to lack of competence."

Decision and reasons on lack of competence

The panel separately considered charges 7 to 12, which related to Mr Iyiewuare's lack of competence. The panel bore in mind, when reaching its decision, that Mr Iyiewuare should be judged by the standards of the reasonable average Band 5 registered nurse and not by any higher or more demanding standard.

The panel considered that the concerns were not isolated incidents or a single lapse in judgement but reflected persistent deficiencies over a prolonged period. The panel noted that the concerns included the management of intravenous and critical care medication, setting and monitoring patient alarms, time management, recognising and escalating a deteriorating patient, and seeking assistance when required. The panel considered these to be fundamental competencies expected of a Band 5 registered nurse and not merely advanced critical care skills. It took into account that Mr Iyiewuare had received induction, supernumerary support, clinical educator input, written feedback, learning opportunities and an action plan. Despite this support, he remained unable to demonstrate the knowledge and skills required to practise safely without supervision. The panel concluded that Mr Iyiewuare's practice was below the standard that one would expect of the average registered nurse acting in Mr Iyiewuare's role.

The panel was also concerned that Mr Iyiewuare appeared to withdraw from the learning and support process, including avoiding conversations intended to address the identified deficiencies. The panel concluded that charges 7 to 12 demonstrated an unacceptably low standard of professional performance and amounted to lack of competence.

Representations on impairment

The NMC moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin) and *R (on application of Cohen) v General Medical Council* [2008] EWHC 581 (Admin).

The NMC invited the panel to find Mr Iyiewuare's fitness to practise impaired and made the following written representations:

> *"31. Impairment needs to be considered as at today's date, i.e. whether Mr Iyiewuare's fitness to practise is currently impaired. The NMC defines impairment as registered professional's suitability to remain on the register without restriction. There is no burden or standard of proof to apply as this is a matter for the Fitness to Practise Committee panel's own professional judgement.*
>
> *32. A question that will assist the Panel to decide whether a professional's fitness to practise is impaired is:*
>
> > *"Can the nurse, midwife or nursing associate practise safely and professionally?"*
>
> *If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired. Answering this question involves a consideration of both the nature of the concern and the public interest.*
>
> *33. When determining whether the Registrant's fitness to practise is impaired, the questions outlined by Dame Janet Smith in the 5th Shipman Report (as endorsed in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and*

Midwifery Council (2) Grant [2011] EWHC 927 (Admin)) are instructive. Those questions were:

1. *has [Mr Iyiewuare] in the past acted and/or is liable in the future to act as so to put a patient or patients at unwarranted risk of harm; and/or*
2. *has [Mr Iyiewuare] in the past brought and/or is liable in the future to bring the [nursing] profession into disrepute; and/or*
3. *has [Mr Iyiewuare] in the past committed a breach of one of the fundamental tenets of the [nursing] profession and/or is liable to do so in the future and/or*
4. *has [Mr Iyiewuare] in the past acted dishonestly and/or is liable to act dishonestly in the future.*

34. It is the submission of the NMC that 1, 2, 3 and 4 above can be answered in the affirmative in this case.

35. Whilst there is no evidence of patient harm having been caused as a result of Mr Iyiewuare's actions, his actions exposed patients to an unwarranted risk of harm.

36. Concerns have been raised about various aspects of his clinical practice. Sally Fairbass outlines the various risks associated with his practice and says that Mr Iyiewuare demonstrated a lack of awareness of how essential time critical tasks are and the harm that can be caused in delaying them. She says in one situation, if another member of staff hadn't intervened, the safety of the patient could have been compromised by his actions. Furthermore, Sally Fairbass says Mr Iyiewuare was not able to practice independently in CCU as he was not aware of the limitations of his practice and was therefore working outside of his level of competency. Sally Fairbass says he would often choose inappropriate values to detect the deterioration of patients' conditions which would have presented a significant risk harm to patients.

37. The concerns about Mr Iyiewuare actions are serious as this is a serious departure from the standards expected of a registered health professional. Registered health professionals occupy a position of privilege and trust in society and are expected at all times to meet adequate standards of providing patient care.

Patients and families must be able to trust registered health professionals with their lives and the lives of their loved ones.

38. The Code divides its guidance for nurses into four categories which can be considered as representative of the fundamental principles of nursing care. These are:

a) *Prioritise people;*
b) *Practise effectively;*
c) *Preserve safety and*
d) *Promote professionalism and trust*

39. The NMC has set out above how, by identifying the relevant sections of the Code, Mr Iyiewuare has breached fundamental tenets of the nursing profession. These sections of the Code define, in particular, the responsibility to promote professionalism and trust to ensure safe conduct and practice.

40. The panel may also find it useful to consider the comments of Cox J in Grant at paragraph 101:

> *"The Committee should therefore have asked themselves not only whether the Registrant continued to present a risk to members of the public, but whether the need to uphold proper professional standards and public confidence in the Registrant and in the profession would be undermined if a finding of impairment of fitness to practise were not made in the circumstances of this case".*

41. Impairment is a forward-thinking exercise which looks at the risk the registrant's practice poses in the future. The NMC guidance adopts the approach of Silber J in the case of R (on application of Cohen) v General Medical Council [2008] EWHC 581 (Admin) by asking the questions whether the concern is easily remediable, whether it has in fact been remedied and whether it is highly unlikely to be repeated.

42. The failings involved in this case are directly linked to his clinical practice and attitudinal. They relate to dishonest conduct and a breach of the duty of candour, and are therefore more difficult to remediate. The NMC's guidance entitled "Can the concern be addressed?" lists dishonesty, particularly if it was serious and sustained over a period of time, or is directly linked to the nurse, midwife or nursing associate's professional practice as conduct which may not be possible to address. Mr Iyiewuare has been dishonest by submitting falsely completed documentation to secure work with a nursing agency as a critical care nurse and forging the signature of a nurse for a reference he completed. This type of conduct presents serious risks to the safety and wellbeing of patients and raises concerns in relation to his integrity as a nurse. This also brings into question his trustworthiness.

43. Mr Iyiewuare has made full admissions for all the charges. It is acknowledged that the issue of impairment is a matter for the panel, however Mr Iyiewuare has admitted that he is currently impaired. Furthermore, he has attempted remediation in terms of competency and some online courses have been undertaken. His most recent reflection statement acknowledges the potential risks and harm his actions created. Mr Iyiewuare states at the time he was suffering financial hardship and difficult personal circumstances [PRIVATE]. Furthermore, he says he was under personal stress at the time of his actions.

44. We consider Mr Iyiewuare has developing insight into the seriousness of the concerns and has made attempts to strengthen his practice; however, it cannot be said at this stage that Mr Iyiewuare is highly unlikely to repeat his misconduct.

45. We consider there is a continuing risk to the public due to Mr Iyiewuare lack of full insight and not having strengthened his practice substantially since the incidents. Mr Iyiewuare has not practiced as a nurse nor worked in a healthcare environment and so it is acknowledged that it will be difficult for him to show strengthening of practice whilst working.

46. In the circumstances of this case and for the reasons set out above, it is contended that Mr Iyiewuare poses a continuing risk to the public and therefore a finding of impairment is necessary on public protection grounds.

Public interest

47. In Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) at paragraph 74 Cox J commented that:

> *"In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances."*

48. Consideration of the public interest therefore requires the Fitness to Practise Committee to decide whether a finding of impairment is needed to uphold proper professional standards and conduct and/ or to maintain public confidence in the profession.

49. In upholding proper professional standards and conduct and maintaining public confidence in the profession, the Fitness to Practise Committee will need to consider whether the concern is easy to put right. A concern which hasn't been put right is likely to require a finding of impairment to uphold professional standards and maintain public confidence.

50. The misconduct in this case is not easily remediable. Breaching the professional duty of candour includes not being honest, open and truthful. It is further submitted that the concerns have not been fully remediated and are therefore still carry a risk of repetition should Mr Iyiewuare be permitted to practise as a nurse again without restriction.

51. The NMC considers that there is a public interest in a finding of impairment being made in this case to uphold proper standards of conduct and behavior.

52. The public would also expect the NMC to ensure that those on its register maintain the required standards of professionalism; specifically, that they are open and honest, and able to carry out their roles effectively and in a trustworthy manner. The public would therefore expect the NMC to regulate or restrict the practice of nurses whose behaviour remains liable in the future to put patients at unwarranted risk of harm.

53. Mr Iyiewuare's conduct is extremely serious involving dishonesty. The duty on healthcare professionals to act with honesty and integrity is the bedrock of a registered professional's practice. Acting dishonestly is capable of seriously damaging public confidence in the nursing and midwifery professions. As a result, a finding of impairment on public interest grounds is required. The dishonesty raises fundamental questions about his integrity and trustworthiness as a registered professional and seriously undermines public trust in nurses, midwives and nursing associates.

54. Mr Iyiewuare's lack of knowledge and skills, as outlined in charge 7-12 are so serious that a finding of impairment is needed to uphold professional standards and avoid undermining public confidence and trust in the profession, the regulatory process, and the NMC as a regulator.

55. The NMC therefore submits that a finding of impairment is also necessary in this case to protect the public interest."

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), and *General Medical Council v Meadow* [2007] QB 462 (Admin).

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct and lack of competence, Mr Iyiewuare's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the NMC Guidance on *'Impairment'* (Reference: DMA-1 Last Updated:28/01/2026) in which the following is stated:

> *'Being fit to practise is not defined in our legislation but for us it means that a professional on our register can practise as a nurse midwife or nursing associate safely and effectively without restriction.'*

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

> *'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'*

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads 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. has in the past acted dishonestly and/or is liable to act dishonestly in the future.'

The panel considered that Mr Iyiewuare's conduct engaged all four limbs of the test in *Grant*, as set out above.

In relation to the first limb, the panel was satisfied that Mr Iyiewuare's misconduct and lack of competence placed patients at an unwarranted risk of harm. Although the panel noted that there was no evidence of actual patient harm, Mr Iyiewuare obtained critical care work on the basis of false information and had undertaken critical care work while lacking the competencies necessary to practise safely in that environment. The panel considered that patients in intensive care are particularly vulnerable and that the potential consequences of a nurse working beyond their competence in such an environment could be serious.

In relation to the second and third limbs, the panel considered that Mr Iyiewuare's conduct brought the nursing profession into disrepute and breached fundamental tenets of the profession. It emphasised that honesty, integrity, working within the limits of one's competence, seeking appropriate assistance and protecting patient safety are fundamental expectations of a registered nurse. The panel considered that Mr Iyiewuare's repeated and deliberate dishonesty, together with his lack of competence, represented a serious departure from those standards.

In relation to the fourth limb, the panel found that Mr Iyiewuare had acted dishonestly in submitting inaccurate declarations of competence, false references and the use of a colleague's signature without authority. The panel considered that the nature and

circumstances of this dishonesty were particularly serious because it was repeated, deliberate and directly affected patient safety. The panel was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

Regarding insight, the panel took into account that Mr Iyiewuare made full admissions to the charges and accepted personal responsibility for his actions. It also considered his reflective statements and acknowledged that Mr Iyiewuare had demonstrated an understanding that honesty, transparency and accountability are fundamental to safe nursing practice. Whilst the panel accepted that his insight had developed over time, it considered that it remained incomplete. In particular, the panel was not satisfied that he had fully reflected on the potential impact of his actions upon vulnerable patients who received care from a registrant working beyond his competence, nor had he sufficiently addressed the effect of his actions on colleagues and employers, including the position in which he placed the colleague whose signature was falsified.

In its consideration of whether Mr Iyiewuare has taken steps to strengthen his practice, the panel took into account the training and continuing professional development he had undertaken, his mentoring arrangements, learning logs and self-directed learning. However, the panel was not satisfied that there was sufficient evidence that these steps had resulted in fully strengthened practice or that the underlying attitudinal concerns relating to his dishonesty had been adequately addressed. Therefore, the panel was of the view that there was a risk of repetition. Given the seriousness of the concerns, including the deliberate and repeated dishonesty and the potential risk to vulnerable patients in a critical care environment, the panel decided that a finding of impairment is necessary on the ground of public protection.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect the wider public interest, which includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel also determined that a finding of impairment was required on public interest grounds. It was of the view that the public expect nurses to be honest about their qualifications and competencies and to practise safely within the limits of their knowledge and skills. Therefore, the panel considered that public confidence in the nursing profession would be undermined if a finding of impairment were not made in circumstances involving deliberate and repeated dishonesty of this nature, particularly where the dishonesty enabled Mr Iyiewuare to undertake clinical work for which he was not competent.

The panel therefore concluded that a finding of impairment was necessary to uphold proper professional standards and maintain public confidence in the nursing profession.

Having regard to all of the above, the panel was satisfied that Mr Iyiewuare's fitness to practise is currently impaired on both public protection and public interest grounds.

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Mr Iyiewuare off the register. The effect of this order is that the NMC register will show that Mr Iyiewuare has been struck-off the register.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had regard to the NMC Guidance on *'The sanctions available'* (Reference: SAN-2 Last Updated: 28/01/2026).

The panel accepted the advice of the legal assessor.

Representations on sanction

The NMC invited the panel to consider either a 12-month suspension order with review or a striking off order and made the following written representations (introduction omitted):

> *"[…]*
> *59. Considering the facts of this case in line with the available sanctions in ascending order of seriousness:*

Taking no further action

60. The NMC guidance on taking no further action (SAN-2a) states that a panel has a discretion to take no further action after a finding of impairment but will only use that discretion rarely. It is submitted that there are no exceptional features in this case that would warrant taking no further action and given the serious nature of the concerns, this would not be sufficient to protect the public, maintain standards, or maintain confidence in the NMC as a regulator.

Caution Order

61. The NMC guidance on caution orders (SAN-2b) states that a caution order is only appropriate if there is no risk to the public or patients, and the case is at the lower end of the spectrum of impaired fitness to practise. As stated above under the impairment section, the NMC submits that there is an ongoing risk of harm to the public and patients.

62. Further, as the conduct alleged is serious and relates to a potential attitudinal concerns it cannot be said to fall at the lower end of impaired fitness to practice. As such, a caution order would not be sufficient to protect the public or satisfy the public interest considerations.

Conditions of Practice Order

63. The NMC guidance on conditions of practice orders (SAN-2c) states that the key consideration when looking at whether conditions of practice may be appropriate is whether conditions can be put in place that would be sufficient to protect patients and address public confidence in the profession and the NMC.

64. Whilst it is acknowledged that the lack of competence charges could potentially be managed through a conditions of practice order, the charges regarding the dishonesty cannot. Those concerns, and the facts behind them, are serious and cannot be addressed through conditionsThe issues in this case are more fundamental, as he is someone who has been dishonest and intended to mislead

his employer by submitting falsely completed documentation to secure work. Furthermore, there are no workable, measurable or proportionate conditions which can be applied.

65. It is submitted that in this case there are no practical conditions that could be put in place to protect the public and maintain public confidence. Therefore, it is submitted that a conditions of practice order is not appropriate in this case.

Suspension Order

66. The Guidance (SAN-3d) states that a suspension order may be appropriate when some or all of the following factors are apparent (this list is not exhaustive):

- *the charges found proved are at the most serious end of the spectrum and call into question the professional's suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation*
- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.*

67. The concerns in this case are serious and the charges call into question Mr Iyiewuare's suitability to continue practising . There is a risk to the safety of people using services if Mr Iyiewuare's were allowed to continue to practise even with conditions. However, despite the seriousness of what happened Mr Iyiewuare has

engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that he will continue to develop this insight, address the concerns and return to practice.

68. Mr Iyiewuare has provided extensive reflection and attempts at remediation in order to try and demonstrate to the NMC that he will at some point in the future be safe to practise again. It is a matter for the panel to assess that insight and remediation and consider the impact that it may have on any potential sanction.

69. In light of the admissions, insight (which continues to develop), ongoing remediation and full engagement, the panel may consider that Mr Iyiewuare would use any period of suspension to continue his development and insight, so a suspension order with a review may be appropriate.

Striking off order

70. The guidance states a striking off order (SAN-2e) is appropriate when what [Mr Iyiewuare] has done is fundamentally incompatible with being a registered professional. Before imposing this sanction, key considerations the panel will take into account include:

- *Do the charges found proved raise fundamental questions about their professionalism?*
- *Can public confidence in the profession be maintained of the professional is not removed from the Register?*
- *Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?*
- *Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?*

71. Given that there were concerns in relation to dishonesty, him submitting falsely completed documentation to secure work as a critical care nurse and forging the

signature of a nurse for a reference, it can be said that there are concerns about Mr Iyiewuare's attitude and professionalism.

72. Mr Iyiewuare did not act with honesty and integrity. NMC guidance at SAN-4 "Sanctions for highest risk cases" indicates that some concerns are higher risk because it is harder for the professional to put the matter right such as being directly responsible for exposing people receiving care to harm or neglect. This is especially the case where the professional put their own priorities, or those of their organisation, before ensuring the safety and dignity of people receiving care. Furthermore, the guidance indicates that allegations of dishonesty will almost always put the public at risk of the professional not being trustworthy; because of this a professional who has acted dishonesty will always be at risk of strike off. It is a matter for the panel to assess that dishonesty and consider whether it is so serious that a sanction of strike off is warranted in this case.

73. The concerns in this case do raise fundamental concerns about Mr Iyiewuare's professionalism. However the NMC does acknowledge the engagement and the developing insight that Mr Iyiewuare has shown throughout the NMC investigation. Therefore the panel should consider all of the information submitted in relation to the charges but also the information submitted by Mr Iyiewuare and determine what sanction is proportionate to meet the overarching objective of protecting the public."

Decision and reasons on sanction

Having found Mr Iyiewuare's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose.

The panel heard and accepted the advice of the legal assessor. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had regard to the NMC Guidance on *'The sanctions available'* (Reference: SAN-2 Last Updated: 28/01/2026). The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Lack of competence concerns over period of time
- Limited insight at local level
- Two instances of dishonesty
- Conduct which put people receiving care at real risk of harm
- The actions of Mr Iyiewuare had a direct effect on colleague 1's wellbeing
- His actions could have affected the profession and career of his colleagues who he forged the references from

The panel also took into account the following mitigating features:

- Full admissions for all charges and impairment
- Engaged with the NMC investigation
- Attempted remediation in terms of competency and some online courses undertaken
- Multiple reflective statements attempting to demonstrate insight and his desire to rectify the identified issues
- Sought out and continued to work with a mentor in the healthcare sector, provided testimonials and reports from said mentor regarding his ongoing development
- Most recent reflection statements acknowledge the potential risks and harm his actions created
- Personal mitigation – he states at the time he was suffering financial hardship and difficult personal circumstances [PRIVATE]

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.

The panel next considered a caution order and had regard to the NMC Guidance on *'Caution order'* (Reference: SAN-2b Last Updated: 28/01/2026) in which the following is stated:

‘A caution is only appropriate if the Committee has decided there’s no risk to the public or to people using services that requires the professional’s practice to be restricted. This means 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 Mr Iyiewuare’s misconduct and lack of competence were not at the lower end of the spectrum. The panel had found that his deliberate and repeated dishonesty created a significant potential risk to patient safety and that there remained a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict Mr Iyiewuare’s practise would not protect the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether to place a conditions of practice on Mr Iyiewuare’s registration. In considering whether conditions of practice are appropriate, the panel had regard to the factors set out in the NMC Guidance on ‘Conditions of practice order’ (Reference: SAN-2c Last Updated: 28/01/2026).

The panel recognised that some of Mr Iyiewuare’s clinical concerns were capable of remediation and could potentially be addressed through appropriate conditions of practice. However, the panel considered that this case was not only lack of competence but also involved serious misconduct arising from deliberate and repeated dishonesty, including the falsification of competency documentation and references and the forgery of a colleague’s signature. The panel considered that these matters raised significant attitudinal concerns relating to Mr Iyiewuare’s honesty, integrity and trustworthiness as a registered nurse. The panel was not satisfied that such attitudinal concerns could be adequately addressed through conditions of practice.

The panel therefore determined that there were no relevant, proportionate, workable or measurable conditions that could be formulated which would adequately mitigate the risks identified, protect patients and uphold professional standards. The panel also considered that a conditions of practice order would not sufficiently mark the seriousness of obtaining employment in a highly specialised critical care environment through dishonest means.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on *'Suspension order'* (Reference: SAN-2d Last Updated: 28/01/2026) in which the following factors on when a suspension order may be appropriate are set out:

- *'the impairment is very serious but not fundamentally incompatible with continuing to be a registered professional*
- *an outcome less severe than strike-off would still satisfy the over-arching objective.'*

The panel also had regard to the key considerations as set out in the NMC Guidance to weigh up before imposing a suspension. It noted the following list of circumstances that may make a suspension order an appropriate sanction:

- *'the charges found proved are at the most serious end of the spectrum and call into question the professional's suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation*
- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.'*

The panel recognised that Mr Iyiewuare had engaged with the regulatory process, admitted the charges, accepted impairment and undertaken steps towards remediation. In particular, the panel gave weight to the face-to-face mentoring he had undertaken and to the mentor's evidence that he had begun to explore the reasons for his conduct and

develop greater professional maturity and insight. The panel also recognised that his clinical deficiencies were capable of remediation.

Whilst the panel acknowledged that the risks identified could be managed by temporarily removing Mr Iyiewuare from practice, it recognised that a suspension order can last for no longer than 12 months. The panel was particularly concerned that the dishonesty was not an isolated incident but formed part of a deliberate and sustained course of conduct undertaken for personal professional gain. The dishonesty was directly linked to obtaining work in a highly specialised critical care setting where any shortcomings in competence had the potential to place vulnerable patients at risk of serious harm. Although the panel recognised the positive steps Mr Iyiewuare had taken towards remediation and developing insight, it concluded that the gravity of the dishonesty and its impact upon public confidence in the profession could not be adequately addressed by a temporary period of suspension. The panel therefore determined that a suspension order would not be a sufficient or proportionate sanction.

In reaching this conclusion, the panel balanced the significant mitigating features, including Mr Iyiewuare's engagement, admissions and developing insight, against the wider public interest. The panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

In considering a striking-off order, the panel had regard to the NMC Guidance on *'Sanctions for the highest risk cases'* (Reference SAN-4 Last Updated: 28/01/2026). Having regard to all of the above, the panel determined that this case falls within the definition of being a '*highest risk case'*.

The panel had regard to the following considerations as set out in the NMC Guidance entitled *'Striking-off order'* (Reference: SAN-2e Last Updated; 28/01/2026):

- *Do the charges found proved raise fundamental questions about their professionalism?*
- *Can public confidence in the profession be maintained if the professional is not removed from the Register?*

- *Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?*
- *Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?*

The panel found that Mr Iyiewuare's dishonesty was deliberate, repeated and directly connected to his professional practice. It was not an isolated error of judgment but a conscious and sustained course of conduct undertaken to secure employment in a highly specialised clinical environment despite knowing that he lacked the necessary competencies. The panel considered that this conduct demonstrated serious attitudinal concerns. In particular, Mr Iyiewuare knowingly misrepresented his competence, submitted false information in support of his employment and was prepared to rely upon those false representations in order to obtain work and worked three shifts when he knew he was not qualified to undertake independently. The panel considered that this revealed a serious disregard for the professional obligations of honesty, integrity and practising within the limits of competence. It represented a profound departure from the standards expected of a registered nurse and was fundamentally incompatible with continued registration.

Further, the panel was of the view that the findings in this particular case demonstrate that Mr Iyiewuare's actions were so serious that to allow him to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Mr Iyiewuare's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct himself, the panel has concluded that nothing short of this would be sufficient in this case.

The panel considered that this order was necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

This will be confirmed to Mr Iyiewuare in writing.

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Mr Iyiewuare's own interests until the striking-off sanction takes effect.

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

Representations on interim order

The panel took account of the representations made by the NMC:

> *"74. If a finding is made that Mr Iyiewuare's fitness to practise is impaired on a public protection and public interest basis and a striking off order or suspension order imposed, the NMC invites the panel to impose an 18 month interim suspension order to be imposed on the basis that it is necessary for the protection of the public and otherwise in the public interest. This is because any sanction imposed by the panel would not come into immediate effect but only after the expiry of approximately 28 days after the sending of the decision letter or after any appeal is resolved. If an interim order were not imposed and Mr Iyiewuare lodged an appeal, he would be able to practise unrestricted until the conclusion of the appeal."*

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. It also determined that to do otherwise would be incompatible with its earlier findings. The panel therefore imposed an interim suspension order for a period of 18 months to allow for the possibility of an appeal to be made and concluded.

If no appeal is made, then the interim suspension order will be replaced by the striking off order 28 days after Mr Iyiewuare is sent the decision of this hearing in writing.

That concludes this determination.