Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Meeting
Wednesday, 16 September 2026

Virtual Meeting

Name of Registrant:	**John Uwenluyi Osukporu**
NMC PIN:	08G2100E
Part(s) of the register:	Nursing, Sub part 1 RNMH, Registered Nurse - Mental Health 26 June 2009
Relevant Location:	Sutton Coldfield Birmingham
Type of case:	Misconduct
Panel members:	Allison Brindley (Chair, Registrant member) Olan Jenkins (Lay member) Sarah Morgan (Registrant member)
Legal Assessor:	Angus Macpherson
Hearings Coordinator:	Monowara Begum
Order being reviewed:	Suspension order (12 months)
Fitness to practise:	Impaired
Outcome:	**Striking-Off order to come into effect on 5 November 2026 in accordance with Article 30(1)**

Decision and reasons on service of Notice of Meeting

The panel noted at the start of this meeting that the Notice of Meeting had been sent to Mr Osukporu's registered email address by secure email on 28 July 2026.

The panel took into account that the Notice of Meeting provided details of the review, that the review meeting would be held no sooner than 14 September 2026, and that it invited Mr Osukporu to provide any written evidence seven days before this date.

The panel accepted the advice of the legal assessor.

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

Decision and reasons on review of the current order

The panel decided to replace the suspension order with a striking-off order. This order will come into effect at the end of the current suspension order, 5 November 2026 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is the first review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 7 October 2025.

The current order is due to expire at the end of 5 November 2026.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved which resulted in the imposition of the substantive order were as follows:

'That you, a registered nurse:

1) *Between 22 and 23 October 2023 in respect of Resident A*

a) *did not provide care in accordance with Resident A's care plan in that you failed to monitor and/or record adequately, or at all, Resident A's:*

   i) *Blood sugar levels*
   ii) *Ketone levels*

b) *Failed to escalate Resident A's deteriorating condition*

2) *During your internal interview on 26 October 2023, you told Colleague A and Colleague B that you had checked Resident A's blood sugar levels "at around 10pm prior to giving meds, it was high" or words to that effect, when you had not checked Resident A's blood sugar levels at that time.*

3) *Your actions in charge 2) were dishonest in that you intended Colleague A and Colleague B to believe you had checked Resident A's blood sugar levels at that time when you had not.*

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

The original panel determined the following with regard to impairment:

'The panel finds that Resident A was put at risk of physical harm as a result of Mr Osukporu's misconduct. Mr Osukporu's misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It 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 considered Mr Osukporu's email correspondence with the NMC and determined that he has not shown

any insight into his failings. Mr Osukporu had not engaged with the NMC since 10 June 2024 and referred to the allegations as malicious in his correspondence with the NMC. The panel found that there is no evidence before it to show that Mr Osukporu has demonstrated any insight into how his actions put Resident A at risk of harm, or why what he has done was wrong and how this impacted negatively on the reputation of the nursing profession.

The panel was satisfied that the misconduct in this case is capable of being addressed. Therefore, the panel carefully considered the evidence before it in determining whether or not Mr Osukporu has taken steps to strengthen his practice. The panel took into account a certificate provided by Mr Osukporu dated 10 June 2024 in which he carried out an online training course called 'understanding diabetes'. The panel further noted that there has since been no reflection provided or engagement with the NMC to show whether he has embedded this training in his practice and strengthened the gap in his knowledge regarding diabetes care.

The panel is of the view that there is a risk of repetition based on the lack of engagement, training, remorse and insight shown by Mr Osukporu. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This 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 determined that a finding of impairment on public interest grounds is required because of the seriousness of the charges found proved which amounted to dishonesty. The panel were of the view that a

member of the public would not feel confident having Mr Osukporu continue with unrestricted practice.

In addition, the panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds Mr Osukporu's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Mr Osukporu's fitness to practise is currently impaired.'

The original panel determined the following with regard to sanction:

'The panel next considered whether placing conditions of practice on Mr Osukporu'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 took into account the SG, in particular:

- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining.*

The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The misconduct identified in this case was not something that can easily be addressed through retraining due to the dishonesty found within the proven charges. The panel also noted that Mr Osukporu has been subject to a conditions of practice order and he has been unable to implement the previous conditions imposed. The panel further noted that Mr Osukporu has not engaged in the hearings process further supporting its decision that a conditions of practice order would not be appropriate or proportionate in the circumstances of this case.

Furthermore, the panel concluded that the placing of conditions on Mr Osukporu's registration would not adequately address the seriousness of this case and would not protect the public.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*

The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register. The panel acknowledged the seriousness of the case and that Resident A was a vulnerable patient which Mr Osukporu had failed to adequately care for by failing to follow the care plan in place and escalating their deteriorating condition.

It did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and that this was a single incident, the panel concluded that it would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Mr Osukporu's case to impose a striking-off order.'

Decision and reasons on current impairment

The panel has considered carefully whether Mr Osukporu's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as the ability of a professional on our register to practise as a nurse, midwife or nursing associate safely and effectively without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current

circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it in the NMC bundle.

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

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

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

The panel considered the judgment of Mrs Justice Cox in the case of *Council for Healthcare Regulatory Excellence (CHRE) v NMC v Grant* [2011] EWHC 927 (Admin) 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/ fitness to practise is impaired in the sense that S/He:*

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 noted that the original panel found that Mr Osukporu had insufficient insight into his failings. The original panel also found that the concerns were capable of being addressed and took into account Mr Osukporu's training certificate, *'Understanding diabetes'* dated 10 June 2024. However, it noted that there had been no further reflection or engagement with the NMC since to demonstrate that he had embedded his training into practice or addressed his failings. Today's panel did not have any new information before it to show that this has changed.

The panel considered whether Mr Osukporu has taken steps to improve and strengthen his practice. It had no evidence before it of further training, reflection, or learning. The panel also had no up-to-date information about Mr Osukporu's current employment status or his intentions regarding his nursing career.

The panel had regard to the principles set out in *Cohen v General Medical Council* [2008] EWHC 581 (Admin) when considering whether Mr Osukporu's misconduct was capable of remediation. The panel recognised that some of the clinical concerns, including the concerns which caused patient harm, may have been capable of being put right through training, reflection and evidence of safer practice. However, the panel considered that the dishonesty and the apparent attitudinal concerns were more difficult to remediate. In his previous communication with the NMC, Mr Osukporu appeared to suggest that the referral

or allegation was malicious, but there was no evidence before today's panel that he had reflected on what went wrong, accepted responsibility, or developed insight into the seriousness of the concerns. The panel considered that the prospects of remediation are significantly hindered where a registrant does not engage with the regulatory process or demonstrate meaningful progress.

The panel considered each aspect of the overarching objective.

The panel first considered the protection of the public. The original panel determined that Mr Osukporu was liable to repeat matters of the kind found proved. Today's panel reached the same conclusion. There has been no new information to show that the concerns have been remedied. There was no reflection or explanation from Mr Osukporu to show that he now understands what went wrong, no evidence of strengthened practice, and no information about what he is currently doing. The panel considered that, because the concerns remain unaddressed, there remains a real risk of repetition. The panel therefore decided that a finding of continuing impairment is necessary to protect the public because it could not be satisfied that Mr Osukporu can practise safely and effectively without restriction.

In relation to maintaining confidence in the nursing profession, the panel noted that Mr Osukporu has not engaged with the NMC process and has not provided any information that would help a reviewing panel decide whether he is safe to practise without restriction. The panel considered that a nurse is in a position of trust, and that patients and the public rely on nurses to act honestly, safely and professionally, often at times when patients are vulnerable. The panel considered that a well-informed member of the public would be concerned if Mr Osukporu were allowed to practise without restriction, or if no finding of continuing impairment were made, when there is no evidence that the concerns have been addressed. The panel determined that a finding of continuing impairment on public interest grounds is also required.

In relation to maintaining standards of professional conduct, the panel considered whether Mr Osukporu's conduct breached the fundamental standards expected of a nurse. The previous panel identified serious misconduct which was incompatible with the standards and values of the nursing profession, including several aspects of the Code. There is no

evidence before today's panel of any change since the original hearing. In particular, there is no evidence of reflection, insight, remediation or strengthened practice to show that Mr Osukporu now understands the seriousness of his misconduct or is able to uphold those standards. The panel also considered his continued lack of engagement with his regulator. This was important because a registered nurse is expected to be open and honest with the regulator and to provide evidence that concerns about their practice have been addressed. In the absence of such evidence, the panel could not be satisfied that Mr Osukporu is currently able to practise safely and effectively without restriction.

The panel also noted that Mr Osukporu had acted dishonestly in the past and considered whether he was liable to act dishonestly in the future. The panel regarded dishonesty as the most serious aspect of this case. Dishonesty by a nurse is serious because nurses are trusted by patients, colleagues and the public to act with honesty and integrity. When that trust is broken, it can put patients at risk and damage confidence in the profession. The panel considered that the dishonesty in this case pointed to an attitudinal concern. There was no evidence that Mr Osukporu has reflected on his dishonesty, understood why it was wrong, or taken steps to prevent similar behaviour in the future.

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

Decision and reasons on sanction

Having found Mr Osukporu 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 took into account the following aggravating features:

- Lack of engagement with the regulatory process.
- Lack of insight into failings, particularly around addressing dishonesty.
- No evidence of strengthened practice.

The panel could not identify any mitigating features at this stage.

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Mr Osukporu'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, but the Committee wants to mark that what happened was unacceptable and must not happen again'.* The panel considered that Mr Osukporu'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 a conditions of practice on Mr Osukporu'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 decided that conditions would not be appropriate because Mr Osukporu has not engaged with the process, has not shown insight, and has not provided information about his current work or practice. Without that information, the panel could not know what conditions would be effective or whether Mr Osukporu would comply with them. The concerns also included dishonesty and attitudinal issues, which are not easily managed by conditions. The panel concluded that a conditions of practice order would not adequately protect the public or meet the wider public interest.

The panel next considered imposing a further suspension order. It had regard to the NMC Guidance '*Deciding between a suspension and strike off*' (Reference: SAN-3, Last Updated: 28 January 2026) which states:

> *'Professionals are under an obligation to cooperate with their regulator. Where professionals have failed to engage with the fitness to practise process, it won't usually be appropriate to use a suspension order as a means of giving them a 'last chance' to engage, reflect or show insight'*

The panel noted that Mr Osukporu has not demonstrated insight into his previous failings and has not provided evidence that he has addressed the concerns. The panel considered that a further suspension order might be appropriate where there is evidence that a registrant has engaged, reflected, learned from the findings, or is likely to take positive steps to put matters right. There was no such evidence here. Mr Osukporu has not provided any information to show that he understands the seriousness of the concerns or that his practice is now safe.

The panel noted that Mr Osukporu has had a significant period of time to engage with the NMC and to provide evidence that he has addressed the concerns and has not done so. The panel decided that a suspension order would not give Mr Osukporu any greater opportunity than he has already had to engage, reflect, provide evidence of learning, or show that he can practise safely and effectively.

The panel also considered whether there were any factors that made the case more or less serious. The panel considered that Mr Osukporu's continued lack of engagement with the regulator made the case more serious. The panel had no new information to show that there were factors which reduced the seriousness of the case.

The panel also took account of the NMC guidance SAN-3, which states that a suspension order should not usually be used simply to give a registrant another chance to engage. In these circumstances the panel determined that a period of suspension would not serve any useful purpose. The panel determined that it was necessary to take action to prevent Mr Osukporu from practising in the future and concluded that the only sanction that would adequately protect the public and serve the public interest was a striking-off order. There is no evidence that Mr Osukporu has addressed the original concerns, no evidence of insight or strengthened practice, and no indication that a further period of restriction would achieve anything more. The panel considered that the dishonesty was particularly serious because it damaged the trust placed in nurses by patients, colleagues and the public. In the absence of engagement or evidence of remediation, the panel was not satisfied that the risk of repetition had reduced. The panel considered that striking Mr Osukporu off the register was proportionate in these circumstances.

The panel therefore directs the registrar to strike Mr Osukporu's name off the register.

This striking-off order will take effect upon the expiry of the current suspension order, namely the end of 5 November 2026 in accordance with Article 30(1).

This decision will be confirmed to Mr Osukporu in writing.

That concludes this determination.