

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

**Substantive Order Review Hearing
Thursday, 12 October 2023**

Virtual Hearing

Name of Registrant: Innocent Blessed Chirawu

NMC PIN 17B1800E

Part(s) of the register: Registered Nurse – Sub Part 1
Mental Health Nursing – March 2017

Relevant Location: Nottingham

Type of case: Misconduct

Panel members: Clara Cheetham (Chair, Lay member)
Jodie Jones (Registrant member)
Georgina Wilkinson (Lay member)

Legal Assessor: Lachlan Wilson

Hearings Coordinator: Sabrina Khan

Nursing and Midwifery Council: Represented by Mohsin Malik, Case Presenter

Mr Chirawu: Not Present and unrepresented in this hearing

Order being reviewed: Suspension order (3 months)

Fitness to practise: Impaired

Outcome: **Conditions of practice order (9 months) to come into effect at the end of the current order on 22 November 2023.**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mr Chirawu was not in attendance and that the Notice of Hearing had been sent to Mr Chirawu's registered email address by secure email on 4 September 2023.

Mr Malik, 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, dates and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mr Chirawu's right to attend, be represented and call evidence, as well as the panel's power to proceed in his absence.

In the light of all of the information available, the panel was satisfied that Mr Chirawu has 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 Mr Chirawu

The panel next considered whether it should proceed in the absence of Mr Chirawu. The panel had regard to Rule 21 and heard the submissions of Mr Malik who invited the panel to continue in the absence of Mr Chirawu. He submitted that Mr Chirawu had voluntarily absented himself.

Mr Malik referred the panel to the documentation from Mr Chirawu which included a reflective piece that states:

'Following the recent letter I received from the NMC, signed [by the NMC Case Officer] concerning the above subject, I submit both the attached and pasted document below.'

Mr Malik submitted that the letter stated in Mr Chirawu's reflective piece is likely to be referring to the notice of hearing and that this indicates that he has voluntarily absented himself.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Mr Chirawu. In reaching this decision, the panel has considered the submissions of Mr Malik, the representations from Mr Chirawu, and the advice of the legal assessor. 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:

- No application for an adjournment has been made by Mr Chirawu.
- Mr Chirawu has made submissions for the panel to consider.
- There is no reason to suppose that adjourning would secure his 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 Mr Chirawu.

Decision and reasons on review of the substantive order

The panel decided to impose a conditions of practice order for nine months on expiry of the current suspension order.

This order will come into effect at the end of 22 November 2023 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the fifth review of a substantive conditions of practice order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 28 June 2021. The order

was reviewed on 14 June 2022 and the order was extended for a further six months. The order was reviewed on 13 May 2022 where the order was extended for a further six months. The order was reviewed at a meeting on 23 May 2023 and the order was replaced with a suspension order for 3 months. The order was then reviewed on 12 July 2023 when the panel decided to extend the suspension order for a further 3 months.

The current order is due to expire at the end of 22 November 2023.

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

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

'That you, a registered nurse,

1. *On 22 February 2019, whilst working as the sole nurse in charge of a night shift you:*

a) did not administer a Morphine injection to Resident A as prescribed;

b) Upon being instructed by Colleague A to explain how you would prepare a Morphine injection and/or following review of Resident A's MAR chart you:

i) incorrectly selected a 5ml syringe to administer the Morphine injection;

ii) informed Colleague A that you would administer 2.5ml of Morphine to Resident A when the correct dosage was 0.25ml of Morphine;

iii) upon being informed by Colleague A that the correct dosage of Morphine was 0.25ml you continued to say that you "would administer 2.5ml of Morphine"; and

c) Lacked the competency to administer a Morphine injection on your own.

2. *Between September 2018 and 22 February 2019, you did not inform the senior staff that you did not have the competency to administer Morphine injections on your own.*
3. *[...]*
4. *During a supervision meeting on 9 January 2019, you did not inform Colleague B that you required retraining in administering Morphine injections.*

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

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

‘The panel has considered carefully whether Mr Chirawu’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 it has taken account of the submissions made by Ms Paterson on behalf of the NMC.

...

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 Chirawu's fitness to practise remains impaired.

The panel noted that the last reviewing panel found that Mr Chirawu had extremely limited insight. At this hearing the panel determined that Mr Chirawu's fitness to practise remains impaired. It considered that Mr Chirawu has not provided the NMC with any new information, has not demonstrated an understanding of how his actions put the public at a risk of harm, nor how he would handle the situation differently in the future.

The panel took into account that Mr Chirawu has also not engaged with the NMC since June 2022 and was of the view that his insight remains extremely limited, as there is no new information before the panel to suggest that Mr Chirawu has taken the necessary steps to strengthen his nursing practice and demonstrate that he has remediated the regulatory concerns.

The last reviewing panel determined that Mr Chirawu was liable to repeat matters of the kind found proved. Today's panel has received no new information to suggest that there has been a material change in the circumstances of the case. In light of this the panel determined that Mr Chirawu 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, in this case, a finding of continuing impairment on public interest grounds is also required.

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

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

'Having found Mr Chirawu'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 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 Chirawu's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where 'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.' The panel considered that Mr Chirawu'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 Chirawu'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 bore in mind the seriousness of the facts found proved at the original hearing and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel noted that a previously imposed conditions of practice

order had not been fully complied with by Mr Chirawu and so decided that it was not able to formulate conditions of practice that would adequately address the concerns relating to Mr Chirawu's misconduct.

The panel considered whether to lapse the current order in view of impairment. The panel carefully considered the guidance but found that this was not the appropriate and proportionate response at this time.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow Mr Chirawu further time to engage with the NMC in relation to this case. The panel noted that Mr Chirawu had not received the Notice of Hearing for today's proceedings and in fairness to Mr Chirawu, to ensure the protection of the public and in the public interest, concluded that a further 3-month suspension order would be the appropriate and proportionate response.

The panel determined therefore that a suspension order is the appropriate sanction which would both protect the public and satisfy the wider public interest. Accordingly, the panel determined to extend the suspension order for a further 3 months as this would provide Mr Chirawu with a further opportunity to engage with the NMC. Mr Chirawu could address the concerns identified, setting out how in the future, he could work towards unrestricted practice. It considered this to be the most appropriate and proportionate sanction available.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 22 August 2023 in accordance with Article 30(1)

Before the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- *Mr Chirawu's engagement with the NMC*
- *An up-to-date reflective statement from Mr Chirawu focusing on the charges found proved and in particular the wider impact of his actions on patients, colleagues and the wider public. The reflective piece should also address what Mr Chirawu has learnt and what he would do differently in the future in a similar situation*
- *Evidence of any up-to-date training Mr Chirawu has undertaken*
- *Information regarding Mr Chirawu's current employment*
- *Evidence of references or testimonials from Mr Chirawu's current employer.'*

Decision and reasons on current impairment

Today's panel has considered carefully whether Mr Chirawu'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 the reflective piece from Mr Chirawu. It has taken account of the submissions made by Mr Malik on behalf of the NMC.

Mr Malik provided the panel with a background to Mr Chirawu's case. He informed the panel that at the last review hearing, on 24 May 2023, that panel decided to impose a suspension order. The reasons were that Mr Chirawu had then not engaged with the NMC since June 2022 and had failed to comply with the suggestions made by previous reviewing panels. Mr Malik also informed today's panel that at the review meeting on 13 July 2023 the suspension order was extended by another three months to allow Mr Chirawu further time to engage with the NMC in relation to this case.

Mr Malik informed the panel that the previous reviewing panel had made recommendations to assist this panel in its determination which are as follows:

‘Any future panel reviewing this case would be assisted by:

- 1. Mr Chirawu’s engagement with the NMC*
- 2. An up-to-date reflective statement from Mr Chirawu focusing on the charges found proved and in particular the wider impact of his actions on patients, colleagues and the wider public. The reflective piece should also address what Mr Chirawu has learnt and what he would do differently in the future in a similar situation*
- 3. Evidence of any up-to-date training Mr Chirawu has undertaken*
- 4. Information regarding Mr Chirawu’s current employment*
- 5. Evidence of references or testimonials from Mr Chirawu’s current employer.’*

Mr Malik submitted that on this occasion Mr Chirawu has submitted a reflective piece. Although in this he did not mention any up-to-date training he has undertaken, he did address what he would now do differently with regards to the previous concerns of medication administration.

Mr Malik submitted that Mr Chirawu bears the persuasive burden of demonstrating that his fitness to practise is no longer impaired. He reminded the panel that in making its decision, the panel needs to consider how Mr Chirawu has mitigated the risk since the last review.

Mr Malik submitted that Mr Chirawu has still not engaged properly with the NMC apart from sending his reflective piece. He submitted that there is no evidence in front of the panel today to satisfy that Mr Chirawu has undertaken training and therefore his fitness to practise remains impaired.

Mr Malik invited the panel to continue the order. However, he stated that if the panel is minded that a suspension order is no longer necessary, it should be replaced with a conditions of practice order.

The panel also had regard to the reflective piece from Mr Chirawu that states:

'Upon reflecting on my career journey as an RMN so far, the following is a list of what I perceive as the main event/incidents or circumstances which precipitated the crisis leading to interim conditions which were imposed on my nursing practice by the NMC whereby I basically need direct and indirect supervision with injections and medications respectively.

1. *I regret my failure to take heed to family and friends' ensure that my first job should have been within NHS for me to do my preceptorship and gain experience with adequate support. Instead [PRIVATE] soon after my graduation lured me straight into private sector where unfortunately I barely got any support for my preceptorship in the first job (Cambian Ansel Clinic , 4 months), in the second job (Barchester's Forest Hosp, 3 months) and third job (the now defunct Eastgate's Belle Vue care home).*

2. *I exercised what I can refer to as 'professionally suicidal resilience' especially in the third job through the following shortcomings:*

a. *I kept most of my communication regarding both my professional needs, workplace working conditions like 'need to beef up staffing levels' to mainly 'verbal form' instead of 'written or email' form because the adage goes: 'Nursing is evidence-based profession, hence, if not recorded then it was not done'.*

b. *I erroneously thought 'consistently reminding my employer about my training needs which I had mentioned during my initial job interview would translate to nagging my employer, until that weak stance or lack of assertiveness worked against me.*

c. *Subsequently linked to the above, I failed to either 'timely organise my own training to update my palliative care skills especially regarding 'how to give a morphine sulphate injection to a very frail patient', resigned or simply whistle-blown the workstation's unrealistic understaffed conditions which subjected me to among other duties, change patients' pads, balance fluid charts, compile records for tropical medications , food and supplementary fluids and do care plan reviews. These and other appalling conditions like carers lifting bed rails to restrict agitating patients and curb 'falls during the night shifts' I found prevalent there and failed to change them overnight were 'dangerous and volatile for both my patients, my night*

crew and myself.... especially when nothing was being done to improve the conditions.

d. I kept expecting the employer to provide me the refresher courses/trainings I had discussed with them and requested and failed to 'update my palliative care skills including 'how to give a morphine injection to a very frail patient' until the day when I was required to give the injection and I had to call the district nurse to come and do it as per the doctor's advice to me that night a move which cost my job.

3. CONFIDENCE, Assertiveness and Wisdom, are three virtues of which importance I have learnt the hard way , in my interactions/communication with whoever, including my patients, my colleagues and seniors.

4. I must master striking a balance between my confidence, improving my knowledge and skills without giving room to allowing anybody to doubt my competency or competencies, whether it patients, my colleagues and seniors and more especially when dealing with anyone with 'an overly critical, fault finding or holier than thou attitude' in the health profession sector. At the same time I must increase my willingness to learn, practise what I need to regularly practice as well as stay vigilant and diligent.

5. I also learnt that I should as much as possible obtain my personal copy of any clinical supervisions carried out on me or copies of any training needs forms I complete or submit to any employer.

6. [PRIVATE]

7. I should not responded to the impromptu question with 'a question which screamed guessing' to someone who was sent in by a manager who had bullied me several times before and had shouted at me over the phone that very same night, banged phone on me and phoned the senior carer to inform him what she was going to do, that is, 'to send a senior nurse in place of the district nurse' . My hesitation to give the injection had nothing to do with the calculation of the dosage, no, but 'the frailty of the patient which I had no experience injecting', my little previous experience was more healthier patients on 'depot injections'.

The senior nurse replied, 'Eh, actually it's 0.25mls' and I said "Oh , yes you are right". The fact is, if I had to calculate it the way I'm accustomed to with pen and paper, I would have got it 'dead correct' without having to guess in her absence or presence, no difference. Then after I reported my manager to my union for bullying me on several occasions including that night, my manager wrote a statement which

included some lies and the senior nurse who gave the injection wrote a statement which shocked me stating that had she not come to give the injection I would have given ten times the dosage and it would have been lethal. She also spiced up the incident by saying after she gave the 0.25 mls, I argued with her that the correct dosage was 2.5mls and yet the truth is asked me if I was now confident to give the injection in the next hour or two if the patient needed it , and I had assured her I was now confident, she had given me the 'refresher or kick off' which I needed and she left happily after my reassuring I could now do it. But alas, in her statement she claimed that she left the station disturbed and worried that patients' lives were at risk.

All this has been a painfully huge learning curve for me and I am more than willing to learn more and avoid falling into the same predicament, error or trap as per above again.

HUGE LESSON I LEARNT:

In future if anybody, whether a colleague or my senior asks me the question: "Innocent, what do you think the correct dosage is?", if I haven't calculated or am not sure I must answer: "Let me calculate it first and i will tell the answer". I must never guess, as I have learnt it the hard way that 'there is no justification for guessing or leaving the calculation or 'verification of my guess' to the one asking the question because at the end of the day, I am sorely responsible for my nursing PIN -no one else is.

I also learnt that even if any colleague or any senior practitioner acts in a way like throwing me under the bus, 'getting me' , lie or fabricate, twist or put words into my mouth, as child of God, I must not stoop down to using any of their tools as a way of trying to give them a test of their own medicine. That proved to me that it doesn't work. On my part I am referring specifically to my lying that my manager had made a racist remark at me "Step back, boy" after I almost collided with her when she was coming out of the elevator. This never happened. I only said it out of anger and frustration following the manager's lie about me that I had asked her to send me back to the university to be taught how to do care plans. I never said that to her.

Later on her lie during the last Zoom Meeting in Stratford which was believed by NMC panel that she never shouted or tried to force me to give the injection , was very upsetting to me but I did not counter it with any lie.

NB: Honesty, professional accountability and unquestionable competence which doesn't rely on any other practitioner for it's accuracy or for them to cover my back in any way, is another big lesson I have learnt the hard way in nursing career so far - nobody can protect my PIN but myself.

Hence, since I love my nursing profession so much, at this point in time to me support which can eventually lead to scrapping of the NMC condition of my being required to be directly supervised with injections and indirectly with medications and care planning, is more important than the rate the prospective employer can afford to pay me. I am willing to be treated and paid like a nurse on preceptorship – If possible I require a needs assessment done on me and I am more that willing to learn everything you deem necessary for me to learn, just like I have stated, please, accept me and ‘treat and pay me like a nurse on preceptorship’ (I already submitted proofs of some trainings I attended while at my previous and last nursing station so far, that is, at St Magnus Hospital). Feel free to contact St Magnus hospital regarding every training I undertook while I was there, and due to my total nursing experience of One Year and Three months in 4 different stations, I humbly ask the NMC panel to allow me to resume practising as a nurse. I have also kept myself active by working as a support worker and as a secondary school teacher during my long nursing gaps which were a result of the restrictions which were and are still on my nursing pin.

Thank you.

Yours sincerely,

Innocent B Chirawu (NMC Pin: 17B1800E)'

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 Chirawu's fitness to practise remains impaired.

Today's panel considered the reflective piece before it. The panel considered it positive Mr Chirawu has re-engaged with the NMC. It determined that Mr Chirawu's reflective piece demonstrates developing insight as he has stated how he would do things differently should a similar situation arise in the future such as escalating matters. However, he does not address issues such as the impact of his actions on patients, their families, his colleagues, the public and the reputation of the nursing profession. Rather, Mr Chirawu's reflective piece focuses more upon the impact to himself and how he has been affected negatively by his experiences. Therefore, the panel was not satisfied that the reflective piece was comprehensive to reflect sufficient insight based on the recommendations made by the previous panel.

The panel noted that in his reflective piece Mr Chirawu has identified shortcomings in his practice and the need for these to be rectified. However, the panel was of the view that this does not reduce the risk of repetition materially, without proper recognition and insight into the impact of his misconduct, together with evidence of learning and relevant training. Thus, in light of this, this panel determined that Mr Chirawu is 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, in this case, a finding of continuing impairment on public interest grounds is also required.

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

Decision and reasons on sanction

Having found Mr Chirawu'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 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 Chirawu's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Mr Chirawu'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 considered substituting the current suspension order with a conditions of practice order. Despite the seriousness of Mr Chirawu's misconduct, he has started to re-engage with the proceedings since the last review through a reflective piece and there has been evidence produced to show that he has developed some insight and stated, *'I am more than [sic] willing to learn everything you deem necessary for me to learn'*, thereby satisfying the panel that a less restrictive approach would now be appropriate.

The panel also noted that Mr Chirawu in his reflective piece stated, *'Feel free to contact St Magnus hospital regarding every training I undertook while I was there.'* The panel was of the view that Mr Chirawu needs to understand that the persuasive burden is upon him to provide evidence of his current fitness to practise and it is not for the panel to undertake its own enquiries.

The panel therefore concluded that, although it was encouraged that Mr Chirawu has started to re-engage with the NMC, it is mindful of the length of time during which he has not engaged previously. The panel was of the view that Mr Chirawu needs to continue meaningful engagement with his regulator until the next review and take proper regard to his conditions of his practice, as well as the panel's recommendations. This will assist the next panel in its determination of his fitness to practise.

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

The panel gave consideration as to whether a continuation of the current suspension order or a striking off order would be appropriate in this case but determined given Mr Chirawu's recent engagement with the fitness to practise process, these would be disproportionate in the circumstances.

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 not administer injections or calculate dosages unless directly supervised by another registered nurse until you are signed off as competent to do so by your line manager.
2. Before the next review, you must provide a reflective statement focussing on the charges found proved and in particular the impact of your actions on patients, colleagues and the wider public.

3. You must work with your line manager to create a personal development plan (PDP). Your PDP must address drug calculations and the administration of injections to a range of patients with different conditions. You must:
 - a. Send your NMC case officer a copy of your PDP within 4 weeks of obtaining employment.
 - b. Meet with your line manager at least every month to discuss your progress towards achieving the aims set out in your PDP.
 - c. Send your NMC case officer a report from your line manager 4 weeks before any review hearing. This report must address and confirm that the monthly meetings have occurred and show your progress towards achieving the aims set out in your PDP.

4. You must keep the NMC informed about anywhere you are working by:
 - a. Telling your NMC case officer within seven days of accepting or leaving any employment.
 - b. Giving your case officer your employer's contact details.

5. You must keep the NMC informed about anywhere you are studying by:
 - a. Telling your NMC case officer within seven days of accepting any course of study.
 - b. Giving your NMC case officer the name and contact details of the organisation offering that course of study.

6. 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.

7. You must tell your NMC 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.

8. You must allow your NMC 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.

The period of this order is for nine months. In determining the length of time of the order the panel took into consideration that Mr. Chirawu is yet to secure employment and, given his recent re-engagement, would need to have time to demonstrate compliance with the conditions.

Before the end of the period of the order, a panel will hold a review hearing to assess Mr Chirawu's compliance 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:

- Mr Chirawu's attendance at any future review hearings of this case;
- Evidence of any self-directed learning or training Mr Chirawu has undertaken;
- Information regarding Mr Chirawu's current employment; and
- Evidence of references or testimonials from any paid or unpaid work undertaken by Mr Chirawu.

This will be confirmed to Mr Chirawu in writing.

That concludes this determination.