

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

**Substantive Order Review Hearing  
Tuesday, 4 November 2025**

Virtual Hearing

**Name of Registrant:** Jay Linus Fuentes

**NMC PIN:** 18A0147O

**Part(s) of the register:** Registered Nurse – Sub Part 1  
Adult Nursing - January 2018

**Relevant Location:** Stockton-on-Tees

**Type of case:** Lack of competence/Misconduct

**Panel members:** Derek Artis (Chair, lay member)  
Sally Hatt (Registrant member)  
Colin Allison (Lay member)

**Legal Assessor:** Melissa Harrison

**Hearings Coordinator:** Hanifah Choudhury

**Nursing and Midwifery Council:** Represented by Iwona Boesche, Case Presenter

**Mr Fuentes:** Not present and not represented

**Order being reviewed:** Conditions of practice order (18 months)

**Fitness to practise:** Impaired

**Outcome:** **Striking-Off order to come into effect at the end of 8 December 2025 in accordance with Article 30 (1)**

## **Decision and reasons on service of Notice of Hearing**

The panel was informed at the start of this hearing that Mr Fuentes was not in attendance and that the Notice of Hearing had been sent to Mr Fuentes's registered email address by secure email on 6 October 2025.

Ms Boesche, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the substantive order being reviewed, the time, date and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mr Fuentes'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 Fuentes 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 Fuentes**

The panel next considered whether it should proceed in the absence of Mr Fuentes. The panel had regard to Rule 21 and heard the submissions of Ms Boesche who invited the panel to continue in the absence of Mr Fuentes. She submitted that Mr Fuentes has voluntarily absented himself.

Ms Boesche submitted that there was no reason to suppose that adjourning the hearing would secure Mr Fuentes' attendance.

The panel had sight of an email from Mr Fuentes, dated 22 October 2025, in which he stated:

*'I am sorry but I will not be attending the substantive order review hearing at this time.*

*...*

*I am hoping for the continued kind understanding of the Nursing and Midwifery council.'*

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Mr Fuentes. In reaching this decision, the panel has considered the submissions of Ms Boesche, the email Mr Fuentes has sent to the NMC, and the advice of the legal assessor. It has had particular regard to the relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- Mr Fuentes has informed the NMC via email that he will not be attending the hearing;
- No application for an adjournment has been made by Mr Fuentes;
- There is no reason to suppose that adjourning would secure his attendance at some future date; and
- There is a 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 Fuentes.

### **Decision and reasons on review of the substantive order**

The panel decided to replace the current conditions of practice order with a striking off order.

This order will come into effect at the end of 8 December 2025 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the fourth review of a substantive order originally imposed on 8 March 2021 for a period of 3 months by a Fitness to Practise Committee panel. The substantive suspension order imposed on 8 March 2021 was first reviewed on 8 June 2021 when it was replaced with a conditions of practice order for a period of 18 months. The order was reviewed again on 8 November 2022 when further conditions were imposed for a period of 18 months. The order was last reviewed on 30 April 2024 where the panel imposed a further conditions of practice order for a period of 18 months.

The current order is due to expire at the end of 8 December 2025.

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 failed to demonstrate the standards of knowledge, skill and experience required to practise safely as a Band 5 nurse*

1. *Whilst subject to an Action Plan between 11 April –14 November 2018 (as updated in June 2018), you failed to demonstrate that you were competent in the following areas: **[PROVED IN ITS ENTIRETY BY ADMISSION]***
  - a. *preparation/ administration of medication*
  - b. *infection control*
  - c. *lack of leadership / ability to supervise*
  - d. *communication skills*
  - e. *patient admissions and discharges*
  - f. *provision of care to patients and treating patients with dignity*
  - g. *record keeping*
  - h. *time management and organisation*
  - i. *handovers*

2. *Between approximately February 2018 and November 2018 you failed to complete and/or pass your Preceptorship Programme. **[PROVED BY ADMISSION]***
  
3. *On 4 June 2018, you: **[PROVED IN ITS ENTIRETY BY ADMISSION]***
  - a. *failed to complete the discharge documentation including the Continuing Healthcare (CHC) documentation for Patient D*
  - b. *manually moved Patient T on your own, when the move required two members of staff to complete the task safely*
  - c. *inappropriately informed Patient J's family that Patient J would be "up and walking around in no time" or words to that effect, when Patient J was at high risk of falls and was for 'bed to chair transfers' only.*
  
4. *On 6 June 2018, in respect of an unknown patient you: **[PROVED IN ITS ENTIRETY BY ADMISSION]***
  - a. *weighed the patient with the incorrect scale settings applied*
  - b. *failed to repeat the procedure and obtain the correct weight*
  - c. *asked a new nurse to step on the scales and worked out the difference between the nurse's weight and the patient's weight*
  
5. *On 20 June 2018, when preparing Patient C for discharge, you: **[PROVED IN ITS ENTIRETY BY ADMISSION]***
  - a. *failed to ensure Patient C had blood tests*
  - b. *failed to fill out the nutritional and fluid balance sheet*
  - c. *failed to take action and/or escalate that Patient C had not passed urine for 6 hours*
  - d. *failed to administer IV fluids*
  
6. *On 29 June 2018, following an unsuccessful attempt to insert a catheter into an unknown patient, you: **[PROVED IN ITS ENTIRETY BY ADMISSION]***
  - a. *attempted to re-insert the catheter a second time, when you ought to have obtained a new catheter*
  - b. *failed to engage or communicate with the patient during the procedure*

7. On an unknown date around July 2018, upon being instructed by Nurse HJ to prepare a trolley for an aseptic dressing technique you:
  - a. grabbed the first available trolley without disinfecting the trolley  
**[PROVED]**
  - b. upon being instructed to rub down/disinfect the trolley, you took an inordinate length of time to complete the task **[PROVED]**
  - c. required Nurse HJ to explain the process of the aseptic technique of the umbilical dressing **[PROVED BY ADMISSION]**
  - d. had to be reminded to dispose of the gauze after cleaning the wound  
**[PROVED BY ADMISSION]**
  - e. had to be reminded to not repeatedly rub the wound clean. **[PROVED BY ADMISSION]**
  
8. On 30 August 2018, whilst assisting Patient U to the toilet, you walked in front of Patient U when you ought to have walked to the side of the patient and supported her **[PROVED BY ADMISSION]**
  
9. In August 2018, you failed to escalate to a doctor or senior nurse that Patient F had not passed urine for 8 hours **[PROVED BY ADMISSION]**
  
10. On 20 September 2018, whilst caring for an unknown patient whose intravenous cannula line had fallen out you: **[PROVED IN ITS ENTIRETY BY ADMISSION]**
  - a. attempted to re-connect the IV line which had become unsterile from contact with the bed
  - b. did not understand why your actions could put the patient at risk of infection
  - c. when questioned about your actions, you stated that you had panicked “because of all the blood” when there was no visible blood present
  
11. On 15 October 2018, you: **[PROVED IN ITS ENTIRETY BY ADMISSION]**
  - a. prepared to administer Patient M a PRN laxative when her nursing records indicated that the patient was opening her bowels regularly over the last few days.

- b. *prepared to administer Patient N Digoxin when it was recorded in the nursing records/ prescription script that the patient's heartrate was within normal range*
- c. *upon being informed by an unknown healthcare assistant (HCA) that Patient O had raised blood pressure, reduced blood oxygen saturations and a NEWS score of 2 you failed to:*
  - i) *take any action*
  - ii) *ensure the patient had a nasal cannula in situ*
- d. *failed to wake an unknown patient to provide nursing care*

12. *On 16 October 2018, you lost your handover sheet in the canteen [PROVED BY ADMISSION]*

13. *On a number of unknown dates in 2018 you failed to complete the pre-operative theatre checklist for a number of unknown patients. [PROVED BY ADMISSION]*

14. *On a number of unknown dates in 2018, in respect of one or more unknown patients you: [PROVED IN ITS ENTIRETY BY ADMISSION]*

- a. *failed to complete various risk assessments (including MUST assessments and SSKins pressure assessments)*
- b. *failed to carry out observations and/or record NEWS scores*
- c. *failed to fill out fluid balance charts*

15. *On a number of unknown dates in 2018, you failed to wake patients up to provide nursing care. [PROVED BY ADMISSION]*

16. *On a number of unknown dates in 2018, you inappropriately giggled in front of patients and their families. [PROVED BY ADMISSION]*

17. *On a number of unknown dates in 2018, you failed to demonstrate competency in moving and handling patients and used prohibited techniques. [PROVED BY ADMISSION]*

18. On an unknown shift in 2018: **[PROVED IN ITS ENTIRETY BY ADMISSION]**

- a. upon being informed by Nurse SF to administer medication to an unknown patient you failed to administer the medication
- b. incorrectly informed Nurse SF that you had asked Nurse RW to administer the medication when you had not done so.
- c. your actions as described at Charge 18b were dishonest in that you attempted to cover up that you did not administer medication to the patient.

19. On an unknown date in 2018, upon being informed that Colleague MW had hurt her leg you: **[PROVED IN ITS ENTIRETY BY ADMISSION]**

- a. gave her a commode and got her to sit down and spun her round on the commode in front of patients.

20. Whilst subject to a formal capability plan between August and September 2018 you failed to demonstrate competency in the following areas:

**[PROVED IN ITS ENTIRETY BY ADMISSION]**

- a. practice autonomously with legal and ethical professional competencies recognise and promote patient safety
- b. complete a medicines management course

*AND in light of the above, your fitness to practise is impaired by reason of your lack of competence in respect to charges 1- 18(a), 19 and 20, and your misconduct in respect of charge 18(b) and (c).'*

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

*'The panel considered whether Mr Fuentes fitness to practise remains impaired.*

*The panel had regard to the documents provided by Mr Fuentes, namely, two PDPs dated 18 August 2023 and 11 February 2024 respectively, and two reflective statements dated 24 July 2023 and 2 February 2024 respectively. It also took*

*account of the NMC's guidance (REV-3a) on substantive order reviews, which sets out the following:*

- Has the nurse, midwife or nursing associate complied with any conditions imposed? What evidence has the nurse, midwife or nursing associate provided to demonstrate this? What is the quality of that evidence and where does it come from?*
- Does the nurse, midwife or nursing associate show insight into their failings or the seriousness of any past misconduct? Has their level of insight improved, or got worse, since the last hearing?*
- Has the nurse, midwife or nursing associate taken effective steps to maintain their skills and knowledge?*
- Does the nurse, midwife or nursing associate have a record of safe practice without further incident since the last hearing?*
- Does compliance with conditions or the completion of required steps demonstrate that the nurse, midwife or nursing associate is now safe to practise unrestricted, or does any risk to patient safety still remain?*

*The panel determined that Mr Fuentes had only partially complied with the current conditions of practice order. Whilst there was evidence of good progress, there was not sufficient evidence before the panel that Mr Fuentes was capable of working in a non-supernumerary capacity.*

*The panel had limited information before it as to the extent to which Mr Fuentes had improved his clinical skills in relation to preparation/administration of medication, infection prevention and control, lack of leadership/ability to supervise, communication skills, patient admissions and discharges, provision of care to patients and treating patients with dignity, record keeping, time management and organisation or handovers.*

*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 Fuentes' fitness to practise remains impaired.'*

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

*'The panel first considered whether to take no action but concluded that this would be inappropriate in view of the risk of repetition in this case and the public protection concerns. 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 risk of repetition in this case, an order that does not restrict Mr Fuentes' 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 Fuentes' lack of competence 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 imposing a further conditions of practice order on Mr Fuentes' registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.*

*The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. The panel accepted that Mr Fuentes has been partially complying with current substantive conditions of practice.*

*The panel was of the view that a further conditions of practice order is sufficient to protect patients and the wider public interest, noting that Mr Fuentes had only partially complied with the current conditions of practice order and had made good progress. In this case, there are conditions could be formulated which would protect patients during the period they are in force.*

*The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of Mr Fuentes' case because there was evidence of some positive progress.*

*Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 18 months, which will come into effect on the expiry of the current order, namely at the end of 8 June 2024. It decided to impose the following conditions which it considered are appropriate and proportionate in this case:*

*'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.'*

- 1. You must confine yourself to one employer which must not be an agency.*
- 2. You must ensure that you are supervised by a registered nurse any time you are working. Your supervision must consist of:*
  - a) Working at all times in a non-supernumerary capacity on the same shift as your line manager;*

- b) *If you do work in a supernumerary capacity, those tasks carried out in that capacity would not form part of the assessment for your PDP;*
  - c) *Meeting with your line manager, mentor or supervisor (or their nominated deputy) at least monthly, to discuss your clinical practice and performance and your progress towards achieving the aims set out in your PDP.*
3. *You must work with your line manager, mentor, or supervisor (or their nominated deputy) to create a personal development plan (PDP). Your PDP must address the concerns identified in the substantive hearing as follows:*
- a) *Preparation/ administration of medication*
  - b) *Infection prevention and control*
  - c) *Lack of leadership/ability to supervise*
  - d) *Communication skills*
  - e) *Patient admissions and discharges*
  - f) *Provision of care to patients and treating patients with dignity*
  - g) *Record keeping*
  - h) *Time management and organisation*
  - i) *Handovers*
4. *You must:*
- a) *Send your case officer a copy of your PDP within three months from the start of this order.*
  - b) *Send your case officer a report from your line manager, mentor or supervisor (or their nominated deputy) every six months during the period of the order and before any NMC review hearing or meeting. This report must show your progress towards achieving the aims set out in your PDP.*
5. *You must keep the NMC informed about anywhere you are working by:*
- a) *Telling your case officer within seven days of accepting or leaving any employment.*
  - b) *Giving your case officer your employer's contact details.*

6. *You must keep the NMC informed about anywhere you are studying by:*
  - a) *Telling your case officer within seven days of accepting any course of study.*
  - b) *Giving your case officer the name and contact details of the organisation offering that course of study.*
  
7. *You must immediately give a copy of these conditions to:*
  - a) *Any organisation or person you work for.*
  - b) *Any employers you apply to for work (at the time of application).*
  - c) *Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.*
  
8. *You must tell your case officer, within seven days of your becoming aware of:*
  - a) *Any clinical incident you are involved in.*
  - b) *Any investigation started against you.*
  - c) *Any disciplinary proceedings taken against you.*
  
9. *You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:*
  - a) *Any current or future employer.*
  - b) *Any educational establishment.*

*The period of this order is for 18 months.*

*This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 8 June 2024 in accordance with Article 30(1).*

*Before the end of the period of the order, a panel will hold a review hearing to see how well Mr Fuentes has complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.*

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

- *Mr Fuentes' attendance at a future review hearing.*
- *A signed statement from Mr Fuentes' line manager, mentor or supervisor.*
- *A further reflective piece showing up-to-date progress on all of the concerns identified in Condition 3.'*

### **Decision and reasons on current impairment**

The panel has considered carefully whether Mr Fuentes' 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. It has taken account of the submissions made by Ms Boesche.

Ms Boesche referred the panel to the email Mr Fuentes sent to the NMC, dated 3 November 2025, which said:

*'I have talked with my lead nurse , Ms 1, and she have discussed my situation with our nurse manager, Ms 2, and she said that I unfortunately failed to demonstrate good practices recently. However, she would like to get more advise from our HR and Ops team and ask them what additional support and training that they can provide for me.'*

Ms Boesche submitted that, in light of this email, Mr Fuentes' fitness to practise remains impaired. She submitted that the public need to be protected and that the public interest is also engaged as a member of the public would be shocked to learn that a nurse lacking competence was allowed to practise with no limitations.

Ms Boesche submitted that it would be premature for any order to be removed at this stage.

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 Fuentes's fitness to practise remains impaired.

The panel noted that there was no new information before it from Mr Fuentes on his progress since the last review.

The panel was concerned about the recent email from Mr Fuentes which suggests that the nurse in charge was not satisfied for Mr Fuentes to be signed off as competent. In the panel's view this raised ongoing concerns about Mr Fuentes' ability to practise safely and independently.

The panel gave particular regard to the length of time that Mr Fuentes has been subject to a substantive order. It noted that these proceedings had been ongoing since 2019 and that there had been three substantive conditions of practice orders imposed on Mr Fuentes' practice.

While Mr Fuentes has shown a limited degree of engagement with the NMC, he has not provided the panel with any evidence to demonstrate that he is now able to practise safely, kindly, and professionally. The panel reminded itself that the persuasive burden lies with Mr Fuentes to demonstrate that he is fit to return to unrestricted practice.

The panel acknowledged that Mr Fuentes has informed it about new training undertaken but noted that no information has been provided regarding timescales or completion. The panel also took into account that Mr Fuentes has not submitted a Personal Development Plan (PDP) as required in the conditions of practice order.

The panel considered that Mr Fuentes had continued to demonstrate some engagement with the NMC process but considered that this engagement had been limited and insufficient to address the outstanding concerns about his competence.

The panel considered the factors set out in the case of *Ronald Jack Cohen v General Medical Council* [2008] EWHC 581 (Admin), namely whether the conduct is easily remediable, whether it has been remedied and whether it is highly unlikely to be repeated.

In light of all the above, the panel determined that Mr Fuentes' fitness to practise remains impaired 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 Fuentes's fitness to practise remains impaired.

### **Decision and reasons on sanction**

Having found Mr Fuentes'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 Fuentes' 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 Fuentes' 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 imposing a further conditions of practice on Mr Fuentes's registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into consideration that Mr Fuentes has been subject to a conditions of practice order since June 2021 with very little progress made by him to address the concerns raised. The panel has also considered that Mr Fuentes has failed to fully comply with the conditions of practice order as no PDPs had been sent prior to this hearing or any other information to suggest that Mr Fuentes has been complying with this order. The panel was mindful that the onus is on Mr Fuentes to show he is able to practise safely. In the panel's view, Mr Fuentes' lack of progress whilst under a conditions of practice order and lack of information in relation to the concerns identified, it was not appropriate to impose a further conditions of practice order.

The panel next considered imposing a suspension order. The panel noted that Mr Fuentes had initially been subject to a suspension order prior to the conditions of practice order being imposed. The panel was of the view that, given the history of a previous suspension and insufficient progress made by Mr Fuentes in general, it questioned whether it would serve any meaningful purpose in enabling him to return to safe, unrestricted practice within a reasonable period of time. In these circumstances the panel determined that a period of suspension would not serve any useful purpose.

The panel then went on to consider whether a striking off order would be an appropriate sanction. The panel took into account parts of the NMC Guidance [REV-2h] *'Allowing nurses, midwives or nursing associates to be removed from the register when there is a substantive order in place'*. The guidance states:

*'Cases where striking-off is likely to be appropriate include when:*

- *the professional has shown limited engagement and/or insight,*
- *...the professional has otherwise made no or negligible progress towards addressing issues with their fitness to practise.'*

The panel considers that the above points are engaged in the circumstances of this case. Mr Fuentes' inability to practise safely independently has and would continue to put patients at risk of harm and is therefore fundamentally incompatible with him remaining on the register. The panel determined that it was necessary to take action to prevent Miss McCann 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.

The panel gave careful consideration to the issue of proportionality and therefore considered the suitability of allowing Mr Fuentes' order to lapse upon expiry with impairment, thereby removing him from the register. The panel reviewed the NMC guidance '*Striking-off order*' (SAN 3-e). The guidance states:

- *'Do the regulatory concerns about the nurse, midwife or nursing associate raise fundamental questions about their professionalism?'*
- *Can public confidence in nurses, midwives and nursing associates be maintained if the nurse, midwife or nursing associate is not struck off from the register?'*
- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?'*

The panel took into consideration the serious nature of the charges and considered that these were serious departures from fundamental areas of nursing practice and, as such, raised concerns about Mr Fuentes' professionalism. The panel noted the passage of seven years since the original events and considered that confidence in the profession could only be maintained by removing Mr Fuentes from the register. The panel had grave concerns about the significant lack of progress that has been made by Mr Fuentes during the time in which he has been subject to a substantive order. Having regard to the recent correspondence provided by Mr Fuentes on 3 November 2025, it appears to the panel that there remains significant work to be done by him in order for him to be able to practise safely and without restrictions. In light of the lack of progress Mr Fuentes has made since

the imposition of the conditions of practice order and his recent lack of meaningful engagement with the NMC, the panel determined that the only appropriate sanction was that of a striking-off order.

The panel determined that it was necessary to take action to prevent Mr Fuentes 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. The panel therefore directs the registrar to strike Mr Fuentes's name off the register.

This striking-off order will take effect upon the expiry of the current conditions of practice order, namely the end of 8 December 2025 in accordance with Article 30(1).

This will be confirmed to Mr Fuentes in writing.

That concludes this determination.