Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Friday 12 September 2025

Virtual Meeting

Name of Registrant:	**Adrian-Mihai Pocol**
NMC PIN:	14D0249C
Part(s) of the register:	Nursing Sub part 1 RN1,Registered Nurse - Adult 24 April 2014
Relevant Location:	Jordanstown
Type of case:	Conviction
Panel members:	Paul Hepworth (Chair, Lay member) Elizabeth Coles (Registrant member) Peter James Kitson (Lay member)
Legal Assessor:	Gerard Coll
Hearings Coordinator:	Anya Sharma
Facts proved:	Charge 1
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 Pocol's registered email address by secure email on 8 August 2025.

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 time, dates and the fact that this meeting was heard virtually.

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

The panel noted that the Rules do not require proof of receipt and that it is the responsibility of any registrant to maintain an effective and up-to-date registered address.

In proceeding in the absence of Mr Pocol, the panel took into account that a decision was made to refer this case to a meeting rather than a hearing by a different panel at an NMC Notice of Referral meeting on 29 July 2025. The panel noted that there is no correspondence before it received from Mr Pocol as to his intention to attend a hearing and therefore no reason to suppose that by adjourning this meeting today, it would secure Mr Pocol's attendance at a future hearing. The panel noted that there is a public interest in the expeditious disposal of this case and was of the view that it should proceed with this meeting in fairness to Mr Pocol and to the NMC.

Details of charge

That you, a registered nurse:

1) On 01 May 2024 were convicted at the Magistrates' Court of Northern Ireland of the offence of ill treatment on 26th March 2022 of a resident (Resident A) in your care who lacked capacity in relation to all or any matters concerning his care or

who you believed lacked capacity in relation to all or any such matters contrary to Section 267(1)(a) of The Mental Capacity Act (Northern Ireland) 2016

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

Background

Mr Pocol is a Registered Nurse – Adult, who came onto the NMC register on 2 April 2014 after qualifying in Romania in 2008. He was employed by Staff Nursing Ltd ('the Agency') from 24 August 2018. On 09 May 2022 the NMC received a referral from the Agency, raising concerns about Mr Pocol's practice.

On 26 March 2022 Mr Pocol was working at Shaftesbury Mews ('the Home'), having been placed there by the Agency. One of the residents, 66-year-old Resident A, who has a severe learning disability and early onset dementia, returned to the Home at approximately 16.00 hours from his usual Saturday bus trip. Resident A was agitated and was shouting and swearing, insisting that he wanted to ring his sister. This took place in the lounge, where Resident A was with Mr Pocol, two other service users, and a support worker. An unsuccessful attempt was made to call Resident A's sister and then Resident A was asked to wait until after dinner. Resident A began to shout, with his head in his hands, and repeatedly asked Mr Pocol and another member of staff when he could call his sister. This lasted for approximately five minutes.

Mr Pocol rose from the sofa where he had been sitting, stood over Resident A and shouted aggressively at him, saying '*stop repeating yourself, I won't listen to you if you are crying'* and *'If you shout again you are leaving the lounge*'. He also told Resident A repeatedly that they were unable to call his sister. This caused Resident A to become unsettled even further and he continued the shout. Mr Pocol then left the lounge for a short period and on his return, grabbed Resident A by the forearm and bicep and wrestled with him for about two minutes to pull Resident A out of the sofa he was sat in, all the while shouting at Resident A to get out of the lounge.

Resident A continued to shout and began to cry. Mr Pocol stopped trying to pull Resident A off the couch, towered over him and pointed at the door, telling Resident A to get out of the lounge. Other staff members intervened and removed Resident A from the lounge. No physical harm came to Resident A as a result of his interaction with Mr Pocol.

On 31 March 2022 The Police Service of Northern Ireland ('PSNI') received a report from social services in relation to an allegation of assault on Resident A by Mr Pocol. On 29 October 2022 Mr Pocol was charged by PSNI with the offence of ill-treatment of a person lacking or believed to lack capacity.

Mr Pocol pleaded not guilty but on 01 May 2024 he was convicted of the offence. He was sentenced to 2 months' imprisonment, suspended for 1 year.

Mr Pocol appealed the conviction. On 11 September 2024 the conviction was affirmed but the sentence varied to a fine of £300 and offender levy of £15.

Decision and reasons on facts

The charge concerns Mr Pocol's conviction and, having been provided with a copy of the certificate of conviction, the panel finds that the facts are found proved in accordance with Rule 31 (2) and (3). These state:

> *'**31.**— (2) Where a registrant has been convicted of a criminal offence—*
>
> *(a) a copy of the certificate of conviction, certified by a competent officer of a Court in the United Kingdom (or, in Scotland, an extract conviction) shall be conclusive proof of the conviction; and*
>
> *(b) the findings of fact upon which the conviction is based shall be admissible as proof of those facts.*
>
> *(3) The only evidence which may be adduced by the registrant in rebuttal of a conviction certified or extracted in accordance with paragraph (2)(a) is evidence for the purpose of proving that she is not the person referred to in the certificate or extract.'*

In addition, the panel had regard to the written statement of the following witness on behalf of the NMC:

- Witness 1: Senior Support Worker at the Home

The panel also had regard to the following:

- An email from Mr Pocol dated 27 May 2022
- Mr Pocol's local statement (unsigned and undated)
- Mr Pocol's CV
- Testimonial dated 8 June 2022
- Testimonial dated 8 June 2022
- Testimonial dated 9 June 2022
- Testimonial dated 9 June 2022
- Email from Unison dated 9 June 2022

Fitness to Practise

Having announced its findings on the facts, the panel then considered whether, on the basis of the facts found proved, Mr Pocol's fitness to practise is currently impaired by reason of Mr Pocol's conviction. There is no statutory definition of fitness to practise.

Representations on impairment

The NMC requires the panel to bear in mind its overarching objective to protect 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. The panel has referred to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

The panel had sight of the NMC's written representations in relation to impairment.

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 GMC* [2004] EWHC 2317 (Admin), and *GMC v Meadow* [2007] QB 462 (Admin).

Decision and reasons on impairment

The panel next went on to decide if as a result of the conviction, Mr Pocol's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

> *'The question that will help decide whether a professional's fitness to practise is impaired is:*
> *"Can the nurse, midwife or nursing associate practise kindly, 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.'*

The panel carefully considered the NMC Guidance on Impairment Reference DMA-1 Last Updated 3 March 2025, in particular:

> *However, there are types of concerns that are so serious that, even if the professional addresses the behaviour, a finding of impairment is required either to uphold proper professional standards and conduct or to maintain public confidence in the profession.*

The panel also considered the factors set out in the case of *Ronald Jack Cohen v General Medical Council* [2008] EWHC 581 (Admin):

> *'a. whether the misconduct is capable of remediation;*
> *b. whether it has been remediated; and*
> *c. whether the misconduct is highly unlikely to be repeated.'*

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. 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) …

The panel was of the view that limbs a-c of the above test are engaged. It considered that Mr Pocol's physical and verbal assault of a vulnerable patient with severe learning disabilities and early-onset dementia did put Patient A at an unwarranted risk of harm. In addition, Mr Pocol's conviction had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

Regarding insight, the panel considered that it has no evidence before it from Mr Pocol as to any steps take to develop his insight into the regulatory concerns. The panel also noted that Mr Pocol has not apologised for his actions, nor has he demonstrated any appreciation of the impact of his actions on Patient A, other patients in his care at the time and his colleagues, as well as the impact of his actions on public confidence in the nursing profession and the NMC as a regulator.

In its consideration of whether Mr Pocol has taken steps to strengthen his nursing practice, the panel noted that as a result of Mr Pocol's conviction and subsequent suspension, he would not have had the opportunity to remediate the concerns surrounding his nursing practice in a clinical environment. The panel was however of the view that Mr Pocol would have been able to, for example, undertake relevant training courses, volunteer in his community and provide written reflections to strengthen his nursing practice and make steps towards remediation. The panel noted that whilst Mr Pocol has provided four positive testimonials from colleagues at the time, these are all dated June 2022, which is before Mr Pocol's conviction.

Taking all of this into account, the panel considered that it has no evidence before it of Mr Pocol having taken any steps to strengthen his practice and has not provided any demonstration of any reflections. There is nothing before this panel to suggest that Mr Pocol's conduct by way of his conviction is likely to not be repeated in the future. The panel noted that the regulatory concerns in this case involve an assault on a 66-year-old vulnerable patient with severe learning disabilities and early onset dementia. It was of the view that Mr Pocol's conduct is more likely than not to stem from deep seated personality or attitudinal issues which are difficult to remediate.

The panel is of the view that for all the reasons above that there is a risk of repetition. The panel therefore decided that a finding of impairment is necessary on the grounds 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 determined that, in this case, a finding of impairment on public interest grounds was also required.

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 Pocol off the register. The effect of this order is that the NMC register will show that Mr Pocol has been struck-off.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

Representations on sanction

The panel noted that in the Notice of Meeting, dated 8 August 2025, the NMC had advised Mr Pocol that it would seek the imposition of a striking-off if a panel were to find Mr Pocol's fitness to practise currently impaired.

The panel had sight of the NMC's written submissions in relation to sanction, included within the NMC bundle.

Decision and reasons on sanction

Having found Mr Pocol's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. 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 careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Clear abuse of a position of trust, particularly in relation to a vulnerable patient
- Mr Pocol's conduct put Patient A (who is vulnerable and suffering severe learning disabilities and early onset dementia) at risk of physical, emotional and psychological harm, which could have had a fundamental ill-effect on their sense of well-being and safety at the Home
- Mr Pocol's lack of insight into his regulatory failings and consequent conviction

The panel also took into account the following mitigating features:

- Four positive testimonials from colleagues dated June 2022

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 Pocol'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 Pocol's conduct was not at the lower end of the spectrum and that a caution order 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 impose a caution order.

The panel next considered whether placing conditions of practice on Mr Pocol's registration would be a sufficient and appropriate response. 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 panel was of the view that Mr Pocol's deep-seated attitudinal issues identified in this case was not something that can be addressed through retraining. Furthermore, the panel concluded that the placing of conditions on Mr Pocol'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;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- *…*
- *…*

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Mr Pocol's actions is fundamentally incompatible with Mr Pocol remaining on the register.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

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

Mr Pocol's actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with him remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mr Pocol's actions were serious and 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 Pocol's actions on a very vulnerable patient who should have been able to rely on him for care and support, linked with Mr Pocol 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 Pocol 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 Pocol'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 written representations made by the NMC:

> *The NMC submit that an 18 months' interim suspension order is required in the circumstances of this case in order to protect the public and to satisfy the wider public interest considerations. This is because the substantive order will not take effect for some 28 days after receipt of the decision letter, and if Mr Pocol were to lodge an appeal the substantive order would not come into effect pending a resolution of the appeal. This would leave Mr Pocol free to practise without restriction should an interim order not be imposed. 18 months would allow for the appeal proceedings to be concluded if they are in fact initiated.*

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. The panel therefore imposed an interim suspension order for a period of 18 months.

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

That concludes this determination.