

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

**Substantive Order Review Hearing
Monday, 20 April 2026**

Virtual Hearing

Name of Registrant: Stefan Emil Popa

NMC PIN: 12K0158C

Part(s) of the register: Registered Nurse – Sub Part 1
Adult Nursing (Level 1) – 19 November 2012

Relevant Location: Devon, Torbay and Cornwall

Type of case: Misconduct

Panel members: Dave Lancaster (Chair, Lay Member)
Melanie Lumbers (Registrant Member)
Caroline Taylor (Lay Member)

Legal Assessor: Paul Hester

Hearings Coordinator: Angela Nkansa-Dwamena

Nursing and Midwifery Council: Represented by Ruhena Parker, Case Presenter

Mr Popa: Present but not represented

Order being reviewed: Conditions of practice order (12 months)

Fitness to practise: Impaired

Outcome: **Suspension order (12 months) to come into effect at the end of 29 May 2026 in accordance with Article 30 (1)**

Decision and reasons on review of the substantive order

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

This order will come into effect at the end of 29 May 2026 in accordance with Article 30(1)/30(2) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive conditions of practice order which was combined on 30 May 2025 and imposed for a period of 12 months by a Fitness to Practise Committee panel. The substantive conditions of practice order for case reference 069754/2018 was originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 20 April 2023. The substantive conditions of practice order for case reference 080864/2020 was originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 26 July 2024.

The current combined order is due to expire at the end of 29 May 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:

069754/2018

'That you, a registered nurse, on 13 November 2018:

1. *On one or more occasions as set out in Schedule A, you did not administer medication to patients. 3. Patient E – Madopar **[PROVED, no misconduct found]***
2.

3. ...
4. *On one or more occasions as set out in Schedule B, you did not and/or did not ensure that relevant clinical information was recorded within the patient records. [PROVED, misconduct found]*
5. ...
6. *Did not order Glucogel for Patient C or alternatively, you did not record that you had placed an order. [PARTIALLY PROVED no misconduct found]*
7. *You did not carry out observations for Patient D following a fall or alternatively, did not record your observations. [PROVED, misconduct found]*
8. *You did not provide an adequate handover to staff in that you:*
 - a) *Could not remember who one or more of the residents were. [PROVED, no misconduct found]*

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

080864/2020

'That you, a registered nurse:

- 1) *On 9 September 2019:*
 - a) *failed to administer Nitrofurantoin to Resident D at 22:00 as prescribed; [proved by admission]*
 - b) ...
 - c) ...
- 2) *On 15 September 2019:*

- a) *failed to administer co-amoxiclav to Resident E at 22:00 as prescribed; [proved by admission]*
 - b) ...
 - c) ...
- 3) *On 23 December 2019:*
- a) ...
 - b) *failed to complete an incident report form; [proved]*
- 4) *On 24 December 2019:*
- a) *failed to undertake regularly, or at all, observations and/or neuro observations, for Resident C following a fall, or alternatively, failed to document your observations; [proved]*
 - b) *failed to complete an incident report form; [proved]*
 - c) *failed to take photographs of the injury; [proved by admission]*
- 5) *On 24 December 2019:*
- a) *failed to administer antibiotics to Resident B at 22:00 hours as prescribed; [proved]*
 - b) *failed to record reasons why the medication had not been administered; [proved]*
- 6) *On 24 December 2019:*
- a) *failed to dispose of medication correctly; [proved by admission]*
 - b) *failed to record details in the disposed medication book as required; [proved by admission]*
- 7) *Between April 2020 and July 2021, on one or more occasion:*
- a) *failed to dispose of sharps appropriately; [proved]*
 - b) ...
 - c) *delegated medication administration to health care assistants; [proved by admission]*
 - d) *left medication unattended without clinical justification; [proved by admission]*

- e) *pre-potted medication for one or more Resident without clinical justification; [proved by admission]*
 - f) *left the medication trolley unlocked and/or unattended; [proved by admission]*
 - g) *left the clinical room unlocked and/or unattended; [proved by admission]*
- 8) *On 24 March 2022:*
- a) *failed to carry out observations for Patient JD following a fall, or alternatively, failed to record your observations; [proved]*
 - b) *provided an inadequate handover to colleagues in that you did not give details of the fall; [proved]*
 - c) *failed to complete an incident form; [proved]'*

The panel of 30 May 2025 determined the following with regard to impairment:

'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 Popa's fitness to practise remains impaired.

The panel noted that the last reviewing panels for both cases (069754, 080864) found that Mr Popa had not demonstrated any progress towards developing insight. It considered that the two sets of charges proven in each case related to fundamental elements of nursing skills. At this hearing, the panel noted that Mr Popa did not provide a reflective piece demonstrating an understanding of how his actions put patients at a risk of harm and how this impacted negatively on the reputation of the nursing profession. The panel was of the view that Mr Popa did not demonstrate that he has gained further insight into his previous failings.

In its consideration of whether Mr Popa has taken appropriate steps to strengthen his practice, the panel took into account that it has been provided with 17 online training courses completed by Mr Popa on 24 April 2025. Notwithstanding this, the

panel found that Mr Popa has not yet demonstrated effective steps to fully address his failings, and the risks identified with his nursing practice. It noted that Mr Popa has not yet been able to obtain employment as a nurse, and therefore has not provided any testimonials evidencing strengthened practice.

In light of this, the panel had insufficient evidence before it to allay its concerns that Mr Popa may currently pose a risk to patient safety. The panel determined that Mr Popa is liable to repeat the matters of the kind found proved. Therefore, having regard to the risk of repetition, the panel decided that a finding of 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 Popa's fitness to practise remains impaired.'

The panel of 30 May 2025 determined the following with regard to sanction:

'The panel next considered whether imposing a further conditions of practice order on Mr Popa'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 was of the view that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in each case. It acknowledged that Mr Popa has been unable to comply with conditions of practice due to his being unable to find work as a registered nurse, but is engaging with the NMC and is willing to comply with any conditions imposed. The panel therefore determined that a further conditions of practice order is sufficient to protect patients and the wider public interest, noting as the previous panels did that with appropriate safeguards, Mr Popa should be able to return to practise as a nurse.

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 these specific set of circumstances.

The panel agreed with the RCN that a single set of clearly expressed conditions will be easier for Mr Popa to demonstrate compliance, and his prospective employer/agency would benefit from a unified framework rather than navigating two overlapping conditions of practice orders. Accordingly, it decided to vary the conditions in two ways 1) to allow you to administer medication when you are deemed competent by another registered nurse at least one band/position senior to yourself, and 2) to add medication management to Mr Popa's personal development plan. The panel determined that the following conditions 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 will send your case officer evidence that you have successfully completed training in:
 - a) record keeping*
 - b) patient documentation*
 - c) medication management**

- 2. You must ensure that you are supervised by another registered nurse any time you are working. Your supervision must consist of:
 - a) Working at all times on the same shift as, but not always directly observed by, a registered nurse.**

3. *You must be directly supervised during medication administration and signed off by a registered nurse until you are deemed competent by a registered nurse at least one band/position senior.*

4. *You must work with your current employer to create a personal development plan (PDP). Your PDP must address the concerns about your record keeping, medication management and documentation. You must:*
 - a) *Send your case officer a copy of your PDP within a month of commencing employment.*
 - b) *Send your case officer a report seven days prior to any review. This report must show your progress towards achieving the aims set out in your PDP.*

5. *You must engage with your current employer on a frequent basis to ensure that you are making progress towards aims set in your personal development plan (PDP), which include:*
 - a) *Meeting at least monthly to discuss your progress towards achieving the aims set out in your PDP.*

6. *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.*

7. *You must keep us 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.*

8. *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*
9. *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.*
10. *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.*
 - c) *Any other person(s) involved in your retraining and/or supervision required by these conditions*
11. *You will send the NMC a report from your current employer, which can be an agency you work through or a place of substantive employment, seven days in advance of the next NMC hearing or meeting*

The period of this order is for 12 months. This conditions of practice order will replace the current conditions of practice order with immediate effect in accordance with Article 30(2).'

Submissions on current impairment

The panel considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as:

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

In considering this case, the panel carried out a comprehensive review of the order in light of the current circumstances. Whilst it noted the decision of the last panel, this panel exercised its own judgement as to current impairment.

The panel had regard to all of the documentation before it, including the NMC bundle. It took into account the submissions made by Ms Parker, on behalf of the Nursing and Midwifery Council (NMC) and your sworn evidence and submissions.

Ms Parker outlined the background of the case for the panel and referred it to the relevant pages within the bundle. She submitted that your case is a misconduct case in which the previous panels found that there were failings in your clinical practice in areas such as, record keeping and communication.

Ms Parker referred to the recommendations made to you by the previous panel which included providing a reflective piece, evidence of further training and testimonials. She submitted that there is no new information before the panel to demonstrate that you have strengthened your clinical practice in the UK and that you have been residing in Italy since September 2024.

Ms Parker informed the panel that you are currently working in a maximum-security prison in Italy and previous to that you had worked in a psychiatric ward in Italy for three months under the supervision of a doctor. However, she submitted that there is no evidence before the panel to demonstrate that you have sufficiently strengthened your nursing practice

since the conditions of practice order was imposed therefore, there remains a risk of repetition.

Ms Parker submitted that you were previously unable to comply with the conditions as you were unable to find work as a registered nurse in the UK. However, the conditions were varied at the last hearing to assist you, by allowing you to administer medication when deemed competent by another registered nurse and adding medication management to your personal development plan (PDP).

Ms Parker submitted that it is a matter for the panel to consider whether your fitness to practise remains impaired on the grounds of public protection and otherwise in the public interest. She referred to the case of *Abrahaem v General Medical Council* [2008] EWHC 183 (Admin), which sets out that the persuasive burden is upon a registrant to demonstrate they have addressed the issue of impairment through insight, training, supervision or some other achievement. She submitted that you have not provided further evidence showing remediation in line with the previous panel's recommendations and nothing has been done since the consolidation of your conditions of practice orders. She further submitted that there is also no evidence of you working in a registered nurse role or non-registered role in the UK.

The panel heard from you under oath.

You told the panel that you have been living in Italy since September 2024 and that you are happy working in your current role as a nurse in a maximum-security prison, a role you commenced on 17 March 2026. You said that prior to this role, for three months, you worked on a psychiatric ward under the supervision of a medical team including, psychiatrists, psychologists and other doctors.

You informed the panel that prior to moving to Italy, you worked as a Healthcare Assistant for two to three weeks providing domiciliary care and had issues obtaining employment as a nurse in your local area. You stated that you applied for five to six nursing roles in nursing homes and within the NHS, between mid-2024 and the spring of 2025, but were unsuccessful.

You told the panel that you feel that you have improved your clinical development, as Italy has a different approach to work compared to where you were working and you feel better supported as you have supervision from medical staff. You said that you do plan to return to the UK, but not in the next three to five years. You clarified that since your conditions of practice orders were consolidated, you have not applied for further nursing roles, nor have you undertaken further training. You informed the panel that you have also had personal difficulties and these proceedings have been difficult for you. You informed the panel that you also recognise that there are things you can do to demonstrate strengthened practice but did not say how you would do this.

Ms Parker submitted that if the panel was minded to remove you from the register, the most appropriate sanction would be a striking-off order as allowing the order to lapse with a finding of impairment is reserved for particular instances, which are not applicable to your case at present. She submitted that if you were to be struck off, you could apply for restoration in five years' time but allowing the order to lapse would mean you could reapply at any time. She further informed the panel that you only remain on the register due to the current conditions of practice order and in any event, you would need to revalidate to enter the register.

Decision and reasons on current impairment

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 your fitness to practise remains impaired.

The panel noted that the last reviewing panel found that you had not demonstrated sufficient insight into the charges found proved in this case. Again, today's panel considered that you have not demonstrated that you have gained further insight into your previous failings. The panel noted that you have not provided a current reflective piece demonstrating an understanding of how your actions put patients at a risk of harm and the

seriousness of the charges found proved and how you would prevent this from happening in the future. The panel was also of the view that during your oral evidence, you were unable to sufficiently demonstrate how your actions could have negatively impacted patients in your care, their families, the public, your colleagues and the reputation of the wider nursing profession.

The panel also considered whether you have taken any steps to strengthen your clinical practice. The panel noted that you have not worked as a registered nurse in the UK since the imposition of the conditions of practice order however, you said that you have been working as a nurse in Italy for a short period of three to four months. The panel acknowledged that due to this, you have not been able to comply with your conditions of practice order since your relocation to Italy in September 2024. Notwithstanding this, the panel considered that there was no reason why you could not provide evidence of strengthened practice by providing a reflective piece, undertaking relevant training in the UK or Italy or providing testimonials from your current employer commenting on your clinical practice, in line with the recommendations made by the previous panel. Additionally, the panel noted that during your oral evidence, you clearly stated that you have no intention of returning to the UK to practice as a registered nurse in the next three to five years.

In light of this, the panel had insufficient evidence before it to satisfy itself that you do not currently pose a risk to the public. The panel determined that you are liable to repeat the matters of the kind found proved therefore, there is a high risk of repetition. Accordingly, the panel determined that a finding of 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, as a member of the public would expect your practice to be restricted and not doing so would undermine public confidence in the nursing profession and the NMC as its regulator.

For these reasons, the panel found that your fitness to practise remains impaired.

Decision and reasons on sanction

Having found your 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 also took into account the 'NMC's Sanctions Guidance' (SG) and bore 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 your 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 your 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 conditions of practice order on your registration would still be a sufficient and appropriate response. The panel was mindful that any conditions imposed must be relevant, measurable, workable and proportionate. The panel was of the view that it would be possible to formulate relevant conditions which would address the failings highlighted in each case. However, the panel noted that you have been subject to a conditions of practice order for the past two to three years and you have not succeeded in securing work as a registered nurse in the UK during this time. During your oral evidence, you expressed that you have no intention of returning to the UK in the next three to five years. This would make compliance with a conditions of practice order unworkable and not feasible. Further, the panel noted that although this consolidated conditions of practice order has been in place for under a year, it was at your

representative's request that it should be consolidated to enable you to obtain employment as a registered nurse in the UK. However, you have not provided any evidence of further training or strengthened practice since that order was imposed. The panel also considered that your lack of insight into the seriousness of your misconduct and the repeated nature of your misconduct may be indicative of an attitudinal issue.

On this basis, the panel concluded that a conditions of practice order is no longer a workable or feasible order in your case. The panel concluded that no workable conditions of practice could be formulated, as you do not plan to work in the UK in the foreseeable future, which would protect the public or satisfy the wider public interest.

The panel determined therefore that a suspension order is the appropriate sanction which would both protect the public and satisfy the wider public interest. The panel had regard to NMC guidance *SAN-2d*, updated 28 January 2026, which sets out:

'It may be appropriate in cases where:

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

The panel considered that these two factors are engaged in your case.

Further, into the same guidance, the panel noted the following:

'Key things to weigh up before imposing this order include (but aren't limited to):

- whether the risk posed to the public, or to people receiving care, can only be managed by temporary removal from the Register?*
- will suspension be sufficient to protect people using services, public confidence in the profession, or professional standards?*
- is it realistic that the professional could return to unrestricted practice in the future, even if it is not appropriate for them to do so now?*
- What would the registrant need to do in order to be fit to practise in the future? Is it realistic that they will be able to do this?'*

The panel considered that these factors also apply in your case and that a striking-off order would not be the only sanction that would protect the public therefore, it would be disproportionate at this time. In deciding that all four factors are engaged, the panel considered that in relation to the fourth factor, there are realistic matters which you can address which will assist the next reviewing panel. These matters are set out as recommendations below.

Accordingly, the panel determined to impose a suspension order for the period of 12 months. This would provide you with an opportunity to engage with the NMC and provide evidence of your strengthened practice and commitment to remaining as a registered nurse in the UK. The panel considered this to be the most appropriate and proportionate sanction available.

This suspension order will take effect upon the expiry of the current conditions of practice order, namely the end of 29 May 2026 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.

The evidential burden remains upon you at the next review hearing, and you should provide updated documentary evidence to a new panel so they may be persuaded to consider imposing a lesser sanction or revoking the order. All powers, including a striking-off order, will be open to the next reviewing panel.

Any future panel reviewing this case would be assisted by:

- Your continued engagement with the NMC and attendance at any review hearing.
- A reflective piece following a recognised model such as Gibbs, which shows that you understand the effect that your misconduct has had upon patients, work colleagues, and the public perception of the nursing profession.

- This reflective piece should also include reflection on your training and practice going forward.
- Evidence of your strengthened practice, including all UK online training in relation to record-keeping, communication and medicines management but may include relevant Italian training. Any evidence of Italian training must be certified and translated into English.
- Up-to-date testimonials or references from your current employer in any country relating to your current clinical practice.

This will be confirmed to you in writing.

That concludes this determination.