# Nursing and Midwifery Council
# Fitness to Practise Committee

**Substantive Hearing**
**Monday, 13 April – Wednesday, 15 April 2026**

Virtual Hearing

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| **Name of Registrant:** | **Zdzislaw Jozef Reterski** |
| **NMC PIN:** | 06K0048C |
| **Part(s) of the register:** | Nursing Sub part 1<br>RN1, Registered Nurse- Adult |
| **Relevant Location:** | Dorset |
| **Type of case:** | Misconduct |
| **Panel members:** | George Duff (Chair, Lay member)<br>Joanne Morgan (Lay member)<br>Juliana Thompson (Registrant member) |
| **Legal Assessor:** | Emma Boothroyd |
| **Hearings Coordinator:** | John Kennedy |
| **Nursing and Midwifery Council:** | Represented by Amy Hazlewood, Case Presenter |
| **Mr Reterski:** | Not present and unrepresented |
| **Facts proved:** | Charges 1, 2, 3a i, 3a ii, 3a iii, 3a iv, 3a v, 3b i, 3c, and 3d |
| **Facts not proved:** | Charges 3b ii, 4a, and 4b |
| **Fitness to practise:** | Impaired |
| **Sanction:** | **Striking-off order** |
| **Interim order:** | **Interim suspension order (18 months)** |

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

The panel was informed at the start of this hearing that Mr Reterski was not in attendance and that the Notice of Hearing letter had been sent to Mr Reterski's registered email address by secure email on 13 March 2026.

Ms Hazlewood, 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 allegation, the time, dates and that the hearing was to be held virtually, including instructions on how to join and information about Mr Reterski'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 Reterski has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

**Decision and reasons on proceeding in the absence of Mr Reterski**

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

Ms Hazlewood referred the panel to a record of an NMC phone call to Mr Reterski, and subsequent email from him to the NMC, dated 5 February 2026 in which he states that he will not be in attendance and is content for the hearing to proceed in his absence.

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised *'with the utmost care and caution'* as referred to in the case of *R* v *Jones (Anthony William)* (No.2) [2002] UKHL 5.

The panel has decided to proceed in the absence of Mr Reterski. In reaching this decision, the panel has considered the submissions of Ms Hazlewood, the email and record of telephone call from Mr Reterski, and the advice of the legal assessor. It has had particular regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and had regard to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mr Reterski;
- Mr Reterski has informed the NMC that he has received the Notice of Hearing and confirmed he is content for the hearing to proceed in his absence;
- There is no reason to suppose that adjourning would secure his attendance at some future date;
- Not proceeding may inconvenience the witnesses, their employer(s) and, for those involved in clinical practice, the clients who need their professional services;
- The charges relate to events that occurred in 2020;
- Further delay may have an adverse effect on the ability of witnesses accurately to recall events; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Mr Reterski in proceeding in his absence. Although the evidence upon which the NMC relies will have been sent to him at his registered address. He has provided a signed statement of facts towards some of the charges. He will not be able to challenge the evidence relied upon by the NMC and will not be able to give

evidence on his own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Mr Reterski's decisions to absent himself from the hearing, waive his rights to attend, and/or be represented, and to not provide evidence or make submissions on his own behalf.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mr Reterski. The panel will draw no adverse inference from Mr Reterski's absence in its findings of fact.

**Details of charge**

That you, a registered nurse:

1. On or around 25 June 2020, while working at Windyridge Care Home:

a) Made entries in the daily records of one or more residents as set out in Schedule A below, timed between 4:00am and 6:30am, when you were not on duty during these times.

b) Signed to indicate that you had administered morning medications to one or more residents as set out in Schedule A below when you were not on duty at the times the medications were due.

c) Slept whilst on duty.

2. Your conduct at Charges 1(a) and/or 1(b) was dishonest in that you:

a) were not on duty between 04:00am and 06:30am

b) intended for anyone reading the documents to believe that care and/or medication had been delivered to residents when you knew that it had not.

3. While working at Cedar Care Home, between 17 July 2020 and 24 August 2020:

a) Failed to administer medication to one or more residents as follows:

i) Omeprazole to Resident E on 17 July 2020;
ii) Senna to Resident A on 13 August 2020;
iii) Donepezil to Resident B on 13 August 2020;
iv) Donepezil to Resident C on 24 August 2020;
v) Mirtazapine to Resident D on 24 August 2020.

b) On 30 July 2020 failed to:
(i) administer Memantine to Resident F; or
(ii) record the administration of Memantine in Resident F's MAR chart

c) On 13 August 2020 recorded that medication had been administered to Resident A and Resident B when it had not.

d) On 24 August 2020 recorded that medication had been administered to Resident C and Resident D when it had not.

4. Your conduct at Charge 3.c) and / or 3.d) above was dishonest in that you:
(a) knew you had not administered the medications
(b) intended for anyone reading the documents to believe that medication had been administered to residents when you knew it had not.

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

Schedule A

- Resident 1
- Resident 2
- Resident 3
- Resident 4
- Resident 5
- Resident 6
- Resident 7
- Resident 8

- Resident 9
- Resident 10
- Resident 11
- Resident 12
- Resident 13
- Resident 14
- Resident 15
- Resident 16
- Resident 17
- Resident 18
- Resident 19
- Resident 20

**Background**

The charges arose whilst Mr Reterski was employed as a registered nurse at Windyridge Care Home (Windyridge) and Cedar Care Home (Cedar) in 2020.

The allegations leading to charges 1 and 2 relate to June 2020 when Mr Reterski was working at Windyridge and allege that he was asleep whilst on duty, signed to indicated he administered medication to residents when he was not on duty at the time the medications were due, and made entries in the daily record of residents timed between 04:00 and 06:00 when he was not on duty, and that he acted dishonestly in doing so.

The allegations leading to charges 3 and 4 relate to Cedar in July and August 2020 where it is alleged Mr Reterski failed to administer multiple medications to multiple residents and recorded medication had been administered when it had not. It is further alleged that his actions in doing so were dishonest.

**Decision and reasons on facts**

At the outset of the hearing, the panel had regard to the signed statement of facts between Mr Reterski and the NMC dated 1 April 2026 in which he made admissions to charges 1 and 2.

The panel therefore found that charges 1 and 2 are found proved on the basis of the admissions in the agreed statement of facts.

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Ms Hazlewood on behalf of the NMC.

The panel has drawn no adverse inference from the non-attendance of Mr Reterski.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

The panel accepted the written statement of Helen Woodman into evidence as agreed by the NMC and Mr Reterski and she was not called to give live evidence.

The panel heard live evidence from the following witness called on behalf of the NMC:

- Gemma Pitman-McGrath:  Clinical Development Nurse at Barchester Health Care;

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the witness and documentary evidence provided by the NMC.

The panel then considered each of the disputed charges and made the following findings.

**Charge 3a**

While working at Cedar Care Home, between 17 July 2020 and 24 August 2020:
Failed to administer medication to one or more residents as follows:

i) Omeprazole to Resident E on 17 July 2020;
ii) Senna to Resident A on 13 August 2020;
iii) Donepezil to Resident B on 13 August 2020;
iv) Donepezil to Resident C on 24 August 2020;
v) Mirtazapine to Resident D on 24 August 2020.

**This charge is found proved in its entirety**

The panel considered these sub charges together. The witness statement and oral evidence of Ms Pitman-McGrath, together with an Incident Management Statement made by Ms Pittman-McGrath on 27 August 2020, and contemporaneous incident reports relating to the five incidences indicated that medication had not been administered to these residents as prescribed.

The panel considered the Ms Pitman-McGrath was a reliable witness and that the incident reports were all made by members of staff who first noticed that the medications had not been administered.

Therefore the panel found that this charge is proved in its entirety.

**Charge 3b**

While working at Cedar Care Home, between 17 July 2020 and 24 August 2020:
On 30 July 2020 failed to:

(i) administer Memantine to Resident F; or
(ii) record the administration of Memantine in Resident F's MAR chart

**This charge is found proved on 3bi**

As this allegation is charged in the alternative the panel considered it together with 3b ii to determine which limb is proved.

The panel considered that there was no incident report of this but that the concern was raised to Ms Pitman-McGrath that there was a missing signature on the MAR chart. She stated that as Memantine is a liquid medication it was not possible to perform a count of the dosage to determine if it had been administered correctly; therefore the only evidence of it having been administered is the signature on the MAR chart.

The panel noted that it is a standard practice of nursing that if medication is not signed for it is considered to not have been administered, and there is a duty on a registered nurse when administering medication to ensure that the MAR chart is signed.

The panel therefore concluded that in the absence of any evidence, such as a signed MAR chart, it is unable to confirm that the medication was administered and finds charge 3bi proved on the balance of probabilities. Charge 3bii falls away as it is charged in the alternative.

**Charge 3c and 3d**

> While working at Cedar Care Home, between 17 July 2020 and 24 August 2020:
> On 13 August 2020 recorded that medication had been administered to Resident A and Resident B when it had not.
> On 24 August 2020 recorded that medication had been administered to Resident C and Resident D when it had not.

**This charge is found proved**

The panel considered these charges together as they relate to the same evidence from Ms Pitman-McGrath and the report she made into the incidents. Having found above, at charge 3b, that the medication had not been administered to the residents on that dates it should have, and confirmed by a medication count the panel noted that the MAR chart had been signed. The panel therefore considered that given the medication had not been administered it should not have been signed for.

The panel therefore found that has the records had been signed for when the medication was not administered these charges are found proved.

**Charge 4**

Your conduct at Charge 3.c) and / or 3.d) above was dishonest in that you:

(a) knew you had not administered the medications

(b) intended for anyone reading the documents to believe that medication had been administered to residents when you knew it had not.

**This charge is found not proved**

The panel considered this charge as a whole as both limbs are closely linked with b including part of a such that should charge 4a not be proved charge 4b cannot be proved.

The panel had regard to the case of *Ivey v Genting Casinos Ltd* [2017] UKSC 67 in consideration of dishonesty.

The panel noted that an error need not be dishonest and could have been a genuine mistake. The context for this incident occurred on two single medication rounds on two night shifts, and did not involve the whole medication round but specific residents. The panel had sight of the local statement of Mr Reterski which stated that during the medication rounds there can be distractions from either residents or members of staff who require assistance and there may be some mistakes as a result of this. It is therefore

possible that he genuinely believed the medication had been administered and was not being dishonest.

The panel considered that this was a more likely alternative explanation for Mr Reterski's actions rather than him acting dishonestly. It considered that it would have been more likely to be dishonest if there were a larger number of residents on the same medication round that had the errors in records; however, given the limited number of errors and that most residents had received medication correctly, as stated in live evidence by Ms Pitman-McGrath, which suggests Mr Reterski did complete the medication round and was not dishonestly signing charts to have a quieter shift.

The panel therefore concluded that it accepted this alternative explanation and that making an error in genuine belief would not be considered dishonest by the standards of ordinary reasonable people.

Therefore it finds charge 4a not proved.

As the panel found 4a not proved 4b falls away as it relies on Mr Reterski knowing the medication was not administered which the panel found to be not proved.

**Fitness to practise**

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Mr Reterski's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise safely and effectively without restriction.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no

burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, Mr Reterski's fitness to practise is currently impaired as a result of that misconduct.

**Submissions on misconduct**

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a *'word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.'*

Ms Hazlewood invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015' (the Code) in making its decision.

Ms Hazlewood identified the specific, relevant standards where Mr Reterski's actions amounted to misconduct. She submitted that Mr Reterski's actions breached sections 1.1, 1.2, 1.4, 4, 10, 10.1, 10.2, 10.3, 14, 19, 19.1, 20, and 20.1 of the Code. She submitted that fellow practitioners, such as Ms Woodman, would be shocked by his actions and that they have brought the reputation of the profession into disrepute. She referred the panel to NMC guidance FTP 3a that dishonesty that is directly connected to clinical practice is a serious attitudinal concern. She submitted that all of the charges found proved amount to dishonesty.

**Submissions on impairment**

Ms Hazlewood moved on to the issue of impairment and addressed the panel on the need to have regard to protecting 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. This included reference to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Hazlewood submitted that all four limbs of the test set out in *Grant* are engaged and that Mr Reterski's fitness to practice is currently impaired. She submitted that there was a risk of harm to residents by his sleeping on duty, failure to administer prescribed medication, and by his dishonesty to conceal that. While Mr Reterski has submitted some training certificates, these are not current, dating from 2021, and it is unclear what he has done since then to strengthen his practice. She submitted that the character references submitted make no reference to the NMC charges and so are of limited value. Therefore she submitted that Mr Reterski's fitness to practice is impaired on public protection grounds.

Ms Hazlewood submitted that the public confidence in the nursing profession would be seriously undermined if a finding of impairment were not made and that to declare and uphold professional standards Mr Reterski's fitness to practice also is impaired on public interest grounds.

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*, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), *Cohen v General Medical Council* [2008] EWHC 581, and *General Medical Council v Meadow* [2007] QB 462 (Admin).

**Decision and reasons on misconduct**

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel was of the view that Mr Reterski's actions did fall significantly short of the standards expected of a registered nurse, and that Mr Reterski's actions amounted to a breach of the Code. Specifically:

*'1.1 treat people with kindness, respect and compassion*

*1.4 make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay*

*8.2 maintain effective communication with colleagues*

*10.1 complete records at the time or as soon as possible after an event, recording if the notes are written some time after the event*

*10.2 identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need*

*10.3 complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements*

*11.2 make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care*

*13.1 accurately identify, observe and assess signs of normal or worsening physical and mental health in the person receiving care*
*19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place*

*20.1 keep to and uphold the standards and values set out in the Code*

*20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment*

*25.1 identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that Charges 1, 2, 3a, and 3b i do amount to misconduct. It found that as the only registered nurse on duty, by sleeping whilst in direct charge of the care home, including multiple junior staff, Mr Reterski breached the fundamental tenets of the nursing profession, and his actions would be considered deplorable by fellow practitioners. It is a fundamental of good care and the nursing profession that medication should be administered as prescribed, and by failing to do this Mr Reterski put patients at risk of harm and his conduct fell significantly below the expected standards required of a registered nurse.

In regard to dishonesty found proved in charge 2 and admitted by Mr Reterski, the panel considered that this was dishonesty directly linked to patient care and Mr Reterski's duties as a registered nurse. The panel considered this was a deliberate falsification of documentation relating to patient care. Therefore it is at the more serious end of the scale, is a breach of the fundamental tenets of the profession, and would be considered deplorable by fellow practitioners, so amounts to misconduct.

The panel considered that Charges 3c and 3d do not amount to misconduct. the panel considered the context provided above that these were errors that occurred on two shifts during a medication round during which Mr Reterski may have been distracted. Therefore the panel considered that while not acceptable, these actions by themselves are not likely to be considered deplorable or a fundamental breach of the standards of nursing profession and so do not amount to misconduct.

The panel found that Mr Reterski's actions at charges 1, 2, 3a, and 3b i did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

**Decision and reasons on impairment**

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

In coming to its decision, the panel had regard to the NMC Guidance on *'Impairment'* (Reference: DMA-1 Last Updated:28/01/2026) in which the following is stated:

> *'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.'*

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. 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/ fitness to practise is impaired in the sense that S/He:*

a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*

b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

d) *has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel finds that residents were put at unwarranted risk of harm as a result of Mr Reterski's misconduct. Mr Reterski's misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

The panel had regard to the online training certificates and testimonials provided by Mr Reterski. It noted that the most recent certificates are dated 21 November 2021, nearly

five years ago and none of the certificates relate to ethics or honesty issues; the testimonials are dated 4 and 9 August 2020, almost six years ago, are not from senior staff members, do not indicate the referees were aware of the charges against Mr Reterski, and did not comment on his honesty or medication administration skills. The panel had no up to date information from Mr Reterski regarding his current employment, if he remains in clinical practice or if he has done any further courses to strengthen his practice. There was no written evidence before the panel from Mr Reterski demonstrating remorse, insight, remediation, or understanding into his misconduct regarding patient safety and public confidence in the profession, or outlining what he would do differently in a similar situation.

In light of this the panel is of the view 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; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a finding of impairment on public interest grounds is also required because public confidence in the nursing profession would be seriously undermined if a finding of impairment were not made in this case where Mr Reterski has been found to have acted dishonestly and put patients at risk of harm. The panel therefore also finds Mr Reterski's fitness to practise impaired on the grounds of public interest.

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

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

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had regard to the NMC Guidance on *'The sanctions available'* (Reference: SAN-2 Last Updated: 28/01/2026).

The panel accepted the advice of the legal assessor.

**Submissions on sanction**

Ms Hazlewood submitted that a striking-off order is necessary in this case given the concerns identified by the panel. She submitted that given the dangerous and deliberate dishonest attitude of Mr Reterski which put vulnerable residents at risk of harm only a striking off order would adequately protect the public and maintain the public confidence in the nursing profession. She submitted that the misconduct is too serious for a sanction that does not restrict Mr Reterski's practice in some way. Given the lack of engagement there are no workable, measurable, or proportionate conditions, further in light of the attitudinal concerns identified and the absence of any evidence of insight or remediation a suspension order would serve no useful purpose as Mr Reterski has indicated he will not engage with the NMC. In light of this and considering the NMC Sanction Guidance she submitting that a striking-off order is the only option available.

**Decision and reasons on sanction**

Having found Mr Reterski's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. 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 decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Conduct which deliberately or recklessly puts people receiving care at risk of suffering harm
- Deliberate breaches of the Code
- A pattern of misconduct over a period of some months
- Failure to attend hearings, or to engage in the Fitness to Practise (FtP) process, without good reason
- Absence of insight
- Vulnerability of the residents receiving care
- Premeditated behaviour

The panel also took into account the following mitigating feature:

- Some admission of the facts

The panel noted that there was some information about potential personal mitigation but it lacked any developed information on this and so could not conclude this was a mitigating feature.

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.

The panel next considered a caution order and had regard to the NMC Guidance on *'Caution order'* (Reference: SAN-2b Last Updated: 28/01/2026) in which the following is stated:

> *'A caution is only appropriate if the Committee has decided there's no risk to the public or to people using services that requires the professional's practice to be*

*restricted. This means the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'*

The panel considered that Mr Reterski's actions were not at the lower end of the spectrum, and it found that there is a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict Mr Reterski practise would not protect the public. The panel also determined that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether to place a conditions of practice on Mr Reterski's registration. In considering whether conditions of practice are appropriate, the panel had regard to the factors set out in the NMC Guidance on 'Conditions of practice order' (Reference: SAN-2c Last Updated: 28/01/2026). The panel considered that given the serious attitudinal nature of the concerns and Mr Reterski's lack of engagement there are no relevant, proportionate, workable or measurable conditions that could be formulated to protect patients and to uphold professional standards.

The panel went on to consider whether a suspension order is appropriate in this case. The panel had regard to the NMC Guidance on *'Suspension order'* (Reference: SAN-2d Last Updated: 28/01/2026) in which the following factors on when a suspension order may be appropriate are set out:

- *'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 also had regard to the key considerations as set out in the NMC Guidance to weigh up before imposing a suspension. It noted the following list of circumstances that may make a suspension order an appropriate sanction:

- *'the charges found proved are at the most serious end of the spectrum and call into question the professional's suitability to continue practising, either currently or at all*
- *while it is possible that the professional could be fit to practise in future, only a period out of practice would be sufficient to allow them to fully strengthen their practice through reflection, the development of their professional skills and / or development of insight and remediation*
- *there is a risk to the safety of people using services if the professional were allowed to continue to practise even with conditions*
- *what went wrong is so serious that public confidence in the profession and professional standards could not be maintained if the professional were able to continue practising without stopping for a period of time*
- *despite the seriousness of what happened, the professional has engaged in the proceedings and has shown at least some meaningful insight which evidences a realistic possibility that they will continue to develop this insight, address their concerns and return to practice.'*

Whilst the panel acknowledged that the risks identified could be managed by Mr Reterski being temporarily removed from the Register, it considered that it would not be sufficient to uphold public confidence in the profession and maintain professional standards due to the seriousness and nature of the facts found proved. Given Mr Reterski's lack of engagement with the fitness to practice process and development of insight, and his lack of remorse, together with no evidence of recent training and development in the areas of concern identified including honesty and ethics, the panel considered that there is no realistic possibility that he would address the concerns to such a level where he could return to practise safely.

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

The panel had regard to the following considerations as set out in the NMC Guidance entitled *'Striking-off order'* (Reference: SAN-2e Last Updated; 28/01/2026):

- *Do the charges found proved raise fundamental questions about their professionalism?*
- *Can public confidence in the profession be maintained if the professional is not removed from the Register?*
- *Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?*
- *Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?*

The panel found that Mr Reterski'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 of dishonesty and risk to patient safety in this particular case demonstrate that Mr Reterski's actions were serious and to allow him to continue practising would not protect the public and would undermine public confidence in the profession and in the NMC as a regulatory body. The panel also found that Mr Reterski's lack of effort or willingness to develop insight or strengthen his practice since the incidents occurred indicate little prospect that his practice will have improved after a period of suspension.

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 effect of Mr Reterski's actions in putting patients at risk of harm, and 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 Reterski 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 Reterski's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

**Submissions on interim order**

The panel took account of the submissions made by Ms Hazlewood. She submitted that an interim suspension order for 18 months is necessary to protect the public and otherwise in the public interest to cover any potential appeal period

**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 as being necessary on the grounds of public protection and otherwise in the public interest to cover any potential appeal period.

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

That concludes this determination.