Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Monday, 13 July 2026

Virtual Hearing

Name of Registrant:	**Adrian Prostire**
NMC PIN:	21D0345E
Part(s) of the register:	Nursing Associates Registered (NAR) 21 April 2021
Relevant Location:	West Sussex
Type of case:	Misconduct
Panel members:	Christine Nwaokolo (Chair, Lay member) Robert Fish (Lay member) Aries Maximus Ogbuokiri (Registrant member)
Legal Assessor:	Alice Robertson Rickard
Hearings Coordinator:	Grace Sharp
Nursing and Midwifery Council:	Represented by James Holloway, Case Presenter
Mr Prostire:	Not present and unrepresented
Order being reviewed:	Suspension order (12 months)
Fitness to practise:	Impaired
Outcome:	**Striking-Off order to come into effect at the end of 19 August 2026 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 Prostire was not in attendance and that the Notice of Hearing had been sent to Mr Prostire's registered email address by secure email on 12 June 2026.

Mr Holloway, 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 Prostire'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 Prostire 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 Prostire

The panel next considered whether it should proceed in the absence of Mr Prostire. The panel had regard to Rule 21 and heard the submissions of Mr Holloway who invited the panel to continue in the absence of Mr Prostire. Mr Holloway submitted that Mr Prostire had voluntarily absented himself through correspondence with the NMC where he had formally stated he does not plan to attend today's hearing or attend any future proceedings.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Mr Prostire. In reaching this decision, the panel has considered the submissions of Mr Holloway, the representations from, and the advice of the legal assessor. It has had particular regard to any relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mr Prostire;
- Mr Prostire has voluntarily absented himself from today's proceedings and has indicated he will not be attending any future hearings;
- There is no reason to suppose that adjourning would secure his attendance at some future date; and
- There is a strong public interest in the expeditious review of the case.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mr Prostire.

Decision and reasons on review of the substantive order

The panel decided to replace the current suspension order with a striking off order.

This order will come into effect at the end of 19 August 2026 in accordance with Article 30(1) of the *'Nursing and Midwifery Order 2001'* (the Order).

This is the second review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 19 July 2024. This was reviewed on 10 July 2025, where the suspension order was extended for another 12 months.

The current order is due to expire at the end of 19 August 2026.

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

The charge found proved which resulted in the imposition of the substantive order was as follows:

‘That you, a registered nursing associate

1. *On 02 February 2023, slapped Resident A on the back of their neck.*

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

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

‘The panel considered whether Mr Prostire’s fitness to practise remains impaired.

The panel noted that the original panel found that Mr Prostire had insufficient insight and made clear suggestions of what evidence would assist a reviewing panel. At this hearing the panel took into account the absence of any new evidence.

In considering whether Mr Prostire had taken steps to strengthen his practice, the panel noted the absence of evidence since the imposition of the suspension order. The panel noted that it had not received any testimonials or details of employment, an up to date reflective piece written by Mr Prostire or evidence of relevant training, or personal development, nor had it had any information as regards Mr Prostire’s wishes and his future career.

The panel concluded there was no new evidence on which it could say risk of repetition has diminished. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of both public protection and public interest.

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 required.

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

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

'The panel next considered whether a conditions of practice on Mr Prostire's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel bore in mind the seriousness of the facts found proved at the original hearing and concluded that a conditions of practice order would not be proportionate, measurable or workable at this time, nor would it adequately protect the public or satisfy the public interest, as Mr Prostire has not provided any details on how he intends to strengthen his practice or undertake further training and his work intentions, reflection or insight, professional and personal development to avoid repetition or any testimonials as to his working practices since. The panel was not able to formulate conditions of practice that would adequately address the concerns relating to Mr Prostire's misconduct.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow Mr Prostire further time to fully reflect on his previous failings, demonstrate insight, consider carefully his career moving forward and use the time provided by this further suspension order to undertake continuing professional and personal development and secure training to put him in a position to safely practise as a nurse associate in the future. It considered that Mr Prostire needs to gain and demonstrate a full understanding of how his actions as a nursing associate and how it can impact upon the profession as a whole and not just the organisation that he worked for. The panel concluded that a further 12-month suspension order would be the appropriate and proportionate response and would afford Mr Prostire adequate time to further develop his

insight and take steps to strengthen his practice. It would also give Mr Prostire an opportunity to approach current employers and colleagues to attest to his conduct in his workplace since the substantive hearing.

The panel considered whether a strike-off order would be appropriate. The panel was of the view that an absence of engagement and lack of evidence of reflection, strengthening of practice, professional and personal development to address the concerns may raise questions about Mr Prostire's professionalism. However, the panel did not consider it did so at this point in time to warrant the imposition of a striking off order. The panel noted that it was an isolated incident at a particular time in Mr Prositre's life and he had shown some remorse. Therefore it considered a strike-off order was disproportionate at this stage.

The panel determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. Accordingly, the panel determined to impose a suspension order for the period of 12 months would provide Mr Prostire with an opportunity to engage with the NMC in a meaningful way and to provide evidence of compliance with recommendations put forward by the panel. It considered this to be the most appropriate and proportionate sanction available.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 19 August 2025 in accordance with Article 30(1).

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

Any future panel reviewing this case would be assisted by:

- *Information on employment whether paid or voluntary; and*

- *Testimonials from employers and colleagues who are aware of these proceedings; and*
- *Evidence of further training and personal development; and*
- *A reflective statement including Mr Prostire's understanding of the seriousness and impact of his actions on public confidence in the nursing profession and on patients; and*
- *Evidence of developing reflection and insight; and*
- *Evidence of efforts made to keep his nursing knowledge up to date'*

Decision and reasons on current impairment

The panel has considered carefully whether Mr Prostire's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as the ability of a professional on our register to practise as a nurse, midwife or nursing associate safely and effectively without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle, and the NMC on table papers containing correspondence with Mr Prostire about his attendance at today's hearing. It has taken account of the submissions made by Mr Holloway on behalf of the NMC.

Mr Holloway first took the panel through the background of the case.

Mr Holloway submitted that Mr Prostire had provided no evidence of insight, remediation or strengthened practice since the first review hearing. It was noted that Mr Prostire has been out of clinical practice for a significant period of time and has not produced any evidence of relevant training, continuing professional development, reflective work or testimonials demonstrating that he has addressed the concerns found at the original substantive hearing. Mr Holloway submitted, that in the absence of such evidence, the panel could not be satisfied that Mr Prostire had remediated his misconduct or that the risks identified have diminished.

Mr Holloway referred the panel to the On-Table papers, which contain email correspondence from the registrant, in which he states that he does not wish to be removed from the register but does not intend to attend today's hearing or any future hearings. It was submitted that the correspondence demonstrated a lack of professional accountability, as Mr Prostire appeared not to fully accept the findings made against him and instead sought to attribute responsibility to the NMC. Mr Holloway submitted that this raised potential attitudinal concerns and provided no reassurance that Mr Prostire had reflected or addressed his misconduct.

Mr Holloway also referred the panel to the four 'limbs' as referred to by Mrs Justice Cox in the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council and (2) Grant* [2011] EWHC 927 (Admin):

> *'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)….'*

Taking the Grant limbs in turn, Mr Holloway submitted that limbs a, b and c are all engaged. He submitted that Mr Prostire's misconduct had placed the patient at unwarranted risk of harm, had brought the profession into disrepute, and had breached fundamental tenets of the nursing profession, including the obligation to treat patients with

dignity and uphold the reputation of the profession. Mr Holloway submitted that striking patients is fundamentally incompatible with the role of a nurse.

Mr Holloway reminded the panel that both the original substantive panel and previous panel found Mr Prostire impaired on both public protection and public interest grounds. In the absence of any evidence of insight, remediation, professional development or reflection, Mr Holloway submitted that those findings remain applicable and that Mr Prostire's fitness to practice currently remains impaired on both public protection and public interest grounds.

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 Prostire's fitness to practise remains impaired.

The panel noted that Mr Prostire had not attended today's proceedings and had provided no new evidence for its consideration. There was no evidence of relevant training, continuing professional development, strengthened practice, reflection, remediation or testimonials addressing the concerns previously identified.

The panel considered that the concerns identified by the previous panel had not been addressed. The original panel rejected Mr Prostire's explanation that the misconduct was accidental and found that it involved the inappropriate use of force against a vulnerable patient. The panel noted that no further evidence had been provided to address these concerns.

The panel was not satisfied that Mr Prostire has demonstrated meaningful insight into his misconduct or taken any steps towards remediation. There was no evidence that he had reflected on the impact of his actions on the patient, colleagues, the nursing profession or the public confidence. The panel considered that, in the absence of such evidence, it could not be satisfied that the risk of repetition has diminished.

The panel also noted that the previous reviewing panel had clearly identified evidence and supporting information that would assist a future reviewing panel in assessing whether Mr Prostire had addressed the concerns. Despite being given a further period of suspension to provide this information at today's hearing, Mr Prostire had not provided any of the material identified by the previous reviewing panel and had not engaged with the opportunity to demonstrate remediation.

The last reviewing panel determined that Mr Prostire was liable to repeat matters of the kind found proved. The panel considered the email dated 12 June 2026, which suggested that Mr Prostire continues to dispute the findings made against him and maintains that there was no evidence to support the allegation. The panel considered that this is difficult to reconcile with meaningful insight into the misconduct found proved. In light of this, this panel determined that Mr Prostire is still liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection as there remains a risk of repetition in the absence of evidence of insight, remediation or strengthened practice.

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 considered that a member of the public would expect a registrant who had struck a vulnerable patient to demonstrate clear insight and remediation before being allowed to return to unrestricted practice. In the absence of this evidence, public confidence in the profession and in the regulatory process would be undermined, and therefore, a finding of continuing impairment on public interest grounds is also required.

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

Decision and reasons on sanction

Having found Mr Prostire'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 Prostire'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, but the Committee wants to mark that what happened was unacceptable and must not happen again'* The panel considered that Mr Prostire's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether a conditions of practice order on Mr Prostire's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel bore in mind the seriousness of the facts found proved at the original hearing and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel was not able to formulate conditions of practice that would adequately address the concerns relating to Mr Prostire's misconduct.

The panel next considered imposing a further suspension order. The panel noted that Mr Prostire has been subject to a suspension order for a significant period of 2 years, during which he has been afforded the opportunity to develop his insight, remediate his misconduct and provide evidence of strengthened practice. The panel concluded that there has been no meaningful progress since the previous review and that there is no objective evidence that Mr Prostire has any intention to take steps towards remediating the concerns. The panel determined that a further period of suspension would not serve any useful purpose in all of the circumstances. The panel concluded that only a striking off order would adequately address the continuing impairment.

The panel acknowledged that the misconduct arose from an isolated incident and noted that the previous panel did not identify any deep-seated attitudinal concerns. However, today's panel considered that Mr Prostire has now had 2 years in which to demonstrate meaningful insight and development, but has failed to do so. Furthermore, Mr Prostire has provided no evidence to support him or address the concerns and has demonstrated no intention to undertake the work necessary to support a safe return to practice.

The panel was unable to identify any evidence that Mr Prostire can return to unrestricted practice safely at this time. It concluded that there is no realistic prospect that a further period of suspension would result in meaningful remediation. In all the circumstances, the panel determined that a striking off order is the only sanction that will adequately protect the public, maintain public confidence in the nursing profession and uphold proper professional standards.

This striking-off order will take effect upon the expiry of the current suspension order, namely the end of 19 August 2026, in accordance with Article 30(1).

This decision will be confirmed to Mr Prostire in writing.

That concludes this determination.