

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

**Substantive Meeting
Wednesday, 13 May 2026 – Thursday, 14 May 2026**

Nursing and Midwifery Council
2 Stratford Place, Montfichet Road, London, E20 1EJ

Name of Registrant: Michael Anjo Apruebo

NMC PIN: 20C06150

Part(s) of the register: Nurses part of the register Sub part 1
RN1: Adult nurse, level 1 – 12 March 2020

Relevant Location: Derbyshire

Type of case: Misconduct

Panel members: Richard Youds (Chair, lay member)
Chloe McCandlish-Boyd (Registrant member)
Asmita Naik (Lay member)

Legal Assessor: Nicholas Baldock

Hearings Coordinator: Khatra Ibrahim

Facts proved: Charges 1a, 1b, 1c and 1d

Fitness to practise: Impaired

Sanction: Suspension order with a review (6 months)

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 that the Notice of Meeting had been sent to Mr Apruebo's registered email address by secure email on 29 January 2026.

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, date and venue of the meeting.

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

Details of charge

That you a registered nurse:

1. That on 24-25 February 2023, in respect of Patient A, acted in an aggressive and/or intimidating manner in that you:
 - a. Shouted at them;
 - b. Ordered them to "get back to bed";
 - c. On one or more occasions clicked your fingers in their face;
 - d. Said to them "I'm in charge, I'm in charge of the whole ward and I'm recording you" or words to that effect;

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

Background

The charges arose when Mr Apruebo was employed by University Hospitals of Derby and Burton NHS Foundation Trust (the Trust) as a Band 5 registered nurse. He was referred to the Nursing and Midwifery Council (NMC) on 14 March 2023, where it is alleged that on the night shift of 24-25 February 2023, he shouted at Patient A, who suffered from vascular dementia, after Patient A requested to go home and call his daughter.

It is further alleged that Mr Apruebo shouted at Patient A in an aggressive and intimidating manner to get back to bed, and also clicked his fingers. This incident was allegedly witnessed by Ms Julie Roberts (Ms Roberts), who was a Healthcare Assistant (HCA) and another patient's relative – Person B. It is alleged that Patient A was becoming increasingly confused and agitated during this incident, and Ms Roberts was concerned about Mr Apruebo's behaviour, and attempted to de-escalate it.

It is also alleged that later on during the same shift, when Patient A allegedly directed a racist remark to Mr Apruebo, he responded to Patient A, stating: '*I am the boss and your being recorded*' [sic].

The Trust began a local investigation, in which Mr Apruebo admitted that he had spoken in a firm manner and told Patient A off, and provided justification for his actions. The Trust reported that Mr Apruebo initially engaged with the investigation, but ultimately resigned from his role before it had concluded.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the documentary evidence in this case together with the written representations made by the NMC.

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 had regard to the written statements of the following witnesses on behalf of the NMC:

- Ms Alison McRobert Senior Sister at time of the allegations

- Person B: Relative of another patient at the Trust at the time of the allegations

- Ms Julie Roberts HCA at the time of the allegations

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor.

It considered the documentary evidence provided by the NMC.

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

Charge 1a

That you a registered nurse:

1. That on 24-25 February 2023, in respect of Patient A, acted in an aggressive and/or intimidating manner in that you:
 - a. Shouted at them

This charge is found proved.

Mr Apruebo has never disputed that he was on duty on the night in question, and that he dealt with Patient A. The only dispute has been as to the nature and standard of care that he provided to Patient A.

In reaching its decision, the panel considered the evidence of Person B (who was a relative of another patient at the Trust) and Ms Roberts, who was the HCA on duty. The panel considered Mr Apruebo's reflective statement to the Trust, dated 3 March 2023, where he stated:

'I was being firm with him, and in a firm voice, I told him off because of how he was behaving. That was when he started to be sarcastic, rude and mildly violent to the point that he started to shout at me...'

The panel also considered the evidence of Person B, where she stated:

'Soon after arriving, I saw Mr Apruebo shouting at a patient. I have only ever seen Mr Apruebo during the course of my visit on the evening of Friday 24 February 2023. I do not recall the name of the patient or the content of the word exchange between the patient and Mr Apruebo. All I recall is, the patient was walking around the ward and Mr Apruebo was trying to get the patient back to his bed. When I saw Mr Apruebo shout at this patient, I turned to my father who said, "he is a nasty bugger". I responded to my father and said, "what do you mean and is he like that with you?". My father replied no. My father had told me that he had not done anything to him but said that Mr Apruebo had always looked cross. When I have seen Mr Apruebo on the ward, he always looked cross.'

The panel also considered the statement of Ms Roberts, where she stated:

I was working on a night shift on 24 February 2023 on the ward (216) with around 8 patients. After handover, Patient A wanted to go home and instead of Mr Apruebo talking to the patient, he started shouting, "get back to the bed" but Patient A got more and more agitated. Mr Apruebo was shouting at Patient A and he was getting really angry and I started to become concerned over Mr Apruebo's behaviour...I said I was worried because Mr Apruebo was getting angry... Mr Apruebo's body language was very intimidating to Patient A...'

The panel considered that whilst there were varying accounts of events, it had before it, two witness statements, both of which confirmed that Mr Apruebo was shouting at Patient

A, and Ms Roberts describes how he was acting in an intimidating manner. The panel took into account that Ms Roberts was under a professional duty to accurately report conduct which concerned her. In Person B's case, she would have had a reason to note Mr Apruebo's behaviour, as he may have been involved in the care of her father, who was recovering from a serious operation. The panel determined that Mr Apruebo acted in an aggressive and intimidating manner, and therefore found this charge proved on the balance of probabilities.

Charge 1b

1. That on 24-25 February 2023, in respect of Patient A, acted in an aggressive and/or intimidating manner in that you:
 - b. Ordered them to "get back to bed";

This charge is found proved.

In reaching its decision, the panel considered the witness statement of Person B and her local statement. It determined that these words were said in the context of Mr Apruebo's behaviour being intimidating and aggressive, and it was evident that he ordered Patient A to get back into bed.

The panel considered the witness statement of Person B:

'After this had happened, I saw on another occasion Mr Apruebo clicked his fingers at the same patient. I do not recall the name of the patient. I looked over at Mr Apruebo and he was around one foot away from the patient, not on top of the patient but very close to the patient. I think the patient was saying I want to go home and I want to ring my daughter. The patient then carried on walking but Mr Apruebo told the patient to go to bed. After this incident, Mr Apruebo went off the ward and the same patient got back out of the bed and wanted to ring his daughter. The patient proceeded to walk to the nurses station. There was a Health Care Assistant ('HCA') present but I do not recall their name. I could see that the HCA was trying to facilitate the patient's request to phone his daughter. A

few moments later, Mr Apruebo returned back to the ward and walked straight up to the patient and clicked his fingers on two or three occasions. He was in very close proximity to this patient.’ [sic]

The panel noted that Mr Apreubo did not provide any response to this charge, nor did he make any comments regarding this particular incident during the local investigation. Whilst the panel did not hold this against Mr Apruebo, it was left without an alternative version of events or explanation. The panel determined that Mr Apruebo acted in an aggressive and intimidating manner, and therefore found this charge proved on the balance of probabilities.

Charge 1c

1. That on 24-25 February 2023, in respect of Patient A, acted in an aggressive and/or intimidating manner in that you:

c. On one or more occasions clicked your fingers in their face;

This charge is found proved.

The panel considered all the evidence before it, including the witness statement of Person B’s statement, where she states:

‘...Mr Apruebo returned back to the ward and walked straight up to the patient and clicked his fingers on two or three occasions. He was in very close proximity to this patient.’ [sic]

The aforementioned excerpt of Person B’s statement is further supported by a local statement made by Ms Roberts, where she stated:

‘Patient A wanted to go home. [Mr Apruebo] immediately started shouting and clicking his fingers at ordering him to ‘get back to bed’

The panel determined that the action of clicking fingers was within the context of Mr Apruebo's behaviour being intimidating and aggressive. The panel therefore found this charge proved on the balance of probabilities.

Charge 1d

1. That on 24-25 February 2023, in respect of Patient A, acted in an aggressive and/or intimidating manner in that you:

- d. Said to them "I'm in charge, I'm in charge of the whole ward and I'm recording you" or words to that effect;

This charge is found proved.

In reaching its decision, the panel considered the written evidence of Ms Roberts, who stated:

'...Patient A asked to speak to who was in charge, [Mr Apruebo] said I'm in charge, I'm in charge of the whole ward...'

The panel also had sight of her NMC witness statement:

'...Patient A then said I want to talk to the big boss, Mr Apruebo responded and said "I am the boss and your being recorded..." [sic]

The panel noted that the recollection of words slightly differs, but not to the extent that they undermine the whole account. The panel noted that Ms Roberts was the sole witness, but taking into account the setting in which it occurred, the panel had no reason to not believe Ms Roberts' accounts of events, and preferred the evidence of Ms Roberts over that of Mr Apruebo. The panel determined that these words were said in the context of Mr Apruebo's behaviour being aggressive and intimidating, and therefore found this charge proved on the balance of probabilities.

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 Apruebo'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 Apruebo's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

In coming to its decision, the panel had regard to the case of *Roylance v GMC (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.'

The NMC 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.

The NMC identified the specific, relevant standards where Mr Apruebo's actions amounted to misconduct. The Statement of Case sets out that Mr Apruebo's conduct fell significantly short of the standards expected of a registered nurse. The NMC submits that is a basic requirement to treat patients with kindness, respect and compassion. Mr Apruebo not only departed from this basic requirement, but also his conduct amounted to verbal abuse of

Patient A. Even worse, Patient A was particularly vulnerable due to their psychological state and their underlying health condition. Mr Apruebo's conduct was so far from what was expected of a registered nurse that it prompted both a member of the public and a junior colleague to independently report his behaviour.

The NMC further stated Mr Apruebo's conduct raised concerns not only for the welfare of Patient A, but the other patients he was due to care for during his shift too. Person B reported to the Trust that she "*became more worried about how [her] dad would be treated in his care overnight*". This demonstrates that Mr Apruebo's actions had the potential to seriously impact the public's confidence in the profession, which in turn could impact patient safety.

As such, it is evident that the charges, if found proven, breach the fundamental principles of the profession, namely, to prioritise people, practise effectively, preserve safety and promote professionalism and trust in the profession. The NMC submits therefore that fellow practitioners would consider such breaches deplorable.

The NMC therefore submit that Mr Apruebo's actions amount to misconduct.

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 NMC's guidance explains that impairment is not defined in legislation but is a matter for the Fitness to Practise Committee to decide. 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. Answering this question involves a consideration of both the nature of the concern and the public interest. In addition to the following submissions the panel is invited to consider carefully the NMC's guidance on impairment.

When determining whether Mr Apruebo's fitness to practise is impaired, the questions outlined by Dame Janet Smith in the 5th Shipman Report (as endorsed in the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin)) are instructive. Those questions were:

- '1. has [the Registrant] in the past acted and/or is liable in the future to act as so to put a patient or patients at unwarranted risk of harm; and/or*
- 2. has [the Registrant] in the past brought and/or is liable in the future to bring the [nursing] profession into disrepute; and/or*
- 3. has [the Registrant] in the past committed a breach of one of the fundamental tenets of the [nursing] profession and/or is liable to do so in the future and/or*
- 4. has [the Registrant] in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The NMC submits that limbs 1, 2 and 3 are all engaged in this case. It refers the panel to the case of *R (on application of Cohen) v General Medical Council* [2008] EWHC 581 (Admin). It submits that Mr Apruebo has demonstrated limited insight, in that he has not acknowledged the impact his actions had on Patient A, nor has he recognised how his conduct had the potential to damage the reputation of the nursing profession. The NMC submits that without adequate insight, the concerns cannot be said to have remediated, or that the risk of repetition has been mitigated. The NMC further states that as Mr Apruebo's conduct is indicative of attitudinal and/or behavioural issues, they are difficult to remediate.

The NMC submits that Mr Apruebo has not engaged with these proceedings, and does not have any information relating to his current professional practice. The NMC states that it is believed that Mr Apruebo may have emigrated to the United States of America, and so the risk of repetition remains high, as Mr Apruebo has not provided any evidence of safe, kind and effective practice since these incidents occurred. The NMC therefore submits that there is a current risk to the public due to his lack of full insight. The NMC therefore say

that there is a risk of repetition and consequent risk of harm if a finding of impairment were not made on the ground of public protection.

In relation to public interest, the Statement of Case states:

'The NMC considers that there is a public interest in a finding of impairment required in this case to declare and uphold proper standards of conduct and behaviour. It is essential that the public feel they or their loved ones can be left safely in the care of registered nurses and other professionals when a hospital stay is required. Mr Apruebo's conduct engages the public interest further because the public would be alarmed that a vulnerable patient was subject to verbal abuse by someone who was employed to ensure their wellbeing.'

Therefore, the NMC submits that a finding of impairment on public protection grounds and the wider public interest are required due to the circumstances in this case.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments.

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 Apruebo's actions did fall significantly short of the standards expected of a registered nurse, and that his actions amounted to a breach of the Code [2015]. Specifically:

1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.1 treat people with kindness, respect and compassion

1.2 make sure you deliver the fundamentals of care effectively

2 Listen to people and respond to their preferences and concerns

To achieve this, you must:

2.1 work in partnership with people to make sure you deliver care effectively

2.4 respect the level to which people receiving care want to be involved in decisions about their own health, wellbeing and care

2.6 recognise when people are anxious or in distress and respond compassionately and politely

4 Act in the best interests of people at all times

To achieve this, you must:

4.1 balance the need to act in the best interests of people at all times with the requirement to respect a person's right to accept or refuse treatment

7 Communicate clearly

To achieve this, you must:

7.2 take reasonable steps to meet people's language and communication needs, providing, wherever possible, assistance to those who need help to communicate their own or other people's needs

7.3 use a range of verbal and non-verbal communication methods, and consider cultural sensitivities, to better understand and respond to people's personal and health needs

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

20 Uphold the reputation of your profession at all times

To achieve this, you must:

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

20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people

20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct.

The panel considered each charge in the context that they were found to be aggressive and intimidating individually and collectively. The panel also had regard to the cumulative effect of what was a linked series of events.

The panel determined that shouting at a vulnerable patient as found under charge 1a amounts to misconduct. With regards to charge 1b, whilst the words don't necessarily amount to misconduct, the aggressive and intimidating manner and tone in which Mr Apruebo spoke to Patient A was so serious as to amount to misconduct. With regards to the action of clicking fingers in charge 1c, whilst this in itself does not necessarily amount to misconduct, Mr Apruebo's overall aggressive and intimidating behaviour in clicking fingers in front of Patient A's face amounted to misconduct.

In relation to charge 1d, the panel were of the view that Mr Apruebo's behaviour was aggressive and intimidating. There is nothing before the panel to rationalise why he spoke to the patient in that manner. The panel were of the view that there could be scenarios where similar words may have been used to de-escalate the situation, but there was no evidence to support that in this case. The manner in which they were used indicates the opposite. The panel concluded that Mr Apruebo's behaviour was so serious as to amount to misconduct.

The panel determined that Mr Apruebo's actions did fall seriously short of the conduct and standards expected of a nurse and concluded that all charges found proved, both individually and collectively, amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Mr Apruebo'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 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 determined that limbs a, b and c are all engaged, and that limb d is not engaged, as the case does not involve dishonesty.

The panel found that Patient A was put at risk and was caused at least psychological harm as a result of Mr Apruebo's aggressive and intimidating behaviour. The panel noted that there were other patients and members of the public present at the time of the incidents, and determined that Mr Apruebo's actions impacted patients under his care, and all those who witnessed his conduct. The panel also determined that Mr Apruebo's misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

Regarding insight, the panel considered whether there was evidence before it to demonstrate deep-seated attitudinal issues. However, the panel noted the statement of Ms Roberts:

'I know of Mr Apruebo in a professional capacity only. I saw Mr Apruebo in the 10 to 12 months prior to the incident, working on different shifts. When we spoke it was usually generic conversation. I had not worked with him until the shift this incident occurred which occurred during the night shift on 24 February 2023 at Royal Derby Hospital. Generally, Mr Apruebo was fine to speak with, he did not have any attitude problems.'

The panel noted that outside of these incidents, there was no evidence to indicate that Mr Apruebo's behaviour was deep-seated and/or attitudinal. It therefore concluded that Mr Apruebo's conduct is remediable. Mr Apruebo has not engaged in any remediation, or with

the NMC since 25 March 2023. The panel did not have any evidence before it to demonstrate insight or remorse, aside from a brief reflection, which was provided to the Trust during its local investigation. As such, the panel determined that there remains a risk of repetition, and in turn, a risk of harm. It therefore concluded that Mr Apruebo's fitness to practise is impaired 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.

In regard to the public interest, the panel considered the evidence of Person B, who as a member of the public, described the impact Mr Apruebo's conduct had on her and others, whereby to the point she stated that she continued to worry about what had occurred even after she left her relative, and felt compelled to contact the Hospital and check on him.

The panel concluded that public confidence in the nursing profession would be undermined if a finding of impairment were not made in a case where a nurse had acted inappropriately, in that he had spoken to and clicked his fingers in an intimidating and aggressive manner towards a vulnerable patient. The panel therefore also found Mr Apruebo's fitness to practise impaired on the ground of public interest.

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

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of six months. The effect of this order is that the NMC register will show that Mr Apruebo's registration has been suspended.

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 heard and accepted the advice of the legal assessor.

Representations on sanction

The panel noted that in the Notice of Meeting, dated 29 January 2026, the NMC had advised Mr Apruebo that it would seek the imposition of a suspension order for a period of six months with a review if it found Mr Apruebo's fitness to practise currently impaired.

In the Statement of Case, the NMC submits that a suspension order for a period of six months is the most proportionate order.

The NMC have identified the following aggravating features:

- Concerns in this case are attitudinal and/or behavioural in nature, abuse of patient under Mr Apruebo's care.
- Mr Apruebo has demonstrated limited insight into his actions.
- Patient A experienced actual mental and/or psychological harm caused by Mr Apruebo's conduct.
- Patient A was vulnerable due to their underlying health conditions.

The NMC have identified the following mitigating feature:

- Mr Apruebo had personal stressors at the time of the incident, namely that his partner had re-located to America, and he was waiting for his visa/paperwork etc. to be approved to allow him to move to America as well. However, the NMC submits that personal factors may have limited relevance in fitness to practise proceedings.

The Statement of Case sets out that taking no action, or imposing a caution order would not be sufficient to protect the public, maintain standards, or maintain confidence in the NMC as the regulator.

In regard to a conditions of practice order, the Statement of Case refers the panel to NMC Guidance SAN-3c, which states that a conditions of practice order may be appropriate when there is no evidence of harmful deep-seated personality or attitudinal problems; there are identifiable areas of the registered professionals practice in need of assessment and/or retraining; and conditions can be created that can be monitored and assessed. It is a sanction that is more suited to cases where there are clinical concerns and identifiable areas where the nurse can be supported to return to safe practice.

The NMC submits that by being aggressive and intimidating towards a vulnerable patient under his care, it appears Mr Apruebo has attitudinal or behavioural issues, and therefore there are no workable conditions that could be formulated to address the concerns in this case. In addition, the public interest would not be met by this sanction due to the serious departure from professional standards demonstrated by Mr Apruebo's actions.

In relation to imposing a suspension order, the NMC refers the panel to NMC Guidance SAN-3e, and submits that given that the charges relate to a single incident of misconduct, occurring during one shift and involving one patient who, whilst vulnerable, was also challenging, a period of suspension would be sufficient to satisfy the overarching objective.

The public interest in maintaining proper standards of behaviour and public confidence in the profession can be achieved by a finding of impairment and a suitable period of suspension. A review is necessary to ensure public protection and public interest concerns are adequately addressed before Mr Apruebo is permitted to return to practise.

The NMC submits that a striking off order would not be suitable at this time, as the charges found proved relate to a single episode, and so the NMC does not consider this sanction to be the only order which will be sufficient to protect patients, members of the public, or maintain professional standards

The NMC refers the panel to NMC Guidance SAN-3e, and submits that there appears to

be insufficient evidence to suggest that the behavioural and attitudinal issues identified are so embedded that would render Mr Apruebo's conduct fundamentally incompatible with being a registered professional. Thus, a striking-off order would be disproportionate at this stage.

Decision and reasons on sanction

Having found Mr Apruebo'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 panel had regard to the NMC Guidance on '*The sanctions available*' (Reference: SAN-2 Last Updated: 28/01/2026). The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Actual harm caused to Patient A;
- Risk of harm to other patients and their relatives witnessing the incidents, and this may have deterred them from seeking further care;
- Lack of any evidence of remorse;
- Patient A was a vulnerable patient;
- Abuse of a position of trust; and
- Very limited insight.

The panel also took into account the following mitigating features:

- Felt unsupported in the workplace as a result of the racial language used against Mr Apruebo previously whilst working; and
- Racial language/comments allegedly directed at Mr Apruebo by Patient A.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case, and the panel's decisions on impairment. The panel decided that it would be neither proportionate, in the public interest or maintain public confidence 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 Apruebo’s misconduct was 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 Apruebo’s 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 placing conditions of practice on Mr Apruebo’s registration would be appropriate. The panel is mindful that any conditions imposed must be appropriate, proportionate, relevant, workable and measurable. The panel had regard to the NMC Guidance on ‘*Conditions of practice order*’ (Reference: SAN-2c Last Updated: 28/01/2026) and had regard to the following factors:

- *‘no evidence of deep-seated personality or attitudinal problems*
- *identifiable areas of the professional’s practice in need of assessment and/or retraining*
- ...
- *potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*
- ...
- *people using services will not be put at risk either directly or indirectly as a result of the conditions*
- *conditions can be created that can be monitored and assessed.’*

The panel is of the view that there are no relevant, proportionate, workable or measurable conditions that could be formulated, given the nature of the charges found proved. The panel also noted that Mr Apruebo has not informed the NMC of whether he is working at this time, and has not engaged in this process. It therefore determined that a conditions of practice order would not be workable, and would not sufficiently protect the public, nor meet the wider public interest. The panel further determined that Mr Apruebo has demonstrated a lack of insight and remorse. Further, the panel did not have any evidence before it of any potential or willingness to respond positively to retraining.

The panel next went on to consider whether a suspension order would be 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.'*

The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register. However, the panel determined that the risk can only be mitigated by way of a suspension order, until Mr Apruebo has remediated his conduct.

It did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Mr Apruebo's case to impose a striking-off order, and public confidence in the nursing profession can be maintained by way of a suspension order at this time.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.

The panel noted the hardship such an order may possibly cause Mr Apruebo. However, this is outweighed by the public interest in this case.

The panel considered that this order is 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.

The panel determined that a suspension order for a period of 6 months with a review was appropriate in this case to mark the seriousness of the misconduct. This will also provide Mr Apruebo enough time to engage and attempt remediation of his conduct. The panel determined that this order would give him enough time to achieve that, prior to any review hearings.

At 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:

- Engagement with the NMC as his regulator and attendance at any future hearings;
- Evidence of remediation, including a detailed reflective piece;
- Testimonials from an employer; and
- Any training and/or development in relation to the charges found proved.

This will be confirmed to Mr Apruebo in writing.

Interim order

As the suspension 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 Apruebo's own interests until the suspension sanction takes effect.

The panel heard and accepted the advice of the legal assessor.

Representations on interim order

The panel took account of the representations made by the NMC:

'If a finding is made that Mr Apruebo's fitness to practise is impaired on a public protection basis, and a restrictive sanction imposed, the NMC considers an interim order in the same terms as the substantive order should be imposed on the basis that it is necessary for the protection of the public and otherwise in the public interest.'

The panel heard and accepted the advice of the legal assessor.

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 to allow any time for any appeal made.

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

This will be confirmed to Mr Apruebo in writing.

That concludes this determination.