Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Thursday, 29 October 2026

Virtual Hearing

Name of Registrant:	Roque L Asotigue
NMC PIN:	01K1954O
Part(s) of the register:	Registered Nursing – Sub Part 1 Adult Nursing – 27 November 2001
Relevant Location:	Somerset
Type of case:	Misconduct
Panel members:	Vicki Wells (Chair, registrant member) Stacey Coxon (Registrant member) Margret Stoddart (Lay member)
Legal Assessor:	John Donnelly
Hearings Coordinator:	Yvonne Temah
Nursing and Midwifery Council:	Represented by Lynn Roberts, Case Presenter
Mr Asotigue:	Present and represented by Raj Joshi, instructed by Royal College of Nursing (RCN)
Order being reviewed:	Conditions of practice order (12 months)
Fitness to practise:	Impaired
Outcome:	**Conditions of practice order (six months) to come into effect on 30 October 2026 in accordance with Article 30 (1)**

Decision and reasons on review of the substantive order

The panel decided to vary the current conditions of practice order for a period of six months.

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

This is the third review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 23 September 2023. The order was first reviewed on 25 September 2024 when the panel replaced the suspension order with a conditions of practice order for a period of 12 months. At the second review on 25 September 2025, the panel extended the current conditions of practice order for a further period of 12 months.

A review was scheduled for 1 October 2026 but was not heard due to lack of time. This hearing is therefore a review of the substantive conditions of practice order currently in place.

The current order is due to expire at the end of 30 October 2026.

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

The charges found proved which resulted in the imposition of the substantive order were as follows:

'That you, a registered nurse:

1) Between 6 May 2019 and 9 July 2020 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse in that:

a) On unknown dates before 2 July 2019:

i) …

ii) Removed your tunic to wash patients;

iii) On one or more occasion slept on the ward;

iv) On 2 July 2019 told a patient their date of birth meant "death" in China;

b) On 18 July 2019:

i) …

ii) …

iii) Were unable to identify that a patient was prescribed saline in their nebuliser;

iv) …

v) On one or more occasion tipped a pot of Patient C's tablets directly into their mouth;

vi) Failed to arrange a bladder scan for Patient A;

vii) Required prompting to identify changes in prescriptions and / required monitoring for your patients;

viii) Did not administer Patient A's 12pm dose on time;

ix) Did not safely dispose of a used syringe;

x) Required prompting to identify that Patient B was prescribed antibiotics and administer them;

xi) …

xii) Did not share all relevant information in your written and / or verbal handover;

xiii) Referred to your patients by their bed number;

c) Around 20 September 2019 told a patient they were "bigger up top" or words to that effect;

d) On an unknown date around September or October 2019 did not escalate and / or handover to the night shift that one of your patients had a high NEWS score

e) On 4 November 2019:

i) Did not introduce yourself or explain why you were there to a patient;

ii) Administered half doses of medication on two occasions;

iii) Did not dissolve soluble aspirin before giving to patient;

iv) Did not allow for ten seconds' absorption before removing needle after administering insulin;

v) Gave one or more patients their medication on a spoon;

vi) Did not include sufficient information on a district nurse referral;

f) Before 18 November 2019:

i) Sent a patient home with enoxaparin and supplements which had not been prescribed;

ii) Left a bottle of paracetamol on a patient's table;

iii) Omitted medication due to one or more patients;

iv) Did not check one or more patients' wristbands;

v) Did not include sufficient information on MRSA screening labels;

vi) Did not document handing over obtaining a patient's medication to another nurse;

g) Before 13 December 2019 in relation to the patient in bed 26:

i) Did not complete documentation after 9.19am;

ii) Did not refer to pressure care and / or nutrition and / or hydration and / or mobility;

h) Before 13 February 2020:

i) Gave a patient tablets on a spoon;

ii) Washed a patient while they were on the toilet;

iii) Left one or more boxes of medication on patients' tables;

iv) Did not complete documentation adequately

i) …

i) …

ii) …

iii) …

iv) …

j) On 9 July 2020 did not administer the below medication to Resident A:

i) Amitriptyline

ii) Atorvastatin

iii) …

iv) …

k) On 9 July 2020 recorded administration of Senna and / or Paracetamol on Resident A's MAR chart

l) On 9 July 2020 administered Resident B's Alendronic acid to Resident C

2) On 8 April 2020:

a) Entered a Covid-positive patient's room without donning personal protective equipment ('PPE');

b) Left a Covid-positive patient's room and entered another patient's room without washing your hands;

c) Entered a patient's room without donning personal protective equipment ('PPE');

d) *Left a Covid-positive patient's room and went into the sluice without removing your PPE;*

3) *On 9 April 2020 entered a patient's room without donning personal protective equipment ('PPE');*

4) *Before 30 July 2020 did not inform ICG Medical / Cromwell Staffing about a disciplinary investigation by your employer, Somerset NHS Foundation Trust;*

5) *Before 30 July 2020 did not inform ICG Medical / Cromwell Staffing that you had been referred to the Nursing and Midwifery Council ('NMC');*

6) *On 21 May 2020 incorrectly told ICG Medical / Cromwell Medical Staffing that there were no concerns and / or complaints about your practice;*

7) *Your actions at 4 and / or 5 and / or 6 above were dishonest in that:*

a) *You knew you had been the subject of action plans and / or capability processes and / or disciplinary action by Somerset NHS Foundation Trust;*

b) *You knew you had been referred to the NMC;*

c) *You knew you were required to inform ICG Medical / Cromwell Medical Staffing of any disciplinary investigation and/or NMC referral;*

d) *You intended to mislead ICG Medical / Cromwell Medical Staffing to accept there were no concerns about your practice;*

AND in light of the above, your fitness to practise is impaired by reason of your lack of competence in relation to charge 1 and / or your misconduct.'

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

'The panel considered whether Mr Asotigue's fitness to practise remains impaired.

The panel noted that the last reviewing panel found that Mr Asotigue had insufficient insight. At this hearing the panel find that Mr Asotigue has developing insight.

In its consideration of whether Mr Asotigue has taken steps to strengthen his practice, the panel took into account the training Mr Asotigue has undertaken and the reflective pieces from Mr Asotigue which show some improvements and progess. Within Mr Astogue's reflective pieces, he has shown signs of remorse and explained how he now approaches situations honestly.

The last reviewing panel determined that Mr Asotigue was not currently impaired by virtue of his dishonesty but in respect of the other matters the panel was not satisfied that he could return to practice safely, kindly and effectively without restriction. Today's reviewing panel has noted the steps Mr Asotigue has taken, as evidenced by his reflective piece and the testimonials provided. The panel are of the view that these demonstrate an improvement in the level of insight.

Today's reviewing panel also acknowledged that he has undertaken training beyond the mandatory requirements for his current role. However, the majority of the training completed is not specific to the concerns identified, and there remain gaps in relation to record keeping, documentation and infection prevention and control.

The panel further noted that Mr Asotigue is currently employed as a HCA rather than as a registered nurse and as result of this, his reflective piece and the testimonials provided, while positive about his kindness and attitude to work and care of patients, are limited to his performance as a HCA and unfortunately do not provide assurance of his ability to practice safely as a registered nurse. The panel noted that he has made numerous applications for a nursing role.

The panel determined that there are still gaps in Mr Asotigue's practice and this gives rise to continuing concerns about public safety and that, in the public interest, the risk cannot be considered fully addressed at this time and in light of this, this panel determined that Mr Asotigue is 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.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

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

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

'The panel next considered whether imposing a further conditions of practice order on Mr Asotigue's registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

The panel was of the view that a further and very slightly varied conditions of practice order (meeting only required every two weeks rather than weekly as previously in condition 4) is sufficient to protect patients and the wider

public interest, noting as the original panel did that there was no evidence of deep seated attitudinal problems. In this case, there are conditions that could be formulated which would protect patients during the period they are in force.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of Mr Asotigue's case.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 12 months, which will come into effect on the expiry of the current order, namely at the end of 30 October 2025. It decided to impose the following conditions which it considered are appropriate and proportionate in this case:

For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.

1. *You must limit your practice to one substantive employer*
2. *You must not practice as the sole nurse in charge.*
3. *You must ensure that you are supervised by another registered nurse any time you are working. Your supervision must consist of:*
    - *Working at all times on the same shift as, but not always directly observed by, another registered nurse.*

4. *You must have fortnightly meetings with you your line manager, nominated supervisor or mentor to discuss your clinical performance and personal development.*

5. *You must be directly supervised by a registered nurse when administering medication until signed off as competent by your line manager, nominated supervisor or mentor.*

6. *You must create a personal development plan (PDP) and agree it with your line manager, nominated supervisor or mentor within a month of your commencement of employment. Your personal development plan must address concerns about:*

   - *communication whilst at work (with patients and colleagues)*
   - *medication administration*
   - *infection control*

   Send your case officer a report before the next review hearing from your line manager, nominated supervisor and mentor. This report must show your progress towards achieving the aims set out in your PDP.

7. *You must keep us informed about anywhere you are working by:*

   a. *Telling your case officer within seven days of accepting or leaving any employment.*
   b. *Giving your case officer your employer's contact details.*

8. *You must keep us informed about anywhere you are studying by:*

   a. *Telling your case officer within seven days of accepting any course of study.*
   b. *Giving your case officer the name and contact details of the organisation offering that course of study*

9. *You must immediately give a copy of these conditions to:*
   a. *Any organisation or person you work for.*
   b. *Any employers you apply to for work (at the time of application).*
   c. *Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study*

10. *You must tell your case officer, within seven days of your becoming aware of:*

a. *Any clinical incident you are involved in.*
b. *Any investigation started against you.*
c. *Any disciplinary proceedings taken against you.*

11. *You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:*

    a. *Any current or future employer.*
    b. *Any educational establishment.*
    c. *Any other person(s) involved in your retraining and/or supervision required by these conditions*

The period of this order is for 12 months.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 30 October 2025 in accordance with Article 30(1)

Before the end of the period of the order, a panel will hold a review hearing to see how well Mr Asotigue has complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- *Continued engagement with the NMC including your attendance at any future hearing.*
- *A further reflective account or oral evidence which indicates you have developed your insight.*
- *Your plans in relation to your nursing career in the future.*
- *Any up-to-date references from your most recent employer.*

- *Evidence of up to date training on;*
    - *record keeping and documentation;*
    - *escalation of high NEWS scores and deteriorating patients;*
    - *Infection prevention and control.'*

Decision and reasons on current impairment

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC considers fitness to practise to be a registrant's suitability to practise safely and effectively without restrictions. 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 all the documentation you provided. It has taken account of your submissions and the submissions made by Ms Roberts on behalf of the Nursing and Midwifery Council (NMC).

Ms Roberts outlined the history of your case and the previous review decisions. She submitted that your fitness to practise was found impaired in September 2023 due to misconduct, including clinical and medication errors, poor record-keeping, dishonesty and breaches of COVID-19 infection control procedures. The substantive panel found that your actions had placed patients at risk of harm and breached the fundamental tenets of the nursing profession.

Ms Roberts submitted that you were initially suspended for 12 months. At the first review in September 2024, the suspension order was replaced with a 12-month conditions of practice order, as you had demonstrated some insight, remorse and engagement with training. However, at the second review in September 2025, the second reviewing panel found that concerns remained about your practice and extended the conditions of practice order for a further 12 months.

Ms Roberts noted that you had been unable to secure nursing employment for some time but have commenced employment at a nursing home in July 2026 and have provided evidence of your further training, reflection and current employment.

Ms Roberts acknowledged that it is for the panel to determine whether your fitness to practice remained impaired and whether the conditions of practice order remained necessary. She invited the panel to consider the recent evidence alongside the need to protect the public, maintain confidence in the nursing profession and uphold proper standards of conduct and performance.

The panel also had regard to submissions made by Mr Joshi on your behalf. He submitted that the purpose of the review is to determine whether your fitness to practice remained impaired, taking into account the progress you have made since the previous reviews. He referred to the guidance in Cohen and Grant and submitted that the original concerns were remediable and has now been addressed.

Mr Joshi submitted that you have complied with the conditions of practice, completed your personal development plan and undertaken further training and reflection. He further submitted that you have demonstrated improved insight and an understanding of the potential impact of your actions on patients and public confidence in the nursing profession.

Mr Joshi relied on the evidence of your manager, Mr Nic Ciobanu, who has supervised and assessed your practise. He submitted that this provided independent evidence of your competence, professionalism and ability to practise safely. He also noted that there has been no evidence of further concerns or repetition of the original misconduct.

Mr Joshi submitted that the conditions of practice order has achieved its purpose and that continuing the restrictions would be disproportionate. He invited the panel to conclude that your fitness to practise is no longer impaired and revoke the conditions of practice order.

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

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether your fitness to practise remains impaired and in doing so had careful regard to the NMC guidance.

The panel noted that the last reviewing panel found that the steps you had taken, as evidenced by your reflective piece and the testimonials you provided, demonstrated an improvement in the level of your insight.

Today's panel considered whether you have demonstrated sufficient insight, strengthened practice and remediation since the last review. It noted that you have engaged with these proceedings, attended the hearing and provided reflective pieces and evidence of further training.

The panel acknowledged that you have complied with your conditions of practice, completed your PDP and undertaken further training. It considered that you have demonstrated some strengthened practice and improved insight through your reflective pieces. The panel recognised that you accepted responsibility for your actions and showed an understanding of the seriousness of the original concerns and the potential consequences for patients. However, it considered that your reflections did not sufficiently explain how you would avoid similar concerns arising in the future.

The panel noted that you have only been working in your current role for approximately 12 weeks and are still on probation. It considered this to be a limited period in which to demonstrate that your learning has been applied, embedded and sustained in practice, particularly given the seriousness and range of the original concerns, which included medication administration, record-keeping, communication, clinical judgement, infection control and dishonesty.

Although you have provided evidence of completing further training, the panel noted that it was completed over a very condensed period of time. There were upward of 30 e-learning

modules over two days, the panel were concerned about how effective and beneficial completing this volume of training was over such a short period of time.

In addition, the panel considered that there is limited evidence to demonstrate how this has strengthened your practice and become embedded in your day-to-day work. It also noted that, while your manager provided positive evidence about your performance, there was no evidence before it from colleagues and others to demonstrate a consistent and sustained practice.

The panel noted that although Mr Ciobanu stated that you are safe to administer medicines, there was a record made on 25 September 2026 by the care home manager that *'in a few cases still needs diligence in signing all medical administration records after administering medicines…'* you therefore do not have record of safe practice without further incidents since the last hearing.

The panel therefore concluded that, although you have made progress in addressing the concerns, there has been insufficient time to evidence and demonstrate that they have been fully addressed or that you could practise safely without restrictions.

The panel noted that the evidential burden is upon you to persuade it that your fitness to practice is no longer currently impaired. The panel decided that you have not discharged that burden and there is insufficient evidence that you can now safely and effectively practice as a nurse without restriction.

The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

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

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel 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 your 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 public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether imposing a varied conditions of practice order on your registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

The panel was of the view that a further and slightly varied conditions of practice order is sufficient to protect patients, the wider public interest and allow you to demonstrate that your improvement has been sustained, noting as the original panel did, that there was no evidence of deep seated attitudinal problems. In this case, there are conditions that could be formulated which would protect patients during the period they are in force.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of six months, which will come into effect on the expiry of the current order, namely at the end of 30 October 2026. It decided to impose the following slightly amended conditions which it considered are appropriate and proportionate in this case:

> ‘For the purposes of these conditions, ‘employment’ and ‘work’ mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, ‘course of study’ and ‘course’ mean any course of educational study connected to nursing, midwifery or nursing associates.
>
> 1. You must limit your practice to one substantive employer
>
> 2. You must not practice as the sole nurse in charge.
>
> 3. You must ensure that you are supervised by another registered nurse any time you are working. Your supervision must consist of:
>   - Working at all times on the same shift as, but not always directly observed by, another registered nurse.
>
> 4. You must have fortnightly meetings with you your line manager, nominated supervisor or mentor to discuss your clinical performance and personal development.
>
> 5. You must be directly supervised by a registered nurse when administering medication until you have successfully completed an updated assessment and have been signed off as competent by your line manager, nominated supervisor or mentor.

6. You must continue working in accordance with your personal development plan (PDP). Your personal development plan must address concerns about:

    - communication whilst at work (with patients and colleagues)
    - medication administration
    - infection control

Send your case officer a report before the next review hearing from your line manager, nominated supervisor and mentor. This report must show your progress towards achieving the aims set out in your PDP.

7. You must keep us informed about anywhere you are working by:
    a. Telling your case officer within seven days of accepting or leaving any employment.
    b. Giving your case officer your employer's contact details.

8. You must keep us informed about anywhere you are studying by:
    a. Telling your case officer within seven days of accepting any course of study.
    b. Giving your case officer the name and contact details of the organisation offering that course of study.

9. You must immediately give a copy of these conditions to:
    a. Any organisation or person you work for.
    b. Any employers you apply to for work (at the time of application).
    c. Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.

10. You must tell your case officer, within seven days of your becoming aware of:
    a. Any clinical incident you are involved in.
    b. Any investigation started against you.
    c. Any disciplinary proceedings taken against you.

11. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:
    a. Any current or future employer.
    b. Any educational establishment.
    c. Any other person(s) involved in your retraining and/or supervision required by these conditions

The period of this order is for six months.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 30 October 2026 in accordance with Article 30(1).

Before the end of the period of the order, a panel will hold a review hearing to see how well you have complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- Continued engagement with the NMC including your attendance at any future hearing.
- A further reflective account or oral evidence which indicates you have continued to develop your insight.

- Any up to date 360 degree appraisals from your line manager and testimonials from colleagues, patients and relatives.
- Evidence of continuous professional development and reflections on how it has strengthened your day-to-day clinical practice with particular reference to the management of medicines.

This will be confirmed to you in writing.

That concludes this determination.