Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Meeting
Friday, 11 September 2026

Virtual Meeting

Name of Registrant:	Razvan Luca	
NMC PIN:	14F0494C	
Part(s) of the register:	Registered Nurse – Sub part 1 Adult Nursing (June 2014)	
Relevant Location:	Kent	
Type of case:	Misconduct	
Panel members:	Anica Alvarez Nishio Ivan McGlen Olan Jenkins	(Chair, Lay member) (Registrant member) (Lay member)
Legal Assessor:	Jayne Salt	
Hearings Coordinator:	Grace Sharp	
Order being reviewed:	Suspension order (9 months)	
Fitness to practise:	Impaired	
Outcome:	**Striking-Off order to come into effect on 26 October 2026 in accordance with Article 30 (1)**	

Decision and reasons on service of Notice of Meeting

The panel noted at the start of this meeting that the Notice of Meeting had been sent to Mr Luca's registered email address by secure email on 3 August 2026.

The panel took into account that the Notice of Meeting provided details of the review that the review meeting would be held no sooner than 7 September 2026 and inviting Mr Luca to provide any written evidence seven days before this date.

The panel also noted the numerous attempts from the Nursing and Midwifery Council (NMC) to contact Mr Luca through several forms of communication such as two email addresses, two mobile numbers and two addresses. The panel also had regard to the fact that the letter of 2 April 2026 from the NMC sent to Mr Luca, had been returned. The panel were mindful that it is Mr Luca's responsibility to ensure that the NMC holds accurate and up-to-date contact details.

The panel accepted the advice of the legal assessor.

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

Decision and reasons on review of the current order

The panel decided to impose a strike off order. This order will come into effect at the end of 26 October 2026 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is the first review of a substantive suspension order originally imposed for a period of 9 months by a Fitness to Practise Committee panel on 19 December 2025.

The current order is due to expire at the end of 26 October 2026.

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

The charges found proved by way of admission and the facts found proved by the original substantive panel, which resulted in the imposition of the substantive order were as follows:

'That you, a Registered Nurse:

1. *in or around December 2021, you:*
    a. *Failed to lock medication trolleys;* ***[PROVED]***
    b. *Failed to keep the keys for the medication trolleys secure.* ***[PROVED]***

2. *On 7 April 2022, in relation to Resident A, you:*
    a. *Failed to report 30mg of Citalopram that was missing;* ***[PROVED BY ADMISSION]***
    b. *administered 100 micrograms of Fludrocortisone instead of 200 micrograms.* ***[PROVED BY ADMISSION]***

3. *On 9 April 2022, in relation to Resident B, you administered 10mg of Memantine instead of 20mg.* ***[PROVED BY ADMISSION]***

4. *On 9 April 2022, in relation to Resident C, you administered:*
    a. *60mg of Monomil XL instead of 30mg;* ***[PROVED BY ADMISSION]***
    b. *25mg of spironolactone instead of 12.5mg;* ***[PROVED BY ADMISSION]***
    c. *50mg of sertraline instead of 25mg.* ***[PROVED BY ADMISSION]***

5. *On 9 April 2022, in relation to Resident E you failed to follow proper procedures for discharging Resident E to hospital in that you:*
    a. *Left their medication box unsecured.* ***[PROVED]***

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

The original panel determined the following with regard to impairment:

'The panel considered the judgment of Mrs Justice Cox in the case of CHRE v NMC and Grant in reaching its decision. In paragraph 74, she said:

> *'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'*

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

> *'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ fitness to practise is impaired in the sense that S/He:*
>
> a) *has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
>
> b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

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

d) *[…].'*

The panel considered that all three of these limbs are engaged as to the past. In relation to the first limb the panel determined that Mr Luca's misconduct reflected in each of the charges clearly put residents at a risk of harm.

There was an obvious risk in Mr Luca's failure to secure the medication trolley and medication box, by over and under administering medications and failing to promptly report any discrepancies.

The panel considered that Mr Luca's misconduct brings the reputation of the profession into disrepute and determined that Mr Luca's misconduct breached fundamental tenets of the nursing profession, particularly in relation to preserving safety.

The panel then considered whether Mr Luca's conduct is remediable. The panel determined that medication errors are capable of remediation, though it noted that Mr Luca would need to put in significant effort to do so.

The panel considered whether Mr Luca has remediated his misconduct. The panel also considered the context of the charges. The panel heard from Mr Luca that the Home and the second Home were particularly busy working environments and that he worked an extended day on 11 December 2021 in that he worked an 18 hour shift. [PRIVATE]

The panel noted Mr Luca's admissions. However, it considered that beyond these admission, Mr Luca provided no information to suggest that he understands the seriousness of the charges. In relation to charge 5, Mr Luca said during cross examination that he did not consider that he had done anything wrong. However, he later said that in future he would handle the

medication box differently, and would secure it in the medication trolley. This was the only aspect of Mr Luca's evidence in which he accepted a need to act differently. The panel considered that this is not sufficient to satisfy it that Mr Luca has any understanding of the seriousness and potential impact of his misconduct on residents, other professionals or the profession overall. The panel had no evidence of any steps taken to address the concerns highlighted in this case, to strengthen his practice or ensure that his misconduct is not repeated. The panel determined that Mr Luca's insight, despite his admissions to some of the charges, is limited.

There is no evidence before the panel as to what nursing work Mr Luca has done since 2022 and whether he has taken any steps to improve his practice. [PRIVATE]. *The panel determined that based on its finding of a lack of insight together with no evidence of strengthening practice, that there remains a risk of repetition.*

Having regard to Mr Luca's lack of insight, evidence of strengthened practice and reflection, the panel determined that his misconduct has not been remediated and that there remains a risk of repetition of it. The three limbs of the Grant test above are therefore engaged as to the future.

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

The panel bore in mind that the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a finding of impairment on public interest grounds is required because of the extent of Mr Luca's failings and his lack of insight.

In addition, the panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case.

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

The original panel determined the following with regard to sanction:

'The panel next considered whether placing conditions of practice on Mr Luca'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 took into account the SG which identifies a non-exhaustive list of criteria which indicate when a conditions of practice order may be appropriate as follows:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *Potential and willingness to respond positively to retraining;*
- *The nurse or midwife has insight into any health problems and is prepared to agree to abide by conditions on medical condition, treatment and supervision;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel took into account the NMC Guidance at SAN-3c. It was of the view that whilst some of the criteria in this list may be applicable in this case, it determined that given Mr Luca's lack of insight a conditions of practice order would not be appropriate to meet the public interest or to manage the public protection concerns identified in this case. The panel noted that Mr Luca repeated his actions after being addressed by management through different formal

procedures and disregarding clear policy. It therefore was of the view that the evidence before it does not suggest that Mr Luca would comply with a conditions of practice order. The panel then noted that Mr Luca is currently barred from working as a registered nurse due to being barred by DBS. The panel therefore determined that imposition of a conditions of practice would not be workable in this case.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- *[…]*

The panel was satisfied that in this case, the misconduct is not fundamentally incompatible with remaining on the register. In addressing the points above, the panel considered that whilst this was not a single instance of misconduct, the events occurred during a relatively short period of time of Mr Luca's employment with BUPA. Whilst the panel accepted the submission on behalf of the NMC that there is no evidence of a harmful deep seated personality issues, it was concerned with Mr Luca's attitude towards established policy and procedures and his misconduct. The panel noted that whilst there is no evidence of this misconduct being repeated since the events, it had no information before it as to Mr Luca's practice since the charges arose. It also noted that Mr Luca has been barred from working as a registered nurse as a result of a DBS finding as of 30 January 2024. The panel is satisfied that Mr Luca has shown some insight by reason of his admissions to three of the five charges against him and his

acknowledgment in relation to charge 5 that he would act differently going forward. However, the panel has concluded that there remains a risk of repetition of Mr Luca's misconduct.

It went on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, the panel concluded that it would be disproportionate because it found that Mr Luca's misconduct is not such that it is incompatible with remaining on the register, and its earlier finding that his misconduct is remediable. Additionally, the panel determined that public confidence in the profession could be maintained without removing Mr Luca from the register and determined that a striking-off order is not the only order that would adequately protect the public and maintain the public interest. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Mr Luca's case to impose a striking-off order.

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

The panel noted the hardship such an order will inevitably cause Mr Luca. 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.

…

Any future panel reviewing this case would be assisted by:

- *Evidence of improved reflection including a reflective piece from Mr Luca;*
- *Evidence of strengthened practice and developed insight;*

- *Evidence that Mr Luca has kept up his knowledge of nursing practice and Continuous Professional Development ('CPD');*
- *Any other information that Mr Luca believes would assist a future reviewing panel.'*

Decision and reasons on current impairment

The panel has considered carefully whether Mr Luca'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 letter correspondence from the Disclosure and Barring Service (DBS), dated 30 January 2024 regarding Mr Luca being barred from working with vulnerable adults and children. The panel noted Mr Luca has not made any response or challenged this.

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 Luca's fitness to practise remains impaired.

The panel considered the judgment of Mrs Justice Cox in the case of *Council for Healthcare Regulatory Excellence (CHRE) v NMC v Grant* [2011] EWHC 927 (Admin) in reaching its decision. In paragraph 74, she said:

'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ fitness to practise is impaired in the sense that S/He:

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

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

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

d) *[…].'*

In considering whether Mr Luca's fitness to practise remains impaired and in relation to the first limb of the Grant test, the panel had regard to the absence of any new information demonstrating that the concerns identified by the previous panel have

been addressed. The previous panel found that Mr Luca's misconduct placed patients at unwarranted risk of harm. The panel noted that the previous panel had clearly considered Mr Luca's conduct as misconduct rather than a matter of competence. It noted his misconduct was fundamentally an attitudinal concern and that it was not a case of Mr Luca being unable to meet the required standards, but of conduct demonstrating that he had been unwilling to do so. There is no new information before this panel demonstrating any change in that attitude or approach. The panel noted that he left the substantive hearing on day four, Thursday 18 December 2025, and has had no further engagement since.

There is nothing before this panel to demonstrate that this risk has been reduced or removed. In particular, there is no evidence of reflection, remediation, developing insight or strengthened practice from which the panel can be satisfied that the concerns have been addressed and could conclude that Mr Luca is now able to practise safely and effectively without restriction. The panel therefore remains concerned that Mr Luca continues to pose a risk of harm to patients.

In relation to the second limb, the panel was mindful that these are serious charges which took place from December 2021 to April 2022. It also noted that the actions were so serious that they resulted in Mr Luca being barred from working with vulnerable adults and children by the DBS. The panel was of the mind that these actions brought the profession into disrepute in the past, and without strong evidence to the contrary, is liable to bring it into disrepute in the future. The panel therefore concluded that Mr Luca's conduct continues to have the potential to bring the nursing profession into disrepute and undermine public confidence in the profession.

In relation to the third limb, the panel considered whether Mr Luca's conduct represents a breach of the fundamental tenets of the nursing profession. The previous panel identified serious misconduct which was incompatible with the standards and values expected of a registered nurse. His conduct related to harm and risk of harm to vulnerable patients, both adult and children. There is no evidence before this panel of any meaningful change since that determination. In particular, there is no evidence of reflection, insight, remediation or strengthened practice capable of demonstrating that Mr Luca now understands the significance of

his misconduct and is now able to uphold those fundamental standards. The panel also considered Mr Luca's continued lack of engagement with his regulatory obligations, including the return of correspondence from the NMC and his failure to maintain effective contact with the regulator, which they felt compounded and underscored the underlying attitudinal concerns. Thus, panel could not be satisfied that Mr Luca is currently able to uphold the fundamental tenets of the profession, nor would he be able to do so in future.

The panel also had regard to the principles set out in *Cohen v General Medical Council* [2008] EWHC 581 (Admin) when considering whether Mr Luca's misconduct was capable of remediation. The panel recognised that, in principle, concerns of this nature may be capable of remediation. However, the panel considered that the prospects of remediation are significantly hindered where a registrant does not engage with the regulatory process or demonstrate any meaningful progress. In this case, the concerns are not primarily matters of competence or a lack of knowledge or skill but relate to Mr Luca's attitude towards safe practice and compliance with the standards expected of him.

The panel considered the previous panel's finding that, in relation to Charge 1, Mr Luca had breached the Code just hours after a supervisory meeting with his manager. This was particularly concerning as it demonstrated that Mr Luca had been made aware of the concerns and expectations regarding his practice, yet subsequently repeated dangerous behaviour which placed patients at risk. The panel considered this to be indicative of a deep-seated attitudinal concern.

The previous panel had also considered that Mr Luca had failed to grasp the seriousness and significance of his misconduct. The original panel noted in relation to one of Mr Luca's responses that it was '*implausible and an attempt on your part to distance yourself from the issue of your approach to medicines management and your responsibilities*'. There is nothing before this panel to demonstrate that this position has changed. For such an attitudinal concern to be remediated, Mr Luca would need to demonstrate a genuine understanding of the seriousness of his conduct and sustained efforts to address it through reflection, insight and improved practice. There is no evidence that he has undertaken any such work.

The panel therefore concluded that, whilst the underlying concerns may theoretically be capable of remediation, there has been no evidence of remediation in this case. Mr Luca's continued lack of engagement and absence of any demonstrated progress are themselves significant barriers to remediation. In these circumstances, the panel could not be satisfied that the deep-seated attitudinal concerns have been addressed or that the risk of repetition has been sufficiently reduced and therefore concluded that the misconduct is likely to be repeated.

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. It considered that, as a regulator of the nursing profession, it would undermine public confidence if serious failings of this nature were not recognised and addressed through a finding of continuing impairment. Mr Luca's conduct represents a significant departure from the professional standards expected of a registered nurse and, in the panel's view, has the potential to undermine confidence in both the profession and the regulatory process.

The panel also had regard to the information available regarding Mr Luca's DBS barring. The DBS correspondence confirmed that, as at the date of that correspondence, no response had been received from Mr Luca and that the barring remained in place unless and until Mr Luca requests that it be lifted. The panel could only determine the matter on the evidence before it and therefore could only assume that the position had not changed.

The panel considered that allowing a registrant to continue with unrestricted practice in circumstances where there the current evidence shows DBS barring in place could seriously undermine public confidence. Members of the public could reasonably lose confidence in the profession and be dissuaded from accessing healthcare services if

they became aware that a nurse subject to such a barring remained permitted to practise.

The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required to uphold the proper standards of the profession, maintain public confidence in the nursing profession and the regulatory process, and uphold the standards expected of registered nurses.

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

Decision and reasons on sanction

Having found Mr Luca'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 took into account the following aggravating features:

- The misconduct was not in isolation, but rather was a pattern which took place from December 2021 to April 2022
- No evidence of strengthened practice since the offences
- No engagement with the NMC since the original substantive hearing to indicate he has addressed the concerns
- Failure to keep contact details up to date
- No evidence of addressing nor indication of intention to address the concerns of his barring from DBS

The panel could not identify any mitigating features at this stage although noted [PRIVATE] raised at the original hearing.

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 Luca'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 Luca'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 on Mr Luca'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 nature and breadth of the DBS barring and noted that, it would not be possible for Mr Luca to work in a healthcare setting. The panel noted that the barring had been imposed for an indefinite period and there was nothing before the panel to suggest that this had changed. Even if Mr Luca were able to work in a healthcare setting, the panel noted his previous lack of compliance, in particular that in December 2021, he had breached the Code just hours after a supervisory meeting with his manager. The panel was minded that this was indicative of attitudinal issues. Therefore, the panel was not able to formulate conditions of practice that would adequately address the concerns relating to Mr Luca's misconduct.

The panel next considered whether imposing a further suspension order would be appropriate. It had regard to the NMC Guidance '*Deciding between a suspension and strike off*' (Reference: SAN-3, Last Updated: 28 January 2026) which states:

> *'Professionals are under an obligation to cooperate with their regulator. Where professionals have failed to engage with the fitness to practise process, it*

won't usually be appropriate to use a suspension order as a means of giving them a 'last chance' to engage, reflect or show insight'

The panel was of the view that considerable evidence would be required to show that Mr Luca no longer posed a risk to the public. The panel noted that Mr Luca has not shown remorse for his misconduct, nor demonstrated any insight into his previous failings. It identified no evidence that Mr Luca had taken any steps to satisfy the expectations of the previous panel, which included:

'Any future panel reviewing this case would be assisted by:
• Evidence of improved reflection including a reflective piece from Mr Luca;
• Evidence of strengthened practice and developed insight;
• Evidence that Mr Luca has kept up his knowledge of nursing practice and Continuous Professional Development ('CPD');
• Any other information that Mr Luca believes would assist a future reviewing panel'

Balancing this, the panel was mindful that Mr Luca's DBS barring presents a practical barrier to him being able to demonstrate strengthened practice in a healthcare environment. It had regard to the NMC Guidance on '*Decisions of the Disclosure and Barring Service (DBS) and Disclosure Scotland*' (Reference: FTP-15, Last Updated: 3 August 2026) which states:

'While a decision to bar a professional is a factor we will take into account when assessing the risk that professional poses to public safety, public confidence and to professional standards, we will always consider each case in line with our guidance and on its own merits'

The panel nevertheless considered that there was no evidence that Mr Luca has sought to clarify or challenge his DBS status, to secure any employment or voluntary role which would indicate a more general strengthening of practice, nor to take any other steps to demonstrate an intention to return to nursing.

The panel was mindful that sanctions are not intended to be punitive and carefully considered whether it would be disproportionate to impose the most serious sanction in circumstances where some information was incomplete.

The panel also regard to the NMC Guidance '*Removal from the register when there is a substantive order in place*' (Reference: REV-2h, Last Updated: 13 May 2026) which states:

> *'Although the seriousness of the original allegations is a relevant factor, what is also important is whether or not the registrant has meaningfully engaged since the substantive decision, any conduct and progress since the last panel determination, any attitudinal concerns present, and the current overall circumstances of the case'*

The panel considered of Mr Luca's prolonged and complete non-engagement. It noted that Mr Luca's lack of engagement began during his departure from the original substantive hearing on day four, Thursday 18 December 2025, that there has been the absence of any engagement since that time, and that he has not kept his contact details held by the NMC up to date, resulting in correspondence being returned. In this context, it then turned to Mr Luca's misconduct. It noted that the previous panel had identified a failure to grasp the seriousness and significance of the misconduct and that there was no evidence before this panel of any change in that attitude. These reasons, and those listed above, reinforced the panel's determination that the misconduct was attitudinal rather than a matter of competence.

Given these overall circumstances, and having considered the sanctions available, the panel concluded that a further period of suspension would not serve any useful purpose. There was no evidence upon which the panel could reasonably conclude that a further period of suspension would result in remediation or a safe return to practice. In light of the seriousness of the misconduct, the continuing risk to patients, the entrenched attitudinal concerns and Mr Luca's complete lack of meaningful engagement, the panel determined that it was necessary to take action to prevent Mr Luca from practising in the future and concluded that the only sanction that would adequately protect the public and serve the public interest was a striking-off order.

This striking-off order will take effect upon the expiry of the current suspension order, namely the end of 26 October 2026 in accordance with Article 30(1).

This decision will be confirmed to Mr Luca in writing.

That concludes this determination.