Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Wednesday, 9 September 2026 – Thursday, 10 September 2026

Virtual Meeting

Name of Registrant:	**Mark Frances Madriaga**
NMC PIN:	19E0384O
Part(s) of the register:	Registered Nurse – Adult RN1 16 May 2019
Relevant Location:	Cambridge
Type of case:	Conviction
Panel members:	Anica Alvarez Nishio (Chair, Lay member) Ivan McGlen (Registrant member) Olan Jenkins (Lay member)
Legal Assessor:	Jayne Salt
Hearings Coordinator:	Grace Sharp
Facts proved:	Charges 1(a), 1(b), 2(a) and 2(b)
Fitness to practise:	Impaired
Sanction:	**Striking-off order**
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 the Notice of Meeting had been sent to Mr Madriaga's registered email address by secure email on 4 August 2026.

Further, the panel noted that the Notice of Meeting was also sent to Mr Madriaga's representative at UNISON on 4 August 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, dates and the fact that this meeting was heard virtually. The panel also noted that Mr Madriaga had returned the completed Case Management Form, and further that there had been an email from his representatives at UNISON on 2 September 2026.

In light of all the information available, the panel was satisfied that Mr Madriaga 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) On 20 March 2025, at Cambridge Magistrates' Court, were convicted of the following offences:

a) 3 counts of making indecent photograph / pseudo-photograph of a child contrary to sections 1(1)(a) and 6 of the Protection of Children Act 1978.

b) Engaging in sexual communication with a child contrary to Section 15A(1) and (3) of the Sexual Offences Act 2003.

2) On 26 June 2025, at Cambridge Crown Court, were convicted of the following

offences:

a) Offender 18 or over cause / incite a boy 13 to 15 engage in sexual activity – no penetration – SOA 2003 - Contrary to section 10(1)(a), (b), (c)(i) and (3) of the sexual Offences Act 2003

b) Cause a child 13 to 15 to watch / look at an image of sexual activity – offender 18 over - Contrary to section 12(1)(a), (b), (c)(i) and (2) of the Sexual offences Act 2003

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

Decision and reasons on facts

The charges concern Mr Madriaga's convictions and, having been provided with a copy of the certificate of convictions, the panel finds that the facts are found proved in accordance with Rule 31 (2) and (3). These state:

*'**31.**— (2) Where a registrant has been convicted of a criminal offence—*

(a) a copy of the certificate of conviction, certified by a competent officer of a Court in the United Kingdom (or, in Scotland, an extract conviction) shall be conclusive proof of the conviction; and

(b) the findings of fact upon which the conviction is based shall be admissible as proof of those facts.

(3) The only evidence which may be adduced by the registrant in rebuttal of a conviction certified or extracted in accordance with paragraph (2)(a) is evidence for the purpose of proving that she is not the person referred to in the certificate or extract.'

The Nursing and Midwifery Council (NMC) has not provided any formal submissions in regard to the charges.

In the Case Management Form signed by Mr Madriaga on 15 July 2026, it appears Mr Madriaga has made admissions to all of the charges and has not disputed them.

Therefore, the panel found the facts proved in all charges.

Background

Mr Madriaga was arrested at his home address on 28 February 2024 on suspicion of making/taking/distributing indecent images of children.

On 4 March 2024, Mr Madriaga directly contacted the NMC to inform them he was under police investigation for the convictions set out in the Schedule of Charges.

On 20 March 2025, Mr Madriaga was convicted at Cambridge Magistrate's Court and on 26 June 2025, at Cambridge Crown Court, he was further convicted and sentenced to 20 months imprisonment, suspended for two years, required to undertake 200 hours unpaid work and was made the subject of a Sexual Harm Prevention Order for 10 years.

Fitness to practise

Having announced its findings on the facts, the panel then considered whether, on the basis of the facts found proved, Mr Madriaga's fitness to practise is currently impaired by reason of Mr Madriaga's conviction. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

Representations on impairment

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 case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

The NMC has not provided any written submissions regarding impairment.

Although Mr Madriaga has accepted that his Fitness to Practise is impaired in the Case Management Form and an email dated 2 September 2026 from his representatives at UNISON, he has not provided any formal submissions in regards of his impairment.

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

Decision and reasons on impairment

The panel next went on to decide if as a result of the convictions, Mr Madriaga'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. To justify that trust, nurses must act with integrity and 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 considered the approach in *CHRE v NMC and Grant* and reminded itself that impairment is a forward-looking assessment. There was no question that Mr Madriaga was impaired at the time of when the offences took place. Mr Madriaga admitted the convictions in court and subsequently admitted them to the NMC and has consistently acknowledged the seriousness of his conduct. The panel was therefore to determine whether he remains impaired.

The panel considered that the nature of the offending in this case was particularly serious. It involved sexual offences concerning children and went beyond the possession of sexual images to offending which manifested itself in interpersonal conduct. The panel considered

that this conduct was a fundamental breach of the tenets of the nursing profession and was capable of gravely undermining public confidence.

The panel considered that the first *Grant* question was engaged. Mr Madriaga's convictions provided clear evidence of conduct which created a risk of harm to others. The offending was not an isolated event but involved repeated behaviour over a prolonged period. The panel considered that the repetitive nature and type of conduct, raised significant concerns regarding deep-seated attitudinal issues, which in his extensive reflection, he himself identified as possibly being influenced by [PRIVATE].

The panel acknowledged that Mr Madriaga had demonstrated developing insight and had taken proactive steps to seek support and [PRIVATE]. It also had regard to his extensive reflection, including his account of writing two books as part of his own therapeutic process. However, there was insufficient evidence that he was continuing to undertake [PRIVATE] or other meaningful work directed towards addressing the underlying issues associated with his offending.

The panel had regard to the NMC Guidance '*Concerns Outside Professional Practice*' (Reference: FTP-2a-i Last updated: 3 August 2026), concerning long-term or repeated misconduct and '*conduct involving imbalances of power, cruelty, exploitation and predatory behaviour*'. It considered that the repeated nature of the offending was particularly significant in assessing the likelihood of future harm. Although remediation was theoretically possible, the panel considered that the nature and seriousness of the convictions made full remediation exceptionally difficult.

The panel was also mindful that, notwithstanding his current area of practice, Mr Madriaga remains a registered nurse and could potentially come into contact with children and other vulnerable people in the course of his professional life. The panel was concerned that the underlying attitudes and behaviours demonstrated could, if repeated or manifested in a professional setting, place members of the public receiving care at unwarranted risk of harm. The panel therefore could not be satisfied that there was no ongoing risk of harm to patients.

The panel was satisfied that the second *Grant* question was engaged. Mr Madriaga's convictions, although occurring outside his professional practice, was evidently capable of bringing the nursing profession into disrepute. Nurses occupy a position of privilege and

public trust and are expected to maintain professional standards and appropriate boundaries both within and outside their professional practice.

The panel considered that the seriousness and nature of the offending were such that public confidence in the profession could be undermined if a nurse convicted of these offences were permitted to practise without a finding of impairment.

The panel was also satisfied that the third *Grant* question was engaged. The offending raised fundamental concerns about Mr Madriaga's ability to uphold the values, standards and professional boundaries expected of a registered nurse. The panel considered that the conduct demonstrated a serious departure from the fundamental tenets of the profession.

The panel had regard to the NMC Guidance (Reference: FTP-2a-i Last updated: 3 August 2026) used previously. It considered that the features set out in the guidance, were present in this case and reinforced its concerns regarding Mr Madriaga's underlying attitudes and the difficulty of achieving full remediation.

The panel considered *Cohen v General Medical Council* [2008] EWHC 581 (Admin) and recognised that concerns arising from deep-seated attitudinal concerns may be capable of remediation, but that this can be particularly difficult where the conduct is repeated and serious. It acknowledged Mr Madriaga's insight, reflection and previous efforts to seek support. However, the panel was not satisfied that these efforts had sufficiently addressed the underlying concerns.

In particular, there was no current evidence demonstrating that Mr Madriaga was continuing with [PRIVATE] or structured reflection directed towards the offending. The panel also remained concerned by the nature and duration of the conduct and the underlying factors identified by Mr Madriaga when reflecting upon possible influences from [PRIVATE].

The panel noted that Mr Madriaga remains subject to a Sexual Harm Prevention Order for 10 years and considered this relevant context when assessing the continuing risk of offending.

The panel determined that, notwithstanding Mr Madriaga's reflection and developing insight, the concerns had not been sufficiently remediated and there remained a risk of

repetition. The panel was not satisfied that he could currently be relied upon to maintain the standards and professional boundaries expected of a registered nurse.

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

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect the wider public interest, which 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 the nature and seriousness of the offences were such that public confidence in the nursing profession would be undermined if Mr Madriaga were permitted to practise without regulatory restriction.

The panel therefore concluded that Mr Madriaga's fitness to practise remains impaired also on public interest grounds.

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Mr Madriaga off the register. The effect of this order is that the NMC register will show that Mr Madriaga has been struck off the register.

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

The panel accepted the advice of the legal assessor.

Representations on sanction

The NMC had not provided a position regarding sanction.

The panel noted that Mr Madriaga has expressed his desire in his written reflection that he wishes to be removed from the register as an accepted consequence of his behaviour.

Decision and reasons on sanction

Having found Mr Madriaga'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 January 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:

- Patterns of behaviour over a prolonged period of time
- Mr Madriaga is currently subject to a suspended custodial sentence and sexual harm protection order
- The NMC considers the charges to be a specified offence as set out in the NMC Guidance FTP-2c-1
- The nature of the conduct behind the convictions

The panel also took into account the following mitigating features:

- Evidence of developing insight and reflection

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

The panel next considered a caution order and had regard to the NMC Guidance on *'Caution order'* (Reference: SAN-2b Last Updated: 28 January 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 Madriaga's conduct 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 Madriaga'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 to place a conditions of practice order on Mr Madriaga's registration. In considering whether conditions of practice are appropriate, the panel had regard to the factors set out in the NMC Guidance on 'Conditions of practice order' (Reference: SAN-2c Last Updated: 28 January 2026). Having regard to the nature and seriousness of Mr Madriaga's conduct, the panel determined that a conditions of practice order would not be appropriate in the circumstances. The panel considered that there are no relevant, proportionate, workable or measurable conditions that could be formulated to protect patients and to uphold professional standards.

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

- *'the impairment is very serious but not fundamentally incompatible with continuing to be a registered professional*
- *an outcome less severe than strike-off would still satisfy the over-arching objective.'*

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

- *'The charges found proved are at the most serious end of the spectrum and call into question the professional's suitability to continue practising, either currently or at all*

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

Whilst the panel acknowledged that the risks identified could be managed by Mr Madriaga being temporarily removed from the register, it considered that it would not be sufficient to uphold public confidence in the profession and maintain professional standards due to the seriousness and nature of the facts found proved. The panel considered that there is no realistic possibility that he could address the concerns during a period of suspension to such a level where he could return to practise safely.

The panel noted NMC Guidance '*Sanctions for the highest risk cases*' (Reference: SAN-4 Last updated: 31 July 2026) which states:

- *'Situations where the professional has been registered as a sex offender. In such cases, the Committee should consider whether it is appropriate for the professional to return to unrestricted (or any) practice while still registered as a sex offender.*
- *Convictions for sexual offences including those relating to images or videos involving child sexual abuse or exploitation. These offences gravely undermine the public's trust in the professions. Any such conviction makes it highly unlikely the professional can uphold the standards and values set out in the Code.*

Any professional who is found to have behaved in this way will be at risk of being removed from the Register. This is because of the severe impact the conduct has on:

- *Public confidence*
- *A professional's ability to uphold standards and values set out in the Code*
- *The safety of people receiving care*

If the Committee decides to impose a less severe sanction, they will need to make sure they explain the reasons for their decision clearly and carefully.'

The panel considered that the misconduct gravely undermines the trust and confidence that members of the public are entitled to place in registered nurses. The panel was satisfied that any such conduct makes it highly unlikely that Mr Madriaga will be able to uphold the fundamental standards and values set out in the Code and expected of the nursing profession.

The panel determined that the seriousness of the convictions, the nature of the offending and the continuing concerns identified in relation to Mr Madriaga, mean that suspension would be insufficient to protect people receiving care and would not adequately address the wider public interest concerns. In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

In considering a striking-off order, the panel had regard to the NMC Guidance on *'Sanctions for the highest risk cases'* (Reference: SAN-4 Last Updated: 28 January 2026). Having regard to all of the above, the panel determined that this case falls within the definition of being a '*highest risk case'*.

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

- *Do the charges found proved raise fundamental questions about their professionalism?*
- *Can public confidence in the profession be maintained if the professional is not removed from the Register?*

- *Is there any amount of insight and reflection which could keep people receiving care and members of the public safe, maintain public confidence in the profession, and uphold professional standards?*
- *Is there a realistic prospect that, after suspension, the professional will have gained insight and strengthened their practice such that the risk they pose will have reduced?*

Mr Madriaga's actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with him remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mr Madriaga's actions were serious and to allow him to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Mr Madriaga's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct themself, the panel has concluded that nothing short of this would be sufficient in this case.

The panel considered that this order was necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

This will be confirmed to Mr Madriaga in writing.

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Mr Madriaga's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Representations on interim order

The panel took account that the NMC nor Mr Madriaga has provided representations or formal submissions in regard to an interim order.

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 due to the seriousness of the convictions and the ongoing concerns regarding public protection and public confidence in the nursing profession.

The panel considered that, in the absence of an interim order, there would be a period during which Mr Madriaga could potentially practise before the striking-off order took effect. An interim suspension order was therefore necessary to provide continued protection to people receiving care and to maintain confidence in the profession during the appeal period.

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

That concludes this determination.