

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

**Substantive Hearing
Thursday 2 December – Friday 3 December 2021**

Virtual Hearing

Name of registrant: Mrs Susan Ferris

NMC PIN: 00I0457N

Part(s) of the register: Registered Nurse – Adult Nursing (January 2004)

Area of registered address: County Antrim

Type of case: Conviction

Panel members: Derek McFaull (Chair, lay member)
Sue Rourke (Registrant member)
Janet Fisher (Lay member)

Legal Assessor: Gerard Coll

Panel Secretary: Alice Byron

Nursing and Midwifery Council: Represented by Chris Scott, Case Presenter

Mrs Ferris: Not present and represented by Dr Jane Wright,
instructed by UNISON

Facts proved: Charge 1

Facts not proved: N/A

Fitness to practise: Impaired

Sanction: **Striking-off order**

Interim Order: **Interim Suspension Order for 18 months**

Absence of Mrs Ferris

At the outset of the hearing, Dr Wright informed the panel that Mrs Ferris will not be attending the hearing [PRIVATE].

The legal assessor advised the panel that it may proceed in Mrs Ferris' absence as she is represented in her place.

The panel accepted the advice of the legal assessor.

Decision and reasons on application for hearing to be held in private

Dr Wright made a request that this case be held in private on the basis that proper exploration of Mrs Ferris' case involves reference to her health. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Mr Scott indicated that he supported the application to the extent that any reference to Mrs Ferris' health should be heard in private.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

The panel determined to go into private session in connection with matters related to Mrs Ferris' health as and when such issues are raised.

Details of charge

That you, a registered nurse:

- 1) Were convicted on 2 November 2020 of stealing cash to the value of £50 or thereabouts contrary to Section 1 of the Theft Act (Northern Ireland) 1969.

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

Decision and reasons on facts

The charge concerned Mrs Ferris' conviction and, having been provided with a copy of the certificate of conviction, dated 24 February 2021, the panel finds that the facts are found proved in accordance with Rule 31 (2) and (3).

Background

The NMC received a referral alleging that, on 6 August 2019 whilst Mrs Ferris was working in the Emergency Department at the Antrim Area Hospital, she stole £50 in cash from a patient.

Mrs Ferris was charged with theft and initially entered a 'not guilty' plea on 13 October 2020, however, on 2 November 2020 she changed this to a 'guilty' plea.

Mrs Ferris was convicted and, on 4 December 2020, Mrs Ferris was sentenced to four months imprisonment, suspended for one year at the Crown Court at Antrim.

CCTV

Mr Scott invited the panel to view the CCTV footage of the alleged theft. He referred the panel to Rule 24(6) which states that 'the presenter shall open the Council's case and may

present evidence in support of any alleged facts in the allegation, including those admitted by the registrant’.

He further invited the panel to consider Rule 31(2) which states:

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.

He further drew the panel’s attention to the sentencing remarks of the Judge upon Mrs Ferris’ conviction, which state:

‘Very briefly, in relation to this matter, you have now accepted your guilt to one count of theft. The circumstances are that, as a member of the nursing staff at Antrim Area Hospital, you stole money from a patient, and all of this was recorded on CCTV and the amount of money was £50 in cash. The patient, who has since died, reported the matter almost immediately and I’m told that, because all of this, of course, was recorded on CCTV, you were interviewed by police and although you denied any wrongdoing your husband subsequently made contact with the investigating officer, and he provided the officer with the cash of £55 that he had located in the pocket of your work trousers and in the tumble dryer. You have denied the allegations but you have now accepted your guilt in full.’

In light of the above, Mr Scott invited the panel to view the CCTV footage in public or private session.

Dr Wright did not object to the panel viewing the CCTV footage, but requested it view this footage with an open mind.

The legal assessor advised the panel that fitness to practise hearings are conducted in public under Rule 19 as a starting point. In light of this he recommended that the panel view the CCTV footage in public session.

The panel accepted the advice of the legal assessor.

The panel went on to view the CCTV evidence which had no sound. This CCTV was viewed without commentary from any party.

Submissions on facts

Mr Scott highlighted to the panel the points of the CCTV footage when it is alleged that Mrs Ferris stole money from the patient's bag, in light of this and the other evidence before the panel, and the admission to the conviction entered on Mrs Ferris' behalf, he invited the panel to find charge 1 proved, however noted that the responses provided by Mrs Ferris in her regulatory concern response form dated 7 April 2021 suggest that she does not accept the conviction.

Dr Wright told the panel that Mrs Ferris disputes the facts upon which her conviction was based. She said that the patient had asked Mrs Ferris to look for medication in her handbag, and Mrs Ferris took the money with the intention to place it in a controlled drugs cupboard for safekeeping, and simply forgot to do this due to other duties, and returned home with the cash in error.

Dr Wright said that the incident was an oversight on Mrs Ferris' part, and that she had no intention to steal the money, and thus did not have the guilty mind element of the offence. She submitted that Mrs Ferris pleaded guilty on the advice of her solicitor who advised

that the court would be more likely to impose a custodial sentence were she found guilty at a trial.

The legal assessor invited the panel to consider the case of *Kirk v Royal College of Veterinary Surgeons (RCVS)* [2004] UKPC 4 in light of Dr Wright's submissions, which sets out that:

'the practitioner may adduce evidence about the underlying facts upon which the conviction is based, provided that the facts which such evidence is relevant to prove are not inconsistent with the finding that the respondent was guilty of the offence. What the practitioner cannot do is to relitigate the conviction before the Committee.'

The panel accepted the advice of the legal assessor and concluded that it was not open to the panel to go behind the conviction. As such, the panel found charge 1 proved.

Fitness to practise

Having announced its findings on the facts, the panel then considered whether, on the basis of the facts found proved, Mrs Ferris' fitness to practise is currently impaired by reason of Mrs Ferris' 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.

Submissions on impairment

Mr Scott addressed the panel on the issue of impairment and reminded the panel to have regard to protecting 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. This included reference to the case of *Council for*

Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin). Mr Scott submitted that Mrs Ferris' conduct amounted to an unwarranted risk of harm in that the theft caused tangible loss of money from a vulnerable patient for whom Mrs Ferris a duty of care. He told the panel that were Mrs Ferris to repeat the conduct, future patients would be subjected to an unwarranted risk of harm.

In respect of the reputation of the nursing profession, Mr Scott submitted that Mrs Ferris' actions and subsequent conviction brought the nursing profession into disrepute. He told the panel that patients and their families place their trust and confidence in the nurses who care for them, and that theft from a patient can only be described as disreputable.

Mr Scott invited the panel to find that Mrs Ferris' actions leading to her conviction have breached one or more of the fundamental tenets of the nursing profession, in that it is in direct breach of the following provisions of the NMC Code ('the Code'):

1.1 - Treat people with kindness, respect and compassion;

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;

20.4 – Keep to the laws of the country in which you are practising; and

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

Mr Scott told the panel that Mrs Ferris has acted dishonestly, in that theft is an offence for which dishonesty must be made out.

Mr Scott submitted that the panel must address Mrs Ferris' insight, remorse and remediation when considering her current and future impairment. He invited the panel to consider the regulatory concerns response forms which have been provided on behalf of, but not signed by Mrs Ferris. He submitted that, in the absence of her signature, the panel should satisfy itself that these documents represent Mrs Ferris' understanding and current position on her past conduct.

Mr Scott submitted that the regulatory concerns response form dated 7 April 2021 in particular, which post-dates Mrs Ferris' conviction shows little or no insight and resiles from the remorseful position which Mrs Ferris seemingly demonstrated upon conviction at the Crown Court. He submitted that in this regulatory concerns response form, Mrs Ferris appears to blame the patient's bag for being in the wrong place and her own solicitor for giving her poor advice, but does not provide any exploration of her actions, the resulting harm to the patient and how she would act differently in future.

In the alternative, Mr Scott submitted that if the panel find that these regulatory concerns forms do not reflect Mrs Ferris' current position, it has before it no evidence on which it may assess Mrs Ferris' level of insight, remorse or remediation.

Mr Scott addressed the panel on remediation, as set out in the case of *Ronald Jack Cohen v General Medical Council* [2008] EWHC 581 (Admin). He submitted that dishonesty is a matter which is more difficult for a registrant to remediate as it is indicative of an attitudinal issue. He told the panel that Mrs Ferris had provided information surrounding her health and personal circumstances at the time of the incident but has not provided any reflection which would indicate how she would deal with such stressors again in the future, therefore Mrs Ferris has not provided any evidence of remediation.

Mr Scott submitted that, in the absence of evidence from Mrs Ferris on her insight, the evidence of worsening remorse, and no reflection as to the impact of her conviction on her patients and the reputation of the profession, the risk of future repetition is high. He

therefore invited the panel to make a finding of current impairment for public protection and in the public interest.

Dr Wright explained Mrs Ferris' circumstances around the time of the incident of theft. [PRIVATE]. She told the panel that Mrs Ferris now accepts that she shouldn't have been working at the time.

[PRIVATE].

Dr Wright outlined that Mrs Ferris is a nurse of 16 years experience with a previously exemplary record. She told the panel that Mrs Ferris has engaged with the NMC, has been suspended from nursing since the incident and accepts that she will never work as a nurse again.

In respect of Mrs Ferris' current impairment, Dr Wright submitted that she is not currently impaired as a result of her conviction, [PRIVATE].

Dr Wright submitted that Mrs Ferris has not worked in any capacity since the incident and has therefore not been able to provide the panel with any testimonials.

Dr Wright invited Mr 1 to give evidence under oath as to his understanding of Mrs Ferris' current circumstances and impairment.

He told the panel that Mrs Ferris has not worked since the incident due to [PRIVATE], as a result of which she has not spoken to former colleagues.

Mr 1 outlined the impact that the theft and subsequent conviction had on Mrs Ferris and said that she has very little memory about the incident or surrounding circumstances. He said that Mrs Ferris pleaded guilty at the Crown Court as [PRIVATE]. He said that she feels '*terrible*' about what happened, and always has done.

[PRIVATE].

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Ronald Jack Cohen v General Medical Council* and *CHRE v NMC and Grant*.

Decision and reasons on impairment

The panel next went on to decide if as a result of the conviction, Mrs Ferris' fitness to practise is currently impaired.

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 be honest and open and act with integrity. 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 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) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel took into account the evidence provided regarding Mrs Ferris' [PRIVATE] at the time of the incident. However, the panel found that a vulnerable patient with a recent terminal diagnosis was caused significant harm as a result of Mrs Ferris' conduct. Mrs Ferris' conduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

Regarding insight, the panel considered that Mrs Ferris entered a guilty plea at the Crown Court, thus demonstrating limited insight, however her account of the circumstances of the theft has since changed, therefore it is unclear as to whether Mrs Ferris accepts that she has committed the offence.

Further, Mrs Ferris has not provided any reflection as to how her actions put the patient and future patients at a risk of harm, nor has she provided any evidence which demonstrates an understanding of why what she did was wrong and how this impacted negatively on the reputation of the nursing profession.

In its consideration of whether Mrs Ferris has addressed her practice, the panel determined that there was no information before it which demonstrated Mrs Ferris' reflection or understanding of her conviction, how it has affected the public, her patients and the reputation of the profession.

The panel is of the view that there is a risk of repetition based on evidence before it, and the lack of insight, remediation or remorse provided by Mrs Ferris. There is nothing before the panel to evidence that Mrs Ferris' conduct would not be repeated. 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 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, in this case, a finding of impairment on public interest grounds was required. The panel considered that Mrs Ferris' conviction related to theft from a vulnerable patient in a clinical setting and concluded that a member of the public would be concerned if a nurse with such conviction was not found to be impaired.

Having regard to all of the above, the panel was satisfied that Mrs Ferris' fitness to practise is currently impaired.

Sanction

The panel has considered this case carefully and has decided to make a striking-off order. It directs the registrar to strike Mrs Ferris off the register. The effect of this order is that the NMC register will show that Mrs Ferris 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 careful regard to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

Submissions on sanction

Mr Scott invited the panel to have regard to NMC guidance on sanction, including the SG and the guidance on considering sanctions for serious cases. He made particular reference to the guidance for cases involving dishonesty and those involving criminal convictions and cautions.

Mr Scott suggested aggravating features of Mrs Ferris conduct as: an abuse of a position of trust, conduct which put patients at the risk of suffering harm, evidence of limited or worsening insight or remorse and the evidence of a criminal conviction relating to dishonesty.

Mr Scott accepted that Mrs Ferris has presented evidence of personal mitigation due to her [PRIVATE], however he invited the panel to place limited weight on this mitigation. [PRIVATE].

Mr Scott submitted that the panel does not have before it any assurances by Mrs Ferris of her insight, remorse or an explanation as to how she would act if faced with a similar situation in the future.

Mr Scott referred the panel to the case of *Bolton v Law Society* [1994] 1 WLR 512 which illustrates the principle that the reputation of the professions is more important than the fortunes of any individual member. Mr Scott therefore invited the panel to impose a striking-off order. He submitted that to take no action or impose a caution order would fail to recognise the seriousness of the conviction for the offence and would therefore be inappropriate.

Similarly, Mr Scott submitted that a conditions or practice order would not be a relevant sanction as the conviction and finding of impairment does not involve clinical issues which may be remedied by such order.

Mr Scott invited the panel to consider the guidance on suspension and acknowledged that the conviction related to a single incident, however submitted that this sanction remains incompatible with the finding of impairment made by the panel. He submitted that the panel has found a deep seated attitudinal issue, related to dishonesty, at the impairment stage which remains un-remedied by Mrs Ferris. Mr Scott submitted that the panel cannot be satisfied that there is no significant risk of repetition.

Mr Scott submitted that a striking-off order is the only appropriate sanction in this matter as Mrs Ferris' conviction is so serious that it is fundamentally incompatible with continuing to be a registered nurse. He submitted that theft from a vulnerable patient raises serious concerns about Mrs Ferris' professionalism.

Mr Scott further submitted that public confidence cannot be maintained in the NMC as a regulator were Mrs Ferris to remain on the register. He said that the public are likely to be shocked by her conviction and trust and confidence in the NMC would be diminished were she to continue to be a registered nurse.

Mr Scott submitted that, considering the SG, a striking-off order is the only sanction which would be appropriate for public protection and the public interest.

The panel also bore in mind Dr Wright's submissions that set out the mitigating features which impacted on Mrs Ferris [PRIVATE].

Dr Wright submitted that a striking-off order would be disproportionate in light of the account that Mrs Ferris has put forward of the offence and subsequent conviction. She told the panel that Mrs Ferris [PRIVATE] and understands that she is currently not fit to practise, but invited the panel to consider conditions of practice so that she may return to nursing [PRIVATE].

The panel accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found Mrs Ferris' fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. 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 careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Abuse of a position of trust
- Lack of insight into failings
- Conduct which put patients at risk of suffering harm
- The vulnerability of the patient compounded by their recent terminal diagnosis.

The panel also took into account the following mitigating features:

- Personal mitigation including [PRIVATE].

The panel had regard to Mrs Ferris' admission to the criminal charge and acceptance of culpability at the Crown Court, however it considered that Mrs Ferris' current acceptance of culpability is unclear and the accounts provided in the regulatory concerns forms contradict this previous admission of guilt.

Prior to considering the sanctions in ascending order, the panel had regard to the NMC's guidance on considering sanctions for serious cases, and assessed the dishonesty in this case. It noted that the most serious forms of dishonesty, which are most likely to question whether a nurse should be allowed to remain on the register, often involve:

- *deliberately breaching the professional duty of candour by covering up when things have gone wrong, especially if it could cause harm to patients*
- *misuse of power*
- *vulnerable victims*
- *personal financial gain from a breach of trust*
- *direct risk to patients*
- *premeditated, systematic or longstanding deception*

The panel noted that dishonesty will be generally considered less serious in cases of:

- *one-off incidents*
- *opportunistic or spontaneous conduct*
- *no direct personal gain*
- *no risk to patients*
- *incidents in private life of nurse, midwife or nursing associate*

Having regard to this case, the panel considered that Mrs Ferris' dishonest actions involved an abuse of her position as a registered nurse, the potential for personal financial gain from a breach of trust albeit that the money was returned by her husband, a vulnerable victim and there was a direct risk to patients. Whilst this occurred as a one-off incident, the panel did not consider that the evidence before it was conclusive as to

whether Mrs Ferris' actions were spontaneous or pre-meditated. Balancing these factors as a whole, the panel considered that the dishonesty in this case was at the upper end of the spectrum of seriousness.

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 Mrs Ferris' 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 Mrs Ferris' conviction was not at the lower end of the spectrum and that a caution order 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 impose a caution order.

The panel next considered whether placing conditions of practice on Mrs Ferris' registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charge in this case. The panel had regard to Dr Wright's submission on [PRIVATE], but noted that as the charge in this matter related solely to Mrs Ferris' conviction, conditions of practice could not be adequately formulated to address this matter.

Furthermore, the panel concluded that the placing of conditions on Mrs Ferris' registration would not adequately address the seriousness of this case and would not protect the public.

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; and*
- *No evidence of repetition of behaviour since the incident.*

The panel considered that a suspension order would not be appropriate because:

- *Of the existence of evidence of harmful deep-seated attitudinal problems related to honesty; and*
- *The Committee is not satisfied that Mrs Ferris has insight and does not pose a significant risk of repeating behaviour.*

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of the fundamental tenets of the profession, evidenced by Mrs Ferris' actions, is fundamentally incompatible with Mrs Ferris remaining on the register.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*

- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

Mrs Ferris' actions were significant departures from the standards expected of a registered nurse, and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Mrs Ferris' actions were serious and to allow her 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 effect of Mrs Ferris' actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, 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 Mrs Ferris 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 Mrs Ferris' own interest until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

The panel took account of the submissions made by Mr Scott. He submitted that an interim suspension order for a period of 18 months should be made on the grounds that it is necessary for the protection of the public and is otherwise in the public interest, in order to cover any appeal period. He submitted that to do otherwise would be incompatible with the seriousness of the facts found proved.

Dr Wright did not oppose this application.

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 in order to protect the public and maintain the public interest, and to allow for the possibility of an appeal to be made and determined.

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

That concludes this determination.