

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

**Substantive Hearing
Wednesday 31 July & Thursday 1 – Friday 2 August 2024**

Virtual Hearing

Name of registrant: Beverley Williamson

NMC PIN: 86K1327E

Part(s) of the register: Nurses Part of the Register- Sub Part 2
RN2: Adult Nurse, Level 2 (January 1989)

V300 - Nurse Independent/Supplementary
Prescriber – (August 2012)

Relevant location: Warwickshire

Type of case: Misconduct

Panel members: Susan Ball (Chair, registrant member)
Christine Wint (Registrant member)
Nicholas Rosenfeld (Lay member)

Legal Assessor: Nina Ellin KC

Hearings Coordinator: Sherica Dosunmu

Nursing and Midwifery Council: Represented by Emily Saji, Case Presenter

Mrs Williamson: Present and represented by Anthony Haycroft
instructed by Clyde & Co LLP

Facts proved by admission: Charges 1 & 2

Facts proved: N/A

Facts not proved: N/A

Fitness to practise: Impaired

Sanction: **Suspension order (12 months) – with review**

Interim order: **Interim suspension order (18 months)**

Details of charge

That you, a registered nurse, on or around 15 November 2021, whilst subject to an Interim Suspension Order:

- 1) Digitally signed a prescription.
- 2) Submitted the prescription described at charge 1 to Acre Pharmacy.

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

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

At the outset of the hearing, Mr Haycroft, on your behalf, made a request that parts of this case be held in private on the basis that proper exploration of your case involves matters relating to [PRIVATE]. The application was made pursuant to Rule 19 of 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Saji, on behalf of the Nursing and Midwifery Council (NMC), indicated that she supported the application.

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.

Having heard that there will be reference to matters relating to [PRIVATE], the panel determined to hold such parts of the hearing in private in order to protect your right to privacy.

Background

The NMC received a referral from Acre Pharmacy (the Pharmacy) regarding your fitness to practise on 19 November 2021. This referral is linked to a previous referral (the first referral) about your fitness to practise on 30 April 2021, case 083418/2021.

An interim order hearing was held on 27 May 2021 in relation to your first referral. A panel of the NMC Investigating Committee imposed an Interim Conditions of Practice Order (ICoPO) at the hearing on 27 May 2021. On 2 November 2021, a review hearing took place, and upon reviewing further information, the NMC Investigating Committee replaced the ICoPO you had in place with an interim suspension order (ISO).

You attended the review hearing on 2 November 2021, and the NMC wrote to you on 3 November 2021 confirming the outcome of the hearing and enclosing the panel's reasons for the decision. The panel imposed an ISO, meaning that your registration was suspended and that you must not practice as a nurse as long as it was in place.

On 16 November 2021, Witness 1 was working at the Pharmacy when you submitted a private prescription dated 15 November 2021, for which you were the prescriber. When in receipt of these prescriptions, the Pharmacy process is to conduct '*prescriber checks*' prior to fulfilling the prescription. Witness 1 conducted the prescriber check for the prescription you submitted, which involved checking your details against the NMC register. This check revealed that, at the time you submitted the private prescription you had been suspended from the NMC register some 13 days earlier. As a result, Witness 1 subsequently reported your actions to the NMC.

On 18 November 2021, you sent an email to the NMC. In this email you explained that you did not realise the date on the prescription until it was brought to your attention and that you thought you could submit the prescription as your consultation with the patient took place in April 2021 prior to your initial interim order hearing.

Decision and reasons on facts

At the outset of the hearing, the panel heard from Mr Haycroft, who informed the panel that you admitted charges 1 and 2.

The panel therefore finds charges 1 and 2 proved, by way of your admissions.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether your fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, your fitness to practise is currently impaired as a result of that misconduct.

Evidence

The panel heard evidence from you, under affirmation, in relation to your fitness to practise.

At this stage, the panel also heard live evidence from the following witnesses called on your behalf in relation to your fitness to practise:

- Witness 2: Staff Nurse at The George Eliot Hospital;
- Witness 3: Consultant Anaesthetist at The George Eliot Hospital.

Submissions on misconduct

Ms Saji referred the panel to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a ‘*word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.*’

Ms Saji invited the panel to take the view that the facts found proved amount to serious professional misconduct. She referred the panel to the terms of ‘*The Code: Professional standards of practice and behaviour for nurses and midwives 2015*’ (the Code) in making its decision. She submitted that on the basis of the charges found proved you have breached the following sections of the Code, 20.1 and 20.4.

Mr Haycroft submitted that you have accepted that signing and submitting a prescription whilst subject to an ISO clearly constituted serious professional misconduct.

Submissions on impairment

Ms Saji moved on to the issue of impairment and addressed the panel on the need 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. It also included reference to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin) and *Cohen v General Medical Council* [2008] EWHC 581 (Admin).

Ms Saji submitted that all four limbs of the test set out by Dame Janet Smith in the fifth Shipman report and adopted in *Grant* were engaged in this case:

- 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 profession into disrepute;*
- c) *Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the profession;*
- d) *has in the past acted dishonestly and/or is liable to act dishonestly in the future.*

Ms Saji submitted that in respect of limb 'a', the panel should note that after having undertaken a risk assessment, a previous panel at an interim order hearing was of the view that an ISO was necessary for the protection of the public and in the public interest.

In relation to limbs 'b' and 'c', Ms Saji submitted that you were in a position of trust as a prescriber, and you were informed of the reasons why it was no longer deemed appropriate for you to sign for prescriptions by virtue of the ISO. She highlighted that, despite this, you went on to sign for a prescription two weeks after the ISO had been imposed. She submitted that by doing so, you brought the profession into disrepute and breached fundamental tenets of the profession by failing to uphold the reputation of the nursing profession.

Ms Saji submitted that in relation to limb 'd' you failed to comply with the ISO that was imposed on your practice as part of the NMC investigation. Following submissions from Mr Haycroft, Ms Saji conceded that limb 'd' of the test was not engaged given you were not charged with dishonesty.

Ms Saji highlighted that you have admitted to the facts charged in this case, with your reason being that [PRIVATE]. She referred to the evidence of Witness 2, [PRIVATE]. She submitted that for these same reasons you are liable to repeat the concerns in this case in the future.

Ms Saji submitted that a case of this nature is easy to address, particularly as it involves an isolated incident. However, she submitted that you have not been working for three years, you have not undertaken any courses to demonstrate a strengthened practice and therefore, there is no evidence to suggest that the concerns of this case have been addressed. She submitted that as a result, there is no evidence to suggest you can practice kindly, safely and professionally. She submitted that therefore a finding of impairment is necessary to protect the public.

Ms Saji submitted that a finding of current impairment is also necessary in the public interest to uphold professional standards. She submitted that public confidence in the profession would be undermined if a finding of impairment were not made in these particular circumstances, [PRIVATE].

Mr Haycroft submitted that you accept that you are currently impaired on public interest grounds. However, he submitted that you have demonstrated insight into what you did wrong, and so there is little risk of repetition. He stated that this is not a clinical case and there has been no history of clinical failings, and to the contrary the evidence of the testimonial witnesses show that you have been an excellent nurse. He submitted therefore that a finding of impairment on public protection grounds is not necessary.

Mr Haycroft submitted that this was a one-off matter, in an otherwise unblemished 35-year career, [PRIVATE]. He submitted that the circumstances leading to the ISO is relevant here [PRIVATE], which has led to your actions charged. He submitted that this is supported by the evidence of Witness 2 and Witness 3. He submitted that your reaction to this experience overall means there is low risk of such conduct in the future.

Mr Haycroft informed the panel that [PRIVATE].

Mr Haycroft explained that at the time of the ISO, you were operating a system to have your prescriptions covered and this is the only prescription involved. He explained that you were unrepresented until December 2021 and as a lay person you misunderstood the process. He submitted that you were trying to help a colleague whilst under time pressure, and thought wrongly that as you had seen the patient prior to the ISO you

could write the prescription. He submitted that you were immediately open about what you had done with the Pharmacy as confirmed by Witness 1 in her witness statement. He highlighted that you self-referred a day before the Pharmacy contacted the NMC.

Mr Haycroft submitted that it is noteworthy that an inspector from the General Pharmaceutical Council (GPhC) told the Pharmacy that on another occasion in such a case there may not be a need to report this as you came across as honest. He submitted that the evidence from Witness 1 supports that and the NMC have not challenged this evidence in any way. He submitted that as the charges involve no allegation of intent or relating to any state of mind whatsoever and as such a finding cannot be made that you were acting deliberately, intentionally or dishonestly. He submitted that the NMC do not argue otherwise, and the accepted evidence shows how muddled your thinking was in reality.

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

Decision and reasons on misconduct

When determining whether the facts found proved amount to serious professional misconduct, the panel had regard to the terms of the Code.

The panel was of the view that your actions did fall significantly short of the standards expected of a registered nurse, and that your actions amounted to a breach of the Code and referred itself to the NMC guidance entitled '*Misconduct*' referenced as FTP-2a (last updated on 27 February 2024). The specific areas of the Code that the panel found breached are as follows:

'18 Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations

20 Uphold the reputation of your profession at all times

20.1 keep to and uphold the standards and values set out in the Code

23 Cooperate with all investigations and audits

This includes investigations or audits either against you or relating to others, whether individuals or organisations. It also includes cooperating with requests to act as a witness in any hearing that forms part of an investigation, even after you have left the register.'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. In assessing whether the charges amounted to misconduct, the panel considered the charges individually and collectively as well as the circumstances of the case as a whole.

The panel considered that in charges 1 and 2 you failed to adhere to an ISO imposed on your practice when you digitally signed a prescription and submitted this to the Pharmacy. It noted that this ISO was imposed after a review hearing panel conducted a risk assessment and deemed the interim order necessary for the protection of the public and in the public interest. The panel determined that the breach of the ISO within a very short period of its imposition is a clear breach of the fundamental tenets of the nursing profession and specifically the tenet of promoting professionalism and trust.

The panel therefore determined that your actions in charges 1 and 2 fell significantly short of the conduct and standards expected of a nurse and amounted to serious professional misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, your 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. 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 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)'*

The panel determined that the first three limbs in the above test were engaged in this case.

The panel considered that prior to your breach of the ISO you were subject to an ICoPO that was replaced by an ISO due to your failure to adhere to the conditions imposed. The panel found that once again you had disregarded an interim order imposed upon you. It noted that in your witness statement you stated that following:

'I intended for the nursing colleague who was completing all the prescription requests I received since the imposition of the interim order, as per the arrangement referred to above, to action the prescription...

[...]

I felt under pressure not to let my colleague down and I knew I was unable to complete a new prescription due to the restrictions on my practice...'

The panel found that, by your own account and text message exchanges presented as part of your evidence, you were fully aware of the restrictions resulting from the ISO, but breached the interim order due to the pressure you felt from your colleague. Based on the evidence before it, the panel rejected the contention that you did not understand the requirements of the ISO imposed on your practice. You had been present at the hearing on the 2 November 2021, it had been confirmed to you in writing on the 3 November 2021 and the consequences of an ISO are clearly explained on the NMC's own website.

Further, the panel had particular regard to the following which you stated in your witness statement:

'I accept my actions had the potential to undermine patient safety. I am very sorry for this. I recognise it was an enormous error of judgement at a time when
[PRIVATE].'

Taking into account all of the evidence adduced in this matter, the panel found that patients were put at unwarranted risk of harm as a result of your misconduct. The panel

determined that your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

The panel next went on to consider the matter of insight. It noted that you have admitted the regulatory concerns in this case and provided a detailed written reflection.

Notwithstanding this, the panel found that you have not fully developed your insight to demonstrate an understanding of how your actions put patients at risk of harm, how this impacted negatively on the reputation of the nursing profession and how you would manage situations differently in the future. It determined on the evidence before it that your insight was limited.

The panel carefully considered the evidence before it in determining whether or not you have taken steps to strengthen your practice. However, the panel had no evidence before it that you have taken sufficient steps to address the specific concerns raised in this case. The panel would have expected to have seen evidence of a reflection that includes the consequences of breaching an interim order as well as the risk to the public and the impact on the wider profession.

The panel also heard from Witness 2, in his witness statement, he stated [PRIVATE]. In evidence Witness 2 described that [PRIVATE]. Witness 2 also said that you were at [PRIVATE]. Witness 2 also said that he felt you could return to your former self [PRIVATE]. *Being removed from her job is the root cause of her current situation*. The panel noted that the police investigation is continuing and that the investigation has not concluded and therefore the current circumstances remain unchanged.

The panel determined that even having regard to the numerous positive testimonials submitted it was not reassured that in the future you would not repeat your actions in charges 1 and 2. The panel concluded that due to the limited insight, as well as the lack of evidence of strengthened practice, there remains a risk of repetition. On the basis of all the information before it, the panel decided that there is a risk to the public, which requires a finding of current impairment on public protection grounds.

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 concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds your fitness to practise impaired on the grounds of public interest.

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

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of 12 months with a review. The effect of this order is that the NMC register will show that your registration has been suspended.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC.

The panel accepted the advice of the legal assessor.

Submissions on sanction

Ms Saji referred to the SG in relation to '*Available sanction orders*' (reference: SAN-3), and informed the panel that the NMC was seeking the imposition of a striking-off order.

Ms Saji outlined aggravating features she identified in this case:

- Wilful breach of an ISO;

- Practising while suspended, which placed patients at risk of harm.

Ms Saji also outlined mitigating features she identified in this case:

- Admitted regulatory concerns, although you assert that there was no wilful breach of the ISO.

When questioned, Ms Saji submitted that it is the NMC's position that your actions constituted a deliberate breach of the ISO.

Ms Saji submitted that making no order or imposing a caution order would be inappropriate given the seriousness of your conduct and risk of harm to patients. She submitted that this would not address the public protection concerns in this case nor would it meet the public interest requirements to uphold professional standards.

Ms Saji submitted that a conditions of practice order would not be appropriate given the gravity of your actions. She submitted that you remain subject to an ISO and there are no conditions that could be formulated that would be workable. She submitted that a conditions of practice order would not protect the public from unwarranted risk of harm and would not adequately address the public interest.

Ms Saji highlighted that the next available sanction would be a suspension order. However, she submitted that given the serious departure from professional standards, this case is too serious to deal with by way of a suspension. She referred to the panel's finding on impairment, in which it is found that you have demonstrated limited insight. She submitted that in these circumstances a suspension order would not be appropriate as you have not demonstrated sufficient insight to allay concerns of repetition.

Ms Saji referred to the SG in relation to striking-off orders (reference: SAN-3e). She submitted that your conduct raises fundamental questions about your professionalism, and public confidence would not be maintained if you were not removed from the NMC register. She submitted that a striking-off order is the only appropriate sanction in the

circumstances of this case as your actions are wholly incompatible with remaining on the register.

Mr Haycroft also referred to the SG and stated that the section entitled '*Considering sanctions for serious cases*' (reference: SAN-2) did not apply to this case as your actions did not involve a deliberate breach. He submitted that a deliberate breach is not charged by the NMC and it has been conceded by the NMC that dishonesty does not play a part here. He submitted that the charges in this case reflect an objective state of affairs only and do not include any allegation of a specific state of mind. He stated that it would be wrong at this stage for the NMC to allege a deliberate breach. He referred the panel to '*Hamer's Professional Conduct Casebook 4th Edition*' 26.34 – 26.42, as well as the case of *R (Roomi) v GMC* [2009] EWHC 2188 (Admin) and *El-Baroudy v GMC* [2013] EWHC 2894 in relation to this.

Mr Haycroft submitted that whilst the panel has found limited insight and potential risk of harm to patients, which are aggravating features, the following should also be noted in this case:

- There are no previous regulatory or disciplinary findings;
- There is no abuse of position of trust;
- There is no pattern of misconduct over a period of time.

In respect of mitigating features, Mr Haycroft stated that [PRIVATE], as previously outlined in impairment submissions. Additionally, he submitted you have demonstrated some insight that is partly applicable as a mitigating feature. He submitted that as this is not a clinical case, keeping up to date with your area in practice is not a relevant feature in this case.

Mr Haycroft submitted that it is highly significant that you have been suspended now approaching three years. He submitted that it is also relevant that you have had no previous fitness to practise history in 35 years of practice. He referred to the eight written testimonials provided as well as the oral evidence of Witness 2 and Witness 3. He submitted that these testimonials attest to your good character [PRIVATE].

Mr Haycroft referred to the case of *Giele v GMC* [2005] EWHC 2084 in respect of the observations made that it is in the public interest to retain competent doctors. He submitted that this is also relevant to nurses.

Mr Haycroft submitted that a short period of suspension without a review would be the proportionate response to the charges in this case, bearing in mind all of the above points including mitigating features, and the almost three years of suspension that you have already been subject to.

Decision and reasons on sanction

Having found your 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:

- Breach of an imposed ISO, which occurred within a short period of time after its imposition;
- Conduct that placed a patient at risk of suffering harm;
- Limited insight into failings.

The panel also took into account the following mitigating features:

- Early admissions to the charges, which included an apology and self-referral to the NMC;
- Personal mitigation - [PRIVATE].

The panel had regard to the SG relating to '*Considering sanctions for serious cases*' (Reference: SAN-2). It considered whether this guidance should be applied in this case. The panel took into account that there is evidence that you were aware of the restrictions resulting from the ISO, but breached the interim order due to the pressure you felt from your colleague at the time. However, when considering whether this was a deliberate breach, the panel had regard to contextual factors relevant at the time. At the time of the breach, [PRIVATE]. The panel balanced this against a background of testimonials attesting to previous good character and a prior 35-year unblemished career. The panel was of the view that when taking into account the contextual factors relevant in this case, and that this was a single incident, your actions can be characterised as a serious error of judgment in challenging circumstances, as opposed to a deliberate breach.

The panel then 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 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 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 placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, relevant, measurable and workable. It noted that the misconduct in this case demonstrates a deficit in consequential thinking and impulsivity. The panel determined that there are no practical or workable conditions that could be formulated, given the nature of the facts found proved in this case. It determined that

the placing of conditions on your registration would not adequately protect the public and would not meet the public interest.

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 panel had regard to its previous findings, in which it determined that you had demonstrated limited insight. However, it noted that the concerns in this case relate to a single instance of misconduct during a difficult period in your life. It bore in mind that prior to [PRIVATE] you held a longstanding unblemished career and given this, your misconduct though serious, was such that it could not be described as a '*deep-seated personality/attitudinal*' problem. It also took into account that there is no evidence of repetition of similar conduct since the incident took place.

Therefore, having balanced your actions against significant personal mitigation at the time and your previously unblemished career as a nurse, the panel determined that the misconduct in the circumstances of this case was not fundamentally incompatible with remaining on the register. It decided that a suspension order would be the appropriate and proportionate sanction.

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. It determined

that a suspension order for a period of 12 months, with a review, was appropriate in this case to mark the seriousness of the misconduct.

It did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order.

At the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case may be assisted by:

- A reflective statement addressing the panel's findings on impairment, which includes reflections on how your actions in signing a prescription whilst subject to an ISO impacted on public safety and the wider profession;
- Testimonials relating to work, paid or unpaid, if any undertaken.
- [PRIVATE].

This will be confirmed to you in writing.

Interim order

As the suspension order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in your own interest until the suspension 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 Ms Saji. She submitted that an interim order should be made on the grounds that it is necessary for the protection of the public and it is otherwise in the public interest. She invited the panel to impose an interim suspension order for a period of 18 months for the reasons stated in the panel's findings.

The panel also took into account the submissions of Mr Haycroft who submitted that you do not oppose the application for an interim order. However, he questioned whether a period of 18 months was required.

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 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 consistent with its findings, for the reasons outlined in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months to allow for any possible appeal.

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

That concludes this determination.